STATE OF RHODE ISLAND

DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

Child Care Program
Regulations for Licensure

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Rhode Island Department of Children, Youth and Families
Child Care Program Regulations for Licensure

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Rhode Island Department of Children, Youth and Families
Child Care Program Regulations for Licensure

SECTION ONE - GENERAL PROVISIONS

I. LEGAL BASIS

Rhode Island General Laws RIGL 42-72-5 – Department of Children, Youth and Families
RIGL 42-72.1 – Licensing and Monitoring of Child Care Providers and Child-Placing Agencies
RIGL 40-13.2 – Certification of Child Care and Youth Serving Agency Workers
RIGL 23-28.15 – Child Care Programs

II. DEFINITION

The primary purpose of licensing a child care program is to safeguard the well-being of the children served. Granting a license means there is clear evidence that the building and grounds are safe, staff are appropriately trained and responsible, and 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, time schedules, food, materials and equipment, and that staff are consistently available to encourage and support the children's physical, social, emotional and intellectual growth.

SECTION TWO - LICENSING PROVISIONS

I. APPLICATION PROCESS

A. Procedure for Obtaining a License
   1. Any person, firm, corporation, association or agency interested in opening a child care program for infants, toddlers and preschoolers contacts the Department of Children, Youth and Families' (hereinafter, the Department) licensing unit for assignment to a licensing worker.
   2. An initial consultation is held upon request to review the regulations, discuss the need for such a program in the chosen community, review the proposed program and examine the financial resources available.
   3. A preliminary visit to the proposed program is made by the licensing worker to determine the feasibility of achieving compliance with regulations.

B. Application Packet
   1. An application for licensure is filed on the forms provided by the Department's licensing unit.
   2. A separate application is filed for each program to be operated.
   3. A complete application, including all supporting documentation, is submitted. The application includes, but is not limited to:
      a. the full name, physical address, mailing address, email address and phone number of the prospective program;
      b. the full name and address of the applicant;
      c. information on incorporation, including the names, addresses and titles of the board of directors of the corporation;

d. information on the building in which the program will be housed, including sketches of the indoor area showing the activity rooms to be used for child care, the kitchen or food preparation area, the bathrooms for children and staff and the office space;
e. information on the outdoor play area, including a sketch of this area showing accessibility to the building and the rooms used for child care;
f. information on the number and ages of children to be served, age groupings and staff/child ratios;
g. information on staffing, including the name and qualifications of the program administrator, education coordinator and other identified staff;
h. medical information on staff;
i. employment history;
j. criminal record background check including fingerprinting, and clearance of agency activity check;
k. information on the program, including the daily schedule of activities, the philosophy of the program and the developmental goals and objectives on which the program will be based;
l. a listing of the equipment and materials, both indoor and outdoor, available for the implementation of the program;
m. information on the daily feeding program;
n. financial information, including a statement of the financial assets, liabilities and net worth of the applicant, the means of financing and an anticipated yearly budget for the program; and
o. staff/parent handbooks (including, but not limited to: policies/ procedures/protocols); and
p. a statement signed by the applicant acknowledging that he/she has read and agrees to comply with these regulations.

C. Inspection Approvals
1. Prior to the issuance of a license:
a. documentation of the program's compliance with local zoning ordinances and with the applicable sections of the state fire, building, health and sanitation codes is submitted.
b. the Department's licensing worker visits the program to determine compliance with the regulations and to determine the maximum capacity.
2. Upon receipt of a completed application, inspection approvals and a report from the Department's licensing worker addressing compliance with the regulations, one of the following actions occurs:
a. issuance of a provisional license; or
b. issuance of a full license; or
c. denial of licensure.

II. LICENSE

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

B. Full License
   1. A full license is issued to a program that complies with these regulations.
   2. The license is valid for a period not to exceed one year, expiring annually on July 31.

C. Probationary License
   1. A probationary license is issued in place of a full license at any time when a licensee is temporarily unable to comply with a regulation or regulations, provided that the area or areas of noncompliance do not present an immediate threat to the health and well-being of the children.
   2. Before a probationary license is issued, the licensee submits written documentation that the area(s) of non-compliance do not present a threat to the health and well-being of the children and a plan to correct the area(s) of non-compliance.
   3. This plan is approved by the Department's licensing administrator or designee.
   4. The reason for the issuance of a probationary license is printed on the license.

D. Provisions of the License:
   1. The license indicates the maximum number of children and the age groups to be served in the program.
   2. The license indicates the dates of validity.
   3. The license is posted in a conspicuous place in the program.
   4. The license is not transferable, is granted only to the designated licensee and is limited to the stated location.
   5. The licensee notifies the Department's licensing unit in writing of major changes which affect the license including, but not limited to:
      a. intent to change the name of the program;
      b. intent to change ownership of the program,
      c. intent to change the physical location of the program;
      d. change of administrator or site coordinator;
      e. change in the numbers or ages of children served; and/or
      f. any major changes in the program.
   6. The license entitles the Director of the Department or designee and the Office of the Child Advocate or designee:
      a. the right of entrance; and
      b. the privilege to inspect and have access to all files in order to ascertain compliance with these regulations; and
      c. the right to investigate complaints.
   7. When the operation of a child care program is discontinued, the licensee provides the Department's licensing unit with written notification at least thirty days prior to the closure.

III. LICENSE RENEWAL

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

a. issuance of a probationary license; or
b. issuance of a full license; or
c. denial of licensure.

B. Licensing workers from the Department's licensing unit make periodic unannounced monitoring visits to the program during the hours of operation in order to determine compliance with the regulations.

IV. DENIAL, REVOCATION OR SUSPENSION OF LICENSE

A. Revocation or Denial of a License
1. A license is denied or revoked for failure to comply with these regulations or when there is evidence that the operation of the program poses a threat to the health and/or safety of children enrolled.
2. The licensing administrator notifies an applicant or licensee in writing of the Department's decision to deny or revoke a license.
3. The written notification contains the reason for the denial or revocation.
4. Notice of denial or revocation is sent to the applicant or licensee at least ten days prior to the effective date of the action, unless there is sufficient evidence to warrant immediate closure.

B. If necessary, the licensing administrator orders the immediate removal of all children and the closing of the program.

C. The applicant or licensee has the right to a hearing on the denial or revocation of a license. All administrative hearings for appeals relating to licensing violations or terms are held in accordance with **DCYF Policy 100.0055, Complaints and Hearings** (http://sos.ri.gov/rules/).

V. VARIANCE

A. The licensing administrator may allow a variance to a regulation provided that the variance in no way jeopardizes the health, safety or well-being of the children.

B. The licensee submits a written request for variance to the licensing administrator.
1. This request contains documentation as to how the licensee plans to meet the intent of the regulation to be varied.
2. The licensing administrator may request additional documentation as deemed necessary.

VI. PROCEDURE FOR APPEAL/HEARING

A. 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.

B. A written request for a hearing is submitted to the licensing administrator prior to the effective date of the action or within ten days of receipt of the written notice of denial.

C. All administrative appeals/hearings relating to licensing actions or decisions are held in accordance with **DCYF Policy 100.0055, Complaints and Hearings** (http://sos.ri.gov/rules/).

SECTION THREE - LICENSING STANDARDS

I. PHYSICAL SPACE AND SAFETY

A. Physical Facilities
1. The indoor and outdoor facilities foster the children's growth and development through a variety of opportunities for safe exploration and learning.
2. Prior to licensing, physical facilities:
   a. comply with building, fire, health and sanitation codes;
   b. provide evidence that the program and water source are lead free or lead safe;
   c. provide evidence that the program is asbestos free or asbestos safe;
   d. have an acceptable score on a radon test within the last three years; and
   e. can accommodate children and adults with disabilities in accordance with the American with Disabilities Act (ADA).
3. Plans for the erection of new buildings or playgrounds or for the renovation or modification of existing buildings or playgrounds are submitted to the Department for review prior to the start of construction.
4. The program's exterior doors are locked.
   a. The program's designated main entrance has a doorbell, buzzer, keypad, swipe card or other comparable means to control entry.
   b. Unlocked doors are monitored at all times by a staff person.
5. Stairways used by children have a second railing placed at the appropriate height for the children's use.

B. Location of Child Care Rooms
1. Program rooms for infants and/or toddlers are located on the ground level where there is direct access to the outside without the use of stairs.
2. Program rooms for preschool children are permitted on the first or second floor.
3. If a classroom for preschoolers is located on the second floor, the evacuation plan is appropriate for children of that age and developmental ability.
4. All facilities, including classrooms, bathrooms, gross motor spaces and libraries used by the children, are located on the same floor level as the activity rooms or classrooms.
5. Facilities used by the children are not located below ground level.

C. Ventilation and Lighting
1. There is adequate ventilation and lighting throughout the program.
2. All activity rooms used for children have natural lighting through a window or a skylight directly to the outdoors.
3. Exterior doors and windows, which are opened for ventilation, are securely screened.
4. The temperature in rooms used by children is maintained within a range of 65 - 74 degrees F° at the level of the children's height, and the heat is kept constant.
5. Rooms where infants are cared for are maintained at a minimum of 68 degrees F° at crib height.
6. There is a minimum of 300 cubic feet of air space for each child.
7. Portable space heaters are prohibited.

D. Square Footage
   1. There is a minimum of forty-five square feet of usable floor space for each child in activity rooms or classrooms used for infant and/or toddler care.
   2. There is a minimum of thirty-five square feet of usable floor space for each child in activity rooms or classrooms used for preschool children.
   3. Program licensing capacity is determined by adding up the total capacity of approved groups for that program. Refer to Section III. Enrollment and Staffing, C. Staff/Child Ratio and Maximum Group Size.

E. Classroom/Activity Room
   1. Classrooms are separate areas with floor to ceiling walls.
   2. If floor to ceiling walls are not possible, then classrooms areas may be partitioned with dividers, cubbies or bookcases of at least four feet in height, which are securely fastened to the floor or wall and completely separate groups of children.

F. Infant and Toddler Space
   1. Children under the age of three years have rooms or areas physically separate from those used by children three years and over.
   2. Transition rooms or areas are permitted for children who are between thirty-three months and thirty-nine months of age.

G. Areas
   1. Indoor activity is clearly defined by spatial arrangement.
   2. Space is subdivided into areas and is arranged to provide clear pathways for movement from one area to another, to separate noisy activities from quieter ones and to provide for visual supervision by staff.
   3. Furniture is placed to ensure safety and ease of supervision.

H. Storage Space
   1. There is adequate space for the storage of individual clothing with hooks at the children's level.
   2. There is adequate storage space for equipment, including cots and blankets, materials, supplies and seasonal toys.

I. Isolation Area
   1. There is an isolation area equipped with a cot to accommodate a child who becomes ill.
   2. This area is located near a lavatory and is visible to staff.
   3. A sick child is isolated a minimum of three feet away from the other children.

J. There is a utility room, separate from the kitchen, with hot and cold water and storage space for cleaning equipment and supplies.

K. Space is provided for administrative and clerical functions.

L. The Outdoor Play Area:
   1. Is appropriately equipped for gross motor activity.
   2. Has at least seventy-five square feet of space per child for at least 50% of the capacity of the program.
   3. Is easily accessible with a plan for how the outdoor space is utilized to support quality programming and ensure safety.
   4. Has a fence of at least four feet in height, erected on ground that is reasonably level, well-drained and free from hazards.

5. Climbing equipment, swings and large pieces of play equipment are securely anchored and maintained in good repair.
6. Outdoor equipment (including but not limited to swings, slides and climbing apparatus) is:
   a. age and developmentally appropriate;
   b. installed, maintained and used in accordance with manufacturers' specifications and instructions; and
   c. approved by the United States Consumer Product Safety Commission.
7. Cushioning materials such as mats, wood chips or sand are used under climbers, slides, revolving equipment or swings.
8. Organic cushioning is at least six inches in depth, if used.
9. The outdoor play area for infants and/or toddlers is separate from that used by older children.
10. Trampolines are prohibited.

M. Toilet Facilities
1. Programs serving children under the age of thirty-six months have one toilet and one sink for each group of twenty children.
2. Programs serving children three years and older have one toilet and one sink for each group of ten children.
3. Hand washing sinks have both warm and cold running water set to appropriate hand washing temperatures.
4. Water temperature is at least 60 degrees F° and does not exceed 120 degrees F°.
5. There is a diaper changing area and an adjacent adult hand washing sink with warm and cold running water for each group of twenty children under the age of three years.
6. Diaper changing areas and adult hand washing sinks are separate and apart from any food preparation area.
7. There are separate toilet facilities in the same building for staff.

N. Drinking Water
1. Safe drinking water is available to children both indoors and outdoors at all times and is offered at intervals that are responsive to the needs of the individual children.
2. Children are encouraged to drink water throughout the day, especially before, during and after outdoor play.
3. Drinking water supplies are located in or near classrooms and playrooms.
4. Drinking cups are single-use and disposable, or reusable cups are used that are sanitized daily in a dishwasher with a sanitizing option.
5. The source of drinking water is separate from the lavatory.
6. Water fountains are not permitted in the child care program unless disposable single-use cups are used or the program provides an approved plan for the maintenance and sanitation of the water fountain.
7. Use of water fountains outside the licensed program is prohibited.

O. Food Preparation Area
1. There is an equipped kitchen for food preparation when meals are prepared at the program.
2. When meals are not prepared at the program, there is an equipped food preparation area to be used exclusively for food handling and distribution including the preparation of snacks.

3. The kitchen or food preparation area is sanitary, well lit and orderly with adequate refrigeration temperatures of 41 F° or lower for refrigerator and zero F° or lower for freezer.
4. There is sufficient storage and appropriate handling of supplies.
5. The program has a dishwasher with a sanitizing option to sterilize dishes or only uses disposable options.

P. Cleanliness
1. All parts of the program and its premises are kept in good repair, clean, neat and free of hazards.
2. Any product used for cleaning, sanitizing and disinfecting is United States Environmental Protection Agency registered and is used in accordance with the manufacturer's instructions.
3. Any necessary maintenance is done when children are not present.
4. The following methods for preventing rodent and insect infestation are used:
   a. thorough sanitation and proper screening;
   b. use of insecticides and rodenticides in accordance with instructions on the label;
   c. structure blocking of avenues through which insects and rodents could gain access to the building; and
   d. insecticides and rodenticides approved by the Rhode Island Department of Health.
5. All equipment and materials are clean and sanitary and checked regularly.

Q. Telephone
1. There is a telephone, other than a pay phone, conveniently located within the program.
2. The telephone is functional and readily available for use in case of an emergency.
3. Emergency phone numbers, including 911, local fire and police departments, emergency treatment facility, consulting physician or nurse and poison control center are posted in a conspicuous place adjacent to the phone.
4. Staff do not use personal cell phones while supervising children.

R. Furniture
1. Is sufficient in quantity to accommodate the number of children enrolled.
2. Is safe, durable, child-sized and easily cleaned.
3. Conforms to all applicable safety regulations.
4. Is sufficient to ensure that seating is provided for every child.

S. Cots and Cribs
1. A crib is provided for each infant (birth to eighteen months). Infants may never use a cot.
2. A cot or a full size crib is provided for each toddler (age eighteen to thirty-six months).
3. A cot is provided for each preschool child (age three to five).
4. There is one crib equipped with wheels for every five children under two years. This crib is used for evacuation in the event of an emergency.
5. Cribs and cots are washed and sanitized before reassignment to another child.
6. There is at least two feet of space between each cot and/or crib during nap/rest time.

7. The program maintains proof onsite that each crib used meets the United States Consumer Product Safety Commission Standards for baby cribs.
8. Pack-in-plays, playpens and other portable cribs are not permitted.

T. Infant Equipment
1. The infant area contains comfortable seating for staff, including at least one rocking chair.
2. The program ensures availability of an adequate supply of clean diapers, bed linens and clothing changes.
3. The program has a choke prevention gauge which is used to determine if an object is large enough so as not to be swallowed by a child.
4. The use of walkers is prohibited.
5. Baby corrals and play-yards are prohibited.

U. Dual Occupancy
1. It is preferable that the premises not be shared by other groups when the program is not in operation. However, with sufficient safeguards for cleanliness, protection of equipment and sanitation, dual occupancy may be permitted.
2. A formal request for approval for shared use of the premises is appended to the application.

II. HEALTH AND NUTRITION

A. Immunization and Testing for Communicable Diseases
1. Child care programs must adopt, at a minimum, policies and procedures consistent with the Rhode Island Rules and Regulations Pertaining to Immunization and Communicable Disease in Preschool, School, Colleges or Universities.
2. These regulations are accessible on the Rhode Island Department of Health's website: http://www.health.ri.gov/immunization/for/schools/.

B. Immunization Records
1. Upon a child's first entry to any child care program the parent or guardian provides to the program administrator:
   a. evidence that the child has been immunized or is being immunized according to schedule; or
   b. an immunization exemption form from a licensed physician stating that the child is not a fit subject for immunization for medical reasons; or
   c. a certificate signed by the parent or guardian stating that immunizations are contrary to his/her beliefs. (Form is available through the Office of Disease Control at the Rhode Island Department of Health).
2. No child may enter a child care program unless evidence is submitted that the child has received initial doses of required vaccines.
3. The program is responsible for maintaining a current record of immunizations for the child who is not fully immunized; documenting when immunizations take place, and following up with the parent to ensure that the child is being immunized according to schedule.
4. Acceptable evidence of immunization consists of:
   a. a written statement signed by a licensed physician; or
   b. an official immunization record card, school immunization record, medical passport, World Health Organization immunization record; or

c. other official immunization record acceptable to the Office of Disease Control of the Rhode Island Department of Health; or
d. electronically stored and/or transmitted documentary record (facsimile transmission, computerized records, records on magnetic media or similar record) as may be utilized by a program/school.

5. The immunization record must contain the day, month and year of each dose of vaccine administered.
6. When a child transfers to another program or school, the child's immunization record is released to the authorized program or school official.

C. Health Examination

1. The parent submits evidence of a preadmission health examination for the child, which includes information regarding any condition or handicap affecting the child's general health.
2. Each program requires additional health examinations or information yearly in order to maintain current information and assure the full participation of each child in the program.

D. Lead Screening

1. A lead screening test (FeP) is done annually for each child between the ages of nine months and six years.
2. A child may require additional lead screenings as recommended by the Rhode Island Department of Health.

E. Daily Health Assessment

1. The program conducts a daily health assessment of each child.
2. A child who gives any evidence of suspicious symptoms is removed from the group and attended to by staff until the parent, or adult authorized by the parent, can come for the child.
3. Each child's file contains a statement signed by the parents authorizing the program to act in an emergency.

F. Preadmission Intakes

1. Preadmission intakes are scheduled to secure health and family history, to obtain background information on the child and his/her home and to develop the child's program.
2. Areas of discussion include, but are not limited to:
   a. child's strengths and needs;
   b. family's goals for a child;
   c. family history and background;
   d. necessary supports and accommodations to ensure the child's health, safety, early learning and development;
   e. copy of program policies and procedures as part of preadmission forms.

G. Communicable Disease

1. A child or staff member suffering from a reportable communicable disease follows timelines of absence prior to returning to the program as specified in the Rhode Island Department of Health, Division of Disease Prevention and Control, Office of Communicable Disease, *Guidelines For Communicable Disease Prevention And Control*. (http://www.health.ri.gov/publications/guides/CommunicableDiseasePreventionAndControl.pdf.)

2. In the event a child or staff member suffers from a communicable disease, the program provides written notice to inform all parents to which communicable disease the child(ren) may have been exposed, without providing any identifying information regarding the source of the communicable disease.
3. In all matters of exclusion and readmission of children for reasons of illness, the decision of the program administrator, in consultation with a licensed physician, applies.

H. Child Abuse and Neglect Reporting
1. Any suspected case of child abuse and/or neglect is reported to the Department of Children, Youth and Families CPS hotline (1-8OO-RI-CHILD) within twenty-four hours in accordance with state law and **DCYF Policy 500.0000: Reporting Child Abuse and/or Neglect** (http://sos.ri.gov/rules/).
2. Any death or serious injury while in care of the program is reported to the Department of Children, Youth and Families CPS hotline (1-8OO-RI-CHILD) within twenty-four hours.
3. The program reports to the Department's licensing unit immediately after reporting to the CPS hotline.

I. Corporal Punishment and Restraint
1. Staff do not physically restrain children.
2. Staff do not restrain a child in a high chair for reasons other than feeding/ eating.
3. Staff do not hit, grab, push or pull the children or engage in any form of corporal punishment.
4. Children are not subjected to cruel or severe punishment, humiliation, physical punishment, threats or verbal abuse, including yelling or derogatory remarks.
5. Children are not ignored or neglected.
6. Children are not deprived of meal, snacks, physical activity or outdoor play as a reward or behavior consequence. Exceptions may only be made if specifically stated in a child's Individualized Education Program (IEP) or Individual Family Service Plan (IFSP).
7. Children are not punished for soiling, wetting or not using the toilet.

J. First Aid
1. First aid equipment is available for the less serious problems, including but not limited to; common cuts, splinters and brush burns.
2. All staff members have knowledge of general first aid procedures.
3. At least 50% of all staff members involved in direct care who are trained in cardiopulmonary resuscitation (CPR) and who have completed the Red Cross basic first aid course or the equivalent are in attendance in the program at all times.
4. Each program has a choke-saving poster outlining the Heimlich Maneuver, which is prominently displayed in the area where the children eat.
5. Programs serving infants and toddlers have at least one staff member trained in the use of the Heimlich Maneuver with this age group available in the program at all times.

K. Injury Report
1. Parent must sign a written report on the day that an injury occurs.
2. A copy of this report is placed in the child's file.

3. The injury, first aid and parent communication is recorded in the program's health log.

L. Administration of Medication

1. Each program establishes guidelines for the administration of medications.
2. If a program chooses to administer medication:
   a. Neither prescribed nor non-prescribed medications are administered to a child without written parental authorization.
   b. Prescribed medication is not administered to a child without a written order from a licensed physician (which may include the label on the medication) indicating that the medicine is for a specified child and medication is in the original container.
   c. The written order includes the name of the prescribed medication, circumstances under which it may be administered, dosage and frequency of administration.
   d. The program administrator or designee dispenses all medications.
   e. The program maintains, on a daily basis, a written record of every medication administered. This record includes the:
      i. child's name;
      ii. name and dosage of medication administered;
      iii. date and time administered;
      iv. name and signature of the person who administered the medication; and
      v. name of the licensed physician prescribing the medication.
   f. In the event of an emergency, the daily log is transported with the child to the emergency treatment facility.
   g. Medications are stored in clearly labeled original containers out of reach of children.
   h. The program advises parents to administer medications at home whenever possible.

M. Storage of Toxic Substances

1. All medical supplies, poisonous or toxic substances and any other items of potential danger to children, including but not limited to; cleaning supplies and equipment, paints, plastic bags and aerosols, are stored out of reach of children in a locked area.
2. These items are clearly labeled.

N. Children with Special Health Care Needs

3. If there are children in the program who have special health care needs, specific health procedures are delivered, where appropriate, by a licensed/certified health professional or a staff person who has been trained to appropriately carry out such procedures.
4. Such procedures may include, but are not limited to; epi pen, nebulizer, and insulin injections.
5. Children with special needs are provided opportunities for active play while other children are physically active.

O. Children with Food Allergies or Special Nutrition Needs

1. For each child with food allergies or special nutritional needs, the program requests the family to obtain from the child's health care provider an individualized care plan.

2. The program protects children with food allergies from contact with the problem food.
3. The program asks families of a child with food allergies to give consent for publicly posting information about that child's food allergy.
   a. If consent is given, 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.

P. Health and Safety Training
1. The program ensures that specific training is provided to staff to appropriately address health and safety of children with developmental delays/disabilities, special health/nutrition needs and medical needs.
2. Nutrition education is offered to staff at least one time per year.
3. Physical activity education is offered to staff at least one time per year.

Q. Fire Drills and Evacuation Plans
1. The program administrator or designee conducts at least fifteen fire drills every twelve months.
2. Both obstructed and unobstructed drills are conducted and a record of such drills is maintained.
3. Programs with night care conduct fire drills during their hours of operation at night.
4. A graphic evacuation plan, identifying alternative escape routes, is posted in each classroom and is in compliance with state fire code.
5. The program has a written fire evacuation plan, which includes specific provisions for the evacuation of infants, toddlers, children and staff with special needs.
6. This plan is reviewed and approved annually by the state or local fire inspector.

R. Cleaning and Sanitizing Routines
1. Staff wash their hands with liquid soap and warm running water as needed and:
   a. after each diaper change;
   b. after each toileting;
   c. after wiping a runny nose; and
   d. before any food preparation or service.
2. 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; and
   d. after outdoor activities or returning from playground.
3. Sinks used for food preparation or clean up are not used for hand washing after toileting or diaper changing.
4. Products, schedules and procedures used for cleaning are consistent with the recommendations of Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, A Joint Collaborative Project of the American Academy of Pediatrics, American Public Health Association and National Resource Program for Health and Safety in Child Care.
5. The program posts and follows a cleaning and sanitation schedule.

S. Meals and Snacks

1. The program provides breakfast or a mid-morning snack and a mid-afternoon snack.
2. Nutritionally balanced meals are served at suitable intervals.
3. Breakfast and/or dinner is/are provided for children who are in care for more than nine hours.
4. There is a supply of food available in the program to provide nutritional meals to children whose parents do not provide food, and to supplement any foods brought by children which is not nutritional or of sufficient quantity.
5. Each meal includes one-third of the total daily nutritional requirements recommended by the United States Department of Agriculture (USDA).
6. Meals and snacks meet current USDA Child and Adult Care Food Program (http://www.fns.usda.gov/child-nutrition-programs) nutritional standards. Snacks include fruits, vegetables and milk.
7. If the parent provides lunches or other meals, the program gives parents written nutrition guidelines at the time of enrollment.
8. High fat, high sugar and high salt foods are served less than one time per week or are not served at all.
9. Additional servings:
   a. are available when a child remains hungry;
   b. meet nutritional standards; and
   c. are not required to be the same food as the first serving.
10. On special occasions, such as parties, food and drink that does not meet nutritional requirements may be served in addition to required meals and snacks.
11. Menus for meals and/or snacks are planned on a five week rotating basis and are posted weekly.
12. At least one child care provider sits with children at the table during meals and snack time and engages with children to model appropriate mealtime behavior.
13. Children are not forced to eat and food is not used as a reward.

T. Beverages

1. Children between one and two years of age are served whole milk when not served breast milk or formula.
2. Children two years of age and older are served skim or one percent milk.
3. If a program serves juice, it must be 100% fruit juice.
   a. Infants are not served fruit juice.
   b. Children over eighteen months of age may not consume more then six ounces of juice per day.
4. The program does not serve or allow drinks sweetened artificially or with sugar, including soda and flavored milk.
5. The program does not serve or allow caffeinated drinks, including soda and energy drinks.

U. Infant/Toddler Feeding

1. A feeding plan is established for each infant and toddler prior to admission. The plan is developed in consultation with the parent, is based on the recommendation of the child's health care provider and is reviewed at least every six months.
2. Individual feeding plans are followed, except for toddlers who are mature enough to eat on a schedule.
3. Infants who are unable to sit in feeding chairs are held while fed.
4. Bottles are not propped at any time and children are not fed in a crib.

5. Children who are not ready for self-feeding are fed by an individual staff member on a one-to-one basis.
6. Self-feeding is encouraged and appropriate finger foods are provided. A clean, sanitized training cup is provided for each child ready to begin drinking from a cup.
7. Solid foods are introduced to infants and toddlers in accordance with the physician's recommendation or as specified by the parent.
8. Single use cloths or towelettes are used for washing children's faces and hands before and after eating.
9. A heating unit for warming bottles and food is readily accessible to staff.
10. Microwaves are not used for heating bottles.
11. Only BPA free plastic or glass bottles are used.
12. For each child under eighteen months of age, a daily log is maintained to record information on eating, drinking, changing, napping and behavior. This log is provided in writing to the parent.
13. The program serves breast milk that is prepared by the parent, or commercial formula that is mixed and served according to manufacturer's instructions.
    a. Every effort is made to accommodate the needs of a child who is being breast-fed.
    b. All breast milk or formula is clearly labeled with the child's name and date of preparation.
    c. Bottles provided by parents are labeled with dates and child's name.
    d. Heating breast milk and formula and other food items for infants in a microwave oven is prohibited.
14. Prepared formula or breast milk is used immediately or stored in the refrigerator. Prepared formula or breast milk is discarded at the end of the day.
    a. Any formula or breast milk remaining in a bottle after feeding is discarded.
    b. If permanent wear bottles and reusable nipples are provided by the program for community use, they are washed and sanitized in a dishwasher where the water temperature is at least 180 degrees F° or boiled for at least five minutes.
15. If commercial baby food is provided by the parent, it is in the unopened original container. Any food remaining in the container after feeding is discarded.
16. Bucket seats and high chairs are used for feeding and are never used during activity time or as a form of restraint.

V. Diapering
1. Children are changed and diapered regularly and are washed and dried with sanitary, single use cloths or towelettes.
2. The diaper changing surface is cleaned and sanitized after each use with a disposable towel and disinfectant solution prepared daily (preferably in a spray bottle).
3. Staff wash their hands thoroughly with liquid soap and warm running water after each diaper change. It is recommended that staff use disposable latex gloves for diaper changing. The use of latex/plastic gloves does not eliminate the need for hand washing.
4. Staff use conveniently located, washable, plastic bag lined and covered receptacles for soiled diapers.
    a. Containers are emptied as often as necessary to eliminate odors and are cleaned and disinfected daily.
    b. The soiled diapers are removed from the building daily.

5. If cloth diapers are used, the diapers are not rinsed or dumped at the child care program.
    a. Soiled cloth diapers are completely wrapped in a non-permeable material, stored in a location inaccessible to children and given directly to the parent/guardian upon discharge of the child.
    b. The soiled diapers are placed in a covered container away from the children's activity and food service areas and are removed from the program daily.
6. No child is left unattended during diapering.

W. Toilet Training
1. Toilet training conforms to an individual plan based on each child's readiness and carried out in conjunction with the parent.
2. There are no routine attempts to toilet train children under the age of two years.
3. Potty chairs are not permitted.

X. Pets
1. All pets maintained on the premises are kept in a safe and sanitary manner and according to state and local requirements.
2. Children are protected from pets that are potentially dangerous to their health or safety.
3. Parents are notified of any pets on the premises.

Y. Rest Arrangements for Infants
1. An infant up to eighteen months of age is placed on his/her back while sleeping unless the infant’s primary care provider has completed a signed waiver indicating that the child requires an alternate sleeping arrangement.
2. Infants are placed for sleep in safe sleep environments, which include a firm crib mattress covered by a tight fitting sheet in a safety approved crib.
3. Monitors or positioning devices are not used unless required by the child’s primary care provider.
4. No items are placed in the crib with an infant with the exception of a pacifier.
5. With written parental approval, toddlers eighteen months and older may have one additional item placed in the crib, such as a favorite blanket, toy or stuffed animal.

Z. Prohibited Practices
1. Smoking and the use of tobacco products is not permitted in the buildings or outdoor play areas or on grounds within twenty-five feet of buildings.
2. Smoking in any vehicle used by the program for transporting children is prohibited.
3. Illegal drugs or alcohol is not used and not permitted in the program.
4. Guns or weapons of any kind are not permitted in the program.

AA. Physical Activity
1. Each child care program provides a program of age and developmentally appropriate physical activity.
2. Children ages twelve months or older attending a full-day program participate in at least sixty minutes of physical activity per day.
3. Children attending less than a full-day program participate in a proportionate amount of physically active play.

BB. Screen Time

1. Screen time is defined as looking at electronic media (including television) with a screen, including watching screens while others use the media.
2. Television or other screen time is:
   a. prohibited for children under two;
   b. prohibited during meal and snack times (snacks may be provided during occasional group activities);
   c. prohibited when any child in the group is between birth through twenty-three months of age;
   d. limited for all other groups whether teaching staff-directed or a child-selected activity;
   e. limited to thirty minutes or less per day for each child or group;
   f. limited to one hour or less per evening for each child or group in evening or overnight care.
3. Exceptions to specified time limits include:
   a. electronic media used for children's homework;
   b. e-readers for reading;
   c. smart boards and tablets if used for hands-on learning activities;
   d. electronic media involving physical activity participation; and
   e. occasional group activities, such as watching a movie, provided that alternate supervised activities remain available to children.

III. ENROLLMENT AND STAFFING

A. Age for Admission

1. An infant (defined as a child between the ages of birth and eighteen months) is at least six weeks old for admittance to an infant program.
2. Infants under six weeks of age may never be admitted to an infant program.
3. A toddler (defined as being between eighteen months and three years of age) is at least eighteen months of age for admittance to a toddler program.
4. A child is at least three years of age for admittance to a preschool program.

B. Age Integration

1. Programs operating any combination of child care where age integration takes place meet the more stringent regulations for licensure.
2. Programs operating both preschool and infant and/or toddler components, where there is no age integration of children as delineated above, do not place any child above or below stipulated age requirements unless written exception is granted by the Department. A developmental assessment of the child may be required for such placement.
3. Preschool programs and school age programs may never be combined.

C. Staff/Child Ratio and Maximum Group Size

1. Programs maintain the following staff to child ratios and maximum group requirements:

AGE	STAFF | CHILD RATIO	MAXIMUM GROUP SIZE
6 weeks to 18 months	1 to 4	8
18 months to 3 years	1 to 6	12
3 years	1 to 9	18
4 years	1 to 10	20
5 years	1 to 12	24

2. The only exception allowed to the above staff/child ratio is during naptime, where there can be one staff per group of napping children. There are no exceptions to the above requirements for infants (six weeks to eighteen months).
3. Additional considerations:
   a. Maximum group size is determined by the number of children cared for by a caregiver or group of caregivers in a classroom or designated area.
   b. Physical barriers divide groups and completely separate the children.
   c. Groups may be combined for special activities such as outdoor play, meals, sleeping or field trips.
   d. Staff/child ratios are increased to one to four for swimming and other potentially dangerous activities.
   e. When staff members are functioning in administrative supervisory or support services roles, they do not count in the staff/child ratio.
   f. Programs serving mixed age groupings meet the staff/child ratio and group size requirements for the younger age grouping.
   g. Programs may implement more stringent staff-child ratios if providing inclusive settings for children with disabilities and developmental delays, in consideration of the IEPs or IFSPs for students and/or other special learning, health or social and emotional needs of the children in each classroom.
   h. If the child has an IEP or IFSP, the program works with the school district to support the child's IEP/IFSP.

D. Night-Time Care

1. Under no circumstances is a child in care for over twenty-four consecutive hours.
2. Staff required to meet staff-child ratios is awake at all times.
3. Staff remains with each group of children at all times.
4. Emergency lighting devices are installed throughout programs that provide night care.
5. Sleeping accommodations are restricted to ground floor areas.
6. Arrangements are made for personal hygiene, including bathing and tooth brushing.
7. Privacy is ensured for children while they are washing and when they are changing clothes.
8. In lieu of a head teacher, night care programs may utilize a site coordinator.

E. Supervision
1. Children are under the direct supervision of child care staff at all times.
2. Designated staff supervises all aspects of the program, including toileting, resting or sleeping, eating and outdoor play.
3. Supervision is defined as staff present in the room at all times and able to see and hear the children.

F. Staffing Patterns
1. The grid below represents potential staffing patterns.
2. Programs may choose any one option listed below within a category consistent with the size of the program(s).
3. Individuals must meet the credential requirements below to serve in these positions, which are listed in the staff qualifications section of these regulations.

One Classroom	Two to Four Classrooms	5 or more classrooms
Administrator (part time) Education Coordinator (part time) Teacher (full-time) Teacher Assistant (full-time)	Administrator (part time) Education Coordinator (part time) Teachers Teacher Assistants	Administrator (full-time) Education Coordinator (full-time) Teachers Teacher Assistants
Administrator/Education Coordinator (part time in each role) Teacher (full-time) Teacher Assistant (full-time)	Administrator/Education Coordinator (part time in each role) Teachers Teacher Assistants	Administrator (part time) + Administrative Assistant (part time) Education Coordinator (full-time) Teachers Teacher Assistants
Administrator (part time) Education Coordinator/Teacher (full-time) Teacher Assistant (full-time)	Administrator (part time) Education Coordinator/Teacher (part time in each role) Teachers Teacher Assistants	Administrator/Education Coordinator (part time in each role) Teachers Teacher Assistants
Administrator/Education Coordinator/Teacher (full-time) Teacher Assistant (full-time)	Administrator/Teacher (part time in each role) Education Coordinator (part time) Teachers Teacher Assistants	

G. Full-time staff are defined as working in the program for at least thirty hours per week for programs that operate full-day.

H. Group Staffing
1. Each program has one staff member at the level of teacher for each group of children.
2. These staff work under the supervision of the education coordinator.

I. Staff Person in Charge
1. In the absence of the program administrator and the education coordinator, a staff person is designated to be in charge.
2. This person is knowledgeable in the overall functioning of the program and maintains responsibility for staff supervision during the times that he/she is in charge.

J. Nurse

1. Programs serving infants have a nurse on the premises a minimum of three hours per day.
2. The nurse:
   a. coordinates the depth and scope of health services provided;
   b. participates in the enrollment decision-making process in collaboration with other appropriate staff members;
   c. provides on-site supervision and monitoring of the health status of all infants enrolled in the program;
   d. maintains responsibility for the health records of the children enrolled in the program;
   e. serves as a health consultant to staff and families and is the primary liaison to health consultants and services outside the program; and
   f. may function in an additional staff capacity after the duties and responsibilities of the nurse's role have been discharged.
   g. has training in pediatrics and is currently licensed in Rhode Island as a registered nurse or a licensed nurse practitioner.
3. The program may choose to hire a child care health consultant in lieu of a nurse in accordance with the American Academy of Pediatrics, Healthy Child Care America (http://www.healthychildcare.org/WorkWithHP.html).

K. Consultative Medical Services

1. Programs serving children over eighteen months of age have the consultant services of a licensed physician or registered nurse readily available.
2. The program has access to such professional services at all times when children are in care.
3. The program has a letter of understanding to document the availability of these services.

L. Auxiliary Staff

1. Provisions are made to carry out the necessary clerical, housekeeping, kitchen and maintenance functions needed to ensure the efficient operation of the program.
2. Child caring staff may perform these functions, but are not counted in the staff/child ratio while doing so.

M. A program whose enrollment exceeds twenty children and which prepares and serves meals employs at least one part-time or full-time food service worker.

N. Volunteers:

1. Are not counted as staff to meet staff/child ratios.
2. Are eighteen years of age or older.
3. Are cleared and approved in accordance with Section V. Employment Background Check Criminal Record and Clearance of Agency Activity Checks.
4. Receive a formal orientation to program policies and procedures and the volunteer assignment.
5. Work under the supervision of program staff and are never left alone with children or engage in any disciplinary action with a child.
6. If a teen volunteer is engaged, an adult supervisor who is physically present at all times closely monitors him/her.
   a. Teen volunteers are at least sixteen years of age.
   b. Programs obtain a signed consent agreement from parent of the teen volunteer stating that he/she approves of the volunteer

assignment.

c. The program has copies of the teen volunteer's emergency contact information.

d. The program has a copy of the teen volunteer's signed school physical form.

7. A file is maintained for each volunteer.

8. This file is kept current and contains:

a. an application for volunteering that includes signing a statement that he or she does not have a criminal record or a communicable disease; and

b. documentation of the volunteer orientation to the program and the volunteer assignment; and

c. documentation of understanding that the volunteer must always work under the supervision of program staff and never be left alone with children or engage in any disciplinary action with a child.

O. Staffing Plan

1. The program has a staffing plan and schedule for each classroom including a list of qualified substitutes.

2. Two or more staff are on site at all times.

P. Substitutes

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

2. Substitutes meet staff requirements.

3. Long-term substitutes meet the staff qualifications for the assigned position and are required when a staff member is out for twenty or more consecutive days.

IV. STAFF QUALIFICATIONS AND ONGOING PROFESSIONAL DEVELOPMENT REQUIREMENTS

A. Administrator

1. Each program has a program administrator who is responsible for the overall operation of the program in compliance with these regulations.

2. The child care program administrator, executive director or education coordinator who meets the following qualifications may assume this role:

a. Option one: Full-time education coordinator.

i. Administrator in a program where there is a full-time education coordinator has experience in administration and/or business management.

ii. Has a minimum of three years of experience working in a licensed/approved early childhood program.

b. Option two: Part-time education coordinator

i. Administrator in a program where there is a part-time education coordinator has experience in administration and/or business management;

ii. Has successfully completed at least eighteen credits in early childhood education and/or child development at the post-secondary level; and

iii. Has a minimum of three years of experience working in a licensed/approved early childhood program.

B. Education Coordinator

1. Each program has an education coordinator. The education coordinator is responsible for:
   a. the implementation of the early learning and development program, including classroom curriculum;
   b. the organization of children's groups; and
   c. staff performance.
2. This role may be assumed by the program administrator or teacher who meets the following qualifications:
   a. Option one: has a current RI Department of Education teacher certification for grades pre-kindergarten to second grade.
   b. Option two: has a bachelor's or master's degree in a related field such as child development, elementary education or special education and twenty-four credits in early childhood education from an accredited or approved institution of higher education.
   c. Option three: has a current RI Department of Education teacher certification for early childhood special education, which includes early childhood certification.
3. The education coordinator has a minimum of three months supervised teaching experience in a licensed/approved early childhood program (student teaching may fulfill this requirement).

C. Teacher

1. Each group of children has a teacher who works under the supervision and guidance of the education coordinator to care for the children and implement the classroom curriculum.
2. The teacher meets the following qualifications:
   a. Option one: Has a high school diploma with a vocational concentration in child care that includes two years of supervised experience in an licensed/approved early childhood program;
   b. Option two: Has a high school diploma or a General Education Development (GED) certificate; and
      i. three years of supervised experience in a licensed/ approved early childhood program or certified family day care home; and
      ii. a history of regular participation in an ongoing early childhood staff development program.

D. Each group of children has a teacher's assistant who is responsible for supporting the teacher in the care and early learning of children, is at least eighteen years old; has a high school diploma or a GED certificate and participates in an ongoing early childhood staff development program.

E. Administrative Assistant

1. The administrative assistant supports the program administrator in the overall operations in compliance with these regulations.
2. Has experience in administration or has professional experience in a field appropriate for those who work with young children.

F. Auxiliary Staff Qualifications

1. The qualifications of staff employed to carry out clerical, housekeeping, kitchen or maintenance functions is consistent with the skills needed to perform the respective job.
2. Kitchen staff participate in eight hours of training each year related to their position.

G. When the program employs or uses the services of consultants or other professional staff such as physicians, psychiatrists, social caseworkers, psychologists or nurses, these persons meet the professional standards required by the Rhode Island Department of Health.

H. Orientation
   1. The orientation includes a review of the regulations for licensure and the state law governing child abuse and neglect, as well as program policies, procedures and operations.
   2. All new staff and volunteers are oriented during their first week in the program.
   3. A description of the information covered in the orientation is kept on file for review by the Department representative during monitoring visits.

I. Professional Development
   1. All child caring staff, including the administrator and education coordinator, complete a minimum of twenty hours per year of training aligned with the workforce knowledge and competencies relevant to their role.
   2. The education coordinator, in conjunction with the administrator, is responsible for developing and overseeing an individualized training plan for each staff person.
   3. Training is in areas relevant to the care of young children and is directed towards transferable skills rather than program specific knowledge.
   4. Training may consist of workshops/seminars conducted by recognized professionals in the field, professional conferences, courses at an approved or accredited institution of higher education or comparable professional activities.

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

A. The program administrator is responsible for ensuring that a criminal record background check and a clearance of agency activity is conducted on all new staff prior to the assignment of child care duties, including consultants, whether full or part-time, in compliance with:
   1. **DCYF Policy 900.0035, Employment Background Checks: Facility Operators/Employees and Family Child Care Operators/Employees** (http://sos.ri.gov/rules/), and;
   2. **DCYF Policy 900.0040, Criminal Record Background Check(s)** (http://sos.ri.gov/rules/), and;
   3. **DCYF Policy 700.0105, Clearance of Agency Activity** (http://sos.ri.gov/rules/).

B. Within ten working days of receipt of written notification of disqualifying information, the applicant or staff may appeal the finding in accordance with **DCYF Policy 100.0055, Complaints and Hearings** (http://sos.ri.gov/rules/).

VI. ADMINISTRATION

A. Program demonstrates fiscal responsibility and stability.

B. Program maintains appropriate insurance for staff, children enrolled, transportation services and physical facilities.

C. Transportation of children complies with **DCYF Policy 100.0110, Transportation Safety** (http://sos.ri.gov/rules/) and adheres to state law and the rules and regulations of the Rhode Island Registry of Motor Vehicles. Programs providing transportation have written policies regarding the transport of children.

D. Each program develops policies for guiding children's behavior that are given to families and staff.
   1. These policies are based on an understanding of the individual needs and development of the children and assist staff in helping each child to learn and grow.
   2. Policies include prohibited guidance methods.

E. Release of Children
   1. Parents/guardians sign in the child at drop off and sign out the child upon pick up.
   2. Children are only released to the parent or to an individual, eighteen years of age or older, who is authorized by the parent to pick up the child and whose identity can be verified by a proper identification card bearing his/her photograph.
   3. The program develops written policies and procedures regarding the release of children to persons other than the parent. These policies are given to parents and staff and include:
      a. the procedure for documenting any custody or restraining orders relating to the child;
      b. the procedure for maintaining current written parental authorization for the release of the child to named individuals, which is updated at least annually;
      c. the procedure for verification of identity of authorized individuals, including picture identification;
      d. the procedure for handling emergency call-in authorization by the parent, including verification of the identity of the parent over the phone;
      e. statement that children are not released to an adult under the influence (procedures are established regarding to whom a child should be released in this circumstance).

F. Program Policies and Procedures
   1. The program has written policies and procedures that are given to parents and staff.
   2. Enrollment policy and fee for services are explained to all parents and staff.
   3. Policies and procedures include information on:
      a. child, family and staff orientation programs;
      b. medical emergency and sick child procedures;
      c. classroom management;
      d. calendar, program closing and hours of operation;
      e. schedule of daily activities;
      f. curriculum, goals and philosophy;
      g. program evaluation;
      h. requirements for children's files;
      i. evaluation of children;
      j. supervision of children; and
      k. procedure for reporting cases of child abuse and neglect.

G. Personnel Policies and Procedures

1. A written statement of personnel policies and procedures is developed and is available to all staff.
2. This statement is used in the orientation of new staff members and contains the following:
   a. job descriptions and qualifications for employment;
   b. time and procedure for staff evaluation;
   c. employment benefits;
   d. channels for complaints and suggestions;
   e. work day, work week and scheduling of staff;
   f. salary and wage scales;
   g. procedures for disciplinary action and termination; and
   h. staff training.

H. An appropriate system of record-keeping is established; hard copy and/or electronic files are maintained and space is provided within the program for the files to be maintained.

1. Provision is made for the protection of files and reports as well as for ensuring confidentiality.
2. An individual file is maintained for each staff. This file contains:
   a. personal data sheet or application containing the staff's name, age, home address, phone, education and work experience;
   b. job description;
   c. fingerprinting documentation, results of criminal record check and clearance of agency activity;
   d. notarized employment history and criminal record affidavits;
   e. documentation of employment history verification;
   f. health documents;
   g. attendance record;
   h. staff performance evaluations;
   i. documentation of qualifications;
   j. staff training plan and documentation of participation in staff training; and
   k. statement at time of leaving employment.
3. A file is maintained on each child. Parents/guardians have access to their child's file, which is kept current and includes:
   a. an application form completed by the parent/guardian containing the child's name, birth date, parent/guardian's name, current address and phone number and work or school address and phone number;
   b. date of enrollment;
   c. health record, which includes immunization data and physician's record of pre-admission examination;
   d. pertinent social information on the child;
   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 the treatment given;
   g. information pertaining to the child's progress, growth and development, including IEP information, as relevant;
   h. written authorization from the parent/guardian for the child to participate in and be transported for field trips and other special activities that are not part of the program's daily program; and
   i. names of individuals to whom the child may be released.

4. In addition to the above information, programs serving infants and toddlers obtain information, in writing, to aid the staff in individualizing the program for each child, including:
    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.

I. Program staff work collaboratively with Early Intervention and Special Education providers and in partnership with the family, to support children's health, safety and early learning and development.

J. The program has a confidentiality policy that requires all staff, consultants and volunteers to maintain confidentiality of child, family and staff information included in files, conversations, observations, meetings, correspondence, social media, cell phones or any other source.
    1. Information contained in a child's file is only released with written authorization from the child's parent/guardian.
    2. The program maintains such authorization on file.

K. At least annually, families, staff and other professionals evaluate the program's effectiveness in meeting the needs of the children.

L. The program does not exceed the licensed capacity at any time.

M. Programs develop and implement a written plan that describes the policy and procedures used to prepare for and respond to emergency or disaster situations.
    1. Emergency planning is individualized to program and hours of operation.
    2. The emergency plan includes procedures for:
        a. serious injuries or illnesses;
        b. suspected child poisonings and known exposure to toxic substances;
        c. outbreaks of infectious diseases, including pandemic influenza;
        d. weather conditions, including tornados, floods, blizzards, hurricanes and ice storms;
        e. fires, including wildfires;
        f. man-made disasters, including chemical and industrial accidents;
        g. human threats, including bomb threats and terrorist attacks;
        h. potentially violent situations in the program, including individuals with threatening behaviors;
        i. lost or abducted children;
        j. utility disruption, including electricity, water and phone; and
        k. other natural or man-made disasters that could create structural damage or pose health hazards.
    3. The emergency plan includes procedures for addressing child needs with additional considerations for children:
        a. two years of age and younger; and/or
        b. with disabilities, developmental delays or chronic medical conditions.
    4. The emergency plan includes procedures for staff to account for each child's location on a continual basis during emergencies.

5. The emergency plan includes shelter-in-place procedures for short or extended stay situations that require children to stay in the building, such as tornados and other weather emergencies.
6. The emergency plan includes lock-down procedures for situations threatening the safety of children and staff, such as shootings, hostages or intruders. Lock-down procedures include:
   a. notifying staff;
   b. keeping children in designated safe locations in the building;
   c. encouraging children to remain calm and quiet;
   d. securing building entrances; and
   e. ensuring unauthorized individuals do not enter the building.
7. The emergency plan includes evacuation procedures for situations that require children leave the building, such as a fire. Evacuation procedures include evacuation routes and pre-determined meeting location(s).
8. The emergency plan includes relocation procedures for situations that require children move to an alternate location, such as a bomb threat or fire.

VII. CURRICULUM

A. Curriculum
1. The curriculum clearly demonstrates an understanding of the needs of children and provides for their growth through enriching and stimulating experiences suited to their age levels and stages of development.
2. The curriculum includes:
   a. developmentally appropriate activities, including daily physical activity;
   b. daily schedule;
   c. classroom environment (and materials);
   d. physical activity;
   e. nurturing relationships; and
   f. family partnerships.

B. Planning
1. There is a written method of documented planning in each classroom that details classroom plans on a weekly basis and is informed by the Rhode Island Early Learning and Development Standards (http://www.earlylearningri.org/).
2. Planning is the responsibility of the education coordinator.
3. At least once a month, the education coordinator meets with each teacher to consult on program planning and to assist in the planning for individual children.
4. Classroom teachers share this information with staff and plan for individual children's needs and growth. Planning includes child-directed activities.
5. Documentation of planning is kept onsite for at least the previous three months.

C. The program provides a variety of developmentally appropriate activities, guided by the Rhode Island Early Learning and Development Standards. Activities emphasize concrete experiential learning through play to:
1. Promote learning through spontaneous and directed play activities.
2. Enhance each child's unique potential for learning across all developmental domains.
3. Foster each child's physical health, development and coordination.

4. Support each child's social and emotional development, including trusting relationships with adults.
5. Support each child's language development, communication and emergent literacy skills.
6. Support cognition, executive function and approaches to learning.

D. Daily Schedule (Process)

1. The infant/toddler program demonstrates an understanding of the needs and development of young children and provides experiences and environments that go beyond basic care and supervision.
2. The program provides experiences that foster the development of trusting relationships between staff and child(ren).
3. Programs serving infants make every effort to schedule consistent staff in order to foster and maintain warm, reciprocal relationships between staff and infants.
4. The program provides an environment that promotes respect for individual feeding, sleeping and diapering patterns.
5. The physical needs of the children receive prompt attention.
6. Daily routines of feeding and diapering provide opportunities for learning (e.g. mirrors, mobiles, toys and language input).
7. The program provides activities that promote on a daily basis:
   a. language acquisition by statements of happenings, songs, stories, poems and finger-plays;
   b. cognitive/sensory learning by stimulation of the senses of sight, hearing, taste, smell and touch;
   c. gross motor skills;
   d. fine motor skills; and
   e. tummy time.
8. Teachers post and follow a regular daily schedule. The schedule provides a balance of activities and experiences, which incorporate a combination of activities and are child-initiated and staff-initiated, each day including:
   a. indoor and outdoor;
   b. quiet and active;
   c. large group, small group and individual; and
   d. large muscle and small muscle.
9. Staff promote children's active play and participate with children when physically able to do so for at least an hour each day. The indoor and outdoor environments are utilized for all children to engage in physical activity each day.
10. Programs provide regular periods of quiet activity or resting/sleeping appropriate to the needs of the children.
11. Infants and toddlers are in cribs only for rest or sleep.
12. Preschool children are on cots only for rest or sleep.
13. There are no restraining devices of any type used in a crib or elsewhere unless prescribed by a physician or other appropriately licensed/certified professional.
14. The program designates a space separate from the napping area for children who will not sleep to have quiet, supervised play.
15. There is a sleep plan appropriate to the needs of each child. There is no forced sleep or wakefulness.
16. All programs follow a regular daily schedule. However, planned or routine activities are changed to meet the interests and needs of the children or to cope with weather changes or other situations that effect routines.

E. Classroom Environment and Materials (Context)

1. All equipment and materials used in the program are:
   a. safe and durable;
   b. appropriate for the age level of the children and stage of development;
   c. sufficient in quantity for the number of children enrolled;
   d. accessible to the children;
   e. promote exploration; and
   f. represent a variety of racial, cultural, linguistic, gender, ability and age attributes.
2. Materials which require staff supervision are stored out of children's reach.
3. The indoor and outdoor environments are organized so as to provide the children with ample opportunity for freedom of movement and exploration in safe, clean, open and uncluttered areas.
   a. Non-mobile infants are positioned to permit a wide range of visual stimuli.
   b. Positioning is varied throughout the day.
   c. Ambulatory infants and toddlers are permitted to freely explore a planned environment which provides opportunities to utilize their emerging skills to crawl, climb, pull to a stand and walk.
4. Materials are provided which stimulate infant development. A selection of play things are provided including but not limited to:
   a. blocks;
   b. busy boards;
   c. balls;
   d. cuddly toys;
   e. pull toys;
   f. sorting toys;
   g. kitchen toys;
   h. musical and auditory stimulation toys;
   i. nesting and stacking toys;
   j. rattles and squeeze toys;
   k. mirrors;
   l. books;
   m. mobiles and cradle gyms;
   n. climbing equipment; and
   o. riding toys.
5. The indoor and outdoor environments are organized and equipped with clearly defined learning areas which include, at a minimum, areas devoted to:
   a. construction;
   b. dramatic play;
   c. discovery,
   d. sensory play;
   e. books;
   f. large motor activity;
   g. manipulatives; and
   h. creative expression, including music.

F. Nurturing Relationships (Teaching and Facilitating)

1. Staff:
   a. serve as a positive role model for the children in care;
   b. use positive methods in guiding children back on task, encourage appropriate behavior and set clear limits;
   c. use rules that children can understand;

d. match expectations with the children's developing abilities and capabilities;
e. praise the children's accomplishments as well as their attempts at tasks;
f. use positive, firm limit setting;
g. assist children by redirecting them from inappropriate actions to activities that are more favorable;
h. create a positive environment through their own behaviors such as frequent social conversations with children, joint laughter and affection, eye contact, tone of voice and smiles; and
i. develop individual relationships with children by providing care that is responsive, attentive, consistent, comforting, supportive and culturally sensitive.

2. When a child presents challenging behavior, staff:
   a. observe the child;
   b. identify events, activities, interactions and other factors that predict and may contribute to the challenging behavior;
   c. use this information to assist the child;
   d. work together with families on behalf of their child; and
   e. support families in accessing services and outside resources, when necessary.

VIII. FAMILY ENGAGEMENT

A. The program is open to families for observation and visits whenever the program is in operation.

B. Preadmission Family Conference
   1. Are scheduled to secure health and family history, obtain background information on the child and his/her home and develop the child's program.
   2. The completion of these conferences is documented.
   3. Areas of discussion includes:
      a. child's strengths and needs;
      b. families goals for a child;
      c. family history and background; and
      d. necessary supports and accommodations to ensure the child's health, safety, early learning and development.
   4. Opportunities are provided for the child and parent to visit the program one or more times before the child is enrolled.

C. Family-Staff Conferences.
   1. The program has a plan for family-staff conferences.
   2. Programs operating infant/toddler programs develop a means of daily communication between staff and families.
   3. Shared information includes: references to the child's mood, health, feeding, sleeping, toileting, playing or other activities, noting changes, disruptions or note-worthy occurrences at home or at the program.

D. Families are kept informed through the parent handbook, regular newsletters, bulletin boards, frequent notes, telephone calls and other communications.

E. The program offers opportunities for the families to be engaged in their child's early learning and development. These experiences are informed by the Rhode

Island Early Learning and Development Standards and suited to the children's age and developmental levels.

F. The program maintains a directory of community resources and makes relevant information available to families.

G. Staff work collaboratively with local school districts to ensure that all children have the opportunity to participate in child outreach screening. Screening is not used to label a child, determine a child's placement in the program, deny a child's entrance into a program or to infer a child's readiness.