



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

Full RICR Citation: 218-RICR-70-00-1

Posted for Public Comment on: April 23, 2026

Public Comment Period Ended on: May 23, 2026

Summary Response to Comments:

Comments

Transportation 1.12 Section D

The program is required to adhere to State law and the Rules and Regulations of the Rhode Island Registry of Motor Vehicles, and comply with State Regulations for vehicles that transport children as part of the program regarding:
a. Registration; b. Inspections; c. and Insurance.

I was thinking it would be helpful to have a section D. Public plates/Public Vehicle.
 It may be helpful to add the RI general law and the word "Public Plate" under the requirements so that centers know they need to register their child care van with a public vehicle.
 I have been in the child care field for over 20 years and I drive our 15 passenger daily to many Cranston and Warwick schools, and I can tell you that 6 out of 8 vans lined up to pick up children that are a licensed center, do NOT have public plates which means they are not in compliance with DHS or the State of RI law. I feel this is because the word Public Plates are not listed as a requirement, it only says adhere to the DMV rules and regs. Which is true, but it is not clear, and that is why child care centers are getting away with registering their vans as commercial or regular plates.
 I hope this is helpful and hopefully we can add the word public plate/public vehicle to the regulations.

I am writing to request clarification on the proposed child care regulation:

1.14 F 3. a. *"Staff are not to use personal electronic devices to communicate with families."*

My questions are:

1. Is this at all times or just during operating hours?
 2. Are staff allowed to use a home-based or personal device to access a school-sponsored communication app and communicate with families that way?
 3. We use Brightwheel and have the app on our home devices so we can communicate with families after hours in case of a weather related closures or to answer any pressing family inquiries.
 Staff will sometimes communicate outside of the communication app to:
 -answer a longer parent email.
 -join a video conference with a parent from home on personal device since that feature is not on Brightwheel.
- Thank you for any clarification you can give to this proposed regulation change.

1.10 Routine Care of Children

A. Feeding and Eating

3. A feeding plan is established and followed for each Infant and Toddler prior to admission. The feeding plan must include:
a. A plan for introducing age-appropriate solid foods in consultation with child's parent/guardian and primary health care provider

This proposed regulation places an additional burden on both families and child care programs by requiring involvement from a primary health care provider. It is unclear how this involvement would be documented or verified, or what would be considered adequate evidence that consultation has taken place.
 In practice, obtaining timely appointments or guidance from primary care providers can be difficult. Adding this requirement may result in delays and unnecessary disruptions for children and families, particularly if programs are required to wait for confirmation of consultation before moving forward.

1.8 Physical Facilities

C. Structural Requirements and Mechanical Systems

~~2. Each Infant, Toddler, or Preschool classroom in an existing program, has natural light through a window, windowed door, or skylight (either directly into the classroom or from a shared space), enough to provide supervision of the entire classroom without the use of artificial lighting.~~

3. 2. Each Infant, Toddler, Preschool, or School Age classroom, in a program licensed subsequent to the date of these Regulations, has must have natural light through a wall-level window, directly within each classroom space, enough to provide supervision of the entire classroom without the use of artificial lighting.

a. Exceptions may be made for public, private, or parochial schools approved by the Rhode Island Department of Education.

This proposed change could impact already existing facilities that have skylights in rooms for natural light or a door with a window. For example, one center we operate has a toddler room that is licensed for 12 toddlers and instead of wall-level window it has natural light from a skylight. This new proposed regulation would reduce our capacity by 12 toddlers, which would have a fiscal impact of about \$190,000 per year and the reduction of two full time equivalent teachers from our staffing. We feel this proposed regulation negatively impacts in multiple ways:

1. The loss of revenue
2. Reduction of staffing
3. Decreased access to care for children/families

Given these significant impacts, we respectfully request reconsideration for this proposed regulation to allow existing child care centers to have the ability to use a skylight and windowed door as an alternative.

1.12 Staff Qualifications and Ongoing Professional Development

B. Program Leadership/Regulatory Roles

1. All Program Leadership and Regulatory Roles listed below must receive Department approval in RISES before being associated with the program

a. Programs that make changes to regulatory roles without prior Department approval may be subject to licensing action

1.13 Administration A. Changes to the Program

1. All changes to the program listed below must be submitted to the Department using the RISES system. Such changes require prior review and written approval by the Department before implementation. Implementation of any changes without prior Department approval may result in licensing action.

a. Change of Child Care Administrator, School Age Administrator, Education Coordinator, Site Coordinator or Night Time Care Coordinator;

This proposed regulation imposes an undue

administrative burden on child care centers and school-age programs, particularly with respect to personnel decisions. The process of recruiting and hiring qualified leadership staff is already extensive, often involving multiple stages such as phone screenings and first- and second-round interviews. Requiring prior review and written approval from the Department before extending an offer would delay the hiring process and could result in the loss of strong candidates.

For example, if a candidate for an Education Coordinator position clearly meets all regulatory qualifications, as verified through transcripts and credentials, programs should be able to proceed with an offer without additional pre-approval. The regulations already establish the necessary qualifications for these roles, and programs should be trusted to make hiring decisions in accordance with those standards.

Similarly, requiring prior written approval before terminating an employee in a leadership position introduces unnecessary delays and may interfere with a program's ability to effectively manage staff. Child care centers have established internal policies governing performance management, disciplinary actions, and termination. These processes should remain within the purview of the organization, and the requirement for advance approval represents an overextension of regulatory oversight.

Additionally, given the demands on regulatory staff, response times may vary. Waiting for approval could result in missed opportunities to hire qualified candidates or to take timely and appropriate action in personnel matters.

For these reasons, we respectfully recommend reconsideration of this requirement to allow programs to make timely and appropriate staffing decisions within the framework of existing qualification standards.

CONCERN 1: "In consultation with the child's primary health care provider" — Enrollment Barrier

Current proposed language:

"A plan for introducing age-appropriate solid foods in consultation with child's parent/guardian and primary health care provider."

Concern:

This requirement, as written, implies active, program-specific coordination with a licensed health care provider prior to admission. In practice, this creates significant barriers: families may not have a pediatric appointment scheduled close to their enrollment date, and providers are generally unwilling to generate individualized feeding plans for child care programs outside of routine well-child visits.

Suggested revised language:

"A plan for introducing age-appropriate solid foods, developed in partnership with the child's parent/guardian and informed by documentation from the child's primary health care provider, such as a current well-child visit record or written provider guidance, if available."

CONCERN 2: Satiety Recognition — Documentation Ambiguity

Current proposed language:

"A requirement that infants are not fed beyond satiety; programs must allow infants to stop feeding when they indicate they are full."

Concern:

While this is sound developmental practice, the regulation provides no guidance on how programs should document satiety-based feeding decisions, or how to address disagreements with parents who expect a specific volume to be consumed.

Suggested revised language:

"A requirement that infants are not fed beyond satiety; programs must allow infants to stop feeding when they indicate they are full, consistent with responsive feeding practices. Staff shall be trained to recognize infant hunger and fullness cues."

CONCERN 3: Formula Mixed with Cereal or Juice — Written Instruction Burden

Current proposed language:

"A requirement that infants are not fed formula mixed with cereal, fruit juice or other foods without primary health care provider's written instruction."

Concern:

The written instruction requirement creates administrative burden for families and providers, particularly for practices that a pediatrician may communicate verbally during a well-child visit. We support the intent of this provision but suggest clarifying the documentation standard.

Suggested revised language:

"A requirement that infants are not fed formula mixed with cereal, fruit juice, or other foods unless the program has received written authorization from the child's primary health care provider, which may include a signed note, a notation in a well-child visit record provided by the family, or a completed program health care authorization form."

ADDITIONAL RECOMMENDATION: Feeding Plan Template

We strongly encourage the Department to develop and provide a standardized feeding plan template as part of the RISES system or as a downloadable resource. A uniform template would reduce inconsistency across programs, ease the burden on families and providers, and support licensing staff in reviewing compliance consistently.

As related to breastfeeding

Recommend the addition of:

- 1) Dedicated private space, not a bathroom for parents who wish to breastfeed in the regs
- 2) Encourage breastfeeding through education of staff and promotion of breastfeeding policies and a culture of breastfeeding acceptance among staff and clients

Do staff at child care centers receive any training about supporting breastfeeding parents?

1.8 Physical Facilities

G. Outdoor Requirements

2. If the licensed facility does not have access to usable outdoor space the program must submit a plan for outdoor play, subject to approval by the Department.

The Department will consider the following criteria when reviewing the plan:
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The Department will consider the following criteria when reviewing the plan:

(1) Traffic patterns of vehicles and people in the area; ***Does this also take into account public transit routes in the area? Consider public transit routes in the area and peak hours of transit usage.***

(6) Accessibility to children and caregivers by foot or the availability of push carts or other means of transporting infants and toddlers; ***To be more specific, consider sidewalk condition in the area, as well as the presence of crosswalks (are there accessible crosswalks).***