NOTICE OF PROPOSED RULEMAKING

Pursuant to the provisions of Chapter 23-24.6 of the General Laws of Rhode Island, as amended, and in accordance with the Administrative Procedures Act, Chapter 42-35 of the General Laws, the Rhode Island Department of Children, Youth and Families (DCYF) hereby gives notice of its intent to repeal the School Age Child Care Program Regulations for Licensure and the Child Care Program Regulations for Licensure and adopt the Child Care Center and School Age Program Regulations for Licensure.

Streamlined child care regulations are a requirement of legislative changes to the Administrative Procedures Act (APA) and are written in accordance with guidance set forth by the Office of Regulatory Reform (ORR). The goal is to produce simplified regulations that strike a balance between ensuring the health and safety of children in licensed child care settings and offering centers more flexibility to meet the individual needs of the children and families they serve. The proposed regulations drafted by the Department are reflective of current child care best practices and were developed collaboratively with child care centers from across the state.

The proposed regulations may be viewed on the Department's website at <u>www.dcyf.ri.gov</u>.

This proposed new rule is accessible on the R.I. Secretary of State website (http://www.sec.state.ri.us/ProposedRules/).

There will be a public hearing to consider the proposed rule on July 20, 2017 in the community room at the DaVinci Center for Community Progress, located at 470 Charles St, Providence, RI 02904.

Persons wishing to testify may do so by signing up at the Hearing or by submitting written testimony by July 24, 2017 to Veronica Davis, Chief of Licensing and Regulation, Department of Children, Youth and Families, 101 Friendship Street, Providence, RI 02903, or via email: <u>veronica.davis@dcyf.ri.gov</u>. All previously submitted comments will be considered and do not need to be resubmitted.

The Hearing will begin at 6:00 P.M. and will conclude when the last speaker finishes testimony or at 8:00 P.M., whichever occurs first. The seating capacity of the DaVinci Center will be enforced and therefore the number of persons participating in the Hearing may be limited at any given time by the hearing officer, in order to comply with safety and fire codes.

The DaVinci Center is accessible to the handicapped. Individuals with hearing impairments may request an interpreter's presence. Requests for this service

must be made to the Department at least 72 hours in advance of the Hearing date.

The Department of Children, Youth, and Families does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief or handicap. The prohibition against discriminatory practices extends to the agencies, organizations and institutions the Department licenses.

SUMMARY OF NON-TECHNICAL DIFFERENCES

NEW REGULATIONS • AMENDMENTS • CL	ARIFICATIONS • REMOVALS
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Existing Regulations:	Child Care Program Regulations for Licensure (2013)
	School Age Child Care Program Regulations for
	Licensure (2013)

Proposed Regulations: Child Care Center and School Age Program Regulations for Licensure

TABLE OF CONTENTS

(same name)

Amended Language:

• Reflects reorganization, and new RI Code of Regulations (RICR).

1.1 PURPOSE

(formerly Definition)

Language clarification:

• Definition of child care licensing and regulations.

1.2 AUTHORITY

(formerly Legal Basis)

Language clarification:

• Reflects appropriate statutes.

1.3 APPLICATION

(new section)

New language:

• Added in accordance with new RI Code of Regulations (RICR).

1.4 SEVERABILITY

(new section)

New language:

• Added in accordance with new RI Code of Regulations (RICR).

1.5 DEFINITIONS

(new section)

New language:

• Definitions section added in two categories: age categories and terms.

- Age categories for infants and toddlers were split into Young Infants (6 weeks-12 months). Older Infants (12 -18 months), Younger Toddlers (18-27 months), and Older Toddlers (27-36 months)
- School Age child age more clearly defined, as consistent with RIGL 42.72.1.
- School age groups were split into K, Grades 1-3, Grades 4-6, Grades 7 and up, with age stipulations
- Term: Waiver added back into regulations

1.6 LICENSING PROVISIONS

(formerly Application Process, License, License Renewal, Denial, Revocation or Suspension of a License, Variance, & Procedure for Appeal/Hearing)

New language:

• Provisions for times of the year license is valid, errors on the license, sharing a building, using multiple buildings.

Amended language:

- Infringements and potential licensing actions that could result from said infringements.
- The new "Appeals and Hearings" section aligns the request for administrative hearing through the Executive Office of Health and Human Services.
- The "Variance and Waivers" section provides detail on the terms of the variance or waiver; and potential allowances for programs with additional licenses or certification to qualify for a variance or waiver.

Removed language:

- Procedural language removed from subsections "Procedure for Obtaining a License" and "Application Packet" in accordance with the APA and new RI Code of Regulations (RICR).
- Subsection "Inspection Approvals" removed to avoid duplication in the regulations.

1.7 PHYSICAL FACILITIES

(formerly Physical Space and Safety)

New language:

- New regulation added regarding the licensure of swimming pools.
- New regulation added to ensure that ventilation could not impact security of the program.
- New regulation added regarding marking and obstructing classroom exits.
- New regulation added to ensure that all unfamiliar individuals will have to present photo identification for entry.
- New regulation added regarding the ability to have a gender-neutral bathroom.
- New regulation added regarding the size of toilets.
- New regulation added regarding Department approval for movement of dividers.

- New regulation added regarding the use of a time schedule for outdoor play.
- New regulation added regarding Department approval if outdoor space is not available.
- New regulation added to provide allowance for therapeutic style trampoline.
- New regulation added regarding sandboxes.
- New regulation added to allow that a program, which operates in a RIDE approved school, may follow the RIDE regulations for outdoor space.
- New regulations added regarding swimming pools, in accordance with regulations from the Department of Health.
- New regulations added to ensure overall safety of the facility, not otherwise defined.

Amended language:

- Stipulations added for newly licensed programs regarding natural lighting in classrooms, and potential exceptions with programs operating in a RIDE approved school.
- Details regarding the requirements around privacy and separation of preschool and school age bathrooms have been defined.
- Stipulations added for newly licensed programs regarding for Infant/Toddler to have direct access to the outdoors.
- Specifications have been added regarding a handrail at children's height.
- Changes made to language regarding playground equipment, more closely aligning the requirements with the Consumer Product Safety Commission, including safety surfacing.

Clarified language:

- Language around the requirements for inspections of physical facilities has been narrowed to ensure consistency with potential regulatory changes from other state agencies (e.g. Department of Health for lead, radon, asbestos; the State Fire Marshal).
- Language clarification, without change of intent, provided for ventilation requirements.
- Language clarification, without change of intent, provided for natural lighting in current programs
- Language clarification, without change of intent, provided for artificial lighting.
- Language clarification, without change of intent, provided for facility security.
- Language clarification, without change of intent, provided for program telephones.
- Language clarification, without change of intent, provided for location of classrooms and other facilities used by children.

- Language clarification, without change of intent, provided for number of toilets and sinks required per group of children.
- Language clarification, without change of intent, provided for adult bathrooms.
- Language clarification, without change of intent, provided for food preparation.
- Language clarification, without change of intent, provided for classroom and activity room requirements.

Removed language:

- Reference to ADA, as its measured and validated by the building inspection, which is required.
- Non-measurable regulation about safe exploration and learning.
- Regulation that a fence must be erected on ground that is reasonable level, as advised by facility experts as not necessary.

1.8 HEALTH, SAFETY, AND NUTRITION

(formerly Health and Nutrition)

New language:

- New regulation added regarding accommodations for children with special health care needs.
- New regulation added regarding handling of garbage.
- New regulation added regarding offering children food at even intervals.
- New regulation added regarding programs ensuring a supply of materials (e.g. diapers) for children.
- New regulation added regarding regularly scheduled and deep cleaning of the program.
- New regulation added regarding reusable sponges.
- New regulation added regarding stipulations for drinking juice.
- New regulation added regarding the arrangements for children to engage in personal hygiene routines.
- New regulation added regarding the sanitization of sensory tables.
- New regulation added regarding the use of play yards in the outdoor space.
- New regulation added to allow for a grace period for medical documentation to be obtained for foster children and homeless children.
- New regulation added to medication administration regarding the first dose of medication.
- New regulation added to medication administration regarding the storage of medication.
- New regulation stipulations added for preventative maintenance, regarding children's access.
- New regulations added regarding the documentation and handling of an injured or ill child, and materials they use.

• New regulations added regarding the expectation of first aid kits being stocked.

Amended language:

- Allowance in regulations added for programs operating in a RIDE approved school regarding the use of water fountains.
- Example-based lists removed from section "Emergency/Disaster Plans and Procedures"
- Expectations for when hand washing will occur have been expanded for both staff and children.
- Former section "Fire Drills and Evacuation Plans" have been merged into the newly formed section, "Emergency/Disaster Plans and Procedures".
- Former sections, "Cleanliness" and "Cleaning and Sanitizing routines are now listed under "Environmental Health" and "Hygiene".
- Procedural language from former section "Immunizations" was removed.
- Section on "Prohibited Practices", which discussion corporal punishment, has been changed to fully align with Caring for Our Children.
- Single use towelettes are now limited to use for infants.
- The number of drills, types of drills, and format of drills has been adjusted on guidance from the State Fire Marshal.

Clarified language:

- Language clarification, without change of intent, provided for a daily health assessment, now referred to as a daily health check.
- Language clarification, without change of intent, provided for child abuse and neglect reporting.
- Language clarification, without change of intent, provided for communicable disease, further aligning to resources of the Department of Health.
- Language clarification, without change of intent, provided for evacuation cribs.
- Language clarification, without change of intent, provided for food allergies.
- Language clarification, without change of intent, provided for information on and completion of an injury report.
- Language clarification, without change of intent, provided for medical requirements of children.
- Language clarification, without change of intent, provided for medication administration.
- Language clarification, without change of intent, provided for Nutrition, through removing specific guidance from the Child and Adult Care Food Program, and requiring compliance with that program.
- Language clarification, without change of intent, provided for prohibited equipment.

- Language clarification, without change of intent, provided for requirement of choke-saving posters in all areas where children eat.
- Language clarification, without change of intent, provided for special health care needs.
- Language clarification, without change of intent, provided for storage of toxic materials.
- Language clarification, without change of intent, provided for the of water fountains.
- Language clarification, without change of intent, provided for the reassignment of cots or cribs, and requirements for laundering bedding.

Removed language:

- Requirement for a designated isolation area with a cot, to allow flexibility.
- Requirement for a rocking chair to ensure more safety with regards to adult seating.
- Requirements around dual occupancy, which will be moved to guidance
- Reference to lead screening, as it's already addressed in the required health examination.
- Mandated health and nutrition training for staff, as it's not built into preservice training
- Reference that the program does not allow children to drink or eat something unhealthy, if sent from home.

1.9 ROUTINE CARE OF CHILDREN

(new section, pulled from Health and Nutrition)

New language:

- New regulation added regarding clothing and swaddles as restraining devices.
- New regulation added regarding lighting regarding to supervise children while sleeping.
- New regulation added to ensure alignment to the American Academy of Pediatrics.
- New regulation added to ensure that children were not forced to stay in a specific location if not resting.
- New regulations added regarding the storage and handling of used diapers.

- Further definition in regulations related to children sleeping in alternative equipment (e.g. stroller, jumper).
- Requirements have been defined for handling of left over breast milk, formula, and food.
- Toilet training has been adjusted to meet the needs of the child, versus a particular age.

Clarified language:

- Language clarification, without change of intent, provided for diapering and toileting.
- Language clarification, without change of intent, provided for feeding and eating.
- Language clarification, without change of intent, provided for sleeping.

1.10 ENROLLMENT AND STAFFING

(same name)

New language:

- New regulation added around level of staff required to be onsite at all times.
- New regulation added regarding maximum number of hours a child care be in care.
- New regulation added regarding precautionary staff/child ratios (for activities such as field trips and swimming).
- New regulation added regarding staff staying awake in the programs.
- New regulation added to allow for approved volunteers to supplement the precautionary staff/child ratio.
- New regulation added to allow for KIDS CONNECT staff to supplement the staff/child ratio possibly required for a child with an IFSP/IEP.
- New regulation added to ensure that school age or night time staff are only assigned to their respective programs.
- New regulation added to ensure that substitutes are not required to complete professional development.
- New regulation added to include a formal list of required staffing positions.
- New regulation added to provided clarification on visitors to and observers of the program.
- New regulation added to require photo identification of all staff available.
- New regulations added regarding attendance.
- New regulations added regarding children transitioning into a new age group.
- New regulations added regarding field trips.
- New regulations added to allow for an individual to work at multiple locations.
- New regulations added to ensure documentation for volunteers.

- Defined more age integration options between each set of ages.
- Defined more specific categories for times where adjustments can be made to staff/child ratio or group size requirements.
- More specific definitions cited for requirements around supervision of children.
- Staffing titles have been delineated between child care and school age, to reflect conflicting definitions in the merged document.

- The previous staffing chart and requirements have been updated to provide clarity around shared roles for Program Leadership.
- With the further delineation between infant and toddler ages, provided new ratio option for older toddlers.

Clarified language:

- Language clarification, without change of intent, provided for a designated staff person in charge.
- Language clarification, without change of intent, provided for enrollment age.
- Language clarification, without change of intent, provided for requirements around CPR/First Aid training.
- Language clarification, without change of intent, provided for staff/child ratio, group size, and age integration.
- Language clarification, without change of intent, provided for staffing requirements.
- Language clarification, without change of intent, provided for substitutes.
- Language clarification, without change of intent, provided for the consultative services of a medical professional, with a pediatric background.
- Language clarification, without change of intent, provided for the two types of volunteers (adult and underage).

Removed language:

- Reference to number of hours required for full time staff, as this is set by the Department of Labor and Training.
- Requirement for a nurse to be staffed in all programs serving infants.

1.11 STAFF QUALIFICATIONS AND ONGOING PROFESSIONAL DEVELOPMENT (same name)

New language:

- New regulation added to ensure that all new staff complete pre-service training.
- New regulation added to set a time in the year for professional development to be completed.
- New regulations added around pre-service and in-service training for all staff who work with Infants.
- New regulations added to denote how professional development hours must be logged.

- Additional credential qualification options added for Program Leadership and Classroom Staff.
- Additional stipulations added that background checks are required to be repeated every five years.

- Reduced the requirement for the number of professional development hours that must be approved by the Department.
- Stipulations added for short term versus long-term substitutes.

Clarified language:

- Language clarification, without change of intent, provided for auxiliary staff.
- Language clarification, without change of intent, provided for background checks on staff.
- Language clarification, without change of intent, provided for professional development.
- Language clarification, without change of intent, provided for staff orientation.
- Language clarification, without change of intent, provided for the job description for all Program Leadership and Classroom Staff.

1.12 ADMINISTRATION

(same name)

New language:

- New regulation added for how long records and files must be available for Department review.
- New regulation added for how often records and files need to be updated for children, staff, and the program.
- New regulation added for the required documentation of children's arrival and departure.
- New regulation added regarding prohibited activities for children (e.g. fundraising).
- New regulation added regarding the approval by the Department for some non-emergency notifications.
- New regulations added regarding staff/child ratio, supervision, and attendance when providing transportation for children.
- New regulations added regarding the notification of the Department in the cases of emergencies.
- New regulations added to regarding records and files to ensure that any other requirements in the regulations that have associated documentation are listed.

- Former section "Release of Children" changed to "Arrival and Departure of Children".
- Handbook regulations no long include the list of required components, but still must be approved by the Department.
- Previous regulations referred only to state law and the RI Department of Motor Vehicles, where new regulations list the requirements specifically (e.g. vehicle, driver, and emergency kit).

• Sign in/out regulations now allow for electronic signature.

Clarified language:

- Language clarification, without change of intent, provided for arrival and departure of children.
- Language clarification, without change of intent, provided for confidentiality.
- Language clarification, without change of intent, provided for required notifications to the Department.
- Language clarification, without change of intent, provided for records and files.
- Language clarification, without change of intent, provided for transportation of children.

Removed language:

- Requirement for annual evaluation of the program by families, as this is a quality measure.
- Procedural language has been removed from records and files.

1.13 LEARNING AND DEVELOPMENT

(formerly Curriculum & Family Engagement)

New language:

- New regulation added to ensure that if a program disenrolls a child, written documentation is provided to the family.
- New regulations added to provide expectations for program and classroom level curriculum.
- New regulations to provide opportunities for children and families to have communication in their home language.

Amended language:

- Physical activity time prorated for a program that does not operate all day.
- References to services for children with IFSPs now include Early Intervention.
- Regulations regarding opportunities for children, interactions with staff, materials for classrooms, have been consolidated into the curriculum section.
- Regulations updated to reflect the new American Academy of Pediatrics recommendations regarding age for screen time.
- Stipulations added for special screen time events.

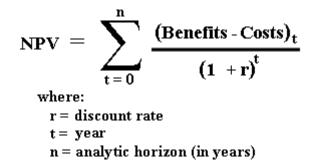
Clarified language:

• Language clarification, without change of intent, provided for curriculum.

Net Present Value: Child Care Center and School Age Program Regulations for Licensure

The net present value (NPV) calculation focuses on the Child Care Center and School Age Program Regulations for Licensure, which will be implemented in 2017, and impact all licensed child care facilities that do not operate in a homebased setting. Family Child Care Home and Group Family Child Care Home Regulations will be addressed in separate regulations.

For each cost and benefit calculation, the following formula was used:



The estimates are based on a series of assumptions outlined in this document. Negative amounts are represented in parentheses and reflect costs to child care programs. Positive amounts reflect benefits to child care programs. The net impact of the Child Care Center and School Age Program Regulations for Licensure is estimated to be positive, indicating that the adoption of this rule will result in **\$28,385,132** savings to child care programs, over the next five years, and have an overall positive benefit. As a result, the proposed rule should be adopted.

Period	Impact
T ₀	\$6,020,488
T ₁	\$5,830,347
T ₂	\$5,675,122
T ₃	\$5,509,827
T ₄	\$5,349,347
NPV	\$28,385,132

Introduction

In 2013, the Child Care Program Regulations for Licensure and the School Age Program Regulations for Licensure were promulgated through a reform process brought about by the Race to the Top; Early Learning Challenge Grant (RTTT-ELC). One objective of this grant was to streamline the regulations and standards set by different state agencies, each with a different oversight of child care programs. This group of state agencies is also referred to as "Exceed".

However, the Child Care Program Regulations for Licensure had not been updated in 20 years, since 1993. The National Association for Regulatory Administration (NARA) set a best practice standard of reviewing human service

regulations every three to five years¹. Therefore, changes made after this 20year gap were intended to make up for years of missed revisions. Ultimately, the primary changes that emerged were significant adjustments to the structural requirements for classrooms within child care programs. These necessary changes impacted hundreds of providers, many of whom were able to access grant funding available through RTTT-ELC to make these changes. With this grant funding, as well as a series of facility assessments and technical assistance offerings, programs were able to adjust to these changes and operate within the new regulations.

In 2016, the DCYF Child Care Licensing Unit embarked on comprehensive plan to implement Lean initiatives for the licensing, monitoring, and enforcing of child care regulations. This resulted in an initial case review of program compliance that provided insight that the Child Care Program Regulations for Licensure did not provide the detail, specificity, or measurability that would be required in order for regulations to be effectively and consistently enforced.

At this time, the administration of the Licensing Unit reviewed the feedback from previous promulgation proceedings, and as a result, developed a strategic plan to elicit feedback from providers and provide transparency into the regulatory reform process.

Through a series of Listening Tours around the state, an online survey for providers and stakeholders, as well as a nationwide review of child care regulations, the initial drafts of the regulations were completed. Financial impacts, such as structural changes, for current child care providers were immediately determined not to be included. Instead, the regulations sought to provide clarification and objective language to many of the regulations, which impact programmatic and operational components of programs (compared to facility and structural changes).

Source: <u>http://www.naralicensing.org/assets/docs/Publications/BestPractices/nara%20best%20practices%20final.pdf;</u> page 50.

The overarching goals of any child care regulations are to ensure the foundational quality of the safety, health, and well-being of children. The changes to these regulations remove compliance barriers that do not impact this goal, and provide additional safeguards. These regulations are expected to provide numerous benefits to licensed child care centers and school age programs including (but not limited to):

- Providing alternatives for staffing qualifications that will allow a greater pool of qualified applicants for regulatory positions
- Allowing flexibility in professional development opportunities
- Adding age integration options that will allow programs to fulfill more of their licensed capacity, versus leaving slots empty to save space for when a child ages into their program.
- Removing the requirement for infant programs to staff a Registered Nurse, and replacing this requirement with preservice and in-service professional development options.
- Establishing further clarification on regulatory requirements.

NPV Analysis

Finding s	Category	2017	2018	2019	2020	2021
	Precautionar y Staff/Child ratio	(\$30,316)	(\$30,316)	(\$30,316)	(\$30,316)	(\$30,316)
	Background checks: CPS Clearances		(\$20,640)	(\$5,160.)	(\$5,160)	(\$5,160)
Costs	Transportati on requirements	(\$5,409)	\$0.00	\$0.00	\$0.00	\$0.00
	Direct access	n/a	n/a	n/a	n/a	n/a
	Wall-level windows	n/a	n/a	n/a	n/a	n/a
	School Age bathrooms	n/a	n/a	n/a	n/a	n/a
	Age	\$2,565,12	\$2,565,12 0	\$2,565,12	\$2,565,12	\$2,565,12
	Integration Nurse	0 \$3,491,09 3	3,491,09 3	\$3,491,09 3	3,491,09 3	3,491,09 3
Benefits	Professional Developmen t	n/a	n/a	n/a	n/a	n/a
	Education	n/a	n/a	n/a	n/a	n/a

	Coordinator					
Net Current Value		\$6,020,48 8	\$6,005,25 7	\$6,020,73 7	\$6,020,73 7	\$6,020,73 7
Net Present Value		\$6,020,48 8	\$5,830,34 7	\$5,675,12 2	\$5,509,82 7	\$5,349,34 7

n/a represent costs/benefits that are not quantifiable

Assumptions	
Total licensed child care centers in RI, serving Infants through	420
School Age	
Total licensed capacity	30,098
Estimated number of workforce	4,128*

<u>*Workforce Estimations:</u> According to the Rhode Island Early Learning Workforce

Study from 2014², where 1,042 child care center staff participated, with an estimated response rate of 40.5%-46.8%, the high end of the early child care workforce is estimated to be 2,573. This is also consistent with the May, 2016

report from the Bureau of Labor Statistics³. However, this does not include the programs serving school age children only. Based on the number of licensed school age-only programs (99 programs with a total capacity of 8,008), and staffing requirements for staff/child ratio and administration, (1:13, plus leadership), an additional (715) individuals should be added to the workforce estimations. Lastly, child care programs have a list of qualified substitutes and auxiliary staff would contribute on average of two per program, over (420) child care programs, adding (840) members to the workforce estimations. All together, the child care and school age workforce in Rhode Island is estimated at 4,128.

<u>Costs</u>

<u>Precautionary Staff/Child ratio:</u> The requirements around staff/child ratio set forth the number of staff needed to provide age appropriate supervision to the number of children in care. The current regulations set minimum staff/child ratios, as well an additional staff/child ratio for swimming activities. This is intended to in sure that a dangerous activity, such as swimming, is covered by a higher number of staff members per children. However, current regulations establish a staff/child ratio of 1:4 for swimming activities, regardless of the age of the children, which presents a significant safety concern, and do not account for all potentially dangerous activities that require a different level of supervision. Therefore, the

² Source:

http://www.earlylearningri.org/sites/default/files/sitecontent/docs/Licensed%20Centers%20and%20Family%20Child% 20Care%20Homes%20-%20Rhode%20Island%20Early%20Learning%20Workforce%20Study.pdf

Source: https://www.bls.gov/oes/current/oes399011.htm#nat

new regulations provide more conditions regarding staff/child ratios for swimming, potentially dangerous activities, as well as field trips. To ensure that the need to increase staff would not be burdensome to programs, new regulations also make allowances for individuals (such as volunteers and approved family chaperones) with complete background checks to supplement these precautionary staff child ratios.

After a case review of providers, only an estimated 50% of child care programs engage in these events (such as field trips), and typically not more than one event per year. Given an additional average of three staff, per event, at a rate of

\$12.03/hour⁴, over a typical four-hour event, a child care program may incur a cost of \$144.36 for each event for additional staffing (an industry cost of \$30,316 during an average year). This cost could also be lowered as many volunteers or family chaperones used to supplement this ratio would not be compensated.

Through a review of potential risks regarding hazards, staff/child ratio, and supervision, these costs increase the safety of children.

<u>Background checks:</u> The Child Care and Development Block Grant (CCDBG), issued federally by the Office of Child Care, requires that complete background

checks be repeated every five years⁵. A background check currently consists of a Child Protective Services (CPS) clearance, available through the Department of Children, Youth and Families; a BCI (Rhode Island specific criminal background check), and a fingerprint check that is used to facilitate a national criminal background check. Additionally the CCDBG is requiring a check of the sex offender registry.

The criminal background checks and sex offender registry checks are to be without cost to the applicant⁶, however, the costs associated a CPS Clearance is \$10 per individual⁷. Based on the five year renewal of background checks, an estimated half of the workforce (based on a case review) would need an updated clearance in first year, at an industry cost of \$20,640 for the first year, and \$5,160 to conduct CPS Clearances on the 25% of the remaining workforce for each year of the three years thereafter.

<u>Transportation</u>: Current regulations state that all programs that transport children meet all applicable state laws and requirements. However, without stating the clear expectations, many providers have been unsure about what the state laws require.

Source: https://www.bls.gov/oes/current/oes399011.htm#nat

Source: https://www.acf.hhs.gov/occ/ccdf-reauthorization

Source: http://webserver.rilin.state.ri.us/Statutes/TITLE40/40-13.2/40-13.2-5.HTM

Source: http://www.dcyf.state.ri.us/docs/amended_rules/effective_20120426/ClearAgenAct.pdf

Therefore, new regulations explicitly state the current requirements. However, through a case review of program compliance, an estimated 30% (134) of licensed child care programs provide transportation for children, and furthermore, about 25% (34) of those providers were out of compliance with current regulations regarding transportation.

Therefore, listed in the new regulations include requirements regarding the following items: a Chauffeur's license ($$26.50^8$), fire extinguisher ($$38^9$), first aid kit ($$28.95^{10}$), bodily fluid clean up kit ($$10^{11}$), mountable audible back up alarms ($$19.23^{12}$), and magnetic signage ($$36.40^{13}$). These items, result in a total one-time cost of \$159.08 per program currently out of compliance, resulting in a cost of \$5,408.72 throughout the industry as stated. Licenses may be valid for up to

five years, according to the RI Department of Motor Vehicles¹⁴, and costs to replace consumable items above are not quantifiable.

Non-Quantifiable Costs

In order to increase the incoming quality of child care programs, the new regulations include three facility expectations for programs initially licensed subsequent to the date of promulgation. This could potentially impact (13) of programs per year (average newly licensed programs per year since 2012, not

Source: https://www.grainger.com/product/IMPERIAL-SUPPLIES-Back-Up-Alarm-WP6683908/_/N-

Source: http://www.dmv.ri.gov/forms/fee/

Source: http://fireextinguisherdepot.com/fire-extinguishers/fire-extinguishers-by-size/2-5-lb-fire-extinguishers/amerex-b417t-abc-fire-extinguisher-2-5-lb-rechargeable-ul-rating-1a-10b-c.html?___SID=U

Source:

https://www.redcrossstore.org/item/321275?gclid=CjwKEAjw_6XIBRCisIGIrJeQ93oSJAA2cNtMy0opJ8kShYZSOZ vQuxnZ3JmG59XEVabiXx6KG51b9RoCMAXw_wcB&gclsrc=aw.ds&dclid=CKXb2aer1NMCFWazswodUnMAJg

Source: https://www.grainger.com/product/GRAINGER-APPROVED-Biohazard-Spill-Kit-WP6501898/_/N-1z0dqww?s_pp=false&picUrl=//static.grainger.com/rp/s/is/image/Grainger/3ZDV8_AS01?\$smthumb\$#nav=%2Fprod uct%2FGRAINGER-APPROVED-Biohazard-Spill-Kit-WP6501898%2F_%2FN-

 $¹⁵b4Z1z0dqwwZ1z06fln\% 3FR\% 3D3ZDW1\% 26_\% 3D1493835915910\% 26picUrl\% 3D\% 252F\% 252Fstatic.grainger.com\% 252Frp\% 252Fs\% 252Fis\% 252Fimage\% 252FGrainger\% 252F3ZDV8_AS01\% 253F\% 2524smthumb\% 2524\% 26s_p~p\% 3Dfalse$

¹⁷ea?breadcrumbCatId=5632&s_pp=false&picUrl=//static.grainger.com/rp/s/is/image/Grainger/38XF44_AS01?\$smth umb\$#nav=%2Fproduct%2FIMPERIAL-SUPPLIES-Back-Up-Alarm-WP6683908%2F_%2FN-

¹⁷eaZ1z09voc%3FR%3D38XF43%26_%3D1493836185422%26breadcrumbCatId%3D5632%26picUrl%3D%252F%252Fstatic.grainger.com%252Frp%252Fs%252Fis%252Fimage%252FGrainger%252F38XF44_AS01%253F%2524smthumb%2524%26s_pp%3Dfalse

Source: https://www.uprinting.com/car-magnets-

printing.html?attr3=18456&attr1=17465&attr5=17416&attr6=18458&product_id=369&iv=__iv_p_1_a_353890161_g _29475517281_c_96773973201_k__m_w_pla-

⁴²⁸⁸⁷⁵⁷⁵⁷⁰⁴_n_g_d_c_v_l_t_r_1o1_x_pla_y_336948_f_online_0_6937_z_US_i_en_j_42887575704_s_e_h_90 60581_ii_vi_&k_clickid=c5020ba4-1dcc-4d65-ae26-

⁶¹e6d317d049&gclid=CjwKEAjw_6XIBRCisIGIrJeQ93oSJAA2cNtMzGdzezugQGOx1qIKksSZexKbPBARHCwXp sht-IoCLBoCZLbw_wcB

Source: http://www.dmv.ri.gov/licenses/renewal/index.php

including license or ownership transfers). While one way to accomplish these requirements would be to complete construction on a space, the more likely and less costly option would be to conduct a more comprehensive search for a facility that meets the needs of a quality child care program. Therefore, the financial impact is not quantifiable.

<u>Direct access</u>: Programs serving infants through two years old are required to have evacuation cribs for use in case of emergency. Programs have often explained the challenge in evacuating with children, despite the use of the emergency crib, lies in the set up of the building. Therefore, all newly licensed programs serving infants and/or will be required to have direct access to the outdoors from the classrooms used for those children.

<u>Wall-level windows:</u> In current child care programs, natural lighting is required in each classroom used by children, but this can be accomplished through a skylight. During the winter months, snow can often block skylights, and therefore, there is no natural light to ensure that children can be supervised at all times. The new regulations do not require any changes in existing child care programs, but in order to increase the facility safety of newly licensed programs, natural lighting is required by a wall-level window.

<u>School Age bathrooms:</u> In programs licensed for both preschool and school age, programs have been permitted to use a privacy stall to separate a particular toilet in a larger bathroom for use by school age children. Any newly licensed will be required to have bathroom facilities for preschool and school age children that are separate and apart from one another, to ensure safety and privacy. New regulations will also provide allowances for a lesser number of bathrooms for school age programs which have a smaller capacity.

Benefits

<u>Age Integration:</u> The current regulations state numerous regulations around the required separation of all children under and over the age of three. From a child development perspective, using a defined age for all children to transition to a different classroom or peer group is inappropriate. Additionally, programs, to maintain compliance with these regulations, are often faced with holding a slot of their licensed capacity in an older classroom to accommodate for the child who will age into this program. This results in lost tuition, and with no benefit to the child, family, or program.

Therefore, the new regulations provide opportunities for more defined age transition activities, based on the needs of the child, and provide options for age group integrations that allow programs more flexibility in building children's groups based on the needs of the individual children the program serves.

In the (192) programs serving toddlers and preschool children, an estimated two slots are saved over a 40 week period (based on a ten-month school year).

Based on the average DHS rates of reimbursement of \$167/week¹⁵, under the Child Care Assistance Program (CCAP), the allowance for age integration could save programs \$13,360/year, with an annual industry savings of \$2,565,120.

<u>Nurse:</u> Of the 420 child care centers in Rhode Island (136) of these programs serve infants. The current regulations require that these programs have a pediatric nurse on staff for (15) hours per week. Rhode Island is the only state in the country to require that programs have nurse on staff. After a case review of these (136) programs serving infants, it was found that the majority of programs were not using the nurse in the role for which it was intended, which was to help increase infant health and safety. The financial impact of removing the requirement for a pediatric nurse, working 15 hours a week for 52 weeks per year, at an average of \$32.91/hour¹⁶ is an annual savings of \$25,669.80 per program, and an annual industry savings of \$3,491,092.80.

By eliminating this staffing requirement, this money could be reinvested into areas such as more comprehensive training for staff and improvement of staff/child ratios. To mitigate the concern regarding health and safety, the new regulations state specific requirements around professional development options, which will be developed in partnership with the Department of Human Services.

<u>Education Coordinator</u>: The roles of Education Coordinator and Site Coordinator in child care center and school age programs are regulatory requirements. These individuals are the persons responsible for the programmatic oversight of programs. The education and experience required for these positions has previously limited the pool of qualified applicants. As a result programs reporting hiring individuals who do not meet regulatory requirements and in turn, make financial investments for the individual to complete college-level coursework and increase his or her level of experience.

The new regulations double the number of options for qualifications in these roles, which will allow a larger pool of applicants. On average, 5-10% of all programs are on a probationary licensing status for staffing related issues, however, since all programs handle these challenges in different ways, the financial benefit is not easily quantifiable.

<u>Professional Development:</u> As part of the RTTT-ELC, the Exceed partnership created the Center for Early Learning Professionals (CELP). The CELP was tasked with providing high quality professional development as well as an approval process for professional development offered to the child care workforce. During this time, this professional development was typically available

¹⁵ Source: http://www.dhs.ri.gov/Regulations/ChildCareAssistProgramAugust2016.pdf

Source: https://www.bls.gov/ooh/healthcare/registered-nurses.htm

to child care programs at no cost. In turn, professional development, as stated in the regulations, was required to be approved by the CELP.

Since there are no longer funds through RTTT-ELC, professional development requirements have become more costly to the providers. After a review of nocost versus paid professional development offerings¹⁷, staff members or their respective programs would face a cost of on average, \$15/hour of professional development. All child care staff are required to complete 20 hours per year, which results in a cost of \$300/year for each member of the child care workforce. While maintaining a requirement of (20) hours per year of professional development, the new regulations only require (10) of these hours to be approved. This will give programs the flexibility to seek different opportunities for professional development, which will not be as costly to programs. While savings, based on the above, could be up to \$150 per member of the child care work force, at a savings of \$619,200 for the industry, the savings are not fully quantifiable as programs may use this money to invest in other professional development opportunities of their choice.

Net Present Value

After the application of a 3% discount rate, we estimate the total benefit to licensed child care facilities that do not operate in a home-based setting, as a result of the adoption of the new Child Care Center and School Age Program Regulations for Licensure to be to be **\$28,385,132** through the end of 2021.

Source: http://center-elp.org/center-approved-pd-early-learning-community/

STATE OF RHODE ISLAND

DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES



School-Age Child Care Program Regulations for Licensure

November

2013

Rhode Island Department of Children, Youth and Families School-Age Child Care Program TABLE OF CONTENTS

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SECTION ONE - GENERAL PROVISIONS

1. LEGAL BASIS

Rhode Island General Laws RIGL 42-72-5 – Department of Children, Youth and Families RIGL 42-72.1 – Licensing and Monitoring of Child Care Providers and Child-Placing Agencies

RIGL 40-13.2 – Certification of Child Care and Youth Serving Agency Workers RIGL 23-28.15 – Child Care Programs

2. **DEFINITION**

The primary purpose of licensing a school-age child care program is to safeguard the well-being of the children served. Granting a license means there is clear evidence that the building and grounds are safe; staff are appropriately trained and responsible, and that the program reflects an understanding of the healthy growth and development of children and youth. The license provides assurance to families and the community that the children are cared for in a safe, healthy environment with appropriate activities, time schedules, food, materials and equipment, and that staff are consistently available to encourage and support the children's physical, social, emotional and intellectual growth.

SECTION TWO - LICENSING PROVISIONS

1. APPLICATION PROCESS

Procedure for Obtaining a License

 Any person, firm, corporation, association or agency interested in opening a school-age child care program contacts the Department of Children, Youth and Families' (hereinafter, the Department) licensing unit for assignment to a licensing worker.

An initial consultation is held upon request to review the regulations, discuss the need for such a program in the chosen community, review

the proposed program and examine the financial resources available. A preliminary visit to the proposed program is made by the licensing worker to determine the feasibility of achieving compliance with these regulations.

Application Packet

- An application for licensure is submitted on the forms provided by the Department's licensing unit.
- A separate application, including all supporting documentation, is submitted for each program to be operated.
 - A complete application, including all supporting documentation, is submitted. The application includes, but is not limited to:
 - the full name, physical address, mailing address, email address
 - and phone number of the prospective program;

 - information on the building in which the program is housed,
 - including sketches of the indoor area showing the activity rooms

to be used for child care, the kitchen or food preparation area,
the bathrooms for children and staff and the office space;
information on the outdoor play area, including a sketch of this
area showing accessibility to the building and the rooms used
child care;
information on the number and ages of children to be served,
age groupings and staff/child ratios;
the name and qualifications of all anticipated staff;
criminal record background checks to include fingerprints and
clearance of agency activity check;
information on the program, including the daily schedule of
activities, the philosophy of the program and the development
goals and objectives on which the program is based;
 a listing of the equipment and materials, both indoor and
outdoor, available for the implementation of the program;
information on the daily feeding program;
 financial information, including a statement of the financial
assets, liabilities and net worth of the applicant, the means of
financing and an anticipated yearly budget for the program; an
 a statement signed by the applicant acknowledging that he/sh
has read and agrees to comply with these regulations.
 Prior to the issuance of a license, documentation of the program's compliance with local zoning ordinances and with the applicable section of the state fire, building, health and sanitation codes is submitted. Prior to the issuance of a license, the licensing worker visits the progration determine compliance with these regulations and to determine the program's maximum capacity. Upon receipt of a completed application, inspection approvals and a report from the licensing worker addressing compliance with the
regulations, one of the following actions occurs:

2. LICENSE

 A provisional license is issued to a newly established program upon
successful completion of the application process.
 This license is granted for a period not to exceed six months.
 The provisional license allows the licensee time to develop an
operational program that meets the needs of the children served and to
demonstrate the program complies with these regulations.
 Prior to the expiration of a provisional license, the operation of the
school-age child care program is evaluated to determine compliance with
the regulations.

A full license is issued to a program that complies with these regulations.

The license is valid for a period not to exceed one year, expiring annually on July 31.

Probationary License

A probationary license is issued in place of a full license at any time when a licensee is temporarily unable to comply with a regulation or regulations, provided that the area or areas of noncompliance do not present an immediate threat to the health and well-being of the children. Before a probationary license is issued, the licensee submits written documentation that the area(s) of non-compliance do not present a threat to the health and well-being of the children, and a plan to correct

the area(s) of non-compliance. This plan is approved by the Department's licensing administrator. The reason for the issuance of a probationary license is printed on the license.

Provisions of the License:

The license indicates the maximum number of children and the age groups served in the program. The program never exceeds the capacity for which it is licensed.

The license indicates the dates of validity.

The license is posted in a conspicuous place in the program.

The license is not transferable, is granted only to the designated licensee and is limited to the stated location.

The licensee notifies the Department's licensing unit in writing of major

- changes which affect the license including, but not limited to: _______intent to change the name of the program;
- intent to change ownership of the program,
- intent to change the physical location of the program;
- change in the numbers or ages of children served;
- any major changes in the program.

The license entitles the Director of the Department or designee and the Office of the Child Advocate or designee:

- the right of entrance;
 - the privilege to inspect and to access all files in order to
 - ascertain compliance with these regulations; and

the right to investigate complaints.

When the operation of a child care program is discontinued, the licensee provides the Department's licensing unit with written notification at least thirty days prior to the closure.

3. LICENSE RENEWAL

Renewal of License

- A licensee files a renewal application on the forms provided by the Department's licensing unit at least sixty days prior to the expiration of the license.
- Current inspection approvals are submitted prior to renewal to verify that the program remains in compliance with the appropriate sections of the state fire, building, health and sanitation codes.
- Upon receipt of a renewal application and appropriate inspection
 - approvals, one of the following actions is taken:
 - issuance of a probationary license; or

	Licensing workers from the Department's licensing unit make periodic unannounced monitoring visits to the program during the hours of operation in order to determine compliance with the regulations.
4.	DENIAL, REVOCATION OR SUSPENSION OF LICENSE
	 Revocation or Denial of a License A license is denied or revoked for failure to comply with these regulation or when there is evidence that the operation of the child care program
	poses a threat to the health and/or safety of children enrolled.
	The licensing administrator notifies an applicant or licensee in writing of the Department's decision to deny or revoke a license.
	The written notification contains the reason for the denial or revocation.
	 Notice of denial or revocation is sent to the applicant or licensee at least ten days prior to the effective date of the action, unless there is sufficien evidence to warrant immediate closure.
	If necessary, the licensing administrator orders the immediate removal of all children and the closing of the program.
	a license. All administrative hearings for appeals relating to licensing violations or terms are held in accordance with <u>DCYF Policy 100.0055, Complaints and</u> Hearings (http://sos.ri.gov/rules/.
5 .	or terms are held in accordance with DCYF Policy 100.0055, Complaints and
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SECTION THREE - LICENSING STANDARDS

1.PHYSICAL SPACE AND SAFETY

Phy	vsical Facilities
	The indoor and outdoor facilities foster the children's growth and
	development through a variety of opportunities for safe exploration and
	learning.
	Prior to licensing, physical facilities:
	 comply with building, fire, health and sanitation codes;
	provide evidence that the program and water source are lead
	free or lead safe;
	provide evidence of being asbestos free or asbestos safe;
	have an acceptable score on a radon test within the last three
	years; and
	be accessible for children and adults with disabilities in
	accordance with the American with Disabilities Act (ADA).
	Plans for the crection of new buildings or playgrounds or for the
	renovation or modification of existing buildings or playgrounds are
	submitted to the Department prior to the start of construction.
	The program's exterior doors are locked.
	The program's designated main entrance has a doorbell, buzz
	keypad, swipe card or other comparable means to control enti
	Unlocked doors are monitored at all times by a staff person.
	Stairways used by children have a second railing placed at the
	appropriate height for the children's use.
	ation of Activity Deceme
LOC	ation of Activity Rooms Activity rooms used for school-age child care are located at ground lev
	or above.
	Facilities used by the children are not located below ground level.
	Activity rooms are convenient to the other facilities used by the childre
	including but not limited to bathrooms, health room and isolation area.
	When such facilities are located outside of the main activity area,
	provision is made for supervision by staff.
Mar	Alle General Link Gene
ver	ntilation and Lighting
	There is adequate ventilation and lighting throughout the program.
	All activity rooms used for children have provision for natural lighting
	through a window or a skylight directly to the outdoors.
	Exterior doors and windows, which are opened for ventilation, are
	securely screened.
	The temperature in rooms used by children is maintained within a rane
	of 65 - 74 degrees F° at the level of the children's height, and the heat
	kept constant.
	There is a minimum of 300 cubic feet of air space for each child.
	Portable space heaters are prohibited.
	- I UNADIO SPAUO HEALEIS ALE PIUHIDILEU.
The	ere is a minimum of thirty-five square feet of usable floor space for each chi
in a	activity rooms or classrooms used for the program. The program does not
	eed the licensed capacity.
exc	oou the hoonseu bapabily.
Ind	
	oor Aroos
	oor Areas Indoor activity is clearly defined by spatial arrangement.

	Space is subdivided and is arranged to provide clear pathways for movement from one area to another, to separate noisy activities from
	quieter ones and to provide for visual supervision by staff.
	Furniture is placed to ensure safety and ease of supervision.
	The program ensures an adequate storage area for the child's clothing
	and belongings.
	An area is designated to properly store program equipment, materials
	and supplies.
	There is a utility room, separate from the kitchen, with hot and cold wate
	and storage space for cleaning equipment and supplies.
	Space is provided for administrative and clerical functions.
	lation Area
	There is an isolation area equipped to comfortably accommodate a chil
	who becomes ill.
	This area is located near a lavatory and is visible to staff for supervisior
	A sick child is isolated a minimum of three feet away from the other
	children.
	tdoor Play Area: Is appropriately equipped for gross motor activity.
	Has at least seventy five square feet of space per child for at least 50%
	of the capacity of the program.
	Is easily accessible with a plan for how the outdoor space is utilized to
	support quality programming and ensure safety.
	Has a fence of at least four feet in height, erected on grounds that are
	reasonably level, well-drained and free from hazards. Programs that
	operate within a school are exempt from the fencing requirement.
	Climbing equipment, swings and large pieces of play equipment are
	developmentally appropriate for the ages of children, are securely
	anchored and maintained in good repair.
	Outdoor equipment (including but not limited to swings, slides and
	climbing apparatus) is:
	age and developmentally appropriate;
	installed, maintained and used in accordance with the
	manufacturer's specifications and instructions;
	approved by the United States Consumer Product Safety
	Commission; and
	maintained in good repair.
	Cushioning materials, such as mats, wood chips or sand are used under
	climbers, slides, revolving equipment or swings.
	Organic cushioning is at least six inches in depth, if used.
	Trampolines are prohibited.
<u> </u>	
	let Facilities There are separate fully enclosed and clearly marked bathroom facilitie
	for boys and girls.
	Bathrooms contain one toilet and one sink for each group of twenty boy
	or girls enrolled.
	Hand washing sinks have both warm and cold running water set to
	appropriate hand washing temperatures.
	Water temperature is at least 60 degrees F ^o and does not exceed 120
	degrees F°.
	There are separate toilet facilities in the same building for staff.
	- There are separate tonet racinities in the same pulluing for staff.

	Drinking Water
	Drinking water is available and is easily accessible both indoors and
	outdoors to children throughout the day, including at all meals.
_	Children are encouraged to drink water throughout the day, especially
	before, during and after outdoor play.
_	Drinking water supplies are located in or near classrooms and
	playrooms.
	Drinking cups are single-use and disposable or are reusable cups that
	are sanitized daily in a dishwasher with a sanitizing option.
	The source of drinking water is separate from the lavatory.
_	Water fountains are not permitted in the child care program unless
	disposable single-use cups are used or the program provides an
	approved plan for the maintenance and sanitation of the water fountain.
	Use of water fountains outside the licensed program is prohibited.
F	ood Preparation
	There is an equipped kitchen for food preparation when meals are
	prepared at the program.
_	When meals are not prepared at the program, there is an equipped food
	preparation area to be used exclusively for food handling and
	distribution, including the preparation of snacks.
_	The kitchen or food preparation area is sanitary, well lit and orderly.
_	Adequate refrigeration temperatures are maintained, including 41 F° or
	lower for refrigerator and zero F° or lower for freezer.
-	There is sufficient storage and appropriate handling of supplies and
	means for sterilizing dishes.
(Cleanliness
-	All parts of the program and its premises are kept in good repair, clean,
	neat and free of hazards.
	Any product used for cleaning, sanitizing and disinfecting is United States
	Environmental Protection Agency registered and is used in accordance
	with the manufacturer's instructions.
_	Any maintenance of the program is done when children are not present.
_	Any maintenance of the program is done when children are not present. The following methods for preventing rodent and insect infestation are
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- - - - -	 Any maintenance of the program is done when children are not present. The following methods for preventing rodent and insect infestation are used: thorough sanitation and proper screening; use of insecticides and rodenticides in accordance with instructions on the label; structure blocking of avenues through which insects and rodenticides and rodenticides and rodenticides and rodenticides approved by the Rhode Island Department of Health. All equipment and materials are clean and sanitary and checked regularly to ensure freedom from hazards. There is a telephone, other than a pay phone, conveniently located withir the program. The telephone is functional and readily available for use in case of an emergency. Emergency phone numbers, including 911, local fire and police departments, emergency treatment facility, consulting physician or nurse and poison control center are posted in a conspicuous place adjacent to
- - - - -	Any maintenance of the program is done when children are not present. The following methods for preventing rodent and insect infestation are used:

Furniture Is sufficient in quantity to accommodate the number of children enrolled. Is safe, durable, child-sized and easily cleaned. Conforms to all applicable safety regulations. Is sufficient to ensure that seating is provided for every child. **Dual Occupancy** It is preferable that the premises not be shared by other groups when the program is not in operation. However, with sufficient safeguards for cleanliness and the protection of equipment and sanitation, dual occupancy may be permitted. A formal request for approval for shared use of the premises is appended to the application. 2.HEALTH AND NUTRITION Immunization and Testing for Communicable Diseases Child care programs must adopt, at a minimum, policy and procedures consistent with the Rhode Island Rules and Regulations Pertaining to Immunization and Communicable Disease in Preschool, School, Colleges or Universities. These regulations may be accessed on the Rhode Island Department of Health's website: http://www.health.ri.gov/immunization/for/schools/. Immunization Records Any child enrolled in an educational institution (private, charter, public or parochial) is exempt from furnishing immunization records to the schoolage child care program. Any child not enrolled in an educational institution submits to the administrative head of the program upon first entering a school-age child care program: evidence that such child has been immunized or is being 1 immunized according to schedule; or an Immunization Exemption Form from a licensed physician 2 stating that such child is not a fit subject for immunization for medical reasons; or a certificate signed by the parent or guardian stating that 3 immunizations are contrary to his/her beliefs. (Form is available through the Office of Disease Control at the Rhode Island Department of Health). No child may enter a child care program unless evidence is submitted that the child has received initial doses of required vaccines. In the event that the child is not enrolled in an educational institution, the program administrator is responsible to maintain a current record of the child's immunizations. If the child is not fully immunized, the program administrator follows up with the parent to ensure that the child has immunization appointments scheduled. Acceptable evidence of immunization: a written statement signed by a licensed physician; or an official immunization record card, school immunization record, medical passport, World Health Organization immunization record; or other official immunization record acceptable to the Office of Disease Control of the Rhode Island Department of Health; or

- electronically stored and/or transmitted documentary record (facsimile transmission, computerized records, records on magnetic media or similar record) as may be utilized by a program/school.
- The immunization record contains the day, month and year of each dose of vaccine administered.
- When a child transfers to another program or school, the child's immunization record is released to the authorized program or school official.

3. Health Examination

- a. Any child enrolled in an educational institution (private, charter, public or parochial) is exempt from furnishing a physician's record of examination to the school-age child care program.
- b. Any child not enrolled in an educational institution presents evidence of a preadmission health physician's record of examination, which includes information regarding any condition/handicap affecting the child's health.
- 4. Daily Health Assessment
 - The program conducts a daily health assessment of each child.
 - A child who gives any evidence of suspicious symptoms is removed from the group and attended to by staff until the parent, or adult authorized by the parent, can come for the child.
 - Each child's file contains a statement signed by the parents authorizing the program to act in an emergency.
- 5. Communicable Disease
 - Any child or staff member suffering from a reportable communicable disease adheres to timelines of absence prior to returning to the program specified in the Rhode Island Department of Health, Division of Disease Prevention and Control, Office Of Communicable Disease, Guidelines For Communicable Disease Prevention And Control.

(<u>http://www.health.ri.gov/publications/guides/CommunicableDiseasePrev</u> entionAndControl.pdf).

- In the event a child or staff member suffers from a communicable disease, the program provides written notice to inform all parents to which communicable disease the child(ren) may have been exposed, without providing any identifying information regarding the source of the communicable disease.
- In all matters of exclusion and readmission of children for reasons of illness, the decision of the program administrator, in consultation with a licensed physician, applies.
- 6. Child Abuse and Neglect Reporting
 - Any suspected case of child abuse and/or neglect is reported to the Department of Children, Youth and Families CPS hotline (1-800-RI-CHILD) within twenty-four hours in accordance with state law and <u>DCYF</u> <u>Policy 500.0000: Reporting Child Abuse and/or Neglect</u> (<u>http://sos.ri.gov/rules/</u>).
 - Any death or serious injury while in care of the program is also reported to the Department of Children, Youth and Families CPS hotline (1-800-RI-CHILD) within twenty-four hours.
 - The program reports to the Department's licensing unit immediately after reporting to the CPS hotline.

- 7. Corporal Punishment
 - Staff do not physically restrain children.
 - - Children are not subjected to cruel or severe punishment, humiliation, physical punishment, threats or verbal abuse, including yelling or derogatory remarks.
 - Children are not ignored or neglected.
 - Children are not deprived of meals, snacks, physical activity or outdoor play as a reward or behavior consequence. Exceptions may only be made if specifically stated in a child's Individualized Education Program (IEP) or Individual Family Service Plan (IFSP).
- 8. First Aid
 - First aid equipment is available for the less serious problems, including but not limited to common cuts, splinters and brush burns.
 - All staff members have knowledge of general first aid procedures.
 - At least 50% of all staff members involved in direct care who are trained in cardiopulmonary resuscitation (CPR) and who have completed the Red Cross basic first aid course or the equivalent are in attendance in the program at all times.
 - Each program has a choke-saving poster outlining the Heimlich Maneuver that is prominently displayed in the area where the children eat.
- 9. Injury Report
 - Parent must sign a written report on the day that an injury occurs.
 - A copy of this report is placed in the child's file.
 - The injury, first aid and parent communication is recorded in the program's health log.
- 10. Administration of Medication
 - Each program establishes guidelines for the administration of medications.
 - If a program chooses to administer medication:
 - Neither prescribed nor non-prescribed medications are
 - administered to a child without written parental authorization.
 - Prescription medication is not administered to a child without a
 - written order from a licensed physician (which may include the label on the medication) indicating that the medicine is for a
 - specified child; the medication is in the original container.
 - The written order includes the name of the prescribed
 - medication, circumstances under which it may be administered, dosage and frequency of administration.
 - The program administrator or designee dispenses all medications.
 - The program maintains, on a daily basis, a written record of every medication administered. This record includes the:

 - name and dosage of medication administered;
 - date and time administered;
 - name and signature of the person who administered the medication; and
 - name of the licensed physician prescribing the medication.
 - In the event of an emergency, the daily log is transported with the child to the emergency treatment facility.

- Medications are stored in clearly labeled original containers out of reach of children. The program advises parents to administer medications at home whenever possible. Storage of Toxic Substances 11. All medical supplies, poisonous or toxic substances and any other items of potential danger to children, including but not limited to; cleaning supplies and equipment, paints, plastic bags and aerosols, are stored out of reach of children in a locked area. These items are clearly labeled. Children with Food Allergies or Special Nutrition Needs 12. For each child with special health care needs, food allergies or special nutrition needs, the program requests the family to obtain from the child's health provider an individualized care plan that is prepared in consultation with the family and specialists involved in the child's care. The program protects children with food allergies from contact with the problem food. The program asks families of a child with food allergies to give consent for publicly posting information about that child's food allergy. If consent is given, that information is posted in the food preparation area and in the areas of the program the child frequents. If consent for posting is not provided, then this information is shared verbally with all relevant staff, including substitutes. Health and Safety Training 13. The program ensures that specific training is provided to staff to appropriately address health and safety of children with developmental delays/disabilities, special health/nutrition needs and medical needs. Nutrition education is offered to staff at least one time per year. Physical activity education is offered to staff at least one time per year. 14. Fire Drills and Evacuation Plans The program administrator or designee conducts at least fifteen fire drills every twelve months. Both obstructed and unobstructed drills are conducted and a record of such drills is maintained. Programs with night care conduct fire drills during the hours of operation at night. A graphic evacuation plan, identifying alternative escape routes, is posted in each classroom and is in compliance with state fire code. The program has a written fire evacuation plan, which includes specific provisions for the evacuation of children and staff with special needs. This plan is reviewed and approved annually by the state or local fire inspector. **Cleaning and Sanitizing Routines** 15. Staff wash their hands with liquid soap and warm running water as needed before any food preparation or service. Staff ensure that children wash their hands with liquid soap and warm running water as needed and: after each toileting;
 - before each meal or snack;
 - after wiping or blowing their nose; and

	after outdoor activities or returning from playground.
	Sinks used for food preparation or clean up are not used for hand
	washing after toileting or diaper changing.
	Products, schedules and procedures used for cleaning are consistent v
	the recommendations of Caring for Our Children: National Health and
	Safety Performance Standards: Guidelines for Out-of-Home Child Car
	A Joint Collaborative Project of the American Academy of Pediatrics,
	American Public Health Association and National Resource Program 1
	Health and Safety in Child Care.
	The program posts and follows a cleaning and sanitation schedule.
1 6. Me	eals and Snacks
	The program provides an afternoon snack for the child.
	Breakfast and/or dinner is/are provided for children who are in care for
	more than nine hours.
	When the program is in operation full-day, snacks are provided mid-
	morning and mid-afternoon and nutritionally balanced meals are serve
	at suitable intervals.
	— There is a supply of food available in the program to provide nutritional
	meals to children whose parents do not provide food and to suppleme
	any foods brought by children that is not nutritional or of sufficient
	quantity.
	Each meal includes one-third of the total daily nutritional requirements
	recommended by the United States Department of Agriculture (USDA
	Meals and snacks meet current USDA Child and Adult Care Food
	Program (http://www.fns.usda.gov/child-nutrition-programs) nutritional
	standards. Snacks include fruits, vegetables and milk.
	If the parent provides lunches or other meals, the program gives parent
	written nutrition guidelines at the time of enrollment.
	Whiteh hutilion guidelines at the time of emoliment.
	High fat, high sugar and high salt foods are served less than one time r
	week or are not served at all.
	Additional servings:
	 are available when a child remains hungry;
	meet nutritional standards; and
	are not required to be the same food as the first serving.
	On special occasions, such as parties, food and drink that does not me
	nutritional requirements may be served in addition to required meals a
	snacks.
	Menus for meals and/or snacks are planned on a five week rotating ba
	and are posted weekly.
	At least one child care provider sits with children at the table during me
	and snack time and engages with children to model appropriate
	mealtime behavior.
	Children are not forced to eat and food is not used as a reward.
17. Be	Verages
	Children are served skim or one percent milk.
	If the program serves juice, it is 100% fruit juice.
	The program does not serve or allow drinks sweetened artificially or wi
	sugar, including soda and flavored milk.
	The program does not serve or allow caffeinated drinks, including soda
	and energy drinks.
18. Pe	ts

	Children are protected from pets that are potentially dangerous to their health or safety. Parents are notified of any pets on the premises.
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19.	Prohibited Practices
	Smoking and the use of tobacco products is not permitted in the buildings
	or outdoor play areas or on grounds within twenty-five feet of buildings.
	 Smoking in any vehicle used by the program for transporting children is prohibited.
	Illegal drugs or alcohol is not used and not permitted in the program.
	Guns or weapons of any kind are not permitted in the program.
20	Physical Activity
20.	Staff participate in physical activity with children at least once per day for
	at least an hour.
	Indoor and outdoor environments are utilized daily for all children to
	engage in physical activity.
21.	Screen Time
	A. Screen time is defined as looking at electronic media (including television)
	with a screen, including watching screens while others use the media.
	B. Television or other screen time is:
	1. prohibited during meal and snack times (snacks may be provided
	during occasional group activities);
	 prohibited when any child in the group is between birth through twenty-three months of age;
	3. limited for all other groups whether utilized in a staff-directed or a
	child-selected activity;
	4.limited to thirty minutes or less per day for each child or group;
	5. limited to one hour or less per evening for each child or group in
	evening or overnight care.
	C. Exceptions to specified time limits include:
	 electronic media used for children's homework;
	2.e-readers for reading;
	3. smart boards and tablets for hands-on learning activities;
	4 electronic media involving physical activity participation; and
	 occasional group activities, such as watching a movie, provided that alternate supervised activities remain available to children.
3.ENROLL	MENT AND STAFFING
a.	Child must be five years of age and enrolled in kindergarten to be eligible for
	admission to a school-age program.
b.	The following applies when both preschool and school-age programs are in
	operation:
	a. Child Care Program Regulations for Licensure (<u>http://sos.ri.gov/rules/</u>)
	apply when there is a kindergarten program.
	b. Pre-school and school-age programs are never combined.
c.	A staff-child ratio of one adult to thirteen children is maintained with a maximum
	group size of twenty-six.

All pets maintained on the premises are kept in a safe and sanitary manner and according to state and local requirements.

- d. Staff members who function in administrative, supervisory or support services roles are not counted in the staff-child ratio.
- e. Children are under the direct supervision of school-age child care staff at all times.
- f. Each school-age program has an administrator who carries out the administrative and staff supervisory functions and who is responsible for the overall operation of the program in compliance with these regulations. An administrator who also serves as site coordinator meets the staff qualifications for the position of site coordinator.
- g. Each school-age program has a site coordinator. The site coordinator is responsible for the daily operation of the program, ensuring the safety and wellbeing of the children enrolled and direct supervision of program staff.
 - a. The site coordinator can be counted in the staff-child ratio while providing direct care.
 - b. For programs operating five or fewer hours per day, the site coordinator is on the premises at all times when the program is in operation.
 - c. For programs operating more than five hours per day during school vacations and holidays, the site coordinator is on the premises for at least two thirds of the time that the program is in operation.
 - d. The site coordinator designates a staff to be in charge when he or she is absent from the program. The designated staff in charge is knowledgeable in the overall functioning of the program and responsible for staff supervision during the site coordinator's absence.
- h. Each program has additional staff to meet the staff -child ratio requirement as defined above. Staff work under the supervision of the site coordinator.
- i. The consultant services of a licensed physician or a registered nurse are readily available. The program has access to such professional services at all times when children are in care. A letter of understanding documents the availability of these services.
- j. Provisions are made to carry out the clerical, housekeeping, kitchen and maintenance functions needed to ensure the efficient operation of the program. Child-caring staff members may perform these functions, but are not counted in the staff-child ratio while doing so.
- k. If enrollment exceeds twenty children and the program prepares and serves meals, at least one part-time or full-time food service worker is employed.
- I. Volunteers:
 - Are not counted as staff to meet staff/child ratios.
 - Are eighteen years of age or older.
 - Are cleared and approved in accordance with Section V. Employment Background Check Criminal Record and Clearance of Agency Activity Checks.
 - Receive a formal orientation to program policies and procedures and the volunteer assignment.
 - Work under the supervision of program staff and are never left alone with children or engage in any disciplinary action with a child.
 - If a teen volunteer is engaged, an adult supervisor who is physically present at all times closely monitors him/her.
 - Teen volunteers are at least sixteen years of age.

		Programs obtain a signed consent agreement from parent of the teen volunteer stating that he/she approves of the volunteer assignment.
		 The program has copies of the teen volunteer's emergency contact information.
		 The program has a copy of the teen volunteer's signed school physical form.
		A file is maintained for each volunteer.
		————————————————————————————————————
		 an application for volunteering that includes signing a statement that he or she does not have a criminal record or a
		communicable disease; and
		 documentation of the volunteer orientation to the program and
		the volunteer assignment; and
		documentation of understanding that the volunteer must always work under the supervision of program staff and never be left alone with children or engage in any disciplinary action with a child.
	m.	There are two or more staff members on site at all times.
	n.	There is a list of substitutes who can be called upon in the event of the absence of a staff member in order to maintain the required staff -child ratio. Substitutes
		meet staff requirements. Long term substitutes meet the staff qualifications for
		the assigned position.
	0	Staff are actively involved with children during activities.
	p.	Staff support children's contributions with positive and motivating language and encourage children to try new skills.
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4.	STAF	encourage children to try new skills. F QUALIFICATIONS AND ONGOING PROFESSIONAL ELOPMENT REQUIREMENTS
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two years of supervised experience working with school-age children in a group setting (field placements and student teaching are counted toward this requirement).

- C. School-age staff used to meet the ratio requirements are at least eighteen years of age and have a high school diploma or General Education Development (GED) certificate, and have had either formal training in child care/youth development or at least one year of supervised experience working with schoolage children in a group setting.
- D. The qualifications of other staff employed to carry out clerical, housekeeping, kitchen or maintenance functions are consistent with the skills needed to perform the respective job.
- E. When the program employs or uses the services of other professional staff, such as physicians, psychiatrists, social caseworkers, psychologists, or nurses, these individuals meet the minimum professional standards in the particular field. Professionals whose practice is regulated by state law meet the requirements mandated by the state of Rhode Island in the respective field.
- F. The program provides a formal orientation for all new staff and volunteers.
 - 1. The orientation includes a review of the regulations for licensure and the state law governing child abuse and neglect, as well as program policies, procedures and operations.
 - 2. All new staff and volunteers are oriented during their first week in the program.
 - 3. A description of the information covered in the orientation is kept on file for review by the Department representative during monitoring visits.

G. All school-age child-caring staff, including the program administrator and the site coordinator, complete a minimum of twenty hours per year of training.

- 1. The site coordinator, in conjunction with the program administrator, is responsible for developing and overseeing an individualized training plan for each staff person.
- 2. Training is in areas relevant to the care of school-age children and is directed towards transferable skills rather than program-specific knowledge.
- 3. Training may consist of, but is not limited to, workshops/seminars conducted by recognized professionals in the field; professional conferences; courses at an approved or accredited institution of higher education; or other similar professional activities such as classroom observation, reading relevant books and articles.
- 4. Documentation of the individual staff training plan and completion of the training is kept in each staff person's folder.

5. CRIMINAL RECORD BACKGROUND CHECK(S)AND CLEARANCE OF AGENCY ACTIVITY

- The program administrator is responsible for ensuring that a criminal record background check and a clearance of agency activity is conducted on all new staff prior to the assignment of child care duties, including consultants, whether full or part-time, in compliance with:
 - DCYF Policy 900.0035, Employment Background Checks: Facility Operators/Employees and Family Child Care Operators/Employees (http://sos.ri.gov/rules/), and;

	DCYF Policy 900.0040, Criminal Record Background Check(s) (http://sos.ri.gov/rules/), and;
	DCYF Policy 700.0105, Clearance of Agency Activity
	(<u>http://sos.ri.gov/rules/</u>).
	Within ten working days of receipt of written notification of disqualifying
	information, the applicant or staff may appeal the finding in accordance with
	DCYF Policy 100.0055, Complaints and Hearings (http://sos.ri.gov/rules/
Δ	DMINISTRATION
•	The program demonstrates fiscal responsibility and stability.
•	The program maintains appropriate insurance for staff, children enrolled,
	transportation services and physical facilities.
•	Transportation of children complies with DCYF Policy 100.0110, Transport
	Safety (http://sos.ri.gov/rules/) and adheres to state law and the rules and
	regulations of the Rhode Island Registry of Motor Vehicles. Programs prov
	transportation have written policies regarding the transport of children.
•	Each program develops policies for guiding children's behavior and gives c
	of these policies to families and staff.
	These policies are based on an understanding of the individual need
	development of the children and assist staff in helping each child to
	and grow.
	Policies include prohibited guidance methods.
•	Release of Children
	Parents/guardians sign in the child at drop off and sign out the child
	pick up.
	Children are only released to the parent or to an individual, eighteer
	or older, who is authorized by the parent to pick up the child and w identity can be verified by a valid identification card bearing his/her
	photograph.
	The program develops written policies and procedures regarding the
	release of children to persons other than the parent. These policie
	given to parents and staff and contain:
	the procedure for documenting any custody or restraining (
	relating to the child;
	the procedure for maintaining current written parental
	authorization for the release of the child to named individua
	updated at least annually;
	the procedure for verification of identity of authorized indivi
	including picture identification;
	the procedure for handling emergency call-in authorization
	parent, including verification of the identity of the parent ov
	phone; and
	statement that children are not released to an adult under
	influence (procedures are established regarding to whom a
	should be released in this circumstance).
	Dreament Deligion and Dream duran
	Program Policies and Procedures

	The program has written policies and procedures that are given to parents
	and staff.
	Enrollment policy and fee for services are explained to all parents and
	staff.
	Policies and procedures include information on:
	child, family and staff orientation programs;
	medical emergency and sick child procedures;
	group management;
	 calendar, program closing and hours of operation;
	schedule of daily activities;
	 program goals and philosophy;
	program evaluation;
	requirements for children's files;
	 procedure for reporting cases of child abuse and neglect; and
	prohibition of contraband materials and weapons.
- Por	sonnel Policies and Procedures
	A written statement of personnel policies and practices is developed and
	is available to all staff.
	This statement is used in the orientation of new staff members and
	contains the following:
	job descriptions and qualifications for employment;
	 defined time and procedure for staff evaluation;
	established channels for complaints and suggestions;
	established work day, work week and scheduling of staff;
	ostabilition work day, work work and soffouning of stan,
	established salary and wage scales:
	established salary and wage scales;
	established salary and wage scales; procedures for disciplinary action and termination; and staff training.
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	address and phone number and work or school address an phone number;
	date of enrollment:
	a health record which includes immunization data and a
	physician's record of examination (for those children not en
	in an educational institution);
	parent reported medical information that is updated annual
	more frequently as needed;
	pertinent social information on the child;
	written authorization from the parent/guardian for emergence
	medical treatment:
	written reports of injuries, accidents or illness occurring whi
	child is in the program and the treatment given;
	participate in and be transported for field trips and other sp
	activities; and
	names of individuals to whom the child may be released.
	· · · · · · · · · · · · · · · · · · ·
•	- Confidentiality
	The program has a confidentiality policy that requires all staff, consu
	and volunteers to maintain confidentiality of child, family and staff
	information included in files, conversations, observations, meetings
	correspondence, social media, cell phones or any other source.
	Information contained in a child's file is only released with written
	authorization from the child's parent/guardian.
	The program maintains such authorization on file.
	 The program has procedures to ensure the implementation of the confidentiality policy.
•	At least annually, families, staff, and other professionals are involved in
•	
•	evaluating the program's effectiveness in meeting the needs of the children.
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- with disabilities, developmental delays or chronic medical conditions, including individualized evacuation plan(s) for children.
- The emergency plan includes procedures for staff to account for each child's location on a continual basis during emergencies.
- The emergency plan includes shelter-in-place procedures for short or extended periods that children are required to stay in the building, such as during tornados and other weather emergencies.
- The emergency plan includes lock-down procedures for situations threatening the safety of children and staff, such as shootings, hostages or intruders. Lock-down procedures include:
 - notifying staff;

 - encouraging children to remain calm and quiet;
 - securing building entrances; and
 - ensuring unauthorized individuals do not enter the building.
- The emergency plan includes evacuation procedures for situations that require children leave the building, such as a fire. Evacuation procedures include evacuation routes and pre-determined meeting location(s).
- The emergency plan includes relocation procedures for situations that require children move to an alternate location, such as a bomb threat or fire.

7. CURRICULUM

- The program clearly evidences an understanding of the needs of school-aged children and provides for growth through enriching and stimulating experiences suited to their age levels and stages of development. It provides for choice on the part of the children in selection and planning of scheduled activities.
- There is a daily schedule posted that includes planned activities that provide a change of pace and interest from school. The scheduled activities are balanced along the following dimensions:

 - individual/small group/large group;
 - large muscle/small muscle; and
 - child initiated and staff initiated.
 - All programs follow a regular daily schedule. However, planned or routine activities can be changed to meet the interests and needs of the children or to cope with weather changes or other situations.
- The program provides a variety of developmentally appropriate activities that engage children with (creating, combining, reforming) materials or ideas, or improve a skill through guided practice, balancing concrete experiences with abstract concepts, and which:
 - enhance and enrich each child's unique potential for learning;
 - increase each child's use of language and communication skills, both academically and socially-emotionally;
 - foster physical and motor development when applicable;
 - encourage the development of appropriate emotional attitudes and social skills;
 - foster a positive self-image;
 - foster trusting relationships with adults;
 - encourage the child's sense of autonomy and independence;

	 foster individual child's interests and curiosity; expand the child's capacity for independent thinking and exploration; and encourage optimal health, safety and nutritional practices.
	Staff serve as a positive role model for the children in care.
	 Staff use positive methods in guiding children's behavior back on task,
	encourage appropriate behavior and set clear limits and rules that
	children can understand.
	Staff match their expectations with the children's developing abilities and second division
	capabilities. Staff ansiss the skildner's second lister and so well as their attempts at
	 Staff praise the children's accomplishments as well as their attempts at tasks.
	Staff create a positive environment through their own behaviors such as
	frequent social conversations with children, joint laughter and affection,
	eye contact, tone of voice and smiles.
	Staff assist children by redirecting them from inappropriate actions to
	activities that are more favorable.
	Staff encourage children to understand the relationship between their
	actions and consequences.
	When a child presents challenging behavior, staff:
	identify events, activities, interactions and other factors that
	predict and may contribute to the challenging behavior;
	use this information to assist the child; and
	work together with families on behalf of the child.
	The program provides for assistance with homework as needed.
	An onsite program planning book details the plan for at least a month in advance.
	Program planning is the responsibility of the site coordinator.
	 Staff meet with the site coordinator monthly to consult on program
	planning and to plan for individual children.
	Under no circumstances is a child in care for over twenty-four hours.
	All staff members required to meet staff-child ratios are awake at all
	times.
	A staff person remains with each group of children at all times.
	 Emergency lighting devices are installed throughout programs that provide night care.
	 Sleeping accommodations are restricted to ground floor areas.
	 Arrangements are made for personal hygiene, including bathing and tooth brushing.
	Privacy is ensured for children when washing or changing clothes.
8	FAMILY ENGAGEMENT
	The program is open to families and others for observations and visits whenever it is in operation.
	A preadmission conference is offered to secure health and family history and to obtain relevant background information on the child and his/her home.
	Programs obtain relevant health information on the child and his/her family in order to maintain the health and well-being of the child.

 For children with special needs, any relevant developmental, medical, equipment, staffing and/or training needs that are essential for the child is discussed.
 The program provides opportunities for the child and family to visit one or more times before enrollment.
 There is a plan for family/staff conferences as a part of the program.
 Families are informed about the program through a family handbook, newsletters, bulletin boards, notes, telephone calls and other communications.
 The program maintains a directory of community resources and makes relevant information available to families.
 Staff work collaboratively with local school districts to ensure that all children have the opportunity to participate in child outreach screening. Screening is not used to label a child, determine a child's placement in the program, deny a child's entrance into a program or to infer a child's readiness.