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TITLE 218 – DEPARTMENT OF HUMAN SERVICES

CHAPTER 70 – OFFICE OF CHILD CARE LICENSING

SUBCHAPTER 00 – N/A

PART 1 – Child Care Center and School Age Program Regulations for Licensure

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1.1 Purpose

These Regulations contain the licensing requirements for child care centers and school age programs licensed by the Department of Human Services (hereinafter the Department). The primary purpose of licensing child care centers and school age programs is to safeguard the well-being of the children served. Granting a license means there is clear evidence that the building and grounds are safe, staff are appropriately trained and the program reflects an understanding of the healthy growth and development of children. The license provides assurance to families and the community that the children are cared for in a safe, healthy environment with appropriate activities, schedules, food, materials and equipment, and that staff encourage and support the children's physical, social, emotional and intellectual growth.

1.2 Authority

~~These Regulations are promulgated pursuant to R.I. Gen. Laws Chapter 42-12.5 and R.I. Gen. Laws § 42-12-23, (as stated in Article 4 of the 2019 – 2020 R.I. State Budget).~~

- 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
- C. R.I. Gen. Laws Chapter 42-72.11 – Administrative Penalties for Child Care Licensing Violations

1.3 Application

The terms and provisions of these Regulations shall be liberally construed to permit the Department to effectuate the purposes of State law, goals and policies.

1.4 Severability

If any provision of these Regulations or application thereof to any person or circumstance is held invalid by a court of competent jurisdiction, the validity of the remainder of the Regulations shall not be affected thereby.

1.5 Incorporated Materials

- A. These Regulations hereby adopt and incorporate the United States Environmental Protection Agency's "Safer Choice Standards" ~~(20152024)~~ <https://www.epa.gov/sites/default/files/2013-12/documents/standard-for-safer-products.pdf> by reference, 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 Consumer Product Safety Commission Crib Safety Standards 16 C.F.R. Parts ~~1219 –1220 (20222019)~~ and 16 C.F.R. Part 1220 (2025), ~~Safety Standard for Full-Size Baby Cribs~~, by reference, 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 Department of Agriculture (USDA) Child and Adult Care Food Program nutritional standards 7 C.F.R. § 226.20 (20222024), Requirements for Meals, by reference, 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: Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment <https://publications.aap.org/pediatrics/article/150/1/e2022057990/188304/Sleep-Related-Infant-Deaths-Updated-2022>–(2022), by reference, not including any further editions or amendments thereof and only to the extent that these provisions therein are not inconsistent with these Regulations.
- E. These Regulations hereby adopt and incorporate the Department of Health and Human Services, Child Care and Development Fund, 45 C.F.R. § 98.41(a)(1)(vii) (20243), Health and Safety Requirements, by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.

1.6 Definitions

- A. Age categories are defined as follows:
 - 1. “Infant” means a child between the ages of six (6) weeks and eighteen (18) months.
 - 2. “Younger infant” means a child between the ages of six (6) weeks to twelve (12) months.
 - 3. “Older infant” means a child between the ages of twelve (12) months to eighteen (18) months.
 - 4. “Toddler” means a child between the ages of eighteen (18) months and thirty-six (36) months.
 - 5. “Preschool” means a child between three (3) and five (5) years of age.

6. "Preschool 3" means a child three (3) years of age.
7. "Preschool 4" means a child four (4) years of age.
8. "Preschool 5-6" means a child between the ages of five (5) and six (6) years old, and not yet in kindergarten.
9. "School age" means a child at least five (5) years of age, and in kindergarten, but under sixteen (16) years of age.
10. "School age K" means a child at least five (5) years of age, and in kindergarten.
11. "School age G1-G7+" means a child in first (1st) through seventh (7th) grade or above, but under sixteen (16) years of age

B. Terms related to licensing are defined as follows:

1. "Capacity" means the maximum number of children permitted to be in a licensed child care center or school age program at any one time.
2. "Comprehensive background check" means an all-inclusive set of State and Federal criminal background checks and child abuse and neglect registry checks that are required to work with children in a licensed child care center. The Comprehensive Background Check must include:
 - 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;
 - c. Any additional background checks as required by State or Federal law; and
 - 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.
3. "Department" means the Rhode Island Department of Human Services, also referred to as DHS.
4. "Licensing unit" means the unit within the Department responsible for issuing Child Care Licenses.
5. "Plan of corrective action" means a plan that is developed as a result of a non-compliant monitoring visit. This plan includes the specific non-compliance observed, a timeframe for correction and additional next steps

needed to come into compliance. Repeated or egregious non-compliance may result in the assessment of fees in accordance with R.I. Gen. Laws § 42-12.5-7.

6. “Probationary license” means a license issued when a program is at risk for licensing action due to non-compliance with the Regulations. A probationary license results in more frequent unannounced monitoring visits as well as required participation in technical assistance to ensure future compliance. Probationary license status due to noncompliance may result in the assessment of fees in accordance with R.I. Gen. Laws § 42-12.5-7 and may affect a program's eligibility for federally funded quality initiatives during the probationary period.
7. “Provisional license” means a new license that is provided to a child care program for the first six (6) months of operation. Once a monitoring visit has been completed and any non-compliances have been addressed, the license will become a regular license for the remaining six (6) months of the licensing period.
8. "RISES" means the Rhode Island Starts Early System, the State's integrated early childhood data and information system, administered by the DHS, that is used to manage child care licensing, workforce registry information and provider applications.
98. "Stable Groups" means the same individuals, children and teachers, who are in the same group each day.
 - a. Children shall not change from one group to another.
 - b. Stable Groups must occupy the same space each day.
109. “Summary suspension” means an immediate suspension of a license as a result of a significant non-compliance that causes imminent risk of harm to a child or children in care; or an event that impacts public health, safety or welfare that requires immediate action.
110. “Usable floor space” means the term used to describe space, which is available for use by children for activities throughout the day. Only usable floor space will be factored into the measurement of classroom and activity rooms.
124. “Variance” means administrative decision that allows a child care provider to meet a standard for licensure in a manner other than that 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.

132. "Waiver" means an administrative decision 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.

1.7 Licensing Provisions

A. Interest

Any person, firm, corporation, association or agency interested in opening a child care program for Infants, Toddlers, Preschoolers, and/or School Age children ~~contacts the Department's licensing unit. must complete an orientation and pre-licensure training developed and approved by the Department.~~

1. Owners or operators of already existing programs are only required to take this orientation and pre-licensure training upon opening their first program or location.

B. Application

Proposed programs must submit an ~~separate individual digital~~ application for each prospective location through RISES, which includes including all required supporting documentation and application fee payments applicable fees, in accordance with (R.I. Gen. Laws § 42-12.5-5, payable to the Rhode Island General Treasurer), and is Each application shall be reviewed by the Department for licensing determination.

C. Initial Licensure

1. Prior to initial licensure, all staff must have a completed and approved RISES workforce registry profile.
 - a. The Department shall verify compliance with this requirement as part of the prelicensure process.
24. Upon successful completion of the application process and issuance of a time-limited Provisional License, the licensee must develop an operational program in order to meet the needs of the children served and demonstrate full compliance with these Regulations, in order to transition to a Regular License.
32. To obtain and maintain a Regular License, the program must demonstrate full compliance with the Regulations at all times.
4. The initial licensure application process is required for all licensees including those who are purchasing an already existing child care program.

5. Incomplete Initial applications will expire six (6) months from the date of submission. Applicants whose applications have expired must submit a new initial application to continue with the licensure process.

D. Renewal Licensure

The Department provides access to a digital renewal application through RISES ninety (90) days prior to the license expiration date. This application that must be submitted with all supporting documentation and fee payment at least thirty (30) days prior to the expiration of the existing child care license.

1. Programs that fail to submit their renewal application at least thirty (30) days prior to the expiration date may be issued a probationary license.

2. Failure to submit a renewal application prior to the license expiration date may result in program closure. The program shall remain closed until the Department receives and reviews a renewal application and determines licensure eligibility.

3. It is the program's responsibility to track license expiration dates and to maintain an active license at all times while the program is operating.

E. Provisions of the License

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

- a. Physical location of the program;
- b. Dates of validity;
- c. Maximum number of children; and
- d. Age groups to be served in the program.

~~e. Other specific conditions of the license as stated in "Other Conditions."~~

2. The current license must be posted in a conspicuous place in the program.

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

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

5. If a program operates in multiple areas of a building that is also used for a purpose other than child care, the program may be subject to multiple licenses.
6. When the operation of a child care program is discontinued, the licensee provides the Department's licensing unit with written notification at least thirty (30) days prior to closure: by completing a Program Closure Request in RISES.

F. Monitoring

1. The license entitles the Director of the Department 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/documentation in order to ascertain compliance with these Regulations; and
 - c. The right to investigate complaints.
2. Child care centers will have unannounced monitoring visits at least two (2) times per year.

G. Enforcement

1. If at any time, the licensee violates the terms of the license or application:
 - a. A Probationary License may be issued;
 - b. A Plan of Corrective Action ~~may be~~ required;
 - c. The Department may pursue administrative, civil and/or criminal remedies according to applicable Rhode Island General Laws.
2. A license may be denied, suspended, or revoked 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; and/or
 - d. Change of ownership of a program without approval of the Department.

3. If at any time, under any license status, the Department finds that the health, safety or welfare of children, or the public, is in jeopardy, a summary suspension of the license may be ordered.
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.

H. Variances and Waivers

1. A licensee may apply, in writing by submitting an application via RISES, 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.
2. A variance or waiver is not valid until the licensee receives written notification of approval from the Licensing Administrator or designee the Department vis RISES.
3. The conditions and term of the variance or waiver may not change without written/digital approval from the Licensing Administrator or designee.
4. At the end of the variance or waiver term, the licensee must demonstrate compliance with all of these Regulations.
5. The Department may issue a waiver or variance, without a designated term, to specific requirements, in these Regulations, that do not jeopardize the health, safety or well-being of the children, for approved Head Start programs, programs with Special Education Approval from the Rhode Island Department of Education, or programs certified through the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals.

I. Appeals and Hearings

1. Any applicant for licensure or license holder may appeal any action or decision of a Departmental staff, 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 administrative appeal policy, 210-RICR-10-05-2.

2. 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 administrative appeal policy, [210-RICR-10-05-2](#).

1.8 Physical Facilities

A. Required Inspections and Certifications

1. Prior to receiving an initial license, the program must show compliance with current inspections or certifications regarding:
 - a. Building [Inspection/Certificate of Occupancy](#);
 - b. [Life Safety Fire Inspection](#), ~~from a completed by the~~ State Fire Marshal;
 - c. Lead; to be completed in accordance 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 (not applicable in buildings built after 1978 or in public school buildings);

[\(1\) For buildings built after 1978, evidence of the construction date shall be provided.](#)
 - d. Asbestos; to be completed in accordance with Asbestos Control, [216-RICR-50-15-1](#), issued by the Rhode Island Department of Health;
 - e. Radon; to be completed in accordance with Radon Control, [216-RICR-50-15-2](#), issued by the Rhode Island Department of Health;
 - f. Water potability (as applicable for programs with well-water); to be completed in accordance with Public Drinking Water Regulations, [216-RICR-50-05-1](#), and Private Drinking Water Systems Regulations, [216-RICR-50-05-2](#), both issued by the Rhode Island Department of Health;
 - g. Food safety (as applicable for programs that prepare and serve meals);

[\(1\) Programs providing only pre-packaged snacks are exempt from this requirement;](#)
 - h. Public pools (as applicable for programs with a pool on program grounds); to be completed in accordance with Licensing Aquatic Venues, [216-RICR-50-05-4](#) issued by the Rhode Island Department of Health; and

3. Removal of lead paint must be done in accordance with the guidelines set for in the Removal of Lead Based Paint from Exterior Surfaces, [250-RICR-120-05-24](#), promulgated by the Rhode Island Department of Environmental Management.

C. Structural Requirements and Mechanical Systems

1. Each room, used by children, must be ventilated via a ventilation system or opened door or window.
 - a. Any door or window that is used for ventilation must not inhibit the security of the program.
 - b. All exterior windows that can open are securely screened.
- ~~2. Each Infant, Toddler, or Preschool classroom in an existing program, has natural light through a window, windowed door, or skylight (either directly into the classroom or from a shared space), enough to provide supervision of the entire classroom without the use of artificial lighting.~~
32. Each Infant, Toddler, Preschool, or School Age classroom, ~~in a program licensed subsequent to the date of these Regulations,~~ has must have natural light through a wall-level window, directly within each classroom space, enough to provide supervision of the entire classroom without the use of artificial lighting.
 - a. Exceptions may be made for public, private, or parochial schools approved by the Rhode Island Department of Education.
43. Each classroom and activity space has artificial lighting that is intact and in good working order.
54. The temperature in all classrooms and other spaces used by children is maintained within a range of sixty-five degrees Fahrenheit and seventy-four degrees Fahrenheit (65° F – 74° F), at the children's height.
 - a. In an infant classroom, the temperature should be minimum, sixty-eight degrees Fahrenheit (68° F) at the height of the crib.
65. Portable space heaters are prohibited.
76. All classroom and program exits/egresses are:
 - a. Clearly identified; and
 - b. Free of clutter around the area of the door.

- ~~87.~~ Any unfamiliar individual requesting entry into the program must provide photo identification prior to admittance.
- ~~98.~~ All entrances to the program are kept locked with mechanisms in place for monitoring entry.
- a. If at any time an entrance to the program is unlocked (e.g., drop off/pick up, service deliveries), a designated staff person is required to directly monitor all entries/exits from the program and is then responsible for re-securing the entrance.
- ~~109.~~ All hand-washing sinks have running tempered water.
- ~~110.~~ There is a telephone (landline or cellular), solely designated for program and business use, located within the program at all times and readily available for use in case of an emergency.
- ~~1211.~~ Facilities used by children are above grade, as defined by the Rhode Island Building Code

D. Toileting and Diapering Facilities

1. Programs applying for initial licensure or requesting a change of capacity to serving-serve Infants and/or Toddlers must have one (1) diaper changing area with one (1) sink per classroom, used exclusively for hand-washing, accessible without barriers (such as doors) for all programs licensed subsequent to these Regulations.
2. Programs serving Toddlers have one (1) toilet and one (1) sink for each group of twenty (20) children.
3. Programs serving Preschool have one (1) toilet and one (1) sink for each group of ten (10) children.
4. Bathroom facilities used by Infant, Toddler, and Preschool children are located on the same level as their respective classrooms.
5. Programs serving School Age children must have one (1) toilet and one (1) sink for each group of twenty (20) children.
 - a. School Age programs must have separate bathroom facilities for both boys and girls that provide privacy for children.
 - b. School Age programs serving under twenty (20) children may use one (1) fully enclosed gender-neutral bathroom.
 - c. During the operation of the School Age program, School Age bathrooms are for the exclusive use of School Age children.

6. In existing School Age programs, School Age bathrooms located in or near Toddler or Preschool bathroom facilities must be equipped with a privacy stall for the exclusive use of School Age children.
7. ~~In any~~New School Age programs and/or new school age space in an already licensed program must, ~~licensed subsequent to the date of these Regulations, the~~ have bathroom facilities must be separate and apart from the Toddler or Preschool facilities.
8. Toilets are appropriate to the size of the child.
9. There are toilet facilities in the same building for exclusive use by staff and other adults.
 - a. Adults are not permitted to use any child's bathroom.
 - b. Children are not permitted to use any adult's bathroom.

E. Food Preparation

1. There must be an area for food preparation that is sanitized prior to use for food handling, preparing, and distributing of snacks.
2. If meals are prepared and served at the program, there is a kitchen equipped for food preparation that meets minimum requirements of Rhode Island Department of Health (RIDOH).
3. If refrigeration is used, temperatures are maintained at forty-one degrees Fahrenheit (41° F) or lower for refrigerator and zero degrees Fahrenheit (0° F) or lower for freezer.
4. A dishwasher with a sanitizing option or a three (3) bay sink must be used for re-usable tableware utilized by children.

F. Classroom and Activity Room Requirements

1. Classrooms, with the exception of those used solely for School Age children, are defined at minimum, by dividers that are at least four feet (4') high and are securely fastened to the floor, wall or other means that ensures stability.
2. Movement of classroom dividers requires permission from the Department and may result in the re-measurement of space.
3. Classrooms used by Infants and/or Toddlers must be on the first (1st) floor.

4. Classrooms used by Preschool or School Age children must be on the first (1st) or second (2nd) floor.
5. Each Preschool or School Age classroom must maintain a minimum of thirty-five (35) square feet of usable floor space for each child.
6. Each Infant and/or Toddler classroom must maintain a minimum of forty-five (45) square feet of usable floor space for each child.
7. Infants and/or Toddlers may only use additional activity rooms located on the same level as their respective classrooms.
8. Preschool and School Age children may use additional activity rooms located on the first (1st) or second (2nd) floor.
9. Any classroom used by Infants and/or Toddlers, in an existing program, must have access to the outdoors without the use of stairs or elevators.
10. Any new classroom used by Infants and/or Toddlers in a program ~~or classroom licensed subsequent to the date of these Regulations~~ must have direct access from the classroom to the outdoors without the use of stairs or elevators.
11. Programs are required to designate space in the facility for:
 - a. Administrative and clerical functions;
 - b. Storage of equipment and materials;
 - c. Storage of food; and
 - d. A utility room, separate from the kitchen, with hot and cold water and storage space for cleaning equipment and supplies.

G. Outdoor Requirements

1. Each program has an outdoor play area:
 - a. With at least seventy-five (75) square feet of usable outdoor space per child for at least fifty percent (50%) of the licensed capacity of the program; or
 - b. With at least seventy-five (75) square feet of usable outdoor space per child, as designated by a schedule of use, subject to approval by the Department.
2. If the licensed facility does not have access to usable outdoor space the program must submit a plan for outdoor play, subject to approval by the Department.

- 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.
3. The outdoor play area is required to be surrounded by a permanent structure. If a fence is used, it must be:
- a. At least four feet (4') in height when measured from the ground;
 - b. Not prevent the observation of children by staff; and
 - c. Adhere to State building codes
4. In ~~a program seeking initial licensure~~ ~~subsequent to the date of these Regulations~~, fencing must meet the following requirements:
- a. Include at least two (2) exits
 - b. Be equipped with self-closing and self-latching closure mechanisms.
5. If equipment that requires children's feet to leave the ground is used, it must:
- a. Be anchored into the ground;

- b. Be maintained and in good repair; and
 - c. Have safety surfacing that is maintained and in good repair.
- 6. Outdoor trampolines are prohibited.
- 7. If sandboxes are used, they must be covered when not in use and should be regularly cleaned of foreign matter.
- 8. School Age programs operating in a public, private, or parochial school approved by the Rhode Island Department of Education are subject to the Rhode Island Department of Education requirements for outdoor space.
- 9. Programs with a pool must comply with the Rhode Island Department of Health Rules and Regulations for Licensing of Aquatic Venues, [216-RICR-50-05-4](#).
 - a. The pool license must be posted in a visible area.
 - b. If a program's pool has been deemed by the Rhode Island Department of Health as a status of "voluntary close" it is not permitted for children's use, until such time that the Rhode Island Department of Health changes the status.
 - c. The use of diving boards is not permitted.

H. Overall Facility Safety

- 1. Equipment, materials, furnishings and play areas should be sturdy, safe and in good repair and must be free of the following safety hazards;
 - a. Openings that could entrap a child's head or limbs;
 - b. Elevated surfaces that are inadequately guarded;
 - c. Lack of specified surfacing and fall zones under and around climbable equipment;
 - d. Insufficient spacing between equipment;
 - e. Tripping hazards;
 - f. Equipment that is known to be of a hazardous type;
 - g. Sharp points or corners;
 - h. Splinters;

- i. Protruding nails, bolts, or other components that could entangle clothing or snag skin;
 - j. Loose, rusty parts;
 - k. Strangulation hazards (e.g., straps, strings, etc.);
 - l. Flaking paint;
 - m. Tip-over hazards, such as chests, bookshelves, and televisions
2. In any event where weather or disaster compromises safety of the facility, the program ensures:
- a. Safe passage in and out of the program; and
 - b. That all structural and mechanical systems are fully functional.
3. 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.

1.9 Health, Safety, and Nutrition

A. Medical Requirements

1. Child care programs adopt policies and procedures consistent with the Rhode Island Department of Health's Immunization and Communicable Disease in Preschool, School, Colleges or Universities, [216-RICR-30-05-3](#).
- a. Programs are not required to maintain immunization for children who 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.
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. Programs 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.

- 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 or staff member suffers from a communicable disease of public health significance, or in the event of an outbreak of any type, the facility must:
 - a. Report the disease to Rhode Island 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 Child Care or School Age Administrator applies. If applicable, due to communicable disease, this decision is 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.

C. Medication Administration

1. Prescribed and non-prescribed (over the counter, defined as any medication that can be purchased without a doctor's prescription) medication is not 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) For School Age children (enrolled in Kindergarten or older) who self-carry rescue medication (prescription inhalers

and/or auto-injectable epinephrine), there must also be medical documentation that the rescue medication has been prescribed and that the child needs to carry it on his or her person due to a medical condition.

- (3) Non-prescription sunscreen, insect repellent and diaper cream always require parental consent but do not require instructions from each child's prescribing health professional.
2. The Child Care or School Age Administrator or designee dispenses all medications if a nurse or health care consultant is not on site (excluding school age children who self-carry).
3. A daily log is maintained of every medication administered except for those noted in § 1.9(C)(1)(b)(2) of this Part. This record includes the:
 - 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 are stored:
 - a. In clearly labeled original containers;
 - b. In spaces secured with child safety locks that are separate from any items that attract children;
 - (1) Rescue medications for infants, toddlers and preschoolers may be kept unlocked but out of reach of children at all times.
 - c. In a way that does not contaminate play surfaces or food preparation areas; and

- d. School-age children (enrolled in Kindergarten or older) may carry their own rescue medication (prescription inhalers and/or auto-injectable epinephrine).
- e. If a medication is provided to the program daily, there must be a written plan to log the receipt of the medication and its return to the parent at the end of the day.

D. Special Health Care Needs

1. If there are children in the program who have special health care needs, specific health procedures are delivered by a licensed/certified health professional or a staff person who has been trained to appropriately carry out such procedures.
2. Programs must be able to ensure safe participation of all children with special needs, who are enrolled, in all experiences, activities, and opportunities, including active play.
3. There must be documentation of a health care plan for each child, signed by the child's physician, parent or guardian, and the program administrator.

E. 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 immediately after reporting to the CPS hotline.

F. 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. Taking away physical activity/outdoor time as punishment;
 - g. Smoking, vaping and the use of tobacco products in the program or on program grounds;
 - h. Smoking or vaping in any vehicle used by the program for transporting children;
 - i. Possessing, using, or being under the influence of alcohol or any legal or illegal drugs ~~illegal drugs and/or alcohol~~ while in the program or on program grounds; and
 - j. Possessing or using firearms or weapons of any kind in the program or on program grounds.

G. Environmental Health

1. The facility, 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 (incorporated at §

1.5(A) of this Part) 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 out of reach of all children in the facility.
4. All preventive maintenance performed within the program 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 in an area that is not accessible to children.
5. Garbage receptacles are covered in all areas that are accessible to children, lined and garbage is removed from the program daily.
6. Any rodent and insect infestation is promptly treated. Insecticides and rodenticides are used in accordance with the Rules and Regulations Relating to Pesticides, [250-RICR-40-15-2](#), issued by the Rhode Island Department of Environmental Management and used in accordance with manufacturer's instructions.
7. The program posts in a conspicuous place and follows a regular cleaning and sanitation schedule, including provisions for deep cleaning.
8. Tables 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 program utilizes a dishwasher with a sanitizing option or a three (3) bay sink to wash all reusable tableware.
 - a. If there is no dishwasher with a sanitizing option or a three (3) bay sink located in the program, all tableware must be single use.
12. If a water fountain within the program is used, the program must:
 - a. Execute a plan for sanitizing the water fountain; and
 - b. Provide disposable cups.

13. Programs operating in public, private, or parochial schools approved by the Rhode Island Department of Education may use water fountains in those facilities without the use of cups.
14. The use of any water fountain outside of the licensed program's facility is prohibited.

H. Hygiene

1. The program stocks, and makes accessible, a sufficient supply of items required to maintain personal hygiene for children and staff. A sufficient supply of items should include:
 - a. Liquid soap
 - b. Hand sanitizer
 - c. Paper towels within arm's reach of the user of each sink.
 - d. Toilet paper within arm's reach of the user of each toilet.
2. Staff 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; and/or
 - h. Before any food preparation or service.
3. Staff 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; and/or
 - g. Upon entry from the outdoors.
- 4. Single use cloths or towelettes are permitted in Infant classrooms for washing children's faces and hands before and after eating.
 - 5. Drinking-water is never obtained from any bathroom facility.
 - 6. Programs ensure arrangements for children to engage in personal hygiene including brushing teeth and changing clothes.

I. Animals

- 1. Parents/Guardians are notified in advance of any animals maintained as pets or visiting the program.
- 2. All animals maintained as pets or visiting the program are cared for in a clean, safe and sanitary manner.
- 3. All animals maintained as pets or visiting the program are kept in accordance with State and local requirements, including all applicable vaccinations.
- 4. Children are protected from animals that are potentially dangerous to their health or safety.

J. Illness and Injury

- 1. A daily health check is conducted on each child as soon as possible after the child arrives at the program.
- 2. If a child presents with symptoms of concern, staff:
 - a. Document the findings;
 - b. Determine the needs of the child and make accommodations as necessary; and
 - c. Notify the parent/guardian, as necessary.
- 3. If a child becomes ill while at the program:
 - a. A cot is available for an ill child to rest that is away from other children.

- b. When in use, the cot must be placed in a supervised area, away from other children.
 - c. Furniture and materials touched by an ill child are disinfected after use.
4. A first aid kit is available in each classroom and outdoor play areas.
- a. The following first aid supplies should be in all first aid kits:
 - (1) Adhesive bandages (assorted sizes)
 - (2) Cold pack
 - (3) Disposable powder-free, latex-free gloves
 - (4) Plastic bags (for disposing of blood and other bodily fluids)
 - (5) Thermometer – digital or ear – should not contain glass/mercury.
 - b. The first aid kit is restocked after each use.
 - c. Staff should inventory or check first aid supplies once a month and replace any used or expired items.
 - (1) A list of supplies and a written log should be kept that documents the date the inventory was conducted, verification expiration dates were checked, and name of staff member conducting inventory.
5. Injuries are documented on an injury report.
- a. A parent/guardian must sign the written injury report.
 - b. Parents/guardians are notified of injuries on the same day of the injury.
 - (1) Any injury that is head related or an injury that may require medical attention should be an immediate phone call to the parent/guardian.
 - c. A copy of this report is placed in the child's file.
 - d. The injury, first aid and parent/guardian communication are recorded in the program's daily health log.

6. A choke-saving poster, that outlines the Heimlich Maneuver, is prominently displayed in any area where children eat and must be visible by staff sitting with children while eating.

K. Equipment and Furniture

1. Program furniture must be clean, durable, maintained in good repair and free of hazards.
2. The program 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. Programs serving Infants and/or Toddlers have a choke prevention gauge readily available.
4. Bucket seats and high chairs are used for feeding and are never used for activities or as a form of restraint.
5. All cribs and cots are washed and sanitized before use by another child.
6. All bedding used on cots or cribs is laundered weekly.
7. All bedding used on cots must be removed in between uses and safely stored in individual plastic bags, or comparable means, to prevent contamination.
8. A crib or cot is available for each resting child.
9. There is one (1) assembled evacuation crib equipped with wheels for every five (5) children under two (2) years of age, accessible in case of emergency.
10. Evacuation cribs are to remain empty of materials and accessible for use in case of an emergency.
 - a. In the event of an emergency, the evacuation cribs are used to safely remove children from the facility.
 - b. Evacuation cribs may be utilized for sleeping children at naptime.
11. There is at least two feet (2') of space between each cot and/or crib with a resting child during nap/rest time.
12. The program maintains proof on-site that every crib meets the United States Consumer Product Safety Commission Standards incorporated at § 1.5(B) of this Part).

13. Prohibited equipment and furniture include:
 - a. Toilet training chairs;
 - b. Mobile-walkers; and
 - c. Baby corrals.
 - d. Infant inclined sleepers
14. Pack-n-plays, playpens, play-yards and other portable cribs may only be used, for a period of up to fifteen (15) minutes, outdoors by non-mobile Infants.

L. Emergency/Disaster Plans and Procedures

1. The program is required to have an emergency preparedness and response plan documented on the Department's Emergency Preparedness Plan Template. approved by the Department that All sections of the form must be completed to addresses all of the required components found at 45 C.F.R. § 98.41(a)(1)(vii), incorporated above at § 1.5(E) of this Part.
2. In all situations where an emergency or suspected emergency occurs the program follows the Department approved Emergency Preparedness and Response plan.
3. An individualized graphic evacuation plan identifying alternative escape routes is posted in each classroom.
4. All required emergency phone numbers are posted in a conspicuous place adjacent to the telephone.
5. The program Administrator or designee conducts regular safety drills.
 - a. One (1) fire drill is conducted every month the program is in operation, with no more than three (3) drills delayed for weather per calendar year.
(1) For part year programs, no more than two (2) drills may be delayed for weather per calendar year.
 - b. Every fourth (4th) 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 are conducted every twelve (12) months.

- d. A record of all safety drills is maintained.
- e. Programs with Night Time Care conduct an additional set of safety drills during the night time hours of operation.

M. Nutrition

1. All meals and snacks provided by the program must meet current United States Department of Agriculture (USDA) Child and Adult Care Food Program nutritional standards (incorporated at § 1.5(C) of this Part).
2. The program does not serve drinks with caffeine and/or sweetened artificially or with sugar, including soda and flavored milk.
3. Children are provided the opportunity to eat at intervals not to exceed three (3) hours.
4. Exceptions may be made during Night Time Care programs.
5. A supply of food that meets the USDA Child and Adult Care Food Program nutritional standards is kept at the program for:
 - a. Meals (if applicable) and snacks;
 - b. When a child is still hungry after a meal or snack; and
6. If a program chooses to serve juice, it must:
 - a. Be one hundred percent (100%) fruit juice;
 - b. Be in accordance with the USDA Child and Adult Care Food Program;
 - c. Be served only at meal or snack time; and
 - d. Never be served to younger infants under twelve (12) months.
7. Menus for meals and snacks are planned and are posted weekly.
8. The program gives parents/guardians written nutrition guidelines at the time of enrollment.
9. 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.
10. Drinking-water is readily available and offered throughout the day, especially before, during and after outdoor play.

11. Drinking-water supplies are located in or near classrooms and activity rooms.

N. Food Allergies

1. For each child with food allergies or special nutritional needs, the program requests that the parent/guardian obtains a care plan from the child's health care provider.
2. The program makes provisions for protecting children with food allergies from contact with the allergen(s).
3. The program 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.

O. Child Care Center Regulations During a Declared Pandemic

1. In the event that a national state of emergency is declared in relation to a pandemic, the Department may require Child Care Centers to follow certain health and safety protocols based on recommendations from the Centers for Disease Control (CDC) and/or the Rhode Island Department of Health (RIDOH) including, but not limited to:
 - a. Providers may be required to immediately contact DHS Child Care Licensing and RIDOH if the provider, the assistant, or any member of the staff has been instructed to isolate or quarantine due to having contracted or been exposed to the virus that caused the declared pandemic, in order to assess the need for creating an alternate care plan. DHS may revoke a child care license for failure to report an instruction to isolate or quarantine due to contracted illness or exposure to the virus that caused the declared pandemic.
 - b. Cloth face coverings may be required to be worn in accordance with CDC recommendations, RIDOH recommendations, and/or Rhode Island Executive Orders.
 - c. Providers may be required to have an isolation room or area that can be used to isolate a sick child, in accordance with their child illness policy.

- d. Providers may be required to self-attest for common symptoms of the virus that caused the declared pandemic and ensure that prior to entering the program, all individuals attest to common symptoms of the virus that caused the declared pandemic. Individuals with symptoms may not be allowed to enter the program.
 - e. Child Care Centers may be required to maintain stable groups while still in adherence to staff/child ratios and licensed capacity.
2. In the event that a national state of emergency is declared in relation to a pandemic, communication will be given to providers via email or alternative means, to ensure they understand that at that time, the Regulations as set forth in § 1.8(O) of this Part are effective and will be monitored.
- a. Providers shall communicate changes in licensing standards that are made in response to the declared pandemic to the families they serve.

1.10 Routine Care of Children

A. Feeding and Eating

- 1. Eating and feeding routines meet the individual needs of children in the program.
- 2. Staff do not force children to eat.
- 3. A feeding plan is established and followed for each Infant and Toddler prior to admission. The feeding plan must include:
 - a. A plan for introducing age-appropriate solid foods in consultation with child's parent/guardian and primary health care provider
 - b. A requirement that infants are not fed beyond satiety; programs must allow infants to stop feeding when they indicate they are full.
 - c. A requirement that infants are not fed formula mixed with cereal, fruit juice or other foods without primary health care provider's written instruction.
- 4. Providers shall encourage and support breastfeeding and feeding of breast milk by making arrangements for parents to feed their children on-site.
- 45. Infants who are not ready for self-feeding are held and fed by an individual staff member on a one-to-one (1-to-1) basis.

6. Infants must be held while bottle feeding.

a. Infants must be positioned for bottle feeding in the caregiver's arm or sitting up on lap.

- 75. Bottles are never propped up at any time or placed in a crib with a child.
- 86. A heating unit for warming bottles and food is readily accessible to staff. Microwaves are not used for heating bottles.
- 97. Only BPA free plastic or glass bottles are used.
- 108. Bottles provided by parents/guardians are labeled with the child's name.
- 119. 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.
- 120. All breast milk or formula is clearly labeled with the child's name.
- 131. The program prepares formula that is mixed and served according to manufacturer's instructions.
- 142. Prepared breast milk or formula is used immediately or stored in the refrigerator.
- 153. Un-served prepared breast milk or formula is returned to the parent/guardian at the end of each day.
- 164. Staff send home or discard any leftover breast milk, formula, and/or food that remains in bottles and/or containers after feeding. These items may not be reserved in the program.
- 175. 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 meet the individual needs of children in the program.
- 2. Staff do not 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 sanitized after each use with a disposable towel, United States Environmental Protection Agency registered disinfectant, or disinfectant solution that is prepared daily.
8. Staff 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 building 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 service areas;
 - c. Emptied as necessary to eliminate odors; and
 - d. Cleaned 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 service areas; and
 - d. Given directly to the parent/guardian upon discharge of the child.

C. Sleeping

1. Sleeping routines meet the individual needs of children in the program.
2. Staff do not force children to sleep or stay awake.
3. There is a sleep plan appropriate to the needs of each child.
4. Staff may encourage children to rest, but children are not forced to stay in cribs or on cots.
5. Lighting must allow for staff to view the color of the child's skin and to check for breathing.

6. Infants sleep in a safe sleep environment consistent with the American Academy of Pediatrics Safe Sleep Guidelines (incorporated at § 1.5 (D) of this Part).
 - a. An Infant is placed on his/her back while sleeping.
 - b. Monitors or positioning devices are not used.
 - c. There are no restraining devices of any type, including swaddles.
 - d. 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.
 - e. Infants must sleep in a crib approved by the United States Consumer Product Safety Commission Standards, equipped with a firm crib mattress and a tight-fitting sheet.
 - (1) Older Infants may sleep on a cot, at the discretion of the program.
 - f. Nap rooms (rooms that are separated from the classroom either by a full or partial wall) are not allowed.
 - (1) Programs operating classrooms with nap rooms prior to the effective date of these regulations are exempt from this requirement.
 - fg. Children cannot sleep in a car safety seat, bean bag chair, bouncy seat, Infant seat, swing, jumping chair, highchair, or in comparable equipment/furniture.
 - gh. If an Infant arrives at the facility 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.
 - hi. Clothing designed for safe sleep, including sleep sacks, are permitted.
 - ij. No items are placed in the crib with an Infant except for a pacifier.
 - jk. A pacifier clip is not permitted for use in a crib.
 - kl. No additional items are placed on or above the crib or cot.

Im. Cribs are only used for rest or sleep.

1.11 Enrollment and Staffing

A. Enrollment Age

1. For admission into an Infant program, a child is at least six (6) weeks of age.
2. For admission into a Toddler program, a child is at least eighteen (18) months of age.
3. For admission into a Preschool program, a child is at least three (3) years of age.
4. For admission into a School Age program, a child is at least five (5) years of age and in kindergarten.
 - a. A child in a School Age program must also be under sixteen (16) years of age.
5. The program does not enroll children or allow attendance of children who are outside of the ages for which the program is licensed.
6. Under no circumstances is a child in care for over fourteen (14) consecutive hours.

B. Staff/Child Ratio, Group Size, and Age Integration

1. Programs must group children according to the following staff/child ratios and maximum number of children:

Age Group	Age	Maximum Staff/Child Ratios	Maximum Group Size
Younger Infants	6 weeks – 12 months	1:4	8
Older Infants	12 – 18 months	1:4	8
Toddlers	18 – 36 months	1:6	12
Preschool 3	3 years old	1:9	18
Preschool 4	4 years old	1:10	20

Preschool 5-6	5 – 6 years old AND not in kindergarten	1:12	24
School Age K	At least 5 years old AND in kindergarten	1:13	26
School Age G1-G3	Grades 1 – 3	1:13	26
School Age G4-G6	Grades 4 – 6	1:13	26
School Age G7+	Grades 7 and above, under age 16	1:13	26

2. During the summer before a child enters kindergarten, a child may be considered as part of a School Age K program.
3. In consideration of or required by a child’s IEP/IFSP, programs must implement more stringent staff/child ratios if providing inclusive settings for children with disabilities, developmental delays, other special learning, health, and/or social and emotional need.
 - a. KIDS CONNECT staff are permitted to provide the additional staffing in these circumstances.
4. All staff required to meet staff/child ratios are awake at all times.
5. Any auxiliary staff who provide additional services within the program do not count in the staff/child ratios.
6. Programs may integrate children of different ages in any combination within each of the following options:

Option	Allowable Age Group Combinations
#1	Younger Infants Older Infants Toddlers
#2	Toddlers Preschool 3

#3	Preschool 3 Preschool 4 Preschool 5-6
#4	Preschool 5-6 School Age K
#5	School Age K School Age G1-G3 School Age G4-G6
#6	School Age G4-G6 School Age G7+

7. If age group combinations take place in any classroom, programs are required to meet the staff/child ratios, and all other associated Regulations required, for the youngest aged child in the grouping.
 - a. For the purposes of determining staff/child ratio and group size, a child who is transitioning may be considered as the same age group of the classroom into which the child is transitioning.
8. Toddler, Preschool, and School Age K groups may integrate for the first (1st) hour of operation at the beginning of the day and for the last hour of operation at the end of the day. Programs are required to meet the staff/child ratios, and all other associated Regulations as stated in § 1.11(B)(7)(a) of this Part.
9. Programs may combine groups of children within the allowable age combinations, while maintaining applicable staff/child ratios, for activities, which include:
 - a. Indoor or outdoor gross motor play;
 - b. Meals; and
 - c. Rest/sleep.

10. During rest time for Toddler or Preschool groups, there can be one (1) staff member per one (1) group (based on Maximum Group Size) of napping/resting children.
11. There are no exceptions to staff/child ratio for Infants.
12. Infant, Toddler, Preschool, and School Age K programs may combine any age group, while maintaining applicable staff/child ratios, for activities, which include:
 - a. Program assemblies;
 - b. Special activities;
 - c. Field trips; and
 - d. Program-wide group times, not to exceed fifteen (15) minutes.
13. Programs must adhere to a precautionary staff/child ratio for field trips, (other activities that may impose additional safety considerations), and swim activities (which include swimming, wading, or sitting in water) as follows:

Age Group	Field Trip Staff/Child Ratios	Swim Activity Staff/Child Ratios
Younger Infants	1:2	1:1
Older Infants	1:2	1:1
Toddlers	1:4	1:1
Preschool 3	1:7	1:4
Preschool 4	1:8	1:4
Preschool 5-6	1:8	1:4
School Age K	1:10	1:6
School Age G1-G3	1:13	1:6
School Age G4-G6	1:13	1:6

School Age G7+	1:13	1:6
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14. In addition to program staff, programs may utilize Substitutes and/or Adult Volunteers to satisfy the precautionary staff/child ratio.
15. All individuals to be included in the precautionary staff/child ratio for swim activities must be in or directly adjacent to the water.

C. 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 relevant precautionary staff/child ratios.
2. Outdoor walks around the area of the program are not considered a field trip.
3. Staff must have means to contact the program if leaving program grounds.

D. Attendance

1. Each classroom has an individual attendance sheet that lists the first and last names of all children in the room. This list:
 - a. Is updated every time that there is a change in enrollment;
 - b. Reflects which children are present at any given time.
2. Attendance records are kept for all children.
3. Every classroom has a copy of the emergency information for each child.
4. If this documentation is maintained electronically/digitally through an online child care portal, the Department must have access while on site to review and verify that the platform meets the requirement.

a. Staff shall not use personal electronic devices to record digital attendance and/or communicate with families.

E. Classroom Transition

1. A child may begin transitioning to the next age group when s/he is:
 - a. Developmentally ready; and
 - b. Within one (1) month before age-eligibility to be included in the next age group.
2. An individualized, documented transition plan is required to be developed:
 - a. For children transitioning to a new age group/classroom at any time other than the start or end of the school year;
 - b. By the Education Coordinator and/or Site Coordinator; and
 - c. In partnership with the child's current classroom Teachers, future classroom teacher and the child's parent/guardian.
 - d. In a form that can be copied and placed in a child's file and shared with the parent/guardian.
 - e. Includes defined transition timeframes both day to day during the transition and the full timeframe for the transition
3. For the purposes of determining staff/child ratio and group size, the transitioning child may be considered as the same age group of the classroom into which the child is transitioning.

F. Supervision

1. Classroom staff provide sight and sound supervision during all aspects of the program, which include:
 - a. Indoor play;
 - b. Outdoor play;
 - c. Bathroom use;
 - d. Rest or sleep;
 - e. Meals and snacks; and
 - f. Transitions.

2. Furniture does not obstruct program staff from visual supervision.
3. Staff do not use cell phones, personal electronic devices, personal reading materials, or are in any other way distracted while part of the staff/child ratio and supervising children.
4. An Infant or Toddler may never be left unattended in any location that may result in a fall.

G. Staffing Requirements

1. All staff employed in the program, who work with children or on site when children are present, must have an active RISES workforce registry account.

24. Each program is required to have individuals in Program Leadership roles in accordance with the following:

- a. Administrator
- b. Education Coordinator (for programs serving Infants, Toddlers, and/or Preschool);
- c. School Age Site Coordinator (for programs serving School Age); and
- d. Night Time Care Coordinator (for programs providing Night Time Care).

32. One (1) qualified individual may assume multiple roles in one (1) program in accordance with the following:

Number of Classrooms	Allowable Regulatory Staff Options	Additional Guidance
1 - 2	Administrator and Education/Site Coordinator and Teacher	None
3 - 7	Administrator and Education/Site Coordinator and Teacher	If the individual spends less than 50% of time in the classroom
8+	Administrator and Education/Site Coordinator	If the individual is on site full time and is not a Teacher

43. In an Infant, Toddler, and/or Preschool program with seven (7) or fewer classrooms, where the Administrator and Education Coordinator are filled by two (2) individuals, at least one (1) of these individuals must be a full-time employee on site.
54. In an Infant, Toddler, and/or Preschool program with eight (8) or more classrooms, where the Administrator and Education Coordinator are filled by two (2) individuals, both of these individuals must be full-time employees on site, if the program does not employ an administrative assistant.
65. If one (1) qualified individual will assume a Program Leadership role in more than one (1) licensed program, the program must submit a plan for approval from the Department that includes:
- a. A time schedule for each location;
 - b. An outline of responsibilities; and
 - c. The staff persons in charge if the individual is not on site.
76. Each program is required to have individuals in Classroom Staff roles in accordance with the following:
- a. Teacher, for each group of children (for programs serving Infants, Toddlers, and/or Preschool);
 - b. Teacher Assistants (for programs serving Infants, Toddlers, and/or Preschool, as needed to maintain staff/child ratio); and/or
 - c. School Age staff (for programs serving School Age).
87. There are sufficient auxiliary staff to ensure the efficient operation of the program.
98. Program Leadership and classroom staff may perform these functions but cannot be counted in the staff/child ratio while doing so.
109. A program whose capacity exceeds twenty (20) children, and which prepares and serves meals, employs at least one (1) part-time or full-time food service worker.
1011. Two (2) or more staff are on-site at all times.
124. At least one (1) of these staff are of the level of Teacher or Program Leadership.

132. The School Age Site Coordinator and/or Night Time Care Coordinator is onsite during all times that these programs are in operation and is only assigned to the respective program.
143. At all times, every staff member on site must have photo identification available.
154. Every staff member must be trained under the most recent guidelines of the American Heart Association in:
 - a. Pediatric cardiopulmonary resuscitation (CPR) (online training is not accepted); and
 - b. Pediatric first aid (online training is accepted).
 - c. Renewal certification must occur within ninety (90) days of expiration for both Pediatric CPR and Pediatric First Aid.
 - (1) Renewal certification for both Pediatric CPR and Pediatric First Aid may be done either in person or online.
 - d. All new hires must be trained under the most recent guidelines of the American Heart Association in Pediatric cardiopulmonary resuscitation (CPR) and Pediatric first aid within ninety (90) days of employment.
165. The program must have the consultant services of a licensed physician, physician's assistant, nurse practitioner, or other approved health consultant who is a licensed health professional with education and experience in child and community health, readily available.
 - a. The program has a written plan for accessing (via phone, virtual or in person) such consultation services at all times when children are in care;
 - b. Maintains a letter of understanding regarding consultation services between the program and the consultant;
176. When Program Leadership is not at the program, a designated staff person, who is knowledgeable in the overall functioning of the program, is in charge and maintains responsibility for staff supervision during the times that s/he is in charge.

H. Substitutes

1. The program maintains a list of substitutes who can cover in the event of the absence of staff in order to maintain required staff/child ratios.

2. All substitutes must complete required employment paperwork and are cleared and approved in accordance with the Department's policies on Comprehensive Background Checks.

I. Volunteers

1. Programs may utilize two (2) types of Volunteers:
 - a. Adult Volunteers:
 - (1) Are eighteen (18) years of age or older;
 - (2) Must be cleared and approved in accordance with the Department's policies on Comprehensive Background Checks.
 - (3) Must undergo orientation to program policies and procedures and the volunteer assignment and maintain written proof in file.
 - (4) Are never left alone with or responsible for the supervision of children
 - b. Underage Volunteers:
 - (1) Are at least sixteen (16) years old;
 - (2) Obtain a signed consent from his/her parent/guardian approving of the volunteer assignment;
 - (3) Must be cleared and approved in accordance with the Department's policy on Child Abuse and Neglect Registry Check
 - (4) Must undergo orientation to program policies and procedures and the volunteer assignment and maintain written proof in file
 - (5) Are never left alone with or responsible for the supervision of children; and
 - (6) Are not considered staff members and do not count towards required staff/child ratios at any time.
2. All volunteers work under the supervision of the classroom Teacher and Program Leadership and do not engage in any disciplinary action with a child.

3. Programs maintain onsite emergency contact information for each volunteer.

J. Visitors

1. Visitors/observers are not considered volunteers and are not required to be cleared and approved in accordance with the Department's policies on Comprehensive Background Checks
2. Visitors/observers are always under the direct supervision of staff, are never left alone with and are never responsible for the supervision of children.
3. A visitor log must be maintained that documents who is in the building at all times.

1.12 Staff Qualifications and Ongoing Professional Development

A. Comprehensive Background Checks

1. All individuals working or engaging directly with children who are employed or act as a volunteer in the program, must complete all requirements of a comprehensive background check as outlined here: <https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/background-checks> prior to the assignment of child care duties, and every five (5) years thereafter.
 - a. Any volunteer or staff under the age of eighteen (18), is required to be cleared through a Child Abuse and Neglect Central Registry Check prior to participating in child care duties. BCI or fingerprints are not processed for those under eighteen (18) years of age.
 - b. Within thirty (30) days of receipt of written notification of disqualifying information, the applicant or staff may appeal the finding of the comprehensive background check.

B. Program Leadership/Regulatory Roles

1. All Program Leadership and Regulatory Roles listed below must receive Department approval in RISES before being associated with the program.
 - a. Programs that make changes to regulatory roles without prior Department approval may be subject to licensing action.

24. Administrator

- a. The Administrator is responsible for the operation of the child care and/or School Age program to ensure compliance with these Regulations.
- b. A person who meets all the qualifications in one (1) of the following options may assume the role of Administrator:
 - (1) Option 1: In conjunction with a full-time Education Coordinator, the program Administrator must have a High School diploma, and one (1) year of professional experience in administration and/or business management, and one (1) year of experience working in a licensed/approved early childhood program.
 - (2) Option 2: In conjunction with a part-time Education Coordinator, the program Administrator must have successfully completed at least twelve (12) credits in early childhood education at the post-secondary level, and two (2) years of professional experience in administration and/or business management, and two (2) years of experience working in a licensed/approved early childhood program.
 - (3) Option 3: (In School-age programs only), the Administrator must have a High School diploma, and one (1) year of professional experience working with school-age children.

23. Education Coordinator

- a. The Education Coordinator is responsible for the execution of the Learning and Development of this Part;
- b. A person who meets all the qualifications in one (1) of the following options may assume the role of Education Coordinator:
 - (1) Option 1: The individual holds a current Rhode Island Department of Education teacher certification for grades pre-kindergarten to second grade and has three (3) months supervised teaching experience in a licensed/approved Early Childhood Program (student teaching may fulfill this requirement).
 - (2) Option 2: The individual holds a current Rhode Island Department of Education teacher certification for Early Childhood Special Education, which includes Early Childhood Certification, and has three (3) months supervised teaching experience in a licensed/approved Early Childhood Program (student teaching may fulfill this requirement).

- (3) Option 3: The individual holds a bachelor's degree or higher in Early Childhood Education and has three (3) months supervised teaching experience in a licensed/approved Early Childhood Program (student teaching may fulfill this requirement).
- (4) Option 4: The individual holds a bachelor's degree or higher in a field related to Early Childhood Education such as Child Development, Elementary Education or Special Education, and twenty-four (24) credits in Early Childhood Education from an accredited institution of higher education and has three (3) months supervised teaching experience in a licensed/approved Early Childhood Program (student teaching may fulfill this requirement).
- (5) Option 5: The individual holds a bachelor's degree or higher in a field related to Early Childhood Education such as Child Development, Elementary Education or Special Education, and twelve (12) credits in Early Childhood Education from an accredited or approved institution of higher education and has one (1) year of supervised teaching experience in a licensed/approved Early Childhood Program (student teaching may fulfill this requirement).
- (6) Option 6: The individual holds a bachelor's degree or higher in a field related to Early Childhood Education such as Child Development, Elementary Education or Special Education, and RIELDS Certification: Implementing a Standards-Based Program and has one (1) year of supervised teaching experience in a licensed/approved Early Childhood Program (student teaching may fulfill this requirement).
- (7) Option 7: The individual holds a bachelor's degree in an unrelated field or an associate's degree in a field related to Early Childhood Education AND is actively participating in a DHS-approved ECE program to receive twenty-four (24) ECE credits, promoted from within the program after one (1) year of employment.

34. School Age Site Coordinator and/or Night Time Care Coordinator

- a. The School Age Site Coordinator and/or Night Time Care Coordinator is responsible for the execution of the applicable Learning and Development of this Part.
- b. A person who is at least twenty-one (21) years of age and meets all the qualifications in one (1) of the following options may assume

the role of School Age Site Coordinator and/or Night Time Care Coordinator:

(1) Option 1: The individual must have a minimum of a High School diploma, and one (1) year of professional experience working within the licensed school age program.

(a) This option includes a requirement of three (3) months of technical assistance from a school age technical assistance specialist upon assuming the role or a Department approved online School Age specific training.

~~(24)~~ Option ~~24~~: The individual holds an associate's degree or sixty (60) college credit hours, with eighteen (18) of them in a field related to Education, Child Development, Human Services or Recreation from an approved and accredited institution of higher education And has been employed at least one (1) year within the program.

~~(32)~~ Option ~~32~~: The individual holds an associate's degree in a field related to Education, Child Development, Human Services or Recreation from an accredited or approved institution of higher education.

~~(34)~~ Option ~~34~~: The individual holds a bachelor's degree or higher in a field related to Education, Child Development, Human Services or Recreation from an accredited or approved institution of higher education.

C. Classroom Staff

1. Teacher

a. The classroom Teacher works under the supervision and guidance of the Education Coordinator and is responsible for:

(1) The creation and execution of the classroom level curriculum;

(2) The development and implementation of a nurturing environment for the children; and

(3) Communication with families.

b. A person who meets all the qualifications in one (1) of the following options may assume the role of Teacher:

- (1) Option 1: The individual holds a High School Diploma with a vocational concentration in child care and has two (2) years supervised experience in a licensed/approved Early Childhood Program.
- (2) Option 2: The individual holds a high school diploma or a General Education Development (GED) certificate and has three (3) years supervised experience in a licensed/approved Early Childhood Program.
- (3) Option 3: The individual holds a Child Development Associate (CDA) and has one (1) year supervised experience in a licensed/approved Early Childhood Program.
- (4) Option 4: The individual has completed twelve (12) credits in Early Childhood Education or field related to Early Childhood Education from an accredited institution of higher education and has at least three (3) months supervised experience in a licensed/approved Early Childhood Program.
- (5) Option 5: The individual holds an associate's degree or higher in a field related to Early Childhood Education, Child Development, Human Services or Recreation from an accredited institution of higher education.

2. Teacher Assistant

- a. The Teacher Assistant is responsible for supporting the Teacher.
- b. An individual must be at least eighteen (18) years of age and hold a High School Diploma or a GED certificate to assume the role of Teacher Assistant.

3. Teacher Aide

- a. The Teacher Aide is responsible for supporting the Teacher and the Teacher Assistant in the classroom.
- b. An individual must be at least sixteen (16) years of age to assume the role of a Teacher Aide.
- c. A Teacher Aide must always be accompanied by staff person over the age of eighteen (18) when they are with a group of children.

4. School Age Staff

- a. The School Age staff are responsible for supporting the School Age Site Coordinator.

- b. An individual must be at least eighteen (18) years of age, and hold a High School Diploma or a GED certification, ~~and have had either:~~
 - ~~(1) Formal training related to child or youth development; or~~
 - ~~(2) At least one (1) year of supervised experience working with School Age children in a group setting to assume the role of School Age staff.~~
- c. Staffing in school age programs may also include teachers, teacher's assistants and teacher's aides who meet the qualifications listed in § 1.12 of this Part.

5. Substitutes

- a. Short-term substitutes meet the same qualifications as a Teacher Assistant.
- b. Long-term substitutes meet the staff qualifications relevant to the position for which they are providing coverage.

D. Auxiliary Staff

- 1. Auxiliary staff must meet qualifications consistent with the skills needed to perform the respective job.
- 2. Consultants and resource staff must meet the professional qualifications or certifications required to perform the respective job.

E. Staff Orientation

- 1. All new staff and volunteers are oriented by Program Leadership during their first (1st) week in the program.
- 2. The orientation includes information regarding:
 - a. The DHS Child Care Center and School Age Program 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 Staff Handbook.
 - d. Proof of this orientation must be kept in an employee's file, signed and dated by the employee and a member of the leadership team.

3. Within ninety (90) days of hire, all new staff must complete Department approved health and safety preservice training modules.
4. This preservice training may count towards the individual's required hours of professional development.

F. Professional Development

1. All Program Leadership, classroom staff, and substitutes are required to complete annual Professional Development training relevant to their role.
 - a. Year-round programs – All Program Leadership and classroom staff are required to complete twenty-four (24) hours of Professional Development training per calendar year (January first (1st) through December thirty-first (31st)), approximately two (2) hours per month.
 - b. Partial year programs – All Program Leadership and classroom staff are required to complete two (2) hours of Professional Development training per month of operation.
 - c. Staff members who were hired to work less than twenty (20) hours per week and/or anyone listed as a substitute are required to complete twelve (12) professional development hours per year, regardless of the program's operating schedule.
2. The required Professional Development Training must be approved through a process as determined by the Department or on the approved list provided by the PDTA Hub.
 - a. Four (4) of the required hours of training must be in one (1) of the following topics related to health and safety requirements:
 - (1) Prevention and control of infectious diseases (including immunization)
 - (2) Prevention of Sudden Infant Death Syndrome and use of safe sleep practices
 - (3) Administration of medication, consistent with standards for parental consent
 - (4) Prevention and response to emergencies due to food and allergic reactions
 - (5) Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic

- (6) Prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment
 - (7) Emergency preparedness and response planning for emergencies resulting from a natural disaster or a man-caused event (such as violence at a child care facility)
 - (8) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
 - (9) Appropriate precautions in transporting children (if applicable)
 - (10) Pediatric First-Aid and CPR
 - (11) Recognition and reporting of child abuse and neglect.
3. Approved hours are documented through a transcript or completion certificate and an approval code.
4. Professional development hours are completed annually based on the calendar year or school year
5. Required hours may be prorated if an individual is hired within the calendar year.
 - a. Prorated hours will equal two (2) hours per month when calculating for staff hired mid-year.
6. Program Leadership is responsible for developing and overseeing an individualized training plan, aligned with the Individual Professional Development Plan (IPDP), for each staff person.
 - a. The IPDPs need to be updated yearly and should be accessible at all times for review.
7. CPR/First Aid certification may be counted for no more than three (3) professional development hours each calendar year.
8. Staff meetings, staff orientation, and other meetings regarding program specific knowledge, do not count towards professional development hours.
9. Any staff member who prepares and serves meals must complete eight (8) hours of training per year relevant to their position, including food safety and CACFP nutrition standard.

10. For any Infant program, the Education Coordinator and all staff that work with Infants, must complete an annual Department approved in-service professional development relating to Infants.
11. For any new Infant program, the Education Coordinator and all staff that work with Infants must, prior to the approval of the program, complete Department approved preservice professional development, related to this age group.
12. All professional development hours are captured and calculated within the RISES system under the individual's workforce registry profile.

1.13 Administration

A. Changes to the Program~~Required Notifications~~

- ~~1. The program is responsible for immediately notifying the Department, in writing, of major changes which affect the license, including:~~All changes to the program listed below must be submitted to the Department using the RISES system. Such changes require prior review and written approval by the Department before implementation. Implementation of any changes without prior Department approval may result in licensing action.
 - a. Change of Child Care Administrator, School Age Administrator, Education Coordinator, Site Coordinator or Night Time Care Coordinator;
 - b. Intent to change the name of the program;
 - c. Intent to change ownership of the program;
 - d. Intent to change the physical address/location of the program;
 - e. Intent to use different/additional spaces for classrooms;
 - f. Intent to change the numbers or ages of children served; and/or
 - g. Any other major changes in the program.
- ~~2. These changes are subject to approval by the Department and may require a license change.~~
23. The program is responsible for immediately notifying the Department in the event of an emergency situation, which includes:

- a. Any death and/or serious injury (injury requiring outside medical attention) while in care of the program; including on-site, during transport and/or on a field trip.

- (1) 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 that impacts the program's ability to operate; or
- d. Failure of mechanical systems.

B. General Requirements

1. The program does not exceed the licensed capacity at any time.
2. The program maintains liability insurance for the licensed program.
3. The program has a confidentiality policy that requires all staff, consultants and volunteers to maintain confidentiality of the child, family and staff information included in files, conversations, observations, meetings, correspondence, social media, cell phones or any other source.
4. Children may not participate in activities including fundraising, publicity, and research, without informed, written consent from the parent/guardian.

C. Arrival and Departure of Children

1. Children are only released to the parent/guardian or to an individual, 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. Approved individuals 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. Documenting any custody or restraining orders relating to the child;
 - b. Maintaining current written parental/guardian authorization for the release of the child to named individuals, which is updated annually;

- c. Verifying the identity of authorized individuals, including picture identification; and
 - d. At the discretion of the program, handling emergency call-in authorization by the parent, including verification of the identity of the parent 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 program:
 - a. Does not release the child;
 - b. Contacts the local police; and
 - c. Contacts the Rhode Island Department of Children, Youth and Families' Child Protective Services (CPS) hotline (1-800-RI-CHILD/1-800-742-4453)
- 5. If children are bused to and from the program, there is a written procedure for monitoring and documenting their arrival and departure.

D. Transportation of Children

- 1. If the program 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 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. In addition, vehicles used to transport children must have:
 - a. Two inch (2") lettering on the vehicle (unless leased and then a magnetized sign can be used), stating the program's name;

- b. A fire extinguisher;
 - c. First aid, emergency airway and bodily fluid spill kits; and
 - d. Audible door and back-up alarms (mountable or installed).
5. At least two (2) staff are in the vehicle while transportation is provided, unless all children being transported are School Age. If all children are School Age, one (1) staff may provide transportation.
6. Children must never be left alone in the vehicle.
7. A face-to-name attendance check of all children is completed upon entrance to and departure from the vehicle.
8. Attendance and emergency information on each child being transported must be available in the vehicle when transportation is being provided.
9. When being transported, children must be properly secured in the appropriate safety restraint or car seat for their age.

E. Handbooks

1. The program must develop a Family Handbook and a Staff Handbook, which must be approved by the Department.
2. The program is responsible for communicating and implementing policies and procedures from the handbooks.

F. Records and Files

1. The program maintains program files, and individual files for children and staff that are available on-site at all times.
 - a. If these files are stored electronically, there must be someone on site at all times who can access these records in a timely fashion.
2. Provisions are made for the protection of 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. When a child transfers to another program or school, the child's immunization record is released upon request of the parent/guardian.
7. Each child's file must include:
 - a. An application form completed by the parent/guardian containing the child's name, birth date, 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) Programs 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.
 - d. Immunization record;
 - (1) Programs 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. Written authorization from the parent/guardian for emergency medical treatment;
 - f. Written reports of injuries, accidents or illness occurring while the child is in the program and any treatment administered;
 - g. Information pertaining to the child's progress, growth and development, including IEP/IFSP information, if applicable;
 - h. Transition plans;
 - i. Written authorization from the parent/guardian for the child to participate in and be transported for field trips, special activities or events, and other activities that are not part of the program's daily routine;

- j. Names of individuals to whom the child may be released;
 - k. A statement signed by the parent/guardian authorizing the program to act in an emergency;
 - 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.
8. Files for Infants and Toddlers contain the above requirements 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.
9. Children's files are updated on an annual basis.
10. Each staff ~~file must~~ who work with children or on site when children are present must have a completed workforce registry profile in RISES that includes:
- ~~a. Personal data sheet or application containing the staff's Name, age date of birth, personal email address, home address, phone, education and any child care/education relevant work experience;~~
 - ~~b. Job description;~~
 - eb. Comprehensive Background Checks;
 - ~~d. Notarized employment history and criminal record affidavits;~~
 - ~~e. Documentation of employment history verification;~~
 - fc. Health records as required by the Rhode Island Department of Health's Immunization and Communicable Disease in Preschool, School, Colleges or Universities, [216-RICR-30-05-3](#);

- ~~gd.~~ Staff performance evaluations;
- ~~h.~~ ~~Documentation of qualifications;~~
- ~~ie.~~ Training plan aligned with the Individual Professional Development Plan;
- ~~jf.~~ Signed documentation of participation in orientation; and
- ~~kg.~~ Evidence of required Certification of professional development; ~~and.~~
- ~~i.~~ ~~All other records or reports pertaining to the staff member.~~

11. Programs maintain the following documentation on-site for Department staff to review, if requested, for a minimum of three (3) years:

- a. Relevant inspections for physical facilities;
- b. Sign in/sign out logs;
- c. Daily injury/illness and medication administration logs;
- d. Emergency drill log;
- e. Letter of understanding with consultative medical services;
- f. Documentation for program pets;
- g. Field trip permission slips and related documentation;
- h. Staff attendance or schedule records; and
- ~~i.~~ ~~Documentation that ensures the fiscal stability of the program; and~~
- ~~jl.~~ All other records or reports pertaining to the program.

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

1.14 Learning and Development

A. Curriculum: Program and Classroom Level Content

- 1. Programs maintain program and classroom level curriculum.
- 2. The program level curriculum is informed by program philosophy, beliefs, practices, and relevant research.

3. Infant, Toddler, and Preschool programs are also guided by the Rhode Island Early Learning and Development Standards.
4. The program level curriculum considers the developmentally appropriate needs of all children served.
5. Written or electronic documentation of the classroom level curriculum (lesson plans or planning documentation) is easily accessible in each individual classroom.
6. Classroom level curriculum is completed on a weekly basis and includes:
 - 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.
7. Classroom level curriculum for the previous three (3) months is maintained on-site.
8. The Education Coordinator or Site Coordinator meets with each Teacher or staff to consult on program planning and to assist in the planning for individual children at least monthly.
9. Teachers share planning information with other classroom staff.

B. Curriculum: Process

1. Children have access to a variety of experiences, activities, and opportunities including materials that reflect diverse cultures and ethnicities.
2. Staff provide experiences and environments that go beyond routine care and supervision.
3. Opportunities for moderate to vigorous physical activity (sixty (60) minutes total for a full day program, and thirty (30) minutes total for a part day program) are available to children each day.
4. Television or other screen time is:
 - a. Prohibited for Infants;
 - b. Prohibited during scheduled meal and snack times;

- c. Limited to no more than thirty (30) minutes per day for each child or group; except in situations including:
 - (1) Toddler, Preschool, or School Age group 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.

C. Curriculum: Teaching and Facilitation

- 1. Classroom staff are required to:
 - a. Implement the classroom level curriculum;
 - b. Actively engage with children;
 - c. Develop individual 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 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; and
 - j. 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. At least one (1) classroom Teacher sits with children at the tables during meals and snack time and engages with children to model appropriate mealtime behavior.
3. Programs must be able to communicate with children, who are enrolled, whose primary language is not English, or require alternative methods of communication.
4. The program provides School Age children assistance with homework, as needed.

D. Curriculum: Context

1. Classrooms are arranged into learning areas that promote center-based play.
2. Child-accessible storage is provided for children's belongings in or near the classroom.
3. Classroom arrangement:
 - a. Allows for clear pathways around the classroom;
 - b. Ensures visual supervision by staff;
 - c. Separates noisy and quiet activities; and
 - d. Provides the children with ample opportunity for freedom of movement in a safe, clean, and uncluttered area.
4. Classroom arrangement in an Infant/Toddler program may include a contained play space that:
 - a. Encourages safe exploration;
 - b. Promotes teacher/child interaction; and
 - c. Is never used as a means of isolation.
5. Each classroom has:
 - a. Furniture and seating to accommodate the number and size of children in the group;

- b. Accessible materials to accommodate the number of children in the group, that support a wide range of developmentally and culturally appropriate experiences, activities and opportunities; and
 - c. Comfortable seating for staff in Infant/Toddler programs.
- 6. 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').
- 7. Classroom staff post and follow a regular daily schedule.
- 8. Staff 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.
- 9. 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.

E. Child Assessment

- 1. Staff work to connect families of Infants and Toddlers to Early Intervention services, if a developmental concern arises.
- 2. Staff work collaboratively with local school districts to ensure that Preschool children have the opportunity to participate in child outreach screening.
- 3. Screening is not used to label a child, determine a child's placement in the program, deny a child's entrance into the program, or to infer a child's readiness.
- 4. If the child has an IFSP, the program works with the Early Intervention provider to support the child's IFSP.

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

F. Family Engagement

1. Prior to enrollment, programs provide opportunities for the child and parent/guardian to visit the program.
2. Programs conduct and document a preadmission family conference for all children to be enrolled in the program.
3. Families are kept informed through communication including the Family Handbook, periodic newsletters, and ongoing contact with program and classroom staff.
 - a. Staff are not to use personal electronic devices to communicate with families.
4. Programs must be able to communicate with families, of children who are enrolled, whose primary language is not English, or require alternative methods of communication.
5. If a program chooses to suspend or terminate a child for any reason the program 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. There is a means of written/electronic daily communication between staff and families in Infant/Toddler programs, which includes information about the child's routine care.
7. A directory of community resources is available to families.
8. The program is open to families for observations and visits whenever the program is in operation.
9. Families are given the opportunity to engage in their child's learning experience and development.