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TITLE 218 – DEPARTMENT OF HUMAN SERVICES

CHAPTER 70 – OFFICE OF CHILD CARE LICENSING

SUBCHAPTER 00 – N/A

Part 2 – Family Child Care Home Regulations for Licensure

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Part 2 - Family Child Care Home Regulations for Licensure

2.1 GENERAL PROVISIONS

2.1.1 LEGAL BASIS

A. R.I. Gen. Laws § 42-12.5 – Licensing and Monitoring of Child Day Care Providers

B. R.I. Gen. Laws § 40-13.2 – Certification of Child Care and Youth Serving Agency Workers

2.1.2 DEFINITION

"Family child care home" means any home other than the child's home in which child care, in lieu of parental care and/or supervision, is offered at the same time to four (4) or more children who are not relatives of the care giver. These programs shall be licensed by the Department of Human Services (DHS) in accordance with R.I. Gen. Laws Chapter 42-12.5. Issuance of a Family Child Care Home License is based on compliance with the regulations contained in this document and upon evidence that the home meets the appropriate state fire and health codes. A license is valid for a period of two years. Any person who operates a Family Child Care Home without a license shall be referred by the DHS Child Care Licensing Unit to the Attorney General's Office for prosecution in accordance with R.I. Gen. Laws § 42.12.5.

2.2 LICENSING PROVISIONS

2.2.1 APPLICATION PROCESS

A. Orientation and Pre-service Training

1. An applicant interested in becoming a child care provider must attend a DHS Family Child Care orientation. During the orientation, the licensing application packet is given to the applicant.

2. Applicant must complete an approved Family Child Care training program prior to submitting application to DHS.

B. Application Packet

1. The completed licensing application packet must be submitted to the DHS Child Care Licensing Unit to initiate the Licensing process. An incomplete packet will be returned to the applicant.

    a. Packet includes information for provider, assistants and emergency assistants.

    b. Provider is responsible to ensure that assistants and emergency assistants complete information.

2. The following documents are included in the application packet:

    a. Medical references signed by a licensed physician for the applicant and any proposed assistants, including emergency assistants, stating that the individual has had a medical examination within the past six months, is in good health and is able to care for children and is free from tuberculosis based on a negative (<10 mm induration) Mantoux (PPD) tuberculin skin test.

    b. Notarized Criminal History Affidavits (Form #109) completed by the applicant and any proposed assistants, including emergency assistants, and evidence that they have been fingerprinted in accordance with R.I. Gen. Laws § 40-13.2-5, Criminal Records Checks.

    c. Notarized Employment History Affidavits (Form #108) completed by the applicant and any proposed assistants, including emergency assistants, in accordance with R.I. Gen. Laws § 40-13.2-2, Qualification for Childcare Employment.

3. Every application for DHS licensure to operate a family child care home shall be accompanied by a fee, established in R.I. Gen. Laws § 42-12.5-5, payable to the Rhode Island General Treasurer.

C. Criminal Records Checks

1. The applicant and any proposed assistants, including emergency assistants, shall undergo statewide and nationwide criminal ~~records~~ background checks, including comprehensive fingerprinting inclusive of the Rhode Island Sex Offender Registry (RISOR) and the National Sex Offender Registry (NSOR). All members of the applicant's household, age eighteen (18) and older, must undergo a statewide and national criminal records check through the Attorney General's Bureau of Criminal Identification.

2. Criminal records checks are completed in accordance with R.I. Gen. Laws § 40-13.2-2 and Part 20-00-4, of this Title, specifically, § 4.12.3, Department of Human Services Child Care Assistance Program Rules and Regulations.

    a. This Policy includes a listing of criminal offenses that automatically disqualify an individual from seeking employment in a child care facility if that individual has been arrested and convicted or arrested pending disposition for one of the listed offenses (see Part 20-00-4, of this Title, specifically, § 4.12.4).

    b. Additionally, criminal history of any offense will be reviewed and based upon such review, an applicant with a conviction of an offense that is not automatically disqualifying may be denied licensure if it is determined by the DHS Child Care Licensing Administrator that the conduct of the applicant impacts upon the fitness and suitability of the applicant to provide child care.

3. Results of all required criminal records checks must be received prior to licensure for operator and household members and prior to employment for assistants and emergency assistants.

D. DCYF Records Checks

1. The applicant, members of the applicant's household and any proposed child care assistants, including emergency assistants, must undergo a DCYF records check in accordance with R.I. Gen. Laws § 40-13.2-2 and Part 20-00-4, of this Title, specifically, § 4.12.3, Department of Human Services Child Care Assistance Program Rules and Regulations.

    a. The Department of Human Services Child Care Assistance Program Rules and Regulations (Part 20-00-4, of this Title, specifically § 4.12.4) includes a listing of indicated allegations of child abuse and/or neglect that automatically disqualify a person from operating or seeking employment in a child care facility.

    b. Additionally, all agency involvement will be reviewed and based upon such review, an applicant with a history of DCYF involvement that is not automatically disqualifying may be denied licensure if it is determined by the DHS Child Care Licensing Administrator that the conduct of the applicant impacts upon the fitness and suitability of the applicant to provide child care.

2. Results of all DCYF records checks must be received prior to licensure for operator and household members and prior to employment for assistants and emergency assistants.

E. Fire and Health Inspections - The applicant's home where the child care will be provided shall be approved by a duly authorized fire inspector as being in compliance with the applicable section of the State Fire Code and by the Health Department as being in compliance with applicable health and safety standards.

F. Licensing Inspection - Prior to the issuance of a license, an inspection visit will be made by DHS Child Care Licensing Unit staff to the applicant's home where the child care will be provided in order to determine compliance with these regulations.

2.2.2 LICENSE

A. Upon successful completion of the above-stated requirements, a license shall be issued within 120 days and shall be valid for a period of two (2) years.

B. A license is issued to a designated Provider at that individual’s home address and is not transferable.

1. Provider shall notify the Department at least thirty (30) days prior to any change of address.

2. Provider shall notify the Department immediately of any change in telephone number.

C. The license entitles the DHS Licensing staff, DCYF Child Protective Services staff and the Child Advocate or designee to be given the right of entrance, the privilege to inspect and access to all records in order to ascertain compliance with regulations and to investigate complaints.

D. Any person, not required by law to be licensed, may voluntarily apply to the Department for licensure.

2.2.3 VARIANCE

A. The DHS Director or designee may grant a variance with respect to one of the following situations upon the submission of a written request setting forth the circumstances requiring the variance and demonstrating good cause for the variance to be granted.

1. The child of a provider under the age of six (6) years who would otherwise be counted as part of the maximum capacity for children in the home during the time that child care is provided may not be counted as part of the maximum capacity if the provider presents evidence that the child is engaged in a pre-school program and/or child care arrangement during the hours that child care is provided in the home.

2. The child care provider who would otherwise be allowed to be out of the child care home for no more than 20% of the time may be allowed to be

away from the home in excess of 20% of the time for a period of two weeks or less upon the presentation of evidence of illness, training or vacation.

3. Any other request for variance that does not jeopardize the health, safety and well-being of the children in care will be reviewed on a case by case basis and may be granted upon a finding of good cause.

B. An approved variance will contain a specified time frame and be subject to periodic review.

2.2.4 LICENSING VIOLATIONS AND COMPLAINTS

A. Any complaint, which alleges a violation of these regulations, will be referred to the DHS Licensing Unit for review, follow-up and corrective action, if deemed appropriate.

1. When a family child care home is found to be in violation of these Regulations, the DHS Licensing Administrator or designee sends written notice of the violation(s) to the provider. The Notice establishes a deadline for correcting the violation.

2. If the Family Child Care Home remains in violation at the end of the designated time frame, the DHS Licensing Administrator or designee initiates action to suspend, revoke or continue the license on Probationary Status.

B. Any complaint, which alleges that a child has been abused and/or neglected in a family child care home, will be referred to DCYF Child Protective Services for review and/or investigation.

2.2.5 DENIAL, REVOCATION OR SUSPENSION OF A LICENSE

A. A license may be denied or revoked for the following reasons:

1. Provider, assistant, emergency assistant or adult member of the provider's household has been convicted of, or is serving, an active probationary sentence for a criminal offense, in accordance with § 2.2.1(C) of this Part above.

2. Provider, assistant, emergency assistant or other permanent member of the provider's household has a history of DCYF involvement, in accordance with § 2.2.1(D) of this Part above.

3. Children in the custodial care of the provider, assistant or emergency assistant have been adjudicated dependent, neglected, abused, wayward, or delinquent.

4. Provider, assistant or emergency assistant has a documented history of chemical or alcohol abuse within the past seven years.

5. Provider, assistant or emergency assistant fails to comply with duly promulgated group child care home regulations.

6. Provider, assistant or emergency assistant has failed to comply with duly promulgated rules or engaged in fraudulent or other unlawful acts while acting as an agent of, or participating in, any other state or federally funded program.

B. If the DHS Administrator or designee finds that the public health, safety or welfare requires emergency action and the Department incorporates such findings in an order, the Department may order summary suspension of the license or curtailment of activities as enumerated above, pending proceedings for revocation or other action in accordance with R.I. Gen. Laws § 42-35-14(c).

2.2.6 PROCEDURE FOR APPEAL/HEARING

A. Any applicant for licensure or license holder may appeal any action or decision of a Departmental staff person, supervisor or administrator that is adverse to the person's status as an applicant or license holder.

B. All administrative appeals/hearings relating to licensing actions shall be held in accordance with the Executive Office of Health and Human Services administrative appeal policy.

2.2.7 DUAL FOSTER CARE LICENSE AND FAMILY CHILD CARE LICENSE

A. A foster care provider will be permitted to apply for a Family Child Care Home License if the following criteria are met:

1. Applicant has held a Foster Care License for a minimum of one (1) year and is in good standing with no licensing violations.

2. Applicant must be able to demonstrate ability to comply with this Part and with the Department of Children, Youth and Families, Foster Care and Adoption Regulations for Licensure (214-RICR-40-00-3).

B. The decision to issue a Family Child Care Home License will be made by the DHS Licensing Administrator.

C. The following stipulations will apply when a Family Child Care Home License is issued to a licensed foster care provider:

1. Foster Care License will be limited with regard to the numbers and ages of foster children allowed.

2. Foster children will be counted in determining the total number of child care children allowed in the home.

3. Child care payment will not be made for foster/kinship children in the family child care home or in any other child care facility.

2.2.8 LICENSE RENEWAL

A. DHS Child Care Licensing Unit provides renewal application packet to Family Child Care Home Provider six (6) months prior to the expiration of the current license.

1. Packet includes renewal information for provider, assistants and emergency assistants.

2. Provider is responsible to ensure that assistants and emergency assistants complete renewal information.

B. The Family Child Care Home Provider is required to do the following for renewal of license:

1. Submit the completed renewal application and application fee to the DHS Licensing Unit at least four (4) months prior to the license expiration.

a. This allows sufficient time to complete the process.

b. If the renewal process is not completed by the expiration of the license, the DHS Child Care Licensing Unit will terminate the renewal process and the Family Child Care Home will no longer be licensed to provide child care.

~~2. Show evidence of current certification in CPR/First Aid training.~~

2~~3~~. Provide documentation regarding completion of General Equivalency Diploma (GED), if applicable (refer to § 2.3.2(A) of this Part below).

3~~4~~. Show evidence of liability insurance coverage for the child care program.

4~~5~~. Ensure that medical reference has been completed.

5~~6~~. Provide documentation that required training has been completed (refer to § 2.3.2(A) of this Part below).

6~~7~~. Provide documentation that the home has been tested for radon and found safe.

7~~8~~. Provide documentation that the home complies with recommendations developed pursuant to R.I. Gen. Laws § 23-24.6-14 (Lead Poisoning Prevention Act) and regulations developed in accordance with this statute.

8~~9~~. Provide results of fire inspection.

9~~10~~. Undergo a statewide criminal records check.

10~~11~~. Undergo a DCYF agency clearance.

11~~12~~. Undergo a DHS License Renewal Inspection - Prior to the renewal of license, DHS Child Care Licensing staff will make an inspection visit to the applicant's home where the child care will be provided in order to determine compliance with these regulations.

12. Current certification under the most recent guidelines of the American Heart Association in:

a. pediatric cardiopulmonary resuscitation (CPR) (online training is not accepted); and

b. basic pediatric first aid (online training is accepted).

C. Assistant is required to do the following at the time of license renewal:

1. Submit the following renewal information to Provider:

a. Medical reference;

~~b. Evidence of current certification in CPR/first aid training; and~~

b~~c~~. Documentation that required training has been completed (refer to § 2.3.2(B) of this Part below).

2. Undergo a statewide criminal records check.

3. Undergo a DCYF agency clearance.

4. Current certification under the most recent guidelines of the American Heart Association in:

a. pediatric cardiopulmonary resuscitation (CPR) (online training is not accepted); and

b. basic pediatric first aid (online training is accepted).

D. Emergency Assistant is required to do the following at the time of license renewal:

1. Submit renewal information and medical reference to Provider.

2. Undergo a statewide criminal records check.

3. Undergo a DCYF agency clearance.

4. Current certification under the most recent guidelines of the American Heart Association in:

   a. pediatric cardiopulmonary resuscitation (CPR) (online training is not accepted); and

   b. basic pediatric first aid (online training is accepted).

2.3 LICENSING STANDARDS

2.3.1 NUMBER OF CHILDREN IN CARE AND THEIR SUPERVISION

A. A family child care home provider, who is caring for children without an assistant, shall care for no more than six (6) children at any time.

B. If a provider, who is caring for children without an assistant, cares for children under the age of eighteen (18) months, there shall be no more than four (4) children under the age of six (6) years, and of these four (4) children, no more than two (2) shall be under the age of eighteen (18) months.

C. A provider who has a full-time assistant shall care for no more than eight (8) children at any time. Of these eight (8) children, no more than four (4) shall be under the age of eighteen (18) months.

D. Maximum number of children for child care when there are children living in the home:

1. Children under six (6) years of age who live in the home shall be counted in determining the maximum number for licensure.

2. More than two (2) children between six (6) and twelve (12) years of age who live in the home and are present for four (4) consecutive hours or more during the period that child care is provided shall be counted in determining the maximum number for licensure. Exceptions may be made for snow days, sick days, holidays and one (1) week school vacations.

3. To determine the adult/child ratio, children of assistants shall be counted in the appropriate age groups when in care in the home.

E. Provider Time Out of the Home

1. Without an approved assistant, a provider shall be on the premises, directly supervising the children, at all times when children are in care.

2. If provider has an approved assistant, provider may be out of the home twenty percent (20%) of the total work week (twenty percent (20%) of forty (40) hours equals eight (8) hours per week), not to exceed fifteen (15) hours, leaving the children under the direct supervision of the assistant.

3. Provider may be out of the home due to health-related appointments or classes/training related to child care that cannot be scheduled when child care is not being provided. The provider shall have the appropriate number of assistants to meet the required adult/child ratios as stated in §§ 2.3.1(A) through (C) of this Part above.

4. When a provider will be out of the home, the parents/guardians of the children in care shall be notified and provided with the names of the approved assistants who will be caring for the children.

F. Provider shall be responsible for the supervision of assistants and shall ensure that assistants are directly involved with the care of the children. Written work schedules shall be maintained for provider and assistants.

G. Provider shall have a plan for handling emergencies and shall have at least two (2) individuals, who have been approved as emergency assistants, readily available to be called upon for child care assistance in the event of an emergency. At least one emergency assistant shall be no more than ten (10) minutes away from the child care home.

1. If a provider utilizes another provider as an emergency assistant, the adult/child ratios as stated in A through C above shall be maintained.

2. An emergency is defined as an unplanned absence from the home because of illness or accident. It is meant to be of short duration, generally lasting no more than a few hours, but shall not extend beyond three (3) consecutive working days.

3. Provider shall notify the Department of any change in emergency assistants.

4. Provider shall inform the parents/guardians of the children in care of the names of the emergency assistants.

H. Provider shall work no more than fifteen (15) hours in a twenty-four (24) hour period, including child care and any other employment. The provider shall be awake during the hours that child care is being provided.

I. Children shall be under the direct supervision of the provider and/or assistant(s) at all times. The provider and/or assistant(s) shall supervise all aspects of the program, including toileting, resting or sleeping, eating and outdoor play.

1. Children shall not be under the care or supervision of family members who have not been approved as assistants or emergency assistants.

2. Children shall not be under the care or supervision of a visitor nor shall they be left alone with a visitor.

2.3.2 QUALIFICATIONS OF PROVIDER AND ASSISTANTS

A. Requirements for Providers

1. Provider shall be at least twenty-one (21) years of age and shall show evidence of having successfully completed the following:

    a. High school or GED (Individuals holding a Family Child Care Home License issued prior to the effective date of these regulations shall not be subject to this requirement.)

    b. Current certification in CPR and First Aid

    c. Approved Family Child Care Training Program

    d. DHS orientation to Family Child Care

2. Provider shall complete a minimum of one (1) hour per month or twenty-four (24) hours of training (excluding CPR and First Aid) every two (2) years.

    a. The provider shall be responsible for maintaining documentation of completed training hours.

    b. Training shall be in areas relevant to the care of young children. Training should cover a variety of subject areas, such as health, safety and nutrition (e.g., healthy eating, childhood obesity, breastfeeding), communication with parent/guardian, child development, infant care and development, developmentally appropriate activities, child abuse and neglect and ethics and cultural competency.

    c. Training may consist of workshops, seminars, presentations, speaking programs, conferences, telecourses, college courses, CDA training, related readings or television/video programs, correspondence courses, mentoring experiences, association meetings with training components or collaborative experiences with other agencies.

B. Requirements for Assistants

1. Assistant shall be at least eighteen (18) years of age and shall show evidence of having current certification in CPR and First Aid.

2. Provider shall orient a new assistant within the first week of work in the family child care home. The orientation shall include a review of:

    a. Family Child Care Home Regulations

    b. State law governing child abuse and neglect

    c. Policy and procedures and other information specific to the operation of the child care home

3. Assistant shall complete a minimum of sixteen (16) hours of training (excluding CPR and First Aid) every two (2) years.

    a. Provider shall be responsible for maintaining documentation of assistant's completed training hours.

    b. See § 2.3.2(A) of this Part above for acceptable subject areas and types of training.

C. General Physical and Mental Health Requirements

1. Provider, assistants and emergency assistants shall be in good physical, mental and emotional health.

2. The physical, mental and emotional health of household members shall not interfere with the provider's child caring responsibilities.

D. Specific Health Requirements

~~1. At the time of application and upon renewal, the provider, assistants and emergency assistants shall file statements from licensed physicians that they have had medical examinations within the past six months, are in good health and are able to care for children.~~

1. Family Child Care Home providers must adopt policies and procedures consistent with the RI Department of Health's Rules and Regulations pertaining to immunization and communicable disease in preschool and school (see 216-RICR-30-05-3 § 3.5) as well as Rules and Regulations pertaining to Reporting and Testing of Infectious, Environmental, and Occupational Diseases (see 216-RICR-30-05-1).

    a. Providers are required to maintain documentation of current immunizations for children in their care unless these children attend public, private, or parochial schools approved by the RI Department of Education.

b. If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the immunization documentation, provided there is a plan upon enrollment to get immunizations documented and up to date as soon as possible.

2. The parent/guardian submits evidence of an annual health examination, signed by the child's primary care provider, which includes information regarding any condition or limitation that may affect the child's general health or participation in the program.

a. Providers are required to maintain documentation of an annual health examination for children in their care unless these children attend public, private, or parochial schools approved by the RI Department of Education.

b. If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the annual health examination documentation.

32. Female providers of childbearing age shall have a rubella (German measles) susceptibility blood test or show proof of immunity by previous testing or produce a record of having received rubella vaccine.

E. Use of Alcohol or Drugs

1. Provider, assistants and emergency assistants shall not drink alcoholic beverages or take illegal or tranquilizing drugs while providing child care, nor shall they be in an intoxicated or drugged condition while providing child care.

2. Household members shall not drink alcoholic beverages in the presence of children in care.

F. Smoking

1. No person shall smoke, or otherwise use tobacco products within the household or outdoor play area of a family child care home, or within twenty-five (25) feet of the home or outdoor play area, while children are in care. Smoking shall not occur in any area on the grounds or premises within the children's view during the time that child care is being provided.

2. Smoking may be permitted when child care is not being provided. If smoking occurs in the home when children are not in care, the provider shall notify the parent/guardian of each child that smoking routinely occurs in the home during hours when the child care program is not in operation.

2.3.3 PHYSICAL SPACE AND HOME SAFETY

A. Overall Condition of Family Child Care Home

1. The home shall be maintained in compliance with all applicable state and local codes.

2. The home shall be maintained in good repair and in a clean, neat, hazard free condition.

3. Trash must be covered and properly stored.

4. The home shall be kept free from rodent and insect infestation.

B. Radon Safety

1. Providers shall show evidence that the home has been tested for radon and has been found to be radon safe.

2. Retesting shall be done every three (3) years in accordance with the "Rules and Regulations for Radon Control" issued by the Rhode Island Department of Health.

C. Lead Paint Safety

1. There shall not be any peeling or damaged paint or plaster in any area of the Family Child Care Home, either interior or exterior.

2. The Family Child Care Home serving children under the age of six (6) years shall comply with Lead Poisoning Prevention (216-RICR-50-15-3) promulgated by the Rhode Island Department of Health pursuant to R.I. Gen. Laws § 23-24.6-14 (Lead Poisoning Prevention Act) and shall comply with recommendations resulting from lead inspections conducted pursuant to the above referenced statute and regulations.

D. Indoor Space - There shall be sufficient indoor space to allow for thirty-five (35) square feet of usable space per child in care.

E. Use of Basements/Cellars for Child Care

1. Children shall not be cared for in the cellar or basement area of a home unless there are two (2) exits from the area, one of which shall be a door leading directly to the outside. Bulkheads and overhead garage doors are not acceptable exits.

2. Basements shall not be used for sleeping unless the boiler/furnace room is constructed to provide a one (1) hour fire rating. This would include fire-rated sheet rock on the walls and ceiling and a fire rated door. Enclosures shall be provided with an air vent to the outside sufficient for proper combustion and exhaust.

3. The term basement includes all areas that are more than fifty percent (50%) below ground level.

F. Outdoor Play Areas

1. Provider shall identify an area or areas for outdoor play which shall be safe, protected and free from hazards such as access to the street, debris, broken glass, animal waste, peeling paint, tools and construction materials, open drainage ditches, wells, holes and bodies of water. A fence or barrier shall be required for outdoor play area.

2. Outdoor porches above the first floor shall not be used as play areas unless they are fully enclosed and structurally sound.

3. Outdoor porches and decks at the first floor level, used as play areas, shall be enclosed with a minimum of a four (4) foot railing and the slats shall be no more than three and one half (3 ½) inches apart. There shall be a gate that is kept securely fastened at the entry to any steps or stairways.

4. Provider or assistant(s) shall directly supervise outdoor play at all times.

G. Bathroom and Toileting

1. The family child care home shall have a minimum of one (1) toilet and hand washing sink located in the bathroom. The bathroom shall be located in an area that is readily available to the children in care. Locks on bathroom doors should not be within the reach of children or, if they are, the provider shall have a key readily accessible.

2. When training chairs are used for toilet training, they shall be emptied and sanitized after each use. Training chairs shall not be considered a substitute for the required toilet.

3. Toilets and training chairs shall be located in rooms separate from those used for cooking and/or eating.

H. Hand Washing

1. All staff, volunteers and children shall wash their hands with liquid soap and warm running water.

2. Hands shall be dried with disposable towels or individual hand towels that are laundered daily.

3. Hands shall be washed upon arrival for the day or when moving from one child care group to another.

4. Hands shall be washed before and after:

    a. Eating, handling food or feeding a child;

    b. Providing medication; and/or

    c. Playing in water that is used by more than one person.

5. Hands shall be washed after:

    a. Diapering, using the toilet or helping a child use a toilet;

    b. Handling bodily fluid (mucus, blood, vomit) from sneezing, wiping and blowing noses, from mouths or from sores;

    c. Handling uncooked food, especially raw meat and poultry;

    d. Handling pets and other animals;

    e. Playing in sandboxes; and/or

    f. Cleaning or handling garbage.

I. Diaper Changing Area

1. There shall be a diaper changing area that is separate and apart from kitchen counters and dining tables.

2. A sink with hot and cold running water for hand washing shall be accessible to the diaper changing area. Hands shall be washed with liquid soap and warm running water before and after each diaper change. Nonlatex vinyl gloves shall be used for personal protection during diaper changing, but shall not take the place of hand washing.

3. The diaper changing area shall be cleaned and sanitized after each use. A disinfectant solution of one quarter (¼) cup of bleach to one (1) gallon of water or an EPA approved sanitizing agent shall be kept readily available in a spray bottle for this purpose. The bottle shall be clearly labeled and kept out of reach of children. In order to be effective, the disinfectant solution should be allowed to air dry or at least sit on the surface for two (2) minutes before wiping. If a bleach solution is used, it shall be changed daily as it only remains effective for twenty-four (24) hours.

4. Soiled diapers shall be placed in a closed container lined with a leak proof disposable lining. The container must be emptied daily and kept clean.

J. Hot and Cold Running Water

1. There shall be hot and cold running water available for the care of the children.

2. The home's domestic hot water system and hand washing sinks shall be set no higher than one hundred and twenty (120) degrees Fahrenheit.

3. If the water supply is not from a public source, it shall be tested for portability. Water testing shall be done at time of licensing and upon renewal.

K. Heating System

1. The family child care home shall have a heating system capable of maintaining a minimum temperature of sixty-five (65) degrees in all areas accessible to the children.

2. All heating equipment shall have the proper controls for controlling the temperature, ignition and safety. Also, an auxiliary switch wired to a position that is remote from the boiler/furnace area is required in order to shut off the boiler/furnace without entering a danger area in the event of a fire.

3. All heating elements, including hot water pipes, wood stoves, electric space heaters and radiators in areas used by children shall be insulated, protected or barricaded so that they will not be a danger to the children and will not be a fire hazard. Asbestos insulation covering any pipes or heating elements shall be intact and properly sealed.

4. Fireplaces shall be securely screened or equipped with protective guards at all times.

L. Smoke and Carbon Monoxide Detectors and Fire Extinguishers

1. The family child care home shall have approved smoke detectors located

outside sleeping areas in the immediate vicinity of bedrooms. Bedrooms or sleeping rooms, separated by other use areas, such as kitchen or living rooms, but not bathrooms, shall require a separate detector. In basements or cellars, smoke detectors shall be located at the top of the stairway.

2. The home shall be equipped with a carbon monoxide detector.

3. There shall be a five (5) pound, ABC fire extinguisher located in the kitchen area.

M. Humidifiers, Dehumidifiers and Vaporizers

1. Humidifiers, dehumidifiers and vaporizers shall be kept out of reach of children and used and maintained according to manufacturers' directions.

2. Parents/guardians shall be notified when such appliances are used in the family child care home.

N. Electrical Outlets

1. Every electrical outlet within the children's reach shall be covered with a choke proof, child resistant device while not in use.

2. Electrical cords shall be taped or fastened so that they are not a hazard to children.

3. Electrical cords shall not be frayed or damaged.

4. Electrical outlets shall not be overloaded.

5. The use of electrical extension cords is prohibited.

O. Candle Use and Flashlights in Emergency Situations

1. Provider shall have a flashlight, in working condition, readily available for use in the event of a power failure or other emergency situation.

2. In emergency situations, candles and oil lamps shall not be used as a lighting source.

3. Candles burned for other purposes shall be kept out of reach of children, used in a safe manner and not be left unattended.

P. Window Blind Cords – Window blind cords shall be secured, out of the reach of children, to prevent strangulation.

Q. Firearms

1. Providers and household members who have possession of firearms shall obtain the proper licenses or permits to the extent required by law.

2. Firearms shall be stored, unloaded and under lock, in a place which is inaccessible to children during the hours that child care is provided in the home.

3. Ammunition shall be stored separately under lock during the hours that child care is provided in the home.

R. Swimming Pools

1. Swimming pools shall be securely fenced to prevent access by the children.

    a. The fence shall be at least six (6) feet high with a locked gate.

    b. Above ground pools may have a four (4) foot fence extension along the outer rim of the pool, provided that the ladder leading to the pool folds up and locks into place and the height from the ground is at least six (6) feet.

2. Pools, including wading and inflatable pools, shall only be used under the supervision of the provider or assistant(s).

3. Pools without a filtration system must be emptied and disinfected after each use.

4. Provider shall obtain written permission from parent/guardian prior to taking a child into a pool.

S. Telephones and Emergency Numbers

1. There shall be a working telephone, other than a pay phone or cell phone, in the child care area. The phone shall be kept in working order and shall be readily available for use in case of an emergency.

2. Emergency phone numbers, including 911, local fire and police departments, emergency room or hospital, family physician and poison center shall be posted in a conspicuous place, adjacent to each phone in the child care area.

3. The names and phone numbers of parents/guardians and emergency contact persons for each child in care shall be kept adjacent to each phone in the child care area.

T. First Aid and Communicable Diseases

1. Provider shall have written instructions relating to first aid and communicable diseases readily available in the child care area.

2. There shall be a first aid kit in the home that shall be located out of reach of the children, but shall be readily accessible to the provider and assistant(s) in the event of an emergency.

3. The first aid kit shall contain no less than:

    a. Adhesive bandages;

    b. Disposable nonporous gloves;

c. Sealed packages of alcohol wipes or antiseptic;

d. Scissors, tweezers, thermometer, bandage tape and safety pins;

e. Sterile gauze pads;

f. Flexible roller gauze;

g. Triangular bandages;

h. Eye dressing; and

i. Cold pack.

4. Syrup of Ipecac shall not be used to induce vomiting and shall not be included in a first aid kit or available for use by a family child care home provider.

5. The first aid kit shall be restocked after use.

6. The first aid kit shall be taken on field trips and outings away from the home.

~~U. Emergency Evacuation Plan~~

~~1. Provider shall have an emergency plan for evacuating the children from the home in case of fire or other disaster.~~

~~a. The emergency plan shall include clear instructions for contacting parents and emergency contacts.~~

~~b. The emergency plan shall include two (2) means of exiting the home.~~

~~c. Assistants and emergency assistants shall have knowledge of and be able to implement this plan.~~

~~d. A graphic evacuation plan shall be posted in each room where child care is provided.~~

~~2. Parents must be provided with a written copy of the emergency plan.~~

~~3. Practice evacuation drills shall take place once a month. Both obstructed and unobstructed drills shall be conducted. A record of such drills shall be maintained.~~

U. Emergency/Disaster Plans and Procedures

1. The provider must develop and implement an individualized, written plan to prepare for and respond to potential emergency/disaster situations.

2. The emergency and disaster plan is appropriate to support the needs of all children in the program and must be available for review by the Department.

3. In all situations where an emergency or suspected emergency occurs the provider/assistant(s) follows their defined procedures.

4. An individualized graphic evacuation plan identifying all escape routes is posted within the child care area.

5. All required emergency phone numbers are posted in a conspicuous place adjacent to the telephone or phone base.

6. The names and phone numbers of parents/guardians and emergency contact persons for each child in care must be readily available for all caregivers.

7. The provider must conduct regular safety drills.

    a. One (1) fire drill must be conducted every month the program is in operation, with no more than three (3) drills delayed for weather.

    b. Every fourth (4th) drill must be obstructed, by means of not using one of the typical exits/egresses. The other drills may be unobstructed.

    c. Two (2) shelter-in-place drills must be conducted every twelve (12) months.

    d. A record of all safety drills must be maintained.

    e. Safety drills must be conducted with assistants, as applicable.

    f. Safety drills much be conducted during all different times that child care is provided.

V. Storage of Drugs, Medicines and Other Dangerous Substances

1. Drugs and medicines shall be stored in their original containers in a clean, dry area out of reach of children or in a locked cabinet. Storage shall be separate from any items that attract children such as food or candy.

2. Cleaning materials, detergents, aerosol cans, matches and other substances that could be a danger to children shall be stored in their original containers out of reach of children or in a locked cabinet and used

in such a way that shall not contaminate play surfaces, food or food preparation areas or generally constitute a hazard to children.

W. Food Storage

1. Food shall be properly stored, covered and/or refrigerated.

2. The refrigerator temperature shall be maintained at forty-one (41) degrees Fahrenheit or less and the freezer temperature at zero (0) degrees or less.

X. Stairways

1. Stairways that are used by children shall have a railing at the children's height.

2. Stairways shall be well lighted and kept clear of obstructions.

3. In homes where children under three (3) years of age are in care, there shall be a gate which is kept securely fastened at the entry to any stairway accessible to children.

Y. Ventilation, Glass Doors and Windows

1. Each room used by children shall have sufficient ventilation and lighting.

2. Clear glass doors shall be clearly marked at children's eye level.

3. All doors and windows which are used for ventilation shall be securely screened.

4. If windows above the first floor are used for ventilation, they shall be opened from the top or secured with safety guards.

Z. Animal Safety

1. All pets, including dogs, cats and other domestic animals, shall be kept in a safe and sanitary manner and in accordance with state and local requirements.

2. All animals maintained on the premises shall have up-to-date rabies and other vaccinations as required.

3. Children shall, according to their ages and functioning levels, be protected from pets which are potentially dangerous to their health or safety.

4. Pets shall not be abused or threatened in the presence of children.

5. Provider shall notify parents/guardians of the presence of any pets in the home.

2.3.4 HEALTH AND NUTRITION

A. General Health Examinations

1. Physical Examination Form - Prior to enrollment and annually thereafter, the Family Child Care Home Provider shall obtain from the parent/guardian a statement that the child has had a physical examination signed by a licensed health care provider (physician, physician assistant, certified registered nurse practitioner, other licensed practitioner acting within his/her scope of practice) that the child has had an age appropriate history and physical examination, assessing the health and well-being of the child and indicating any allergies, conditions, or handicaps affecting the child's general health that might require special care.

    a. If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the annual health examination documentation.

2. Immunizations - The physical examination form shall include evidence that the child is age appropriately immunized against diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, rubella, Haemophilus influenzae type B, hepatitis B, varicella (chickenpox), and pneumococcal disease, in accordance with rules and regulations promulgated by the Rhode Island Department of Health relating to immunization and testing for communicable disease.

    a. If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the annual health examination documentation.

3. Exemptions to Immunization Requirements - A child may only be permanently exempt from the immunization requirements for either of the two (2) reasons stated below:

    a. The child's health care provider has signed the Rhode Island Department of Health's Medical Immunization Exemption Certificate attesting that the child is exempt from a specific vaccine because of medical reasons.

    b. The parent/guardian has signed the Rhode Island Department of Health's Religious Immunization Exemption Certificate attesting that immunization conflicts with the tenets of their religious beliefs.

4. Lead Screening - The physical examination form shall include evidence that the child has been screened for lead poisoning in accordance with the Lead Poisoning Prevention (216-RICR-50-15-3) promulgated by the Rhode Island Department of Health pursuant to R.I. Gen. Laws § 23-24.6 (Lead Poisoning Prevention Act).

5. Exemption to the Lead Screening Requirement - The lead screening requirements shall not apply if the child's parent/guardian signs a sworn statement indicating that lead screening is contrary to his/her religious tenets and practices.

B. Emergency Treatment Form

1. Provider shall have an Emergency Treatment Form for each child in care that is signed by the parent/guardian and notarized. This form shall be kept on file for use in the event of an emergency. It shall be taken on field trips and outings away from the home.

2. Parent/guardian shall identify two persons who can be contacted in the event of an emergency if parent/guardian is unreachable. This information shall be reviewed with parent/guardian every three (3) months in order to update any changes.

C. Administration of Medication

~~1. Provider shall not administer medication to a child without written authorization from parent/guardian.~~

~~2. Prescription medication shall not be administered to a child without the written order of a physician. A labeled prescription bottle with the child's name, current date and dosage shall be considered acceptable.~~

~~3. Non-prescription or homeopathic medication shall not be administered to a child under two (2) years of age unless prescribed by a physician.~~

~~4. Non-prescription or homeopathic medication shall not be administered to a child over two (2) years of age for longer than three (3) days without the written authorization of a physician.~~

~~5. Provider shall maintain a written record of every medication administered, both prescription and non-prescription. This record shall include:~~

~~a. Child's name;~~

~~b. Name and dosage of medication administered;~~

~~c. Date and time administered; and~~

~~d. Initials of the provider or assistant administering the medication.~~

1. Prescribed and non-prescribed (over the counter) medication must not be administered to a child without:

a. written permission from the parent/guardian; and

b. a written order from a licensed physician, physician's assistant, or nurse practitioner (which may include the label on the medication) indicating that the medicine is for a specified child. The medication must be in the original container.

(1) The written order includes the name of the child, the name of the medication, circumstances under which it may be administered, route, dosage, and frequency of administration.

2. The provider or assistant (or emergency assistant when covering in an emergency) must dispense all medications.

3. A daily log must be maintained of every medication administered. This record must include the following:

a. child's name;

b. name and dosage of medication administered;

c. date and time administered;

d. name and signature of the person who administered the medication; and

e. name of the licensed physician, physician's assistant, or nurse practitioner prescribing the medication.

4. The medication log is transported with the child to the emergency treatment facility in the event of an emergency.

5. The first dose of a medication must be administered by the parent/guardian.

6. Medications must be stored:

a. in clearly labeled original containers;

b. in spaces secured with child safety locks that are separate from any items that attract children (such as with food, candy, or toys); and

c. in a way that does not contaminate play surfaces or food preparation areas.

7. Refrigerated medications must be stores separate from food in a container or compartment in the refrigerator.

D. Child Exhibiting Symptoms of Illness

1. A child exhibiting any of the following symptoms or signs of illness shall be excluded from child care until an assessment has been completed by a physician or health care provider:

    a. For an infant under four (4) months of age, an axillary temperature (armpit) above one hundred (100) degrees is considered a fever. An infant under four (4) months of age who has a fever, even without any other signs of illness, should be excluded from the child care and the parent/guardian should be encouraged to seek medical attention;

    b. For children, a fever is defined as an oral temperature above one hundred and one (101) degrees or an axillary (armpit) temperature above one hundred (100) degrees. It is the general recommendation that a child be excluded for a fever when behavior changes, signs, or symptoms of illness that require further evaluation accompany it;

    c. Diarrhea is defined by more watery stools, a decreased form of stools not associated with dietary changes, and increased frequency of passing stool that is not contained by the child's ability to use the toilet. A child with diarrheal illness of an infectious origin may be allowed to return once the diarrhea resolves unless the infectious agent was Salmonella, Shigella, or E. Coli. These require negative stool cultures before return. Contact the Rhode Island Department of Health with any questions;

    d. Blood in the stools not explainable by dietary change, medication or hard stools;

    e. Vomiting (two (2) or more episodes of vomiting in the previous twenty-four (24) hours). Exclude until vomiting resolves or until a health care provider determines that the cause of the vomiting is not contagious and the child is not in danger of dehydration;

    f. Persistent abdominal pain (continues more than two (2) hours) or intermittent pain associated with fever or other signs and symptoms;

    g. Mouth sores with drooling, unless the health care provider determines that the child is non-infectious;

    h. Rash with fever or behavior change, until a physician determines that these symptoms do not indicate an infectious disease;

    i. Purulent conjunctivitis (pinkeye: accompanied by white or yellow eye discharge), until after treatment has been initiated;

j. Head lice, until after treatment;

k. Scabies, until treatment has been initiated;

l. Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care;

m. Impetigo, until twenty-four (24) hours after treatment has been initiated;

n. Strep throat or other streptococcal infection, until twenty-four (24) hours after initial antibiotic treatment and cessation of fever;

o. Chickenpox, until all sores have crusted over (usually six (6) days);

p. Pertussis, until five (5) days of appropriate antibiotic treatment has been completed;

q. Mumps, until nine (9) days after onset of parotid gland swelling;

r. Hepatitis A virus, until one (1) week after onset of illness, jaundice, or as directed by the health department;

s. Measles, until four (4) days after onset of rash;

t. Rubella, until six (6) days after onset of rash;

u. Unspecified respiratory tract illness;

v. Shingles;

w. Herpes simplex;

x. The illness prevents the child from participating comfortably in activities as determined by the child care provider;

y. The illness results in a greater need for care than the child care staff can provide without compromising the health and safety of the other children as determined by the child care provider.

2. Documentation of the health assessment shall be maintained on file in the child's record. A note signed by the child's parent/guardian that includes the date, time and results of the assessment and name of the health care provider consulted shall be considered acceptable documentation.

3. Provider shall not re-admit a child who has been placed on an antibiotic or other prescription medication until the child has been on the medication for at least twenty-four (24) hours. The decision to care for a child who is ill or

to re-admit an ill child shall be made by the provider after evaluating the child's history, symptoms and general condition.

E. Child with Parasite Infection

1. A child exhibiting signs of a parasite infection, such as scabies or head lice, shall be excluded from the home until treated.

2. Provider shall notify parents/guardians of all the children in care of possible parasite infestation.

3. Provider shall disinfect the home by cleaning all articles that may contain lice or nits such as clothes, towels and bed linens. These should be washed in hot water and detergent, or dry cleaned. Rugs, carpeting and upholstery shall be vacuumed.

F. ~~Reporting~~ Communicable Diseases

~~1. Family Child Care Home Provider shall report communicable diseases in accordance with the Department of Health's Reporting and Testing of Infectious, Environmental, and Occupational Diseases (216-RICR-30-05-1).~~

~~2. It is particularly important to report clusters or outbreaks of infectious diseases as outlined in the reporting regulations.~~

~~3. Provider shall notify all parents/guardians whenever a reportable communicable disease has been introduced into the home.~~

1. In the event a child, provider, or assistant suffers from a communicable disease, of public health significance, or in the event of an outbreak of any type, the provider must:

   a. report the disease to RI Department of Health, Center for Acute Infectious Disease Epidemiology;

   b. provide written notice to inform all parents/guardians to which communicable disease the child(ren) may have been exposed, without providing any identifying information regarding the source of the communicable disease.

2. In all matters of exclusion and readmission of children for reasons of illness, the decision of the provider applies. If applicable, due to communicable disease, this decision is made in consultation with a licensed physician, physician's assistant, or nurse practitioner, and RI Department of Health, Center for Acute Infectious Disease Epidemiology.

a. Any child who has been placed on an antibiotic medication may not be admitted to the program for a period of at least twenty-four (24) hours.

b. Any child exhibiting signs of a parasite infection, such as scabies or head lice, may not be admitted to the program until the child has been successfully treated and no longer has any live parasites.

3. If a parasite infection, such as scabies or head lice, is found within the residence, the provider must:

a. wash all linens, clothes, and other cloth materials with hot water and detergent, or dry clean; and

b. vacuum all rugs/carpeting and upholstery.

G. Environmental Health

1. The residence, equipment, and materials are clean, free of hazards, and kept in good repair.

2. Any product used for cleaning, sanitizing and/or disinfecting is approved by the United States Environmental Protection Agency as indicated on the product label and is used in accordance with the manufacturer's instructions.

3. Toxic substances and any other items of potential danger to children are clearly labeled and are in an area that is secured by a child safety lock.

4. All preventive maintenance performed within the residence must be performed at times when children are not in the area of the equipment or systems being serviced.

a. Tools, supplies, materials, parts, or debris must not be left at the job site, unless they are secured and stored away from children.

5. Garbage receptacles are lined, and garbage is removed from the program daily.

6. Any rodent and insect infestation is promptly treated. Insecticides and rodenticides are approved by the RI Department of Environmental Management and used in accordance with manufacturer's instructions.

7. The provider posts (in a conspicuous place where all parents and visitors can see) and follows a regular cleaning and sanitation schedule, including provisions for deep cleaning.

8. Tables, feeding seats, and high chair trays, used for eating are sanitized before and after meals and snacks.

9. Sensory water tables or other receptacles used for water play are emptied and sanitized daily.

10. Reusable sponges and dish clothes are not used for cleaning and/or sanitizing.

11. The use of any public water fountain is prohibited.

HG. When a Child Becomes Ill in Care

1. Provider shall notify the parent/guardian immediately when a child becomes ill while in care.

2. Provider shall furnish special care for an ill child, including a comfortable resting space in a quiet area away from other children, within sight of the provider or assistant.

IH. Caring for Child with Handicapping Condition or Special Needs

1. When a child with a handicapping condition or special needs is accepted for care, the provider shall obtain from the parent/guardian written recommendations for any specialized care that the child may require. These recommendations shall come from or be endorsed by the child's physician or other authorized professional who has evaluated or treated the child.

2. Care provided to children with special needs shall be in accordance with the child's Individualized Educational Plan (IEP) or the Individualized Family Service Plan (IFSP).

J. Food Allergies

1. For each child with food allergies or special nutritional needs, the provider requests that the parent/guardian obtains a care plan from the child's health care provider.

2. The provider must make provisions for protecting children with food allergies from contact with the allergen(s).

3. The provider asks the parent/guardian of a child with food allergies to give consent for posting information within the program about that child's food allergy.

a. If consent for posting is provided, that information is posted in the food preparation area and in the areas of the program the child uses.

b. If consent for posting is not provided, then this information is shared verbally with all relevant staff, including substitutes, and is documented in the child's file.

KI. Snacks and Meals

1. Provider shall serve nutritious mid-morning and mid-afternoon snacks and nutritious meals to the children in care in accordance with the child care component of the USDA Child and Adult Care Food Programs (CACFP).

2. When parents/guardians provide snacks or other meals, the provider shall monitor the food to ensure nutritious value. Provider shall provide parents/guardians with written guidelines for meals and snacks and suggest how they can assist the provider in meeting these guidelines.

3. Whenever possible, the provider shall sit and eat with the children.

LJ. Beverages – Provider shall offer age-appropriate beverages as defined below:

1. Infants (birth through twelve (12) months)

a. Either breastmilk or iron-fortified infant formula or portions of both, must be served for the entire first year.

b. Juice shall not be offered to infants until they are six (6) months of age and ready to drink from a cup. The provider should offer not more than four (4) ounces of one hundred percent (100%) fruit juice per day. Juice should be offered at either a meal or a snack instead of continuously throughout the day. Fruit drinks or punch, soda, and other sugar-sweetened beverages are not allowed.

2. Toddlers Twelve (12) months through twenty-four (24) months

a. Only whole pasteurized milk should be served to children between the ages of twelve (12) and twenty-four (24) months. The provider shall not serve skim or nonfat, low-fat (one (1) percent or two (2) percent) to any child between twelve (12) and twenty-four (24) months.

b. Juice – The provider should offer not more than four (4) ounces of one hundred percent (100%) fruit juice per day. Juice should be served from a cup and should be offered at either a meal or a snack instead of continuously throughout the day. Fruit drinks or

punch, soda, and other sugar-sweetened beverages are not allowed.

c. The provider shall have drinking water readily available to the children during the time that they are in care.

3. Children two (2) years and older

a. Children two (2) years and older should be served skim or nonfat milk or low-fat milk (one (1%) percent or two (2%) percent fat milk) in accordance with guidelines established by the American Academy of Pediatrics.

b. Juice – The provider should offer not more than six (6) ounces of one hundred percent (100%) fruit juice per day. Juice should be served from a cup and should be offered at either a meal or a snack instead of continuously throughout the day. Fruit drinks or punch, soda, and other sugar-sweetened beverages are not allowed.

c. The provider shall have drinking water readily available to the children during the time that they are in care.

2.3.5 ACTIVITIES, MATERIALS AND EQUIPMENT

A. Activities

1. Provider shall spend time directly involved in activities that center on the developmental needs, interests and strengths of the children in care.

2. The focus shall be toward developmentally appropriate and culturally competent practices, incorporating child-centered, child-initiated and provider-guided play activities.

B. Learning Environment - The learning environment in the home shall be designed to provide the children with opportunities to learn through active exploring, interacting with other children and adults and with the materials provided.

C. Daily Routine and Scheduling

1. Provider shall have a written plan of activities and routines that meet the developmental, cultural, and individual needs of the children in care.

2. The daily routine shall include all of the following:

a. Physical activity and quiet play;

b. Indoor and outdoor play as weather permits; and

c. Age appropriate health routines such as toileting, hand washing, tooth brushing, resting or sleeping and eating.

D. Indoor and Outdoor Play Materials and Equipment

1. The provider shall have available an adequate variety of materials for indoor and outdoor play, such as art supplies (paints, crayons, paste, scissors), blocks and block accessories, books, large muscle equipment (wheel toys, climbers, balls), manipulative toys (busy-boxes, puzzles, small building sets), musical equipment (rattles, instruments, audiotapes) and dramatic play materials (dress-up clothes and puppets). Play materials must be culturally inclusive and appropriate to the age, number, growth and developmental needs of the children in care.

2. A variety of materials shall be accessible to the children to promote exploration. Materials that require supervision shall be stored out of reach of children.

3. Television/video viewing shall be limited, and when utilized shall be appropriate for the age and developmental level of the children in care.

4. All equipment and materials shall be free from hazards such as lead paint, insects, protruding nails or rust that may be dangerous to children and shall be kept clean and in good repair.

5. Infants and toddlers shall be protected from objects that could be swallowed.

6. The use of walkers with wheels is prohibited.

7. Toys that explode or shoot, such as caps, guns and darts shall not be allowed.

8. Balloons shall only be allowed for special occasions such as birthdays, and their use shall be under close adult supervision.

9. Outdoor sandboxes shall be kept covered when not in use.

10. Outdoor climbing equipment five (5) feet high or over shall have adequate cushioning underneath.

11. The use of trampolines is prohibited.

12. All equipment used for child care which is covered by federal regulations shall meet such regulations.

13. If children are taken to a public playground the provider shall be alert and aware of safety dangers such as peeling paint, uncovered sandboxes, debris and animal waste.

E. Sleeping/Resting Arrangements

~~1. There shall be regular periods of quiet activity or resting/sleeping appropriate to the needs of the children. There shall be an opportunity for children to rest for at least thirty (30) minutes, but no child shall be forced to sleep. For children who do not require sleep, time and space shall be provided for quiet play.~~

~~2. While resting or sleeping, children shall be directly supervised by the provider or an assistant who is on the same floor where the children are sleeping. Monitors shall not take the place of in-person supervision.~~

~~3. Lighting to permit appropriate supervision shall be provided in sleeping areas when children are sleeping, napping or resting.~~

~~4. Children under the age of one (1) year napping in cribs shall be monitored by in-person checks at least every ten (10) minutes. The provider shall maintain a written record of crib checks for each child under the age of one (1) year.~~

~~5. To reduce the risk of Sudden Infant Death Syndrome, infants shall be placed on their backs to sleep unless there are medical orders or a written statement from the parent/guardian requiring alternative positioning.~~

~~6. Cribs shall have firm, well-fitting mattresses and crib sheets. Sheepskins, beanbags, waterbeds, comforters and pillows shall not be used.~~

~~7. Children shall have their own bedding and it shall be stored separately to prevent contamination.~~

~~8. Spaces between the upright slats in cribs shall not exceed two and three eighths (2 3/8) inches. There shall be no cutouts in crib headboards.~~

~~9. Children shall not be in cribs with bottles.~~

~~10. Children shall sleep or rest on cots, mats that are at least two (2) inches thick, couches or beds. Children shall not sleep or rest directly on the floor.~~

~~11. When mats are used for sleeping, they shall be cleaned weekly if not shared by children. If children share mats, they shall be cleaned between each use.~~

1. Sleeping routines meet the individual needs of children in the program.

2. Provider/assistant(s) may encourage children to rest, but children must not be forced children to sleep or stay awake.

3. There is a sleep plan appropriate to the needs of each child.

4. Infants sleep in a safe sleep environment consistent with the American Academy of Pediatrics Safe Sleep Guidelines.

5. An infant must be placed on his/her back while sleeping.

6. Monitors or positioning devices must not be used.

7. There are no restraining devices of any type, including swaddles.

8. Modifications to an infant's safe sleep environment regarding positioning, are not permitted unless the infant's physician, physician's assistant or nurse practitioner has completed a signed waiver indicating that the child requires an alternate sleeping arrangement.

9. Infants must sleep in a crib or portable crib approved by the United States Consumer Product Safety Commission Standards, equipped with a firm crib mattress and a tight-fitting sheet.

    a. The mattress must not be supplemented with additional foam materials or pads.

10. Lighting must allow for provider/assistant(s) to view the color of the child's skin and to check for breathing.

11. Children cannot sleep in a car safety seat, bean bag chair, bouncy seat, infant seat, swing, jumping chair, highchair, or in comparable equipment/furniture.

12. If an infant arrives at the home or residence asleep in a car safety seat, or falls asleep in comparable equipment, the infant is immediately removed from the car seat or comparable equipment and placed in a safe sleep environment.

13. Clothing designed for safe sleep, including sleep sacks, are permitted.

14. No items can be placed in the crib/portable crib with an infant except for a pacifier.

15. A pacifier clip is not permitted for use in a crib/portable crib.

16. No additional items are placed on or above the crib/portable crib.

17. Cribs/portable cribs are only used for rest or sleep.

18. Children must rest/sleep in a location in the residence where they can be in both sight and sound supervision by the provider/assistant(s) at all times.

a. During hours of operation, no child may rest/sleep behind a closed door.

19. Baby monitors, of any kind, are not permitted as a substitute for any form of supervision.

F. Toilet Training

1. Toilet training shall be an individual plan, based on the child's readiness and carried out in conjunction with the parent/guardian.

2. There shall be no routine attempt to toilet train any child under the age of twenty-four (24) months without consent of parent/guardian.

2.3.6 BEHAVIOR MANAGEMENT

A. Positive Behavior Management Techniques

1. Provider and assistants shall be positive role models for the children in care.

2. Provider and assistants shall use positive, consistent methods in guiding children back on task, shall encourage appropriate behavior and set clear limits and rules that children can understand.

3. Provider and assistants shall match their expectations with the developing abilities and capabilities of the children.

4. Provider and assistants shall praise the accomplishments of the children and encourage their attempts at tasks.

5. Provider and assistants shall use positive, firm limit setting in situations where a child's safety is at stake.

6. Provider and assistants shall assist children by redirecting them from inappropriate actions to activities that are more favorable.

~~B. Inappropriate Discipline~~

~~1. Provider and assistants shall not hit the children or engage in any form of corporal punishment.~~

~~2. Children shall not be subjected to cruel or severe punishment, humiliation or verbal abuse.~~

~~3. Children shall not be deprived of meals or snacks as a form of discipline.~~

~~4. Children shall not be punished for toileting accidents or for soiling, wetting or not using the toilet during toilet training.~~

~~5. Children shall not be subjected to excessive time out. Time out may not exceed one (1) minute for each year of the child's age and shall take place within the provider or assistant's view.~~

B~~C~~. Written Discipline Policy

1. Provider shall develop a written discipline policy that is consistent with the regulations.

2. This policy shall be shared with the parent/guardian when the child is enrolled.

C. Child Abuse and Neglect

1. Any suspected case of child abuse and/or neglect is reported to the RI Department of Children, Youth and Families' Child Protective Services (CPS) hotline (1-800-RI-CHILD/1-800-742-4453) within 24 hours in accordance with state law and Department policy.

2. If the suspected case occurred at the program, the program must report to the Department's licensing unit after reporting to the CPS hotline.

~~D. Reporting Child Abuse and Neglect - Provider and assistants shall report any known or suspected child abuse or neglect to DCYF at 1-800-RI-CHILD in accordance with R.I. Gen. Laws § 40-11-3 and the DHS Licensing Unit,, which require that any person, who has reasonable cause to know or suspect that any child has been abused and/or neglected or has been a victim of sexual abuse by another child, must report this information to both the DHS Licensing Unit and DCYF within twenty-four (24) hours.~~

D. Prohibited Practices

1. Physical restraint of children is prohibited.

2. Corporal punishment is strictly prohibited. Corporal punishment includes, but is not limited to:

a. hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting a child;

b. demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures of a child;

c. compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances;

d. exposing a child to extremes of temperature;

e. isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where a child cannot be seen or supervised; and

f. binding, tying, or taping to restrict movement.

2.3.7 ADMINISTRATION

A. The family child care home shall be open to parents/guardians for visits whenever the program is in operation.

B. A pre-admission interview shall be held with the parent/guardian to secure health and family history, to obtain background information on the child and his/her home, and to develop the child's program.

C. Prior to the admission of a child, the provider shall obtain in writing from the parent/guardian the following information:

1. Child's full name, address and verified date of birth;

2. Name, address and phone number of the parents/guardians;

3. Address and phone number where the parents/guardians can be reached during the hours that the child is in care;

4. Names, addresses and phone numbers of two (2) relatives or friends who can be contacted in any emergency if parent/guardian cannot be reached;

5. Permission for the provider to act in an emergency (refer to § 2.3.4(B) of this Part);

6. Names and addresses of all persons who are authorized to take the child from the child care home;

7. Copies of any pertinent custody information or restraining orders;

8. Child's eating and sleeping habits, food preferences, allergies and any special medical or emotional problems; and

9. Name of any health insurance plan and policy number under which the child is covered.

D. There shall be opportunities for the child and parent/guardian to visit the family child care home one or more times before enrollment.

E. Communication with Parents/Guardians

1. Provider shall have a plan for communicating with parents/guardians. The plan may include means of communication such as conferences, handbooks, newsletters, bulletin boards and notes.

2. When children under the age of eighteen (18) months are in care, there shall be written daily communication that shall include references to the child's mood, health, feeding, sleeping, toileting and activities. Daily communication for children over eighteen (18) months may be verbal and should cover the same areas.

F. Provider shall maintain a directory of professional community services and shall make relevant information available to parents/guardians as needed.

G. Provider shall obtain written permission from the parent/guardian to take the child off the premises of the day family child care home. Such permission shall be obtained prior to the activity.

H. Transportation of Children

~~1. Transportation of the children by the provider or assistants, including requirements for child restraint systems, shall follow the state laws and regulations of the Rhode Island Department of Transportation, Registry of Motor Vehicles and shall be covered by liability insurance.~~

~~2. Children shall not be left unattended in a vehicle.~~

~~3. Station wagon tailgates and rear windows shall be kept closed at all times when children are being transported.~~

1. If the provider chooses to provide transportation, a transportation policy must be written.

2. 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; and

   c. insurance.

3. All individuals who provide transportation of children for the Family Child Care Home must:

a. hold a valid Rhode Island Chauffeur's License or equivalent from another state; and

b. have a completed background check on file.

4. Children must never be left alone in the vehicle.

5. A face-to-name attendance check of all children must be completed upon entrance to and departure from the vehicle and documented.

6. Attendance and emergency information on each child being transported must be available in the vehicle when transportation is being provided.

7. When being transported, children must be properly secured in the appropriate safety restraint or car seat for their age.

8. At the discretion of the provider, and with adherence to the more stringent staffing patterns, public transportation may be used.

~~I. Provider shall have liability insurance covering the child care program.~~

I~~J~~. Provider shall not release a child to any parent/guardian or other person who appears to be under the influence of alcohol or drugs when that person is going to be transporting the child.

J~~K~~. Provider shall maintain a file for each child in care.

1. The file shall contain all information gathered on the child, including medical forms, emergency treatment forms, child care agreement with parent/guardian and permission forms.

2. All information about a child in care shall be kept confidential and shall not be released to any person without the written permission of the parent/guardian.

3. Files for all children in care shall be kept together in a place where they are readily accessible.

~~L. Accident or Illness of Child in Care~~

~~1. Provider shall keep a written record of any accident or illness that occurs while the child is in care and shall include the record in the child's file.~~

~~2. Provider shall notify the parent/guardian immediately in the event of an accident or other emergency requiring the child to have medical attention.~~

~~3. Provider shall notify the parent/guardian of any accident occurring while the child is in care. Notification shall be given on the same day that the accident occurs.~~

K. Illness and Injury

1. If a child presents with symptoms of concern, the provider/assistant(s) must:

   a. document the findings;

   b. determine the needs of the child and make accommodations as necessary; and

   c. notify the parent/guardian, as necessary.

2. If a child becomes ill or is injured while at the program, the provider/assistant(s) must:

   a. contact the child's parent/guardian;

   b. contact emergency personnel, as needed;

   c. provide relevant first aid support, as needed;

   d. ensure special care for the child, including a comfortable resting space in a quiet area away from other children, within sight and sound of the provider/assistant(s); and

   e. disinfect furniture and materials touched by the ill child.

L~~M~~. Family Child Care License and Regulations

1. Provider shall post the Family Child Care Home License in a prominent place in the home where it is visible to parents/guardians.

2. Provider shall make the Family Child Care Home Regulations for Licensure available to prospective parents/guardians and the parents/guardians of the children in care.

M~~N~~. Provider shall allow representatives from the Rhode Island Department of Human Services, the Rhode Island Department of Children, Youth and Families and the Rhode Island Office of the Child Advocate entrance into the family child care home at any time that child care is being provided. Department representatives and the Child Advocate or his/her designee shall be allowed to inspect the home to determine compliance with the Regulations and shall be allowed access to all records kept by the provider related to compliance with the Regulations for Licensure.

N~~O~~. Provider shall not discriminate in providing childcare on the basis of race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief or handicap.

OP. Provider shall not advertise as a child care center, nursery school, pre-school or group child care home.