STATE OF RHODE ISLAND

DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

School-Age Child Care Program Regulations for Licensure

November

2013

Rhode Island Department of Children, Youth and Families
School-Age Child Care Program
TABLE OF CONTENTS

SECTION ONE - GENERAL PROVISIONS 3

I. LEGAL BASIS 3

II. DEFINITION 3

SECTION TWO - LICENSING PROVISIONS 3

I. APPLICATION PROCESS 3

II. LICENSE 4

III. LICENSE RENEWAL 5

IV. DENIAL, REVOCATION OR SUSPENSION OF LICENSE 6

V. VARIANCE 6

VI. PROCEDURE FOR APPEAL/HEARING 6

SECTION THREE - LICENSING STANDARDS 7

I. PHYSICAL SPACE AND SAFETY 7

II. HEALTH AND NUTRITION 10

III. ENROLLMENT AND STAFFING 15

IV. STAFF QUALIFICATIONS AND ONGOING PROFESSIONAL DEVELOPMENT REQUIREMENTS 17

V. CRIMINAL RECORD BACKGROUND CHECK(S) AND CLEARANCE OF AGENCY ACTIVITY 18

VI. ADMINISTRATION 19

VII. CURRICULUM 22

VIII. FAMILY ENGAGEMENT 23

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 school-age 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 that the program reflects an understanding of the healthy growth and development of children and youth. 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 school-age child care program 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 these regulations.

B. Application Packet
   1. An application for licensure is submitted on the forms provided by the Department's licensing unit.
   2. A separate application, including all supporting documentation, is submitted 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 is 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. the name and qualifications of all anticipated staff;

h. medical information on staff;

i. employment history;

j. criminal record background checks to include fingerprints 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 is 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. 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, 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.
2. Prior to the issuance of a license, the licensing worker visits the program to determine compliance with these regulations and to determine the program's maximum capacity.
3. Upon receipt of a completed application, inspection approvals and a report from the 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 operation of the school-age child care program is evaluated to determine compliance with the 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.
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 served in the program. The program never exceeds the capacity for which it is licensed.
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;
   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;
   b. the privilege to inspect and to access 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 child care 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 person, 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 of being asbestos free or asbestos safe;
      d. have an acceptable score on a radon test within the last three years; and
      e. be accessible for 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 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 Activity Rooms
   1. Activity rooms used for school-age child care are located at ground level or above.
   2. Facilities used by the children are not located below ground level.
   3. Activity rooms are convenient to the other facilities used by the children, including but not limited to bathrooms, health room and isolation area. When such facilities are located outside of the main activity area, provision is made for supervision by staff.

C. Ventilation and Lighting
   1. There is adequate ventilation and lighting throughout the program.
   2. All activity rooms used for children have provision for 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. There is a minimum of 300 cubic feet of air space for each child.
   6. Portable space heaters are prohibited.

D. There is a minimum of thirty-five square feet of usable floor space for each child in activity rooms or classrooms used for the program. The program does not exceed the licensed capacity.

E. Indoor Areas
   1. Indoor activity is clearly defined by spatial arrangement.

2. Space is subdivided 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.
4. The program ensures an adequate storage area for the child's clothing and belongings.
5. An area is designated to properly store program equipment, materials and supplies.
6. There is a utility room, separate from the kitchen, with hot and cold water and storage space for cleaning equipment and supplies.
7. Space is provided for administrative and clerical functions.

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

G. 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 grounds that are reasonably level, well-drained and free from hazards. Programs that operate within a school are exempt from the fencing requirement.
5. Climbing equipment, swings and large pieces of play equipment are developmentally appropriate for the ages of children, 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 the manufacturer's specifications and instructions;
   c. approved by the United States Consumer Product Safety Commission; and
   d. maintained in good repair.
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. Trampolines are prohibited.

H. Toilet Facilities
1. There are separate fully enclosed and clearly marked bathroom facilities for boys and girls.
2. Bathrooms contain one toilet and one sink for each group of twenty boys or girls enrolled.
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 are separate toilet facilities in the same building for staff.

I. Drinking Water

1. Drinking water is available and is easily accessible both indoors and outdoors to children throughout the day, including at all meals.
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 are reusable cups 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.

J. Food Preparation

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.
4. Adequate refrigeration temperatures are maintained, including 41 F° or lower for refrigerator and zero F° or lower for freezer.
5. There is sufficient storage and appropriate handling of supplies and means for sterilizing dishes.

K. 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 maintenance of the program 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 to ensure freedom from hazards.

L. 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.

M. 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.

N. 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 and the 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, policy 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 may be accessed on the Rhode Island Department of Health's website: http://www.health.ri.gov/immunization/for/schools/.

B. Immunization Records
1. Any child enrolled in an educational institution (private, charter, public or parochial) is exempt from furnishing immunization records to the school-age child care program.
2. Any child not enrolled in an educational institution submits to the administrative head of the program upon first entering a school-age child care program:
   a. evidence that such child has been immunized or is being immunized according to schedule; or
   b. an Immunization Exemption Form from a licensed physician stating that such 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).
3. No child may enter a child care program unless evidence is submitted that the child has received initial doses of required vaccines.
4. In the event that the child is not enrolled in an educational institution, the program administrator is responsible to maintain a current record of the child's immunizations.
5. If the child is not fully immunized, the program administrator follows up with the parent to ensure that the child has immunization appointments scheduled.
6. Acceptable evidence of immunization:
   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.

7. The immunization record contains the day, month and year of each dose of vaccine administered.
8. 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. Any child enrolled in an educational institution (private, charter, public or parochial) is exempt from furnishing a physician's record of examination to the school-age child care program.
2. Any child not enrolled in an educational institution presents evidence of a preadmission health physician's record of examination, which includes information regarding any condition/handicap affecting the child's health.

D. 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.

E. Communicable Disease

1. Any child or staff member suffering from a reportable communicable disease adheres to timelines of absence prior to returning to the program 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.

F. 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 also 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.

G. Corporal Punishment
   1. Staff do not physically restrain children.
   2. Staff do not hit, grab, push or pull the children or engage in any form of corporal punishment.
   3. Children are not subjected to cruel or severe punishment, humiliation, physical punishment, threats or verbal abuse, including yelling or derogatory remarks.
   4. Children are not ignored or neglected.
   5. Children are not deprived of meals, 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).

H. 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 that is prominently displayed in the area where the children eat.

I. 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.

J. 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. Prescription 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; the 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.

K. 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.

L. Children with Food Allergies or Special Nutrition Needs
1. For each child with special health care needs, food allergies or special nutrition needs, the program requests the family to obtain from the child's health provider an individualized care plan that is prepared in consultation with the family and specialists involved in the child's care.
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 frequents.
b. If consent for posting is not provided, then this information is shared verbally with all relevant staff, including substitutes.

M. 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.

N. 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 the 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 children and staff with special needs.
6. This plan is reviewed and approved annually by the state or local fire inspector.

O. Cleaning and Sanitizing Routines
1. Staff wash their hands with liquid soap and warm running water as needed 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.

P. Meals and Snacks

1. The program provides an afternoon snack for the child.
2. Breakfast and/or dinner is/are provided for children who are in care for more than nine hours.
3. When the program is in operation full-day, snacks are provided mid-morning and mid-afternoon and nutritionally balanced meals are served at suitable intervals.
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 that 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.

Q. Beverages

1. Children are served skim or one percent milk.
2. If the program serves juice, it is 100% fruit juice.
3. The program does not serve or allow drinks sweetened artificially or with sugar, including soda and flavored milk.
4. The program does not serve or allow caffeinated drinks, including soda and energy drinks.

R. 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.

S. 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.

T. Physical Activity
1. Staff participate in physical activity with children at least once per day for at least an hour.
2. Indoor and outdoor environments are utilized daily for all children to engage in physical activity.

U. 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 during meal and snack times (snacks may be provided during occasional group activities);
   b. prohibited when any child in the group is between birth through twenty-three months of age;
   c. limited for all other groups whether utilized in a staff-directed or a child-selected activity;
   d. limited to thirty minutes or less per day for each child or group;
   e. 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 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. Child must be five years of age and enrolled in kindergarten to be eligible for admission to a school-age program.

B. The following applies when both preschool and school-age programs are in operation:
1. Child Care Program Regulations for Licensure (http://sos.ri.gov/rules/) apply when there is a kindergarten program.
2. Pre-school and school-age programs are never combined.

C. A staff-child ratio of one adult to thirteen children is maintained with a maximum group size of twenty-six.

D. Staff members who function in administrative, supervisory or support services roles are not counted in the staff-child ratio.

E. Children are under the direct supervision of school-age child care staff at all times.

F. Each school-age program has an administrator who carries out the administrative and staff supervisory functions and who is responsible for the overall operation of the program in compliance with these regulations. An administrator who also serves as site coordinator meets the staff qualifications for the position of site coordinator.

G. Each school-age program has a site coordinator. The site coordinator is responsible for the daily operation of the program, ensuring the safety and well-being of the children enrolled and direct supervision of program staff.
   1. The site coordinator can be counted in the staff-child ratio while providing direct care.
   2. For programs operating five or fewer hours per day, the site coordinator is on the premises at all times when the program is in operation.
   3. For programs operating more than five hours per day during school vacations and holidays, the site coordinator is on the premises for at least two thirds of the time that the program is in operation.
   4. The site coordinator designates a staff to be in charge when he or she is absent from the program. The designated staff in charge is knowledgeable in the overall functioning of the program and responsible for staff supervision during the site coordinator's absence.

H. Each program has additional staff to meet the staff -child ratio requirement as defined above. Staff work under the supervision of the site coordinator.

I. The consultant services of a licensed physician or a registered nurse are readily available. The program has access to such professional services at all times when children are in care. A letter of understanding documents the availability of these services.

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

K. If enrollment exceeds twenty children and the program prepares and serves meals, at least one part-time or full-time food service worker is employed.

L. 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.

M. There are two or more staff members on site at all times.

N. There is a list of substitutes who can be called upon in the event of the absence of a staff member in order to maintain the required staff -child ratio. Substitutes meet staff requirements. Long term substitutes meet the staff qualifications for the assigned position.

O. Staff are actively involved with children during activities.

P. Staff support children's contributions with positive and motivating language and encourage children to try new skills.

IV. STAFF QUALIFICATIONS AND ONGOING PROFESSIONAL DEVELOPMENT REQUIREMENTS

A. The administrator has experience in program administration or professional experience in a field appropriate to work with school-age children. A program administrator who also serves as site coordinator meets the staff qualifications for site coordinator.

B. The site coordinator is at least twenty-one years of age, and;
1. Has at least an Associates Degree or sixty college credit hours, with eighteen of them in a field relating to education, child development, human services or recreation from an approved and accredited institution of higher education.
2. Has at least one year of supervised experience working with children or meets one of the following:
    a. Holds a Bachelor's Degree in a field relating to education, child development, human services or recreation from an accredited or approved institution of higher education; and has a minimum of one year of supervised experience working with school-age children in a group setting (field placements and student teaching are counted toward this requirement); or

b. Holds an Associate's Degree in a field relating to education, child development, human services or recreation from an accredited or approved institution of higher education and has a minimum of two years of supervised experience working with school-age children in a group setting (field placements and student teaching are counted toward this requirement).

C. School-age staff used to meet the ratio requirements are at least eighteen years of age and have a high school diploma or General Education Development (GED) certificate, and have had either formal training in child care/youth development or at least one year of supervised experience working with school-age children in a group setting.

D. The qualifications of other staff employed to carry out clerical, housekeeping, kitchen or maintenance functions are consistent with the skills needed to perform the respective job.

E. When the program employs or uses the services of other professional staff, such as physicians, psychiatrists, social caseworkers, psychologists, or nurses, these individuals meet the minimum professional standards in the particular field. Professionals whose practice is regulated by state law meet the requirements mandated by the state of Rhode Island in the respective field.

F. The program provides a formal orientation for all new staff and volunteers.
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.

G. All school-age child-caring staff, including the program administrator and the site coordinator, complete a minimum of twenty hours per year of training.
1. The site coordinator, in conjunction with the program administrator, is responsible for developing and overseeing an individualized training plan for each staff person.
2. Training is in areas relevant to the care of school-age children and is directed towards transferable skills rather than program-specific knowledge.
3. Training may consist of, but is not limited to, workshops/seminars conducted by recognized professionals in the field; professional conferences; courses at an approved or accredited institution of higher education; or other similar professional activities such as classroom observation, reading relevant books and articles.
4. Documentation of the individual staff training plan and completion of the training is kept in each staff person's folder.

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. The program demonstrates fiscal responsibility and stability.

B. The 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 and gives copies of these policies 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 or older, who is authorized by the parent to pick up the child and whose identity can be verified by a valid 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 contain:
   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, 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; and
   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. group management;
   d. calendar, program closing and hours of operation;
   e. schedule of daily activities;
   f. program goals and philosophy;
   g. program evaluation;
   h. requirements for children's files;
   i. supervision of children;
   j. procedure for reporting cases of child abuse and neglect; and
   k. prohibition of contraband materials and weapons.

G. Personnel Policies and Procedures

1. A written statement of personnel policies and practices 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. defined time and procedure for staff evaluation;
   c. employment benefits;
   d. established channels for complaints and suggestions;
   e. established work day, work week and scheduling of staff;
   f. established salary and wage scales;
   g. procedures for disciplinary action and termination; and
   h. staff training.

H. Record-Keeping

1. 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 various files to be maintained.
2. Provision is made for the protection of files and reports as well as for ensuring confidentiality where applicable.
3. An individual file is maintained for each staff member which 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 and results of criminal record check and clearance of agency activity check record affidavits;
   d. documentation of employment history verification;
   e. health documents;
   f. attendance record;
   g. staff performance evaluations;
   h. documentation of qualifications;
   i. staff training plan and documentation of participation in staff training; and
   j. statement at time of leaving employment.
4. A file is maintained for each child and is accessible to parents/ guardians. This file 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. a health record which includes immunization data and a physician's record of examination (for those children not enrolled in an educational institution);

d. parent reported medical information that is updated annually or more frequently as needed;

e. pertinent social information on the child;

f. written authorization from the parent/guardian for emergency medical treatment;

g. written reports of injuries, accidents or illness occurring while the child is in the program and the treatment given;

h. written authorization from the parent/guardian for the child to participate in and be transported for field trips and other special activities; and

i. names of individuals to whom the child may be released.

I. Confidentiality

1. 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.
2. Information contained in a child's file is only released with written authorization from the child's parent/guardian.
3. The program maintains such authorization on file.
4. The program has procedures to ensure the implementation of the confidentiality policy.

J. At least annually, families, staff, and other professionals are involved in evaluating the program's effectiveness in meeting the needs of the children.

K. 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 the program and hours of operation.
2. The emergency plan includes procedures for:
   a. serious injuries or illnesses;
   b. suspected child poisonings and/or 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, including individuals with threatening behaviors;
   i. lost or abducted children;
   j. utility (electricity, water and phone) disruption; 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, including individualized evacuation plan(s) for children.

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 periods that children are required to stay in the building, such as during 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. The program clearly evidences an understanding of the needs of school-aged children and provides for growth through enriching and stimulating experiences suited to their age levels and stages of development. It provides for choice on the part of the children in selection and planning of scheduled activities.

B. There is a daily schedule posted that includes planned activities that provide a change of pace and interest from school. The scheduled activities are balanced along the following dimensions:
   1. indoor/outdoor;
   2. quiet/active;
   3. individual/small group/large group;
   4. large muscle/small muscle; and
   5. child initiated and staff initiated.

C. All programs follow a regular daily schedule. However, planned or routine activities can be changed to meet the interests and needs of the children or to cope with weather changes or other situations.

D. The program provides a variety of developmentally appropriate activities that engage children with (creating, combining, reforming) materials or ideas, or improve a skill through guided practice, balancing concrete experiences with abstract concepts, and which:
   1. enhance and enrich each child's unique potential for learning;
   2. increase each child's use of language and communication skills, both academically and socially-emotionally;
   3. foster physical and motor development when applicable;
   4. encourage the development of appropriate emotional attitudes and social skills;
   5. foster a positive self-image;
   6. foster trusting relationships with adults;

7. encourage the child's sense of autonomy and independence;
8. foster individual child's interests and curiosity;
9. expand the child's capacity for independent thinking and exploration; and
10. encourage optimal health, safety and nutritional practices.

E. Staff serve as a positive role model for the children in care.
1. Staff use positive methods in guiding children's behavior back on task, encourage appropriate behavior and set clear limits and rules that children can understand.
2. Staff match their expectations with the children's developing abilities and capabilities.
3. Staff praise the children's accomplishments as well as their attempts at tasks.
4. Staff 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.
5. Staff assist children by redirecting them from inappropriate actions to activities that are more favorable.
6. Staff encourage children to understand the relationship between their actions and consequences.
7. When a child presents challenging behavior, staff:
   a. observe the behavior;
   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; and
   d. work together with families on behalf of the child.

F. The program provides for assistance with homework as needed.

G. An onsite program planning book details the plan for at least a month in advance.
1. Program planning is the responsibility of the site coordinator.
2. Staff meet with the site coordinator monthly to consult on program planning and to plan for individual children.

H. Under no circumstances is a child in care for over twenty-four hours.
1. All staff members required to meet staff-child ratios are awake at all times.
2. A staff person remains with each group of children at all times.
3. Emergency lighting devices are installed throughout programs that provide night care.
4. Sleeping accommodations are restricted to ground floor areas.
5. Arrangements are made for personal hygiene, including bathing and tooth brushing.
6. Privacy is ensured for children when washing or changing clothes.

VIII. FAMILY ENGAGEMENT

A. The program is open to families and others for observations and visits whenever it is in operation.

B. A preadmission conference is offered to secure health and family history and to obtain relevant background information on the child and his/her home.

C. Programs obtain relevant health information on the child and his/her family in order to maintain the health and well-being of the child.

D. For children with special needs, any relevant developmental, medical, equipment, staffing and/or training needs that are essential for the child is discussed.

E. The program provides opportunities for the child and family to visit one or more times before enrollment.

F. There is a plan for family/staff conferences as a part of the program.

G. Families are informed about the program through a family handbook, newsletters, bulletin boards, notes, telephone calls and other communications.

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

I. 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.