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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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2.1 General Provisions

2.1.1 Legal Basis

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

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

2.1.2 Purpose

A. These Regulations contain the licensing requirements for Family Child Care Homes licensed by the Department of Human Services (hereinafter the Department). Child Care Licensing Regulations represent the foundation for Rhode Island's Quality Rating Improvement System (QRIS) and aims to ensure basic health and safety requirements are met by providers when delivering care to children. Granting a license indicates there is clear evidence that the residence and surrounding grounds are safe and that providers are appropriately trained to understand, and support, a child's healthy growth and development. The license provides assurance to both families and the community that children are cared for in a safe environment with age-appropriate activities, schedules, food, materials and equipment, and that providers encourage and facilitate learning opportunities to support children's physical, social, emotional and intellectual growth.

2.1.3 Incorporated Materials

A. These Regulations hereby adopt and incorporate the United States Consumer Product Safety Commission Standards, Outdoor Home Playground Safety guidelines, https://www.cpsc.gov/s3fs-public/324.pdf, updated 2005, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.

B. These Regulations hereby adopt and incorporate the United States Department of Agriculture (USDA), Child and Adult Care Food Program nutritional standards, https://www.fns.usda.gov/cacfp, updated October 1, 2017, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.

C. These Regulations hereby adopt and incorporate the United States Consumer Product Safety Commission Standards, Safe Sleep guidelines, https://www.cpsc.gov/SafeSleep, updated December 28, 2012, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.

D. These Regulations hereby adopt and incorporate the American Academy of Pediatrics Safe Sleep Guidelines, https://www.aap.org/en-us/advocacy-and-

policy/aap-health-initiatives/safe-sleep/Pages/safe-sleep.aspx, updated December 23, 2020, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.

2.1.4 Definitions

A. As used in this policy, the following terms have the meanings set forth herein, unless the context in which such terms are used clearly indicates to the contrary:

1. "Approved assistant" refers to a designated person who has applied, and been approved by the Department, to assist a provider in their licensed program with the care of children.

2. “Capacity” means the maximum number of children permitted to be in a licensed Family Child Care Home at any one time.

3. “Department” means the Rhode Island Department of Human Services also referred to as DHS.

4. “Department of Children, Youth and Families” or “DCYF” means the Rhode Island State child welfare agency with statutory responsibility for investigating allegations of child abuse/neglect, as well as licensing and regulating foster and adoptive homes, child-placing agencies, and children’s behavioral health programs.

5. "Emergency assistant" refers to a designated person who has applied, and been approved by the Department, to be in a licensed program caring for children if there is an emergency where the provider is unable to care for the children during hours of operation.

6. "Family child care home" or “FCCH” means a licensed residence where the resident can provide child care for up to six (6) children, or up to eight (8) children with an approved assistant.

7. “Licensing unit” means the unit within the Department responsible for issuing Child Care Licenses and regularly monitoring those Child Care Licenses to ensure adherence to the Regulations.

8. "Program" refers to the services delivered which support the care, supervision and education of children enrolled by the provider during defined hours of operation.

9. "Provider" means the person responsible for the daily operation of the program in compliance with these Regulations.

10. “Substitute” refers to a designated person who has applied, and been approved by the Department, to be in in a licensed program caring for

children when the provider is unable to care for the children during hours of operation.

11. "Usable floor space" means available space used by children for activities throughout the day. Only usable floor space will be factored into the measurement of program space.

12. "Variance" means an administrative decision made by the Department that allows a child care provider to meet a standard for licensure in a manner other than what is specified in the Regulations. A variance is granted on a case-by-case basis only when the purpose of the licensing standard is achieved, and the safety of the child is maintained. Variances are time limited to the period of the license or such other time period as the Department shall designate. Variances are subject to reevaluation at any time.

13. "Waiver" means an administrative decision made by the Department that allows a child care provider to be exempted from a standard for licensure. A waiver is granted on a case-by-case basis only when the purpose of the licensing standard is achieved, and the safety of the child is maintained. Waivers are time limited to the period of the license or such other time period as the Department shall designate. Waivers are subject to reevaluation at any time.

14. "Weapons" are defined as any firearms, pellet or BB guns (loaded or unloaded), darts, bows and arrows, stun guns, tasers, paint ball guns, or objects manufactured for play as toy guns.

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 contact the Department to formally enroll in an Orientation.

2. The applicant must successfully complete Orientation and a course of Pre-Service Training, as determined by the Department, prior to submitting an application to the Department.

B. Initial Licensure

1. Each applicant, all adult household members, at least two (2) emergency assistants, substitutes and/or any proposed assistants must submit to and clear a comprehensive background check that includes:

a. State and national criminal and sex offender registries in accordance with R.I. Gen. Laws Chapter 40-13.2;

b. Child abuse and neglect clearances, in accordance with R.I. Gen. Laws Chapter 40-13.2; and

c. Any additional background checks as required by State or Federal law.

d. In any circumstance where an individual lives or has lived outside of the State of Rhode Island in the previous five (5) years, out of State background checks are also required.

2. The applicant must submit an application, application fee (R.I. Gen. Laws § 42-12.5-5, payable to the Rhode Island General Treasurer), and required supplementary documentation about the home, the applicant, at least two (2) emergency assistants, and/or any proposed assistants or substitutes. 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 (6) months, is in good health and is able to care for children;

b. Notarized Criminal History Affidavits (Form #109) completed by the applicant and any proposed assistants, including emergency assistants; and

c. Notarized Employment History Affidavits (Form #108) completed by the applicant and any proposed assistants, including emergency assistants.

3. The applicant must participate in one (1) or more home visits by a Department representative to:

a. Ensure that the proposed program location is the residence of the applicant;

b. Assess compliance with these Regulations; and

c. Measure the program floor space to determine capacity.

C. License Renewal

1. To maintain licensure as a Family Child Care Home provider, the licensee must submit a renewal application at least three (3) months in advance of the licensed expiration date.

2. The licensee, all household members, at least two (2) emergency assistants, substitutes and any proposed assistants and/or substitutes must submit current comprehensive background checks completed within the last five (5) years in accordance with R.I. Gen. Laws Chapter 40-13.2;

3. The licensee must provide updated documentation as stated in § 2.3.1(A) of this Part; as applicable.

4. When requesting a license renewal, the licensee must demonstrate continued substantial compliance with these licensing Regulations with no outstanding non-compliances.

D. Determination

1. The applicant must submit a complete application and demonstrate consistent compliance with the Regulations before the Department will determine the license capacity for the home. Capacity is determined based on the following factors: number of household members, floor space, and compliance with the Regulations as determined through monitoring. Once these factors have been evaluated and identified, the Department may issue a license for the home.

2. A license may be denied for:

   a. Failing to comply with these Regulations;

   b. Providing falsified or misleading statements and/or documentation to the Department; and/or

   c. Making efforts to deceive the Department.

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

   a. 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(B) of this Part above.

   b. 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(B) of this Part above.

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

d. Provider, assistant or emergency assistant has a documented history of chemical or alcohol abuse within the past seven (7) years.

4. If the licensee does not meet the requirements of the renewal process prior to expiration of the license, the existing Family Child Care Home license shall be considered expired. Until the licensee demonstrates successful completion of the renewal application process, they will not be licensed to provide child care.

2.2.2 License Provisions

A. Provider Responsibilities

1. The provider is responsible for adhering to the child care license which indicates the:

   a. Physical residence of the program;

   b. Dates of validity;

   c. Maximum number of children; and

   d. Any limitations or conditions of the license.

2. The licensed provider is responsible for compliance with the Regulations at all times, including the school year, summer and vacation programs, during stated hours of operation, or times when children are in care at the program.

3. The current license must be posted in a place that can be easily viewed by families and others upon entering the home.

4. If there are any inaccuracies on the printed license, the licensee is responsible to contact the Department to rectify the error.

5. The license is not transferable and is granted only to the designated licensee and is limited to the stated physical address.

6. When the operation of a Family Child Care Home is discontinued, the licensee must provide the Department's licensing unit with written notification at least thirty (30) days prior to closure.

B. Changes to the License

1. If a licensee moves, the licensee must notify the Department by completing the "Change of Address" process four (4) weeks in advance of starting child caring operations at the new residence, which includes:

    a. Submission of the application, fee, applicable home inspections; and

    b. An updated home visit from the Department to determine capacity and assess compliance with these Regulations.

    c. Upon notification to the Department in a timely manner, a thirty (30) day temporary certificate may be issued at the new address pending the review and issuance of the license at the new address by the Department.

2. If the permanent household composition changes or there are any changes to the emergency assistants or assistants, the licensee must notify the Department immediately and comply with any additional background checks, home visits, and other documentation as applicable.

C. Monitoring

1. The license entitles the Department's Licensing Administrator or designee and the Office of the Child Advocate or designee:

    a. The right of entrance;

    b. The privilege to inspect and access all files to determine compliance with these Regulations; and

    c. The right to investigate complaints.

D. Enforcement

1. If at any time, the licensee violates the terms of the license or application:

    a. A Probationary License may be issued;

    b. The Department may assess a fine pursuant to R.I. Gen. Laws § 42-12.5-6 (g).

    c. A Plan of Corrective Action with designated timelines for remediation may be required;

    d. The Department may pursue administrative, civil and/or criminal remedies according to applicable Rhode Island General Laws.

2. A license may be suspended, or revoked for:

a. Failure to comply with these Regulations;

b. Providing falsified or misleading statements and/or documentation to the Department; and/or

c. Making efforts to deceive the Department.

3. If the Department's Licensing Administrator or designee finds the home to have non-compliances related to the public health, safety or welfare of children served in the home, the Department will take emergency action and may order summary suspension of the license and all its activities, pending proceedings for revocation or other action in accordance with R.I. Gen. Laws §§ 42-35-14(C). and 42-12.5.-6.

4. If the Department takes licensing action to suspend or revoke the license, the program is obligated to:

a. Post the Department's notification of this action in a prominent location near the program entrance.

b. Notify the parents/guardians of enrolled children about the reasoning and timing of the licensing action.

c. Provide the Department with the names and contact information for parents/guardians of enrolled children, upon request.

2.2.3 Variance and Waivers

A. A licensee may apply, in writing, for a variance or waiver to a Regulation provided that the variance or waiver in no way jeopardizes the health, safety or well-being of the children.

B. A variance or waiver is not valid until the licensee receives written approval from the Department's Licensing Administrator or designee.

C. The conditions and term of the variance or waiver may not change without written approval from the Department's Licensing Administrator or designee.

D. The term of the variance or waiver is limited to the term of the period prescribed by the Department's Licensing Administrator and shall not exceed the license period. The variance or waiver will be reevaluated on a case-by-case basis by the Department upon renewal.

E. At the end of the variance or waiver term, the licensee must demonstrate compliance with all current Regulations.

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 Department's Licensing Administrator or designee provides written notice of the violation(s) to the provider. This written notice, or Corrective Action Plan, will establish a deadline for correcting the violation. The timeline for remediation will depend on the severity of the violation.

2. If the Family Child Care Home remains in violation at the end of the designated deadline, the Department's Licensing Administrator or designee will initiate action to suspend, revoke or continue the license on a 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 Procedure for Appeal/Hearing

A. Any applicant for licensure or license holder may appeal any licensing action by a Departmental staff person, supervisor or administrator that is adverse to the person's status as an applicant or license holder through the Executive Office of Health and Human Services' Appeals Process and Procedures for EOHHS Agencies and Programs, 210-RICR-10-05-2.

B. Any applicant for licensure or license holder, who has a right to pursue an administrative appeal, may seek an emergency stay of summary suspension through the Executive Office of Health and Human Services' Appeals Process and Procedures for EOHHS Agencies and Programs, 210-RICR-10-05-2.

2.2.6 Dual Foster Care License and Family Child Care License

A. The provider may not hold dual licenses as a Supportive Living Arrangement (SLA) provider through the Department of Behavioral Healthcare, Developmental Disabilities & Hospitals, without direct, written approval, from the Department.

B. An individual seeking to hold both a Foster Care License and a Family Child Care Home license must demonstrate full compliance with both sets of Regulations.

C. The licensed capacity for the Family Child Care Home will be reduced in accordance with any other licenses to care for children or adults.

2.3 Licensing Standards

2.3.1 Physical Facilities

A. Required Inspections and Certifications

1. Prior to receiving an initial license and to maintain this licensure status, the provider must show compliance with the following inspections or certifications:

   a. Fire; to be completed annually;

   b. Lead; to be completed every two (2) years unless lead-free certificate is obtained;

      (1) Provider 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).

   c. Radon; to be completed every three (3) years in accordance with the Rules and Regulations for Radon Control, 216-RICR-50-15-2, issued by the Rhode Island Department of Health;

   d. Water potability; tests to be completed in accordance with the Rules and Regulations for Private Drinking Water Systems, 216-RICR-50-05-2 issued by the Rhode Island Department of Health.

B. Construction

1. Any construction or large-scale modifications to the home (inside or outside) that changes the measurements, or quality of the space used by children, requires approval by the Department's Licensing Administrator prior to the start of construction.

2. The provider is responsible to obtain any new inspections as necessitated by construction.

C. Structural Requirements and Mechanical Systems

1. Every room that is used by children must be ventilated via a ventilation system, opened door or window.

   a. Doors and windows must not compromise the security of the program.

   b. All exterior windows that can open are securely screened.

c. If windows above the first (1st) floor are used for ventilation, they must be opened from the top or secured with safety guards.

2. There must be natural light within the area used for child care through a window, door, or skylight.

3. Clear glass doors must be clearly marked at children's eye level.

4. All spaces used for child care must have artificial lighting that is intact and in good working order.

5. All exits/egresses are:

   a. Clearly identified; and

   b. Free of clutter around the area of the door.

6. The residence must have an operational heating system capable of maintaining a minimum temperature of sixty-five degrees Fahrenheit (65° F) in all areas accessible to the children.

7. All heating equipment must have:

   a. Working mechanisms for controlling the temperature, ignition and safety;

   b. An auxiliary switch wired to a position that is remote from the boiler/furnace area in order to shut off the boiler/furnace;

   c. Insulation, protection, and/or a barricade around items including but not limited to hot water pipes, wood stoves, and radiators.

8. Asbestos insulation covering any pipes or heating elements must be intact and properly sealed.

9. Portable space heaters are prohibited while children are in care.

10. Fireplaces must be securely screened with protective guards.

11. The provider must ensure that the maximum temperature does not exceed seventy-four degrees Fahrenheit (74° F) in all areas used for child care.

12. All entrances to the FCCH are kept locked when the provider is unable to directly monitor its use. The FCCH must have a mechanism and/or procedure in place for monitoring entry throughout the day.

13. There must be hot and cold running water available for the care of the children.

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

15. If humidifiers, dehumidifiers and vaporizers are used providers must ensure:

    a. They are kept out of reach of children;

    b. They are used and maintained according to manufacturer's directions;

    c. They are emptied and sanitized daily;

    d. Parents/guardians are notified when such appliances are used in the FCCH.

16. Every electrical outlet within the child care area must be covered with a choke proof child resistant device while not in use.

17. Electrical cords must be:

    a. Securely taped or fastened out of children's reach; and

    b. In good condition, without any evidence of being frayed or damaged.

18. The use of electrical extension cords is prohibited.

19. Provider must have a flashlight, in working condition, readily available.

20. Candles, oil lamps, and other comparable material must never be lit in any space in the home during the times when child care is provided.

21. All window blind cords must be secured and out of the reach of children.

22. A telephone (landline or cellular) designated for program and business use must be located within the FCCH during business hours and readily available for use in case of an emergency.

23. In addition to meeting the requirements of the applicable Rhode Island Fire Safety Code, the residence must be equipped with a fire extinguisher located in the kitchen area.

D. Toileting and Diapering Facilities

1. The FCCH must have a minimum of one (1) flush toilet and hand washing sink located in a bathroom.

2. The bathroom must be in an area that is readily available to the children in care (children should be able to access the bathroom easily and independently without the help of an adult.)

3. To prevent children from becoming locked inside the bathroom, the provider must ensure:

    a. Any locks on bathroom doors should not be within the reach of children; or

    b. A key is readily accessible outside of the bathroom.

4. Toilet training chairs must not be considered a substitute for the required toilet.

5. If a toilet training chair is used it must be:

    a. Emptied into the flush toilet and sanitized after each use in a sink that is not used for food preparation;

    b. Placed on a waterproof floor, without carpeting or rugs, and

    c. Next to a bathroom sink and in a different room from any space used for cooking, preparing or eating food;

6. There must be a diaper changing area immediately near the bathroom sink and in a different room of the house from any space used for cooking, preparing, or eating food.

E. Food Preparation

1. Any area for food preparation must be sanitized prior to preparing food for children.

2. All food must be stored, covered, and/or refrigerated to safely preserve food, and ensure protection from insects and rodents.

3. Refrigeration used for children's food must be maintained at a temperature of forty-one degrees Fahrenheit (41° F) or lower for refrigerator and zero degrees Fahrenheit (0° F) or lower for freezer.

F. Indoor Space Requirements

1. There must be sufficient indoor floor space to allow for thirty-five (35) square feet of usable space per child in care.

2. Children may only be cared for in a basement if:

a. All areas are less than fifty percent (50%) below ground level per the building inspector;

b. There are two (2) exits from the area, one (1) of which must be a door leading directly to the outside;

(1) Bulkheads and overhead garage doors are not acceptable exits.

c. The basement is not used for sleeping unless the boiler/furnace room is constructed to provide a one (1) hour fire rating, with fire rated sheet rock, fire rated door, and air vents to the outside.

3. If there are stairways within the area used for child care they must:

a. Have a handrail at children's height;

b. Be well lit;

c. Be kept clear of obstructions;

d. Have a gate, which is kept securely fastened at the entry to any stairway accessible to children under age three (3).

4. Providers are required to designate space in the home or residence for:

a. Administrative functions and paperwork;

b. Storage of equipment and materials; and

c. Storage of food.

G. Outdoor Requirements

1. Each program has an outdoor play area that is safe, protected and free from hazards that include, but are not limited to:

a. Access to the street;

b. Debris, trash, broken glass;

c. Animal waste;

d. Peeling paint;

e. Tools and construction materials;

f. Holes that present a tripping hazard or contain still water; and

g. Open drainage ditches, wells, or other bodies of water.

2. Outdoor activity space must:

   a. Be surrounded by a fence or clear physical obstacle that prevents movement or access to another area.

   b. Effective January 1, 2023, outdoor activity space must be surrounded by a permanent structure such as a fence, which is at least four feet (4') in height.

3. If a FCCH does not have access to an outdoor activity space onsite, they should submit a plan to the Department for approval that identifies a nearby park, schoolyard, or other alternative outdoor space.

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

      (1) Traffic patterns of vehicles and people in the area;

      (2) Ages of children enrolled;

      (3) Availability of age-appropriate equipment;

      (4) Usage of the location by other groups when the children would be most likely to use it;

      (5) Neighborhood circumstances, hazards, and risks, including the crime rate for the area;

      (6) Accessibility to children and caregivers by foot or the availability of push carts or other means of transporting infants and toddlers;

      (7) Reasonable accessibility of restroom facilities; and

      (8) Ability to obtain assistance, if needed, when injury or illness occurs.

   b. If approved, parents/guardians of children in care must be notified of the plan to use alternate outdoor space and have a way to contact the provider when the provider is off site.

4. Outdoor porches above the first (1st) floor cannot be used as play areas unless they are fully enclosed by a wooden framing covered with screen, glass or comparable material and structurally sound.

5. Outdoor porches and decks at the first (1st) floor level, used as play areas, must:

a. Be enclosed with a minimum of a four foot (4') railing;

b. Slats that are no more than three and one half inches (3 1⁄2") apart;

c. Have a gate that is kept securely fastened at the entry to any steps or stairways.

6. If there is any playground equipment that requires children's feet to leave the ground, it must:

a. Be anchored into the ground, in accordance with manufacturer's directions;

b. Be maintained and in good repair in accordance with the United States Consumer Product Safety Commission Standards (incorporated at § 2.1.3(A) of this Part); and

c. Have safety surfacing that is maintained and in good repair, in accordance with United States Consumer Product Safety Commission Standards (incorporated at § 2.1.3(A) of this Part).

7. Outdoor trampolines are prohibited.

8. If sandboxes are used, they must be covered when not in use.

9. If the residence has an in-ground pool, the provider must prevent children's access:

a. The pool must be separated by a fence that is at least six feet (6')in height, with no openings or protrusions that a child could use to get over, under or through, and

b. It must be equipped with a gate that opens out from the pool, and self-close and self-latch at a height where a child can't reach.

10. If the residence has an above ground pool, it must have a four foot (4') 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 feet (6').

11. Each swimming pool more than six feet (6') in width, length, or diameter must be equipped with at least two (2) life saving devices such as a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity. This equipment must be long enough to reach the center of the pool from the edge of the pool, kept in good repair, and stored safely and conveniently for immediate access.

12. Pools without a filtration system must be:

a. Emptied and disinfected after each use; and

b. Stored upside down or indoors when not in use.

13. Pools equipped with a filtration system must:

a. Be maintained in accordance with any applicable city/town and State Rules regarding residential swimming pools, and

b. Shall be cleaned and maintained in accordance with the manufacturer's or installer's printed instructions regarding cleaning, filtration, and chemical treatment.

c. Has drain covers that are used in compliance with the Virginia Graeme Baker Pool and Spa Safety Act, 15 U.S.C.§§ 8001 through 8008.

14. All pool chemicals must be stored out of the reach of children.

15. Provider must obtain written permission from the parent/guardian prior to taking a child into a pool.

16. The use of diving boards is not permitted.

H. Overall Safety of Residence

1. Providers are wholly responsible for ensuring that all parts of the residence and grounds are maintained in a way that ensures health and safety at all times.

2. In any event where weather or disaster compromises safety of the residence, the provider ensures:

a. Safe passage in and out of the residence; and

b. That all structural and mechanical systems are fully functional.

3. A monthly outdoor inspection report must be completed by provider and kept available for review by the department.

2.3.2 Health, Safety and Nutrition

A. Medical Requirements

1. FCCH providers must adopt policies and procedures consistent with the Rhode Island Department of Health's Rules and Regulations Pertaining to Immunization and Communicable Disease Testing in Preschool, School, Colleges or Universities, 216-RICR-30-05-3;

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 Rhode Island 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 Rhode Island 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.

B. Communicable Disease

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 Rhode Island Department of Health, Center for Acute Infectious Disease Epidemiology; as well as the Department of Human Services Licensing Unit.

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. The provider decides on all matters of exclusion and readmission of children for reasons of illness; however, if the child absence is due to communicable disease, this decision must be made in consultation with a licensed physician, physician's assistant, or nurse practitioner, and Rhode Island 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.

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.

C. Emergency Treatment Form

1. Provider shall have an Emergency Treatment Form for each child in care that is signed by the parent/guardian. 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. Parents/guardians must identify two (2) adults who can be contacted in the event of an emergency if they are unreachable. This information shall be reviewed annually in order to update any changes.

D. Administration of 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 (1st) 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.

E. Disabilities and Special Health Care Needs

1. When a provider enrolls a child with a disability or special health care needs, such as a condition that impacts mobility, the provider must obtain from the parent/guardian written recommendations (such as an Individualized Family Service Plan (IFSP) or Individualized Educational Plan(IEP)) for any specialized care the child may require.

a. These recommendations must 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 a disability or special health care needs must be in accordance with the child's IFSP or IEP, as applicable.

3. Providers must ensure the safe participation of all children with disabilities or special health care needs, who are enrolled, in all experiences, activities, and opportunities, including active play.

F. Child Abuse and Neglect

1. Any suspected case of child abuse and/or neglect is reported to the Rhode Island Department of Children, Youth and Families' Child Protective Services (CPS) hotline (1-800-RI-CHILD/1-800-742-4453) within twenty-four (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.

G. 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.

3. Other practices that are strictly prohibited include, but may not be limited to:

   a. Using or withholding food as a punishment or reward;

   b. Toilet training methods that punish, demean, or humiliate a child;

   c. Rejecting, terrorizing, ignoring, isolating, or corrupting a child;

d. Using abusive, profane, sarcastic language, verbal abuse, threats, or derogatory remarks about the child or child's family;

e. Engaging in any form of public or private humiliation, including threats of physical punishment;

f. Withholding physical activity/outdoor time as punishment;

g. Smoking and the use of tobacco products in the residence or on grounds during child care operating hours;

h. Smoking in any vehicle used by the program for transporting children.

4. If smoking, of any kind, occurs in the home when children are not in care, the provider must notify the parents/guardians of all children enrolled.

5. Alcohol kept in the residence must be secured and stored away from children's access.

H. Firearms and Weapons

1. Firearms and weapons, as defined in § 2.1.4 of this Part, shall not be accessible to children.

2. Using firearms and/or weapons of any kind in the program or on program grounds is strictly prohibited.

3. Providers and household members who have possession of one (1) or more firearms and/or weapons, of any kind, must:

a. Obtain the proper licenses or permits to the extent required by law;

b. Store firearms and/or weapons, unloaded, separate from ammunition, equipped with child protective devices, in a place which is inaccessible to children during the hours of operation;

c. Store ammunition, separate from firearms and/or weapons, under lock, during the hours that child care is provided in the home;

d. Make both locking mechanisms, all materials, and appropriate licenses available for inspection by the Department or designee; and

e. Notify the parents/guardians of all children enrolled that firearms and/or weapons are in the residence (including the number of firearms and/or weapons).

I. 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 or safely out of the reach of any child.

4. All preventive maintenance within the residence must occur 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. See § 2.3.2 (B) of this Part for information regarding diaper storage and hygiene.

6. Any rodent and insect infestation is promptly treated. Insecticides and rodenticides must be approved by the Rhode Island Department of Health and used in accordance with manufacturer's instructions. Guidelines and requirements are found in R.I. Gen. Laws § 23-25-38 and must be adhered to.

7. The provider posts (in a conspicuous place where all parents and visitors can see) and follows a regular written 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.

J. Hygiene

1. The provider stocks, and makes accessible, a supply of items required to maintain personal hygiene for children, provider, and assistant(s), which should be stocked with appropriate items at all times.

2. Provider/substitute(s)/assistant(s) wash their hands with liquid soap and warm running water as needed and:

    a. After each diaper change;

    b. After personal toileting;

    c. After assisting a child with toileting;

    d. After wiping a runny nose;

    e. After touching any bodily fluid;

    f. Before and after using water, sand, or other sensory tables;

    g. After messy play;

    h. After handling and/or feeding animals or pets; and

    i. Before any food preparation or service.

3. Provider/substitute(s)/assistant(s) ensure that children wash their hands with liquid soap and warm running water as needed and:

    a. After each toileting;

    b. Before each meal or snack;

    c. After wiping or blowing their nose;

    d. After touching any bodily fluid;

    e. Before and after using water, sand, or other sensory tables;

    f. After messy play;

    g. After handling and/or feeding pets; and

    h. Upon entry from the outdoors.

4. Hand sanitizer and/or hand wipes are not permitted as substitutes for washing hands with liquid soap and warm running water.

5. Drinking water is never obtained from any bathroom.

6. Provider ensures arrangements for children to engage in personal hygiene including brushing teeth and changing clothes.

K. 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 professional.

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

3. The provider must have the consent from the parent/guardian of a child with food allergies before posting information in the program about that child's food allergy.

    a. If consent for posting is provided, that information is posted in all areas of the program the child uses, including but not limited to the food preparation area.

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

L. Nutrition

1. All meals and snacks provided by the provider must meet current USDA Child and Adult Care Food Program nutritional standards (incorporated at § 2.1.3(B) of this Part).

2. The provider must not serve drinks containing caffeine, sugar and/or artificial sweetener, including soda and flavored milk.

3. If the provider chooses to serve juice, it must:

    a. Be one hundred percent (100%) fruit juice;

    b. Be in accordance with the US Department of Agriculture Child and Adult Care Food Program (incorporated at § 2.1.3(B) of this Part);

    c. Be served only at meal or snack time; and

    d. Never be served to infants under twelve (12) months old.

4. Children must be provided the opportunity to eat at least once every three (3) hours.

    a. Exceptions may be made when child care is provided during evening hours.

5. Providers must maintain a supply of food that meets the US Department of Agriculture Child and Adult Care Food Program nutritional guidelines (incorporated at § 2.1.3(B) of this Part) for:

a. Meals (if applicable) and snacks; and

b. When a child is still hungry after a meal or snack.

6. Menus for meals and snacks must be planned and posted weekly.

7. The program must provide parents/guardians written nutrition guidelines at the time of enrollment.

8. On special occasions (not to exceed two (2) per month) food and beverages (not to include soda or other caffeinated drinks) that do not meet nutritional requirements may be served in addition to required meals and snacks.

9. Drinking water is readily available and offered throughout the day, especially before, during and after outdoor play.

M. 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 (4^{th}) drill must be obstructed, by means of not using one (1) 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 must be conducted during all different times that child care is provided.

N. Illness and Injury

1. If a child presents with symptoms of concern, the provider/substitutes/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/substitutes/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/substitute/assistant(s); and

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

3. A first aid kit is readily accessible, but out of children's reach, in each Family Child Care Home and must be;

a. Taken outside during outside play and on field trips;

b. Restocked after each use;

c. Reviewed every six (6) months to ensure proper condition of materials and replace any expired supplies.

4. A choke-saving poster, that outlines the Heimlich Maneuver, must be prominently displayed in any area where children eat.

5. Injuries must be documented on an injury report.

    a. A parent/guardian must be contacted, by phone, for any injury occurring above the neck.

    b. A parent/guardian must sign the written injury report on the same day the injury occurred.

    c. A copy of the report must be placed in the child's file.

    d. The injury, first aid and parent/guardian communication must be recorded.

O. Animals

1. Parents/Guardians are notified in advance of any animals maintained as pets in the residence.

2. All animals maintained as pets in the residence are cared for in a clean, safe and sanitary manner.

3. All animals maintained as pets in the residence are kept in accordance with State and local requirements, including all applicable vaccinations.

    a. All vaccination records are available for review by the Department.

4. Children are protected from animals that are potentially dangerous to their health or safety.

P. Equipment and Furniture

1. Furniture, within the area used for child care, must be clean, durable, maintained in good repair and free of hazards.

2. The provider ensures that parents/guardians provide an adequate supply of clean diapers, bed linens and clothing changes.

    a. The program maintains an additional supply of clean diapers, bed linens, and clothing changes.

3. Infants and toddlers must be protected from objects that could be swallowed.

4. Programs serving Infants and/or Toddlers have a choke prevention gauge readily available.

5. Bucket seats and highchairs are used according to manufacturer's recommendations for feeding and are never used for activities or as a form of restraint.

6. If the manufacturer requires safety straps on a chair, swing, stroller, infant carrier, bouncer seat, or similar type of equipment, then the safety straps must be fastened whenever a child is using the equipment.

7. A crib, portable crib, cot, or mat must be available for each resting child, depending on the child's age and size.

    a. Couches and beds used for household members are not permitted for a sleeping surface for children in care.

    b. Children cannot rest or sleep directly on the floor, bean bag, sheepskins, waterbeds, or comparable surface/material that poses similar risks.

8. All bedding used for children's sleeping surfaces must be laundered weekly.

9. There must be at least two feet (2') of space between each cot, mat, crib, and/or portable crib with a resting child during nap/rest time.

10. The program maintains documentation on-site that every crib or portable crib meets the United States Consumer Product Safety Commission Standards (incorporated at § 2.1.3(C) of this Part).

11. The use of mobile walkers is prohibited.

12. All storage chests, boxes, trunks, or comparable items with hinged lids must be equipped with a lid support designed to hold the lid open in any position, be equipped with ventilation holes, and must not have a latch that might close and trap a child inside.

2.3.3 Routine Care of Children

A. Feeding and Eating

1. Eating and feeding routines must meet the individual needs of children in the program.

2. Provider/substitute(s)/assistant(s) do not force children to eat.

3. A feeding plan is established and followed for each Infant and Toddler prior to enrollment.

4. Infants who are not ready for self-feeding are held and fed by provider/assistant(s) on a one-to-one basis.

5. Bottles must never be propped up at any time or placed in a crib with a child.

6. A heating unit for warming bottles and food is readily accessible to provider/substitute(s)/assistant(s). Microwaves are not used for heating bottles.

7. Only BPA free plastic or glass bottles are used.

8. Bottles provided by parents/guardians must be labeled with the child's name.

9. If the program provides bottles and reusable nipples for community use, they are washed and sanitized in the dishwasher or boiled for at least five (5) minutes prior to use.

10. All breast milk or formula must be clearly labeled with the child's name.

11. The provider/substitute(s)/assistant(s) prepares formula that is mixed and served according to manufacturer's instructions.

12. Prepared breast milk or formula is used immediately or stored in the refrigerator.

13. Un-served prepared breast milk or formula is returned to the parent/guardian at the end of each day.

14. Food is not used as an incentive unless specifically stated in the child's IEP/IFSP.

B. Diapering and Toileting

1. Diapering and Toileting routines must meet the individual needs of children in the program.

2. Provider/substitute(s)/assistant(s) cannot force children to use the bathroom.

3. Toilet training conforms to an individual plan based on each child's readiness and is carried out in conjunction with the parent/guardian.

4. Routine attempts to toilet train are made only when a child demonstrates readiness.

5. Children are changed and diapered regularly and are washed and dried with single use baby wipes.

6. No child is left unattended during diapering.

7. The diaper-changing surface is cleaned and disinfected after each use with a disposable towel, United States Environmental Protection Agency registered disinfectant, or disinfectant solution that is prepared daily.

8. Provider/assistant(s) must wash their hands thoroughly with liquid soap and warm running water after each diaper change, even if disposable gloves are used.

9. All soiled diapers are removed from the residence daily.

10. If disposable diapers are used, they are placed in a covered receptacle that is:

    a. Lined with a plastic bag;

    b. Kept away from the children's activity and food preparation and service areas;

    c. Emptied as necessary to eliminate odors; and

    d. Clean and disinfected daily.

11. If cloth diapers are used, they are:

    a. Not rinsed or emptied at the child care program;

    b. Completely wrapped in a non-permeable material;

    c. Kept away from the children's activity and food preparation and service areas; and

    d. Given directly to the parent/guardian at pickup at the end of the day.

C. Sleeping

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

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

3. Infants sleep in a safe sleep environment consistent with the American Academy of Pediatrics Safe Sleep Guidelines (incorporated at § 2.1.3(D).

4. An Infant must be placed on his/her back while sleeping.

5. Monitors or positioning devices cannot be used.

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

7. 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.

8. Infants must sleep in a crib or portable crib approved by the United States Consumer Product Safety Commission Standards (incorporated at § 2.1.3(C) of this Part), equipped with a firm crib mattress and a tight-fitting sheet.

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

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

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

11. 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.

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

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

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

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

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

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

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

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

2.3.4 Enrollment and Staffing

A. Required Staff

1. Each Family Child Care Home must have one (1) provider, who lives in the residence, and is responsible for the overall program.

2. Each Family Child Care Home must have at least two (2) emergency assistants, who are readily available to be called upon to provide immediate care to children, in the event of an emergency.

    a. Subsequent to the date of these Regulations, no new license or license renewal will be approved with a Family Child Care Home provider or Group Family Child Care Home provider listed as an Emergency Assistant.

        (1) The Department will consider an exception if it can be proved that the individual can be available in both situations, while maintaining compliance with these Regulations.

3. A Family Child Care Home may have or use an Assistant, to support required staffing patterns, or support other activities within the program.

4. A Family Child Care Home may have or use a substitute, to support required staffing patterns, or provide coverage of activities within the program.

B. Number of Children in Care

1. A Family Child Care Home provider, who is caring for children without an Assistant, must care for no more than six (6) children at any time, in accordance with the provider's licensed capacity.

    a. Of these six (6) children, there must be no more than two (2) children under the age of eighteen (18) months, in care, at any time.

    b. If all children in care are under three (3) years old, a maximum ratio of four to one (4:1) should be maintained.

2. A Family Child Care Home provider, who is caring for children with an Assistant, must care for no more than eight (8) children at any time, in accordance with the provider's licensed capacity.

    a. Of these eight (8) children, there must be no more than four (4) children under the age of eighteen (18) months, in care, at any time.

    b. An Assistant must be present to provide care in any time where the number of children exceeds six (6) and/or the number of children under the age of eighteen (18) months exceeds two (2).

c. If all children in care are under three (3) years old, a maximum ratio of four to one (4:1) should be maintained.

3. Children who live in the residence must be counted in determining the maximum capacity for licensure in accordance with the following:

a. Children who are not yet attending kindergarten (not school age), must be counted in determining the maximum capacity for licensure.

(1) The Department will consider an exception, if the provider can prove that the child attends a full day preschool program.

b. If a related child is aged five to twelve (5-12) years and at home less than three (3) consecutive hours while the FCCH is operating, they do not count as part of ratio.

c. During the summer months, every related child under the age of twelve (12) years old counts in ratio.

d. Any licensed capacity for Foster Care must be counted in determining the maximum capacity for licensure.

e. Exceptions may be made to the licensed capacity for weather or emergency-based school-closures, sick days, holidays, or one (1) week school vacations.

4. Provider must not work more than fifteen (15) hours in a twenty-four (24) hour period, including child care and any other employment.

5. Provider/substitute(s)/assistant(s) are required to be awake at all times while children are in care.

6. Household members, or household visitors do not count in the staff/child ratios unless specifically authorized as an approved assistant or substitute.

7. Programs must adhere to a more stringent staffing pattern of one (1) provider/substitute/assistant for every two (2) children for events such as field trips, (other activities that may impose additional safety considerations), and swimming activities.

C. Provider Time Out of the Home

1. Without the use of an approved assistant and/or substitute when applicable, the provider must be on the premises, directly supervising the children, at all times when children are in care.

2. With the use of an approved assistant and/or substitute, the provider may be out of the home twenty percent (20%) of the total work week, not to exceed fifteen (15) hours.

3. With the use of an approved Emergency Assistant, the provider may be out of the home for emergencies only.

    a. An emergency is defined as an unplanned absence from the residence or inability to provide care due to illness or accident.

    b. In this situation, an Emergency Assistant will be considered the provider for the purposes of adhering to these Regulations.

    c. If an "emergency" exceeds three (3) consecutive working days, the provider must request approval from the Department for further use of the Emergency Assistant.

4. Regardless of the use of any assistant, substitute or emergency assistant, the child staff ratio shall remain in effect.

5. When a provider will be out of the home, the parents/guardians of the children in care must be notified of the names of the approved assistant(s), substitute(s) or emergency assistants who will be caring for the children.

D. Supervision

1. Provider/substitute(s)/assistant(s) must provide sight and sound supervision all times, including but not limited to:

    a. Indoor play;

    b. Outdoor play;

    c. Bathroom use;

    d. Rest or sleep;

    e. Meals and snacks; and

    f. Transitions.

2. Children may not be split between outdoor and indoor activities (including resting/sleeping) if there is not a provider and/or assistant(s) in each location.

3. Furniture must not obstruct program provider/substitute(s)/assistant(s) from visual supervision.

4. Provider/substitute(s)/assistant(s) cannot be distracted while providing care to children. The use of cell phones, personal electronic devices, and personal reading materials, outside of business purposes, is forbidden while the program is operating.

5. All provider/substitute(s)/assistant(s) supervising swim activities must be in or directly adjacent to the water.

E. Attendance

1. The provider must have an individual attendance sheet that lists the first and last names of all children enrolled. This list must:

   a. Be updated every time that there is a change in enrollment;

   b. Reflect which children are present at any given time.

2. Attendance records must be kept for all children for a period of no less than three (3) years.

F. Field Trips

1. For all field trips, programs must:

   a. Provide written notice to parents/guardians of any field trip at least three (3) days in advance;

   b. Have a signed permission slip, prior to departing, for each child that states the date, time, location, means of transportation, and potential risks, specific to each individual trip;

   c. Bring emergency information for each child on each individual trip; and

   d. Adhere to the more stringent staffing pattern as stated in § 2.3.4 (B) of this Part.

2. Outdoor walks around the area of the residence are not considered a field trip.

   Staff must have means to contact the parents/guardians if leaving the residence and grounds.

G. Volunteers and Visitors

1. Family Child Care Homes may utilize volunteers that:

   a. Are eighteen (18) years of age or older;

b. Must be cleared and approved in accordance with the Department's policies on Criminal Records Checks and Clearance of Agency Activity checks, as stated in § 2.2.1(B) of this Part;

c. Undergo orientation to program policies and procedures and the volunteer assignment; and

d. Are never left alone with or responsible for the supervision of children.

2. Family Child Care Homes may have visitors in accordance with the following:

a. Enrichment visitors (such as a firefighter, or a parent who reads to children) may visit the program at the discretion of the provider.

b. Social visitors are not permitted for more than a ten (10) minute increment.

c. Visitors are not considered volunteers and are not required to be cleared and approved in accordance with the Department's policies on Criminal Records Checks and Clearance of Agency Activity checks.

d. Visitors must never be left alone with children and are never responsible for the supervision of children.

3. All volunteers and visitors must sign in and out of the program on a sign out sheet available at the entrance of the program.

a. The sign in and out sheet must include the:

(1) Date of visit;

(2) Full name of volunteer or visitor/guest;

(3) Reason for visit; and

(4) Time in and out for the visit.

4. There must be no volunteers or visitors when the provider is not present in the program.

2.3.5 Staff Qualifications and Ongoing Professional Development

A. Requirements for Family Child Care Home providers

1. FCCH providers must be at least twenty-one (21) years of age.

2. Prior to initial licensure, FCCH provider must show evidence of having successfully completed the following:

   a. High school or GED (applicable for all providers initially licensed after the issuance of the 2007 Regulations);

   b. The Department's Orientation to Family Child Care;

   c. The Department's approved Pre-Service Training;

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

      (1) Pediatric Cardiopulmonary Resuscitation (CPR)

         (AA) Initial CPR certification must be done in person.

         (BB) CPR recertification may be done either in person or online.

      (2) Pediatric First Aid

         Pediatric first aid training may be done in person or online.

   e. A comprehensive background check, as outlined in § 2.2.1(B) of this Part; and

   f. Completion of at least twenty-four (24) hours of Professional Development; and,

   g. Physician's reference and immunization information.

B. Requirements for Family Child Care Home assistants and substitutes

   1. FCCH assistant/substitute must be at least eighteen (18) years of age.

   2. Prior to initial Department approval of being an assistant/substitute, the individual must show evidence of having successfully completed the following:

      a. High school or GED (applicable for all providers initially licensed after the issuance of the 2007 Regulations);

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

         (1) Pediatric Cardiopulmonary Resuscitation (CPR)

            (AA) Initial CPR certification must be done in person.

(BB) CPR recertification may be done in person or online.

(2) Pediatric first aid

Pediatric first aid training may be done in person or online.

c. A comprehensive background check, as outlined in § 2.2.1(B) of this Part.

d. Completion of at least sixteen (16) hours of Professional Development,

e. Physician's reference and immunization information.

C. Requirements for emergency assistants

1. Emergency Assistant must be at least eighteen (18) years of age.

2. Prior to initial Department approval of being an Assistant, the individual must show evidence of having successfully completed the following:

a. A comprehensive background check, as outlined in § 2.2.1(B) of this Part.

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

(1) Pediatric Cardiopulmonary Resuscitation (CPR)

(AA) Initial CPR certification must be done in person.

(BB) CPR recertification may be done in person or online.

(2) Pediatric First Aid

Pediatric first aid training may be done in person or online.

c. Physician’s reference and immunization information.

D. Staff Orientation

1. All new assistants must be oriented by the provider during their first (1st) week in the program.

2. The orientation includes information regarding:

a. The Department's Family Child Care Home Regulations for Licensure;

b. State law governing child abuse and neglect, and reporting procedures; and

c. Program policies, procedures, and operations, as documented in the Program Handbook.

3. Within ninety (90) days of hire, all providers/substitutes/assistants must complete Department approved health and safety preservice training modules.

a. This preservice training may count towards the individual's required hours of professional development.

E. Professional Development

1. During each licensure period (two (2) years for FCCH) all providers, substitutes and assistants must show evidence of having successfully completed training aligned with the applicable Workforce Knowledge and Competencies:

a. FCCH provider to complete twelve (12) hours over one (1) year;

b. FCCH assistant/substitute to complete eight (8) hours over one (1) year.

2. Half of the required hours must be approved through a process as determined by the Department.

a. CPR and first aid training does not count towards professional development hours but is a requirement of the position.

3. Transcripts, completion certificate, or other confirmation of completion of professional development for the provider and all assistants/substitutes must be maintained by the provider for review by the Department.

4. Professional development hours are completed based on the dates of the license period.

a. Required hours may be prorated if an individual is hired as an assistant/substitute after the start of the license period.

2.3.6 Administration

A. Required Notifications

1. The provider is responsible for immediately notifying the Department, in writing, of major changes which affect the license, including:

a. Change of assistants, substitutes or emergency assistants;

b. Change of household members;

c. Intent to change the legal name of the provider;

d. Intent to change the physical address/location of the program;

e. Intent to use different/additional spaces for child care;

f. Intent to change the numbers or ages of children served;

g. Changes in contact information including phone number and/or email address; and/or

h. Any other major changes in the program are subject to approval by the Department and may require a license change.

2. The provider is responsible for immediately notifying the Department in the event of an emergency situation, which includes:

a. Any death and/or serious injury (defined as needing medical attention) occurring during the hours of child care, or in the residence outside of child caring hours;

(1) If occurring during child care, after notifying emergency personnel, events of this nature should then be reported to the Rhode Island Department of Children, Youth and Families' Child Protective Services hotline (1-800-RI-CHILD/1-800-742-4453).

b. Activation of emergency personnel;

c. Occurrence of emergency or disaster; or

d. Failure of mechanical systems.

B. General Requirements

1. The program must not exceed the licensed capacity at any time.

2. The program must maintain liability insurance for the licensed program.

3. The provider must have a confidentiality policy that requires all providers, substitutes and assistants, to maintain confidentiality of the children and families in the program.

4. Children may not participate in activities including fundraising, publicity, and research, without informed, written consent from the parent/guardian.

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

6. At all times, every provider, substitute and assistant on site must have photo-identification available.

7. Provider must advertise its program as a FCCH and not a center-based program.

C. Arrival and Departure of Children

1. Children can only be released to the parent/guardian or to an adult, eighteen (18) years of age or older, who is authorized, in writing, by the parent/guardian to pick up the child and whose identity can be verified by proper picture identification.

2. Authorized individuals must manually or electronically sign the child in at drop off and sign the child out at pick up, using a time stamp and a full signature, name, or comparable identifier.

3. Programs must follow policies and procedures that include:

   a. Recording and complying with all Orders relating to custody of the child and Restraining Orders regarding individuals authorized to have contact with the child and individuals authorized for the release of the child;

   b. Maintaining written parental/guardian authorization for the release of the child to named individuals, to be updated annually;

   c. Verifying the identity of authorized individuals, including proper picture identification; and

   d. At the discretion of the provider, handling emergency call-in authorization by the parent/guardian, including verification of the identity of the parent/guardian over the phone.

4. If an individual attempting to pick up a child from the program appears to be under the influence of drugs or alcohol, the provider/substitute/assistant in charge of the program at the time:

   a. Must not release the child;

   b. Must contact the local police; and

   c. Must contact the Rhode Island Department of Children, Youth and Families' Child Protective Services (CPS) hotline (1-800-RI-CHILD/1-800-742-4453).

5. There must be a written procedure for monitoring and documenting the arrival and departure of children bussed to and from the program for school.

D. Transportation of Children

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 Department 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 (see R.I. Gen. Laws Chapter 31-22 Miscellaneous Rules, R.I. Gen. Laws § 31-22-11.6 Child Care Vehicles and School Extra-Curricular Vehicles); and

   b. Have a completed comprehensive background check on file as stated in § 2.2.1(B) of this Part.

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

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

6. Attendance and emergency information foreach 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.

E. Handbooks

1. The program must develop a Family Child Care Home Handbook, to be approved by the Department.

2. The provider is responsible for communicating and implementing policies and procedures from the handbook.

F. Records and Files

1. The provider must maintain all required inspections, a copy of all paperwork and individual files for children and staff that are always available on-site during the hours of operation.

2. Provisions must be made to protect child files and reports to ensure confidentiality.

3. Parents/guardians may access their child's file at any time during the program hours of operation.

4. All program, staff, or children's records are subject to review and/or reproduction by the Department or designee, or the Office of the Child Advocate upon request during the program hours of operation.

5. Information contained in a child's file is only released to an outside entity with written authorization from the child's parent/guardian.

6. Each child's file must include:

a. An application form completed by the parent/guardian containing the child's name, birthdate, parent's/guardian's name, current address and phone number and work or school address and phone number;

b. Date of enrollment;

c. Evidence of annual health exam;

(1) Providers are not required to maintain documentation of an annual health examination for children who attend public, private, or parochial schools approved by the Rhode Island Department of Education.

(2) 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) Documentation of the annual health care exam must be provided by a healthcare professional;

(AA) Kidsnet is not an acceptable form of evidence of annual health exam.

d. Immunization record;

(1) Providers are not required to maintain immunization for children who attend public, private, or parochial schools approved by the Rhode Island Department of Education.

(2) 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.

e. Other relevant health documents, if applicable;

f. Pertinent social information on the child;

g. Written authorization from the parent/guardian for emergency medical treatment;

h. Written reports of injuries, accidents or illness occurring, and any treatment administered while the child was in care;

i. Information pertaining to the child's progress, growth and development, including IEP/IFSP information, if applicable;

j. Written authorization from the parent/guardian for the child to participate in and be transported for field trips, swimming, special activities or events, and other activities that are not part of the program's daily routine;

k. Names of individuals to whom the child may be released;

l. A parental consent form which authorizes or prohibits the program to photograph or videotape a child and to use images in publications, websites and social networking sites; and

m. All other records or reports pertaining to the child.

7. Files for Infants and Toddlers must contain the requirements in as stated in § 2.3.6(F) of this Part, as well as:

a. Developmental and health history;

b. Habits of feeding, foods used, and a schedule for introducing new foods;

c. Toilet and diapering habits and procedures;

d. Sleep and napping habits;

e. Child's way of communication and being comforted;

f. Play interests and habits; and

g. Personality and temperament specifics.

8. Children's files must be updated on an annual basis.

9. Each provider and all applicable assistant and substitute file must include:

a. Personal data sheet or application containing the staff's name, age, home address, phone, education and work experience;

b. Job description;

c. Comprehensive Background Check information;

d. Rhode Island Child Abuse and Neglect Registry Check;

e. Notarized employment history and criminal record affidavits;

f. Documentation of employment history verification;

g. Health records as required by the Rhode Island Department of Health's Rules and Regulations Pertaining to Immunization and Communicable Disease Testing in Preschool, School, Colleges or Universities, 216-RICR-30-05-3;

h. Performance evaluations;

i. Documentation of qualifications;

j. Training plan and/or certification of professional development (as applicable for provider, substitutes and assistants)

k. Documentation of participation in orientation and pre-service training.

10. Programs must maintain the following documentation on-site for the Department's Administrator or designee to review upon request for a minimum of three (3) years:

a. Relevant inspections for physical facilities as stated in § 2.3.1(A) of this Part;

b. Sign in/sign out logs;

c. Daily injury/illness and medication administration logs;

d. Emergency drill log;

e. Documentation for program pets;

f. Field trip permission slips and related documentation; and

g. All other records or reports pertaining to the program and required by this Chapter.

11. Program and staff files must be updated regularly to include new information and changes in information.

2.3.7 Learning and Development

A. Curriculum Content and Standards

1. The Family Child Care Home curriculum is informed by the provider's program philosophy, beliefs, best practices, and aligned to the Rhode Island Early Learning and Development Standards.

2. The curriculum considers the developmentally appropriate needs of all children served.

3. The weekly curriculum plan must include:

a. A list of activities and opportunities available to children throughout the week;

b. Materials and equipment that are needed to support activities and opportunities; and

c. Relevant Rhode Island Early Learning and Development Standards for Infant, Toddler, and Preschool programs.

B. Process and Activities

1. Children must have access to a variety of experiences, activities, and opportunities.

2. Staff must provide developmentally appropriate experiences and environments that go beyond routine care and supervision.

3. Opportunities for moderate to vigorous physical activity (sixty (60) minutes total for a program operating for more than four (4) hours a day, and thirty (30) minutes total for a program operating for less than four (4) hours a day) must be available to children each day.

4. Television or other screen time is:

a. Prohibited for children under eighteen (18) months old;

b. Prohibited during scheduled meal and snack times;

c. Limited to no more than thirty (30) minutes per day; except in situations including:

(1) Activities (not to exceed one (1) event per month, per group) such as watching a movie, provided that alternate supervised activities remain available; and

(2) School Age children's use of electronic media or e-readers for homework, reading, or hands on learning activities.

d. Related to planned activities; and

e. Age appropriate for all children in care.

C. Teaching and Facilitation

1. Providers, substitutes and assistants are required to:

a. Implement developmentally appropriate, planned activities;

b. Actively engage with all children;

c. Develop individual, meaningful relationships with children by providing care that is responsive, attentive, consistent, comforting, supportive and culturally sensitive;

d. Serve as a positive role model for children;

e. Use positive methods in guiding and redirecting children;

f. Encourage age appropriate behavior and set clear limits;

g. Match expectations with the children's developing abilities and capabilities;

h. Praise the children's accomplishments as well as their attempts at tasks;

i. Create a positive environment through their own behaviors such as frequent social conversations with children, joint laughter and affection, eye contact, pleasant tone of voice and smiles;

j. Recognize and respect children for their uniqueness as individuals;

k. Ensure that children are treated with courtesy, respect, acceptance, and patience; and

l. Assist children who present challenging behaviors by:

(1) Identifying and documenting factors that may predict or contribute to the challenging behavior;

(2) Making adaptations to the child's environment as necessary;

(3) Supporting families by sharing documentation and information; and

(4) Providing connection to relevant services and outside resources, when necessary.

2. Basic care for children under the age of two (2) years must include:

a. Individual attention to each infant including playing, talking, cuddling, and holding;

b. Holding and comforting a child who is upset;

c. Prompt attention given to physical needs, such as feeding and diapering; and

d. Talking to infants as they are fed, changed, and held, such as naming objects, singing, or saying rhymes.

3. Providers, substitutes and assistants must sit with children at the table during meals and snack time and engage with children to model appropriate mealtime behavior.

4. Programs must be able to communicate with children; whose primary language is not the same as the provider; or require alternative methods of communication.

5. The program must provide School Age children assistance with homework, as needed.

D. Context and Environment

1. Space used for child care must be arranged to promote play in different ways, including individualized and group play.

2. Child-accessible storage must be provided for children's belongings.

3. Classroom arrangement must:

a. Allow for clear pathways around the classroom;

b. Ensure visual supervision by staff;

c. Promote positive interactions; and

d. Provide the children with ample opportunity for freedom of movement in a safe, clean, and uncluttered area.

4. Family Child Care Homes serving children under the age of two (2) must have space that:

a. Encourages safe exploration;

b. Promotes teacher/child interaction; and

c. Is never used as a means of isolation.

5. The provider must have an adequate variety of developmentally appropriate materials available for indoor and outdoor play to promote exploration.

6. Play materials must be culturally inclusive and appropriate to the age, number, growth and developmental needs of the children in care.

7. Materials that require supervision must be stored out of reach of children.

8. Toys that explode or shoot, such as caps, guns and darts are not allowed.

9. Balloons are only allowed for special occasions such as birthdays, and their use must be under close adult supervision.

10. Rebounders (therapeutic trampolines) are allowed, if the trampoline has a welded handle, height of no more than nine inches (9”), and a diameter of no more than three feet (3’).

11. Provider must post and follow a regular daily schedule.

12. Provider/substitute(s)/assistant(s) must make adaptations to the daily schedule to meet the interests and needs of the children, and to cope with weather changes, or other situations that may affect routines.

13. The daily schedule allows for:

a. Child-directed play;

b. Teacher-directed play;

c. Quiet and active play;

d. Large group, small group, and individual play;

e. Outdoor play;

f. Rest appropriate to the needs of children (non-sleeping children must have access to quiet activities); and

g. Additional routine care including but not limited to meals, snacks and toileting.

E. Child Assessment

1. Staff must work to connect families of Infants and Toddlers to Early Intervention services, if a developmental concern arises.

2. Providers must work collaboratively with local school districts to ensure Preschool children have the opportunity to participate in child outreach screening.

3. Screening can never be used to label a child, deny a child's entrance into the program, or to infer a child's readiness.

4. If the child has an IFSP, the program must work with the Early Intervention provider to support the child's IFSP.

5. If the child has an IEP, the program must work with the school district to support the child's IEP.

F. Family Engagement

1. Prior to enrollment, provider must provide opportunities for the child and parent/guardian to visit the program.

2. Provider must conduct and document a preadmission family conference for all children to be enrolled in the program.

3. Families must be kept informed through communication including the Family Child Care Home Handbook, periodic newsletters, and ongoing contact with provider and substitute(s)/assistant(s).

4. Provider must be able to communicate with families; whose primary language is not the same as the provider or require alternative methods of communication.

5. If a provider chooses to suspend or terminate a child for any reason the provider must provide written documentation to the parent/guardian, which includes the specific reasons for the proposed suspension or termination of the child, and the circumstances under which the child may return, if any.

6. A directory of community resources must be made available to all enrolled families.

7. The program must be open to families for observations and visits whenever the program is in operation.

8. Families must be given opportunities to engage in their child's learning experience and development.

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

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CHAPTER 70 - OFFICE OF CHILD CARE LICENSING

SUBCHAPTER 00 -

PART 2 - FAMILY CHILD CARE HOME REGULATIONS FOR LICENSURE

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