

# **FAMILY CHILD CARE HOME REGULATIONS FOR LICENSURE**



**STATE OF RHODE ISLAND  
DEPARTMENT OF CHILDREN, YOUTH AND  
FAMILIES**

**APRIL 2013**

**RI Department of Children, Youth and Families  
Family Child Care Home Regulations for Licensure  
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# Rhode Island Department of Children, Youth and Families Family Child Care Home Regulations for Licensure

## **SECTION ONE - GENERAL PROVISIONS**

### **1. LEGAL BASIS**

Rhode Island General Law (RIGL) 42-72.1 – Licensing and Monitoring of Child Care Providers and Child-Placing Agencies  
RIGL 42-72-5 – Department of Children, Youth and Families (Power and Scope of Activities)  
RIGL 40-13.2 – Certification of Child Care and Youth Serving Agency Workers

### **2. DEFINITION**

FAMILY CHILD CARE HOME means any home other than the child's home in which child care, in lieu of parental care and/or supervision, is offered at the same time to four (4) or more children who are not relatives of the care giver. These programs shall be licensed by the Department of Children, Youth and Families (DCYF) in accordance with Chapter 42-72.1 of the General Laws of Rhode Island. Issuance of a Family Child Care Home License is based on compliance with the regulations contained in this document and upon evidence that the home meets the appropriate state fire and health codes. A license is valid for a period of two years. Any person who operates a Family Child Care Home as defined in RIGL 42-72.1-2 without a license shall be referred by the DCYF Child Care Licensing Unit to the Attorney General's Office for prosecution in accordance with RIGL 42-72.1-7.

## **SECTION TWO - LICENSING PROVISIONS**

### **1. APPLICATION PROCESS**

#### **A. Orientation and Pre-service Training**

- a. An applicant interested in becoming a child care provider must attend a DCYF Family Child Care orientation. During the orientation, the licensing application packet is given to the applicant.
- b. Applicant must complete an approved Family Child Care training program prior to submitting application to DCYF.

#### **B. Application Packet**

1. The completed licensing application packet must be submitted to the DCYF Child Care Licensing Unit to initiate the Licensing process. An incomplete packet will be returned to the applicant.
  - a. Packet includes information for provider, assistants and emergency assistants.
  - b. Proof of ownership of home or a notarized landlord authorization form
  - c. Provider is responsible to ensure that assistants and emergency assistants complete information.
2. The following documents are included in the application packet:
  - a. Medical references signed by a licensed physician for the applicant and any proposed assistants, including emergency

- assistants, stating that the individual has had a medical examination within the past six months, is in good health and is able to care for children
- b. Notarized Criminal History Affidavits (DCYF #109) completed by the applicant and any proposed assistants, including emergency assistants, and evidence that they have been fingerprinted in accordance with DCYF Policy 900.0040: Criminal Records Checks.
  - c. Notarized Employment History Affidavits (DCYF #108) completed by the applicant and any proposed assistants, including emergency assistants, in accordance with DCYF Policy 900.0035: Employment Background Checks Facility Operators/Facility Employees.
  - d. Copy of written emergency/evacuation plan
  - e. Copy of daily routine
  - f. Copy of written behavior management policy
  - g. Show evidence of current certification in pediatric CPR/First Aid training from an approved source. On line CPR training is not acceptable.
  - h. Provide documentation regarding completion of General Equivalency Diploma (GED), if applicable. High school diploma must be from an accredited institution. Online High School Diploma is not acceptable. If obtained in another country, copy of original, with seal, and translation must be submitted.
  - i. Show evidence of liability insurance coverage for the child care program. Coverage is at least \$200,000 for each occurrence of negligence.
  - j. Ensure that medical reference has been completed.
  - k. Provide documentation that required training has been completed.
  - l. Provide documentation that the home has been tested for radon and found safe.
  - m. Provide documentation that the home complies with recommendations developed pursuant to RIGL 23-24.6-14 (Lead Poisoning Prevention Act) and regulations developed in accordance with this statute.
  - n. Undergo a fire inspection.
  - o. Undergo a statewide criminal records check.
  - p. Undergo a DCYF agency clearance.
  - q. License Inspection - DCYF Child Care Licensing staff will make unannounced annual visit to the applicant's home where the child care will be provided in order to determine compliance with these regulations.

3. Every application for DCYF licensure to operate a family child care home shall be accompanied by a fee, established in RIGL 42-72.1-5, payable to the Rhode Island General Treasurer.

C. Criminal Records Checks

- a. The applicant and any proposed assistants, including emergency assistants, shall undergo statewide and nationwide criminal records checks, including fingerprinting. All members of the applicant's household must undergo a statewide criminal records check through the Attorney General's Bureau of Criminal Identification.

- b. Criminal records checks are completed in accordance with DCYF Policy 900.0040: Criminal Records Checks.
  - a. This Policy includes a listing of criminal offenses that automatically disqualify an individual from seeking employment in a child care facility if that individual has been arrested and convicted or arrested pending disposition for one of the listed offenses.
  - b. Additionally, criminal history of any offense will be reviewed and based upon such review, an applicant with a conviction of an offense that is not automatically disqualifying may be denied licensure if it is determined by the Child Care Licensing Supervisor that the conduct of the applicant impacts upon the fitness and suitability of the applicant to provide child care.
  - c. Results of all required criminal records checks must be received prior to licensure for operator and household members and prior to employment for assistants and emergency assistants.

a. DCYF Records Checks

1. The applicant, members of the applicant's household and any proposed child care assistants, including emergency assistants, must undergo a DCYF records check in accordance with DCYF Policy 700.0105: Clearance of Agency Activity.

- a. DCYF Policy 700.0105 includes a listing of indicated allegations of child abuse and/or neglect that automatically disqualify a person from operating or seeking employment in a child care facility.
- b. Additionally, all agency involvement will be reviewed and based upon such review, an applicant with a history of DCYF involvement that is not automatically disqualifying may be denied licensure if it is determined by the Child Care Licensing Supervisor that the conduct of the applicant impacts upon the fitness and suitability of the applicant to provide child care.

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

- b. Fire and Health Inspections - The applicant's home where the child care will be provided shall be approved by a duly authorized fire inspector as being in compliance with the applicable section of the State Fire Code and by the Health Department as being in compliance with applicable health and safety standards.
- c. Lead Inspection certificate indicating home is lead-safe or lead-free. If home is lead-safe, a yearly inspection must be conducted, and shown to be lead-safe.
- d. Radon Inspection, must be in compliance with applicable section of Health and Safety standards as set forth by the Health Department. Retesting shall be completed every three years.
- e. Licensing Inspection - Prior to the issuance of a license, an inspection visit will be made by DCYF Child Care Licensing Unit staff to the applicant's home where the child care will be provided in order to determine compliance with these regulations.
- f. Annual unannounced visits will be conducted there after to ensure compliance.

• **LICENSE**

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

- b. A license is issued to a designated Provider at that individual's home address and is not transferable. The license will apply only to the place of residence occupied by the applicant at the time of issuance.
  - 1. Provider shall notify the Department at least thirty (30) days prior to any change of address.
  - 2. Provider shall notify the Department immediately of any change in telephone number.
- c. The license entitles the DCYF Director or designee and the Child Advocate or designee to be given the right of entrance, the privilege to inspect and access to all records in order to ascertain compliance with regulations and to investigate complaints.
- d. Any person, not required by law to be licensed because that person will provide care for fewer than four (4) unrelated children for any part of a twenty-four (24) hour day, may voluntarily apply to the Department for licensure.

- **VARIANCE**

- a. The DCYF Director or designee may grant a variance with respect to one of the following situations upon the submission of a written request setting forth the circumstances requiring the variance and demonstrating good cause for the variance to be granted.
  - a. The child of a provider under the age of six (6) years who would otherwise be counted as part of the maximum capacity for children in the home during the time that child care is provided may not be counted as part of the maximum capacity if the provider presents evidence that the child is engaged in a pre-school program and/or child care arrangement during the hours that child care is provided in the home.
  - b. Any other request for variance that does not jeopardize the health, safety and well-being of the children in care will be reviewed on a case by case basis and may be granted upon a finding of good cause
  - c. An approved variance will contain a specified time frame and be subject to periodic review.

- **LICENSING VIOLATIONS AND COMPLAINTS**

- a. Any complaint, which alleges a violation of these regulations, will be referred to the DCYF Licensing Division for review, follow-up and corrective action, if deemed appropriate.
  - o When a family child care home is found to be in violation of these Regulations, the DCYF Licensing Administrator or designee sends written notice of the violation(s) to the provider. The Notice establishes a deadline for correcting the violation.
  - o If the Family Child Care Home remains in violation at the end of the designated time frame, the Licensing Administrator or designee initiates action to suspend, revoke or continue the license on Probationary Status.
- b. Any complaint, which alleges that a child has been abused and/or neglected in a family child care home, will be referred to Child Protective Services for review and/or investigation.

- **DENIAL, REVOCATION OR SUSPENSION OF A LICENSE**

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

- a. Provider, assistant, emergency assistant or adult member of the provider's household has been convicted of, or is serving an active probationary sentence for a criminal offense, or has an arrest that is pending disposition, in accordance with section I. C above.
  - b. Provider, assistant, emergency assistant or other permanent member of the provider's household has a history of DCYF involvement, in accordance with section I. D above.
  - c. Children in the custodial care of the provider, assistant or emergency assistant have been adjudicated dependent, neglected, abused, wayward, or delinquent.
  - d. Provider, assistant or emergency assistant has a documented history of chemical or alcohol abuse within the past seven years.
  - e. Provider, assistant or emergency assistant fails to comply with duly promulgated family child care home regulations.
  - f. Provider, assistant or emergency assistant has failed to comply with duly promulgated rules or engaged in fraudulent or other unlawful acts while acting as an agent of, or participating in, any other state or federally funded program.
  - g. Provider, assistant or emergency assistant fails to cooperate with the Department in its licensing process including the falsification or omission of facts.
- a. If the DCYF Director or designee finds that the public health, safety or welfare requires emergency action and the Department incorporates such findings in an order, the Department may order summary suspension of the license or curtailment of activities as enumerated above, pending proceedings for revocation or other action in accordance with RIGL 42-35-14(c).

• **PROCEDURE FOR APPEAL/HEARING**

- a. Any applicant for licensure or license holder may appeal any action or decision of a Departmental staff person, supervisor or administrator that is adverse to the person's status as an applicant or license holder.
- b. All administrative appeals/hearings relating to licensing actions shall be held in accordance with DCYF Policy 100.0055, Complaints and Hearings.

• **DUAL FOSTER CARE LICENSE AND FAMILY CHILD CARE LICENSE**

- a. A foster care provider will be permitted to apply for a Family Child Care Home License if the following criteria are met:
  - a. Applicant has held a Foster Care License for a minimum of one (1) year and is in good standing with no licensing violations.
  - b. Applicant must be able to demonstrate ability to comply with Family Child Care Home and Foster Care Licensing Regulations.
- b. The decision to issue a Family Child Care Home License will be made by the Licensing Administrator.
- c. The following stipulations will apply when a Family Child Care Home License is issued to a licensed foster care provider:
  - a. Foster Care License will be limited with regard to the numbers and ages of foster children allowed.
  - b. Foster children will be counted in determining the total number of child care children allowed in the home.

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

- **LICENSE RENEWAL**

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

- i. Packet includes renewal information for provider, assistants and emergency assistants.
- ii. Provider is responsible to ensure that assistants and emergency assistants complete renewal information.

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

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

- a. This allows sufficient time to complete the process.

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

- b. Show evidence of current certification in pediatric CPR/First Aid training from an approved source.

- c. Provide documentation regarding completion of General Equivalency Diploma (GED). High school diploma must be from an accredited institution. Online High School Diploma is not acceptable. If obtained in another country, copy of original, with seal, and translation must be submitted.

- d. Show evidence of liability insurance coverage for the child care program.

Coverage is at least \$200,000 for each occurrence of negligence.

- e. Ensure that medical reference has been completed.

- f. Provide documentation that required training has been completed).

- g. Provide documentation that the home has been tested for radon and found safe.

- h. Provide documentation that the home complies with recommendations developed pursuant to RIGL 23-24.6-14 (Lead Poisoning Prevention Act) and regulations developed in accordance with this statute.

- i. Provide results of fire inspection.

- j. Undergo a statewide criminal records check.

- k. Undergo a DCYF agency clearance.

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

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

- a. Submit the following renewal information to Provider:

- a. Medical reference

- b. Documentation of High School Diploma and/or General Equivalency Diploma (GED) from an accredited institution.

- c. Evidence of current certification in pediatric CPR/first aid training from an approved source

- d. Documentation that required training has been completed

- b. Undergo a statewide criminal records check.

- c. Undergo a DCYF agency clearance.

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

- a. Submit renewal information and medical reference to Provider.

- b. Undergo a statewide criminal records check.
- c. Undergo a DCYF agency clearance.

## **SECTION THREE - LICENSING STANDARDS**

### **I. PHYSICAL SPACE AND HOME SAFETY**

#### **A. Overall Condition of Family Child Care Home**

- 1. The home shall be maintained in compliance with all applicable state and local codes.
- 2. The home shall be maintained in good repair and in a clean, neat, hazard-free condition.
- 3. Trash must be covered and properly stored.
- 4. The home shall be kept free from rodent and insect infestation.

#### **B. Radon Safety**

- 1. Providers shall show evidence that the home has been tested for radon and has been found to be radon safe.
- 2. Retesting shall be done every three (3) years in accordance with the Rules and Regulations for Radon Control issued by the Rhode Island Department of Health.

#### **C. Lead Paint Safety**

- 1. There shall not be any peeling or damaged paint or plaster in any area of the Family Child Care Home, either interior or exterior.
- 2. The Family Child Care Home serving children under the age of six (6) years shall comply with rules and regulations promulgated by the Rhode Island Department of Health pursuant to RIGL 23-24.6-14 (Lead Poisoning Prevention Act) and shall comply with recommendations resulting from lead inspections conducted pursuant to the above referenced statute and regulations. Yearly inspections shall be conducted if the home is determined to be lead-safe.

#### **D. Smoke and Carbon Monoxide Detectors and Fire Extinguishers**

- 1. The family child care home shall have approved smoke detectors located outside sleeping areas in the immediate vicinity of bedrooms. Bedrooms or sleeping rooms, separated by other use areas, such as kitchen or living rooms, but not bathrooms, shall require a separate detector. In basements or cellars, smoke detectors shall be located at the top of the stairway.
- 2. The home shall be equipped with a carbon monoxide detector.

3. There shall be a five (5) pound, ABC fire extinguisher located in the kitchen area. All fire extinguishers are replaced or serviced and tagged by a competent authority or when the seal is broken

E. Hot and Cold Running Water

1. There shall be hot and cold running water available for the care of the children.
2. The home's domestic hot water system and hand washing sinks shall be set no higher than 120 degrees F.
3. If the water supply is not from a public source, it shall be tested for potability. Water testing shall be done at time of licensing and upon renewal.

F. Stairways

1. Stairways that are used by children shall have a railing at the children's height.
2. Stairways shall be well lighted and kept clear of obstructions.
3. In homes where children under three (3) years of age are in care, there shall be a gate which is kept securely fastened at the entry to any stairway accessible to children.

G. Ventilation, Glass Doors and Windows

1. Each room used by children shall have sufficient ventilation and lighting.
2. Clear glass doors shall be clearly marked at children's eye level.
3. All doors and windows which are used for ventilation shall be securely screened.
4. If windows above the first floor are used for ventilation, they shall be opened from the top or secured with safety guards.

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

1. Any furniture in the area shall be appropriate for children's use.
2. This space shall be exclusive of bathrooms, hallways, kitchen and any rooms that are used for activities other than child care.
3. There shall be adequate open space available to allow for program activities and freedom of movement by the children
4. Provisions for sleeping/napping shall be made on the level care is provided.

I. Outdoor Play Areas

1. Provider shall identify an area or areas for outdoor play which shall be safe, protected and free from hazards such as access to the street, debris, broken glass, animal waste, peeling paint, tools and construction materials, open drainage ditches, wells, holes and bodies of water. A fence of at least four (4) foot in height shall be required for outdoor play area.
- 1.
2. Outdoor porches and decks above the first floor shall not be used as play areas unless they are fully enclosed and structurally sound.
3. Outdoor porches and decks at the first floor level, used as play areas, shall be enclosed with a minimum of a four (4) foot railing and the slats shall be no more than 3 ½ inches apart. There shall be a gate that is kept securely fastened at the entry to any steps or stairways.
4. Provider or assistant(s) shall directly supervise outdoor play at all times.

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#### J. Bathroom and Toileting

1. The family child care home shall have a minimum of one (1) toilet and hand washing sink located in the bathroom. The bathroom shall be located in an area that is readily available to the children in care. Locks on bathroom doors should not be within the reach of children or, if they are, the provider shall have a key readily accessible.
2. When training chairs are used for toilet training, they shall be emptied and sanitized after each use. Training chairs shall not be considered a substitute for the required toilet.
3. Toilets and training chairs shall be located in rooms separate from those used for cooking and/or eating.

#### K. Food Storage

1. Food shall be properly stored, covered and/or refrigerated.
2. The refrigerator temperature shall be maintained at 41 degrees F or less and the freezer temperature at 0 degrees or less.

#### L. Telephones and Emergency Numbers

1. There shall be a working telephone, other than a pay phone or cell phone, in the child care area. The phone shall be kept in working order and shall be readily available for use in case of an emergency.
2. Emergency phone numbers, including 911, local fire and police departments, Child Abuse and Neglect Hotline (1-800-742-4453), emergency room or hospital, family physician and poison center

shall be posted in a conspicuous place, adjacent to each phone in the child care area.

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

**M. CLEANLINESS:** All parts of the home and its premises shall be kept in good repair, clean, neat, and free of hazards. Maintenance of the home shall be done when children are not present.

**N. FURNITURE:** There shall be a sufficient quantity of furniture in the home to accommodate the number of children to be enrolled. Furniture shall be safe, durable, child-sized and easily cleaned. It shall conform to all applicable safety regulations. Seating shall be provided for every child.

**O. Sleeping/Resting Arrangements**

1. There shall be regular periods of quiet activity or resting/sleeping appropriate to the needs of the children. There shall be an opportunity for children to rest for at least thirty (30) minutes, but no child shall be forced to sleep. For children who do not require sleep, time and space shall be provided for quiet play.
2. While resting or sleeping, children shall be directly supervised by the provider or an assistant who is on the same floor where the children are sleeping. Monitors shall not take the place of in-person supervision. Doors to any room shall remain open at all times.
3. Lighting to permit appropriate supervision shall be provided in sleeping areas when children are sleeping, napping or resting.
4. Children under the age of one year napping in cribs shall be monitored by in-person checks at least every ten (10) minutes. The provider shall maintain a written record of crib checks for each child under the age of one (1) year.
5. Children's heads and faces are not covered.
6. To reduce the risk of Sudden Infant Death Syndrome, infants shall be placed on their backs to sleep unless there are medical orders or a written statement from the parent/guardian requiring alternative positioning.
7. Cribs shall have firm, well-fitting mattresses and crib sheets. Sheepskins, beanbags, waterbeds, comforters and pillows shall not be used.
8. Pillows, quilts, comforters, stuffed toys, bumper pads, and other soft products are not permitted in infant cribs
9. Children shall have their own bedding and it shall be stored separately to prevent contamination.

10. Spaces between the upright slats in cribs shall not exceed 2 3/8 inches. There shall be no cutouts in crib headboards.
11. Children shall not be in cribs with bottles.
12. Children shall sleep or rest on cots, mats that are at least two (2) inches thick, couches or beds. Children shall not sleep or rest directly on the floor.
13. When mats are used for sleeping, they shall be cleaned weekly if not shared by children. If children share mats, they shall be cleaned between each use.
12. Cribs must meet Consumer Product Safety Commission Standards and documentation is maintained at the Child Care Home.
13. "Pack – n – plays", playpens, swings, bouncers, infant seats/car seats, infant carriers, carriages or air mattresses are not allowed for sleeping..

**P. Use of Basements/Cellars for Child Care**

1. Children shall not be cared for in the cellar or basement area of a home unless there are two (2) exits from the area, one of which shall be a door leading directly to the outside and must have full sized windows. Bulkheads and overhead garage doors are not acceptable exits.
2. Basements shall not be used for sleeping unless the boiler/furnace room is constructed to provide a one hour fire rating. This would include fire-rated sheet rock on the walls and ceiling and a fire rated door. Enclosures shall be provided with an air vent to the outside sufficient for proper combustion and exhaust.

**Q. Heating System**

1. The family child care home shall have a heating system capable of maintaining a minimum temperature of 65 degrees in all areas accessible to the children.
2. All heating equipment shall have the proper controls for controlling the temperature, ignition and safety. Also an auxiliary switch wired to a position that is remote from the boiler/furnace area is required in order to shut off the boiler/furnace without entering a danger area in the event of a fire.
3. All heating elements, including hot water pipes, wood stoves, electric space heaters and radiators in areas used by children shall be insulated, protected or barricaded so that they will not be a danger to the children and will not be a fire hazard. Asbestos insulation covering any pipes or heating elements shall be intact and properly sealed.

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

**R. Humidifiers, Dehumidifiers and Vaporizers**

1. Humidifiers, dehumidifiers and vaporizers shall be kept out of reach of children and used and maintained according to manufacturers' directions.
2. Parents/guardians shall be notified when such appliances are used in the family child care home.

**S. Electrical Outlets**

1. Every electrical outlet within the children's reach shall be covered with a choke proof, child resistant device while not in use.
2. Electrical cords shall be taped or fastened so that they are not a hazard to children.
3. Electrical cords shall not be frayed or damaged.
4. Electrical outlets shall not be overloaded.
5. The use of electrical extension cords is prohibited.

**T. Candle Use and Flashlights in Emergency Situations**

1. Provider shall have a flashlight, in working condition, readily available for use in the event of a power failure or other emergency situation.
2. In emergency situations, candles and oil lamps shall not be used as a lighting source.

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

**V. Firearms**

1. Providers and household members who have possession of firearms shall obtain the proper licenses or permits to the extent required by law.
2. Firearms shall be stored, unloaded and under lock, in a place which is inaccessible to children during the hours that child care is provided in the home.
3. Ammunition shall be stored separately under lock during the hours that child care is provided in the home.

**W. Swimming Pools**

1. Swimming pools shall be securely fenced to prevent access by the children.
  - a. The fence shall be at least six (6) feet high with a locked gate.

- b. Above ground pools may have a four (4) foot fence extension along the outer rim of the pool; provided that the ladder leading to the pool folds up and locks into place and the height from the ground is at least six (6) feet.
2. Pools, including wading and inflatable pools, shall only be used under the supervision of the provider or assistant(s).
3. Pools without a filtration system must be emptied and disinfected after each use.
4. Provider shall obtain written permission from parent/guardian prior to taking a child into a pool.

## **II. HEALTH, SAFETY AND NUTRITION**

### **A. General Health Examinations**

1. Physical Examination Form - Prior to enrollment and annually thereafter, the Family Child Care Home Provider shall obtain from the parent/guardian a statement that the child has had a physical examination signed by a licensed health care provider (physician, physician assistant, certified registered nurse practitioner, other licensed practitioner acting within his/her scope of practice) that the child has had an age appropriate history and physical examination, assessing the health and well being of the child and indicating any allergies, conditions, or handicaps affecting the child's general health that might require special care.
2. Immunizations - The physical examination form shall include evidence that the child is age appropriately immunized against diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, rubella, Haemophilus influenza type b, hepatitis B, varicella (chickenpox), and pneumococcal disease, in accordance with rules and regulations promulgated by the Rhode Island Department of Health relating to immunization and testing for communicable disease.
3. Exemptions to Immunization Requirements - A child may only be permanently exempt from the immunization requirements for either of the two (2) reasons stated below:
  - a. The child's health care provider has signed the Rhode Island Department of Health's *Medical Immunization Exemption Certificate* attesting that the child is exempt from a specific vaccine because of medical reasons.
  - b. The parent/guardian has signed the Rhode Island Department of Health's *Religious Immunization Exemption*

*Certificate* attesting that immunization conflicts with the tenets of their religious beliefs.

4. Lead Screening - The physical examination form shall include evidence that the child has been screened for lead poisoning in accordance with the rules and regulations promulgated by the Rhode Island Department of Health pursuant to RIGL 23-24.6 (Lead Poisoning Prevention Act).
5. Exemption to the Lead Screening Requirement - The lead screening requirements shall not apply if the child's parent/guardian signs a sworn statement indicating that lead screening is contrary to his/her religious tenets and practices.

**B. RUBELLA:** At the time of application, or upon initial employment, all female providers, assistant and emergency assistants of child bearing age (up to 35 years of age) shall be required to have a rubella (German measles) susceptibility blood test; or show proof of immunity by previous testing; or produce a record of having received rubella vaccine.

**C. IMMUNIZATION RECORDS:** Each child upon first entering a home shall furnish the provider with one of the following:

1. Evidence that such child has been immunized, or is being immunized according to schedule against diphtheria, pertussis, tetanus, polio, measles, haemophilus influenza B, rubella, and mumps, or has had natural disease;
2. or an Immunization Exemption Form from a licensed physician stating that such child is not a fit subject for immunization for medical reasons;
3. or a certificate signed by the parent or guardian stating that immunizations are contrary to his/her beliefs. (Said form is available through the Office of Disease Control at the Department of Health).
4. No child may enter a family child care home unless evidence is submitted that the child has received initial doses of required vaccines.
5. The provider shall be responsible for maintaining a current record of immunization for the child who is not fully immunized, documenting when immunizations take place, and following up with the parent to insure that the child is being immunized according to schedule.
6. 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 R.I. 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 home; øf
- e. The immunization record shall contain the day, month, and year of each dose of vaccine administered.
- f. When a child transfers to another family child care home, center or school, the child's immunization record shall be released to the authorized center or school official.

**D. When a Child Becomes Ill in Care**

1. Provider shall notify the parent/guardian immediately when a child becomes ill while in care.
2. Provider shall furnish special care for an ill child, including a comfortable resting space in a quiet area away from other children, within sight of the provider or assistant.

**E. Caring for Children with Handicapping Condition or Special Needs**

1. When a child with a handicapping condition or special needs is accepted for care, the provider shall obtain from the parent/guardian written recommendations for any specialized care that the child may require. These recommendations shall come from or be endorsed by the child's physician or other authorized professional who has evaluated or treated the child.
2. Care provided to children with special needs shall be in accordance with the child's Individualized Educational Plan (IEP) or the Individualized Family Service Plan (IFSP).

**G. PREADMISSION INTAKES:** Preadmission intakes shall be 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. Areas of discussion could include, but not be limited to:

1. Child's strengths and needs
2. Families goals for a child
3. Family history and background
4. Necessary supports and accommodations to ensure the child's health , safety and early learning and development

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

1. For an infant under four (4) months of age, an axillary temperature (armpit) above 100 degrees is considered a fever. An infant under four (4) months of age who has a fever, even without any other signs of illness, should be excluded from the child care and the parent/guardian should be encouraged to seek medical attention.
2. For children, a fever is defined as an oral temperature above 101 degrees or an axillary (armpit) temperature above 100 degrees. It is the general recommendation that a child be excluded for a fever when behavior changes, signs, or symptoms of illness that require further evaluation accompany it.
3. Diarrhea is defined by more watery stools, a decreased form of stools not associated with dietary changes, and increased frequency of passing stool that is not contained by the child's ability to use the toilet. A child with diarrheal illness of an infectious origin may be allowed to return once the diarrhea resolves unless the infectious agent was Salmonella, Shigella, or E. Coli. These require negative stool cultures before return. Contact the Rhode Island Department of Health with any questions.
4. Blood in the stools not explainable by dietary change, medication or hard stools
5. Vomiting (two (2) or more episodes of vomiting in the previous twenty-four (24) hours). Exclude until vomiting resolves or until a health care provider determines that the cause of the vomiting is not contagious and the child is not in danger of dehydration.
6. Persistent abdominal pain (continues more than two (2) hours) or intermittent pain associated with fever or other signs and symptoms
7. Mouth sores with drooling, unless the health care provider determines that the child is non-infectious
8. Rash with fever or behavior change, until a physician determines that these symptoms do not indicate an infectious disease
9. Purulent conjunctivitis (pinkeye: accompanied by white or yellow eye discharge), until after treatment has been initiated

10. Head lice, until after treatment
11. Scabies, until treatment has been initiated
12. Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care
13. Impetigo, until twenty-four (24) hours after treatment has been initiated
14. Strep throat or other streptococcal infection, until twenty-four (24) hours after initial antibiotic treatment and cessation of fever
15. Chickenpox, until all sores have crusted over (usually six (6) days)
16. Pertussis, until five (5) days of appropriate antibiotic treatment has been completed
17. Mumps, until nine (9) days after onset of parotid gland swelling
18. Hepatitis A virus, until one (1) week after onset of illness, jaundice, or as directed by the health department
19. Measles, until four (4) days after onset of rash
20. Rubella, until six (6) days after onset of rash
21. Unspecified respiratory tract illness
22. Shingles
23. Herpes simplex
24. The illness prevents the child from participating comfortably in activities as determined by the child care provider.
25. The illness results in a greater need for care than the child care staff can provide without compromising the health and safety of the other children as determined by the child care provider.
26. Documentation of the health assessment shall be maintained on file in the child's record. A note signed by the child's parent/guardian that includes the date, time and results of the assessment and name of the health care provider consulted shall be considered acceptable documentation.
27. Provider shall not re-admit a child who has been placed on an antibiotic or other prescription medication until the child has been on the medication for at least twenty-four (24) hours. The decision to care for a child who is ill or to re-admit an ill child shall be made by the provider after evaluating the child's history, symptoms and general condition.

#### **I. Child with Parasite Infection**

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

2. Provider shall notify parents/guardians of all the children in care of possible parasite infestation.
3. Provider shall disinfect the home by cleaning all articles that may contain lice or nits such as clothes, towels and bed linens. These should be washed in hot water and detergent, or dry cleaned. Rugs, carpeting and upholstery shall be vacuumed.

#### **J. Reporting Communicable Diseases**

1. Family Child Care Home Provider shall report communicable diseases in accordance with the *DOH Rules and Regulations Pertaining to the Reporting of Communicable, Environmental and Occupational Diseases*.
2. It is particularly important to report clusters or outbreaks of infectious diseases as outlined in the reporting regulations.
3. Provider shall notify all parents/guardians whenever a reportable communicable disease has been introduced into the home.

**K. Reporting Child Abuse and Neglect** - Provider and assistants shall report any known or suspected child abuse or neglect to DCYF at 1-800-RI-CHILD in accordance with RI law 40-11-3 and DCYF Policy 500.0000, Reporting Child Abuse and/or Neglect to the Call Floor, which require that any person, who has reasonable cause to know or suspect that any child has been abused and/or neglected or has been a victim of sexual abuse by another child, must report this information to DCYF within twenty-four (24) hours.

#### **L. CORPORAL PUNISHMENT:**

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

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

#### **N. First Aid and Communicable Diseases**

1. Provider shall have written instructions relating to first aid and communicable diseases readily available in the child care area.
2. There shall be a first aid kit in the home that shall be located out of reach of the children, but shall be readily accessible to the provider and assistant(s) in the event of an emergency.
3. The first aid kit shall contain no less than:
  - a. Adhesive bandages
  - b. Disposable nonporous gloves
  - c. Sealed packages of alcohol wipes or antiseptic
  - d. Scissors, tweezers, thermometer, bandage tape and safety pins
  - e. Sterile gauze pads
  - f. Flexible roller gauze
  - g. Triangular bandages
  - h. Eye dressing
  - i. Cold pack
4. Syrup of Ipecac shall not be used to induce vomiting and shall not be included in a first aid kit or available for use by a family child care home provider.
5. The first aid kit shall be restocked after use.
6. The first aid kit shall be taken on field trips and outings away from the home.

#### **O. Accident or Illness of Child in Care**

1. Provider shall keep a written record of any accident or illness that occurs while the child is in care and shall include the record in the child's file.
2. Provider shall notify the parent/guardian immediately in the event of an accident or other emergency requiring the child to have medical attention.
3. Provider shall notify the parent/guardian of any accident occurring while the child is in care. Notification shall be given on the same day that the accident occurs.

#### **P. Administration of Medication**

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

2. Prescription medication shall not be administered to a child without the written order of a physician. A labeled prescription bottle with the child's name, current date and dosage shall be considered acceptable.
3. Non-prescription or homeopathic medication shall not be administered to a child under two (2) years of age unless prescribed by a physician.
4. Non-prescription or homeopathic medication shall not be administered to a child over two (2) years of age for longer than three (3) days without the written authorization of a physician.
5. Provider shall maintain a written record of every medication administered, both prescription and non-prescription. This record shall include:
  - a. Child's name
  - b. Name and dosage of medication administered
  - c. Date and time administered
  - d. Initials of the provider or assistant administering the medication

6. Steps for medication administration:

- a. Check that the name of the child on the medication and the child receiving the medication are the same;
- b. Check that the name of the medication is the same as the name of the medication on the instructions to give the medication if the instructions are not on the medication container that is labeled with the child's name;
- c. Read and understand the label/prescription directions or the separate written instructions in relation to the measured does, frequency, route of administration (ex. by mouth, ear canal, eye, etc.) and the other special instructions relative to the medication;
- d. Observe and report any side effects from medications;
- e. Document the administration of each dose by the time and the amount given;
- f. Document the person giving the administration and any side effects noted;
- g. Handle and store all medications according to label instructions and regulations.

**Q. Emergency Treatment Form**

1. Provider shall have an Emergency Treatment Form for each child in care that is signed by the parent/guardian and notarized. This form shall be kept on file for use in the event of an emergency. It shall be taken on field trips and outings away from the home, along with the daily attendance sheet.
2. Parent/guardian shall identify two persons who can be contacted in the event of an emergency if parent/guardian is unreachable. This information shall be reviewed with parent/guardian every three (3) months in order to update any changes.

#### **R. Storage of Drugs, Medicines and Other Dangerous Substances**

1. Drugs and medicines shall be stored in their original containers in a clean, dry area out of reach of children in a locked cabinet or a cabinet with child proof latches, in working order. Storage shall be separate from any items that attract children such as food or candy.
2. Cleaning materials, detergents, aerosol cans, matches and other substances that could be a danger to children shall be stored in their original containers out of reach of children or in a locked cabinet and used in such a way that shall not contaminate play surfaces, food or food preparation areas or generally constitute a hazard to children.

#### **S. Animal Safety**

1. All pets, including dogs, cats and other domestic animals, shall be kept in a safe and sanitary manner and in accordance with state and local requirements.
2. All animals maintained on the premises shall have up-to-date rabies and other vaccinations as required.
3. Children shall, according to their ages and functioning levels, be protected from pets which are potentially dangerous to their health or safety.
4. Pets shall not be abused or threatened in the presence of children.
5. The provider shall notify parents/guardians of the presence of any pets in the home.

**T. CHILDREN WITH SPECIAL HEALTH CARE NEEDS:** If there are children in the home who have special health care needs, specific health procedures shall be delivered, where appropriate, by a licensed/certified health professional or a staff person who has been trained to appropriately carry out such procedures. Such procedures may include, but not be limited to, Epi Pen, nebulizer, insulin injections, etc.

**U. CHILDREN WITH FOOD ALLERGIES OR SPECIAL NUTRITION NEEDS:** For each child with special health care needs, food allergies or special nutrition needs, the provider shall request the family to obtain from the child's health provider an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care. The provider shall protect children with food allergies from contact with the problem food. The provider shall ask families of a child with food allergies to give consent for publicly posting information about that child's food allergy. If consent is given, then it shall post that information in the food preparation area and in the areas of the program the child uses so it is a visual reminder to all those who interact with the child during

the program day. If consent for posting is not provided, then this information shall be shared with all relevant staff, including substitutes, to ensure that they are informed.

**V. HEALTH AND SAFETY TRAINING:** The provider shall ensure that he or she attends specific training to be able to appropriately address health and safety of children with developmental delays and disabilities, special health and special nutrition needs; including medical needs.

**W. FIRE DRILLS:** The provider shall conduct at least one fire drill per month that they are in operation. Both obstructed and unobstructed drills shall be conducted. A record of such drills shall be maintained. Providers with night care shall conduct fire drills during their hours of operation in the evening.

#### **X. Emergency Evacuation Plan**

1. Provider shall have a written emergency plan for evacuating the children from the home in case of fire or other disaster. This plan shall be updated annually, and include the following:
  - a. clear instructions for contacting parents and emergency contacts.
  - b. two (2) means of exiting the home.
  - c. Assistants and emergency assistants shall have knowledge of and be able to implement this plan.
  - d. A graphic evacuation plan shall be posted in each room where child care is provided.
2. Parents must be provided with a written copy of the emergency plan.
3. Practice evacuation drills shall take place once a month. Both obstructed and unobstructed drills shall be conducted. A record of such drills shall be maintained.

#### **Y. Hand Washing**

1. All staff, volunteers and children shall wash their hands with liquid soap and warm running water.
2. Hands shall be dried with disposable towels or individual hand towels that are laundered daily.
3. Hands shall be washed upon arrival for the day or when moving from one child care group to another.
4. Hands shall be washed before and after:
  - a. Eating, handling food or feeding a child
  - b. Providing medication
  - c. Playing in water that is used by more than one person
  - d. Hands shall be washed after:
  - e. Diapering, using the toilet or helping a child use a toilet

- f. Handling bodily fluid (mucus, blood, vomit) from sneezing, wiping and blowing noses, from mouths or from sores
- g. Handling uncooked food, especially raw meat and poultry
- h. Handling pets and other animals
- i. Playing in sandboxes
- j. Cleaning or handling garbage

**Z. CLEANING AND SANITIZING SOLUTIONS:** The provider shall use appropriate bleach solution or other Environmental Protection Agency approved products for the routine cleaning and sanitizing of all surfaces. These shall be 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 Center for Health and Safety in Child Care.*

**AA. CLEANING AND SANITIZING ROUTINES AND SCHEDULES:** The provider shall post and follow a cleaning and sanitation schedule 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 Center for Health and Safety in Child Care.*

**BB. Diaper Changing Area**

- 1. There shall be a diaper changing area that is separate and apart from kitchen counters and dining tables.
- 2. A sink with hot and cold running water for hand washing shall be accessible to the diaper changing area. Hands shall be washed with liquid soap and warm running water before and after each diaper change. Non-latex vinyl gloves shall be used for personal protection during diaper changing, but shall not take the place of hand washing.
- 3. The diaper changing area shall be cleaned and sanitized after each use. A disinfectant solution of ¼ cup of bleach to one (1) gallon of water or an EPA approved sanitizing agent shall be kept readily available in a spray bottle for this purpose. The bottle shall be clearly labeled and kept out of reach of children. In order to be effective, the disinfectant solution should be allowed to air dry or at least sit on the surface for two (2) minutes before wiping. If a bleach solution is used, it shall be changed daily as it only remains effective for twenty-four (24) hours.

4. Soiled diapers shall be placed in a closed container lined with a leak proof disposable lining. The container must be emptied daily and kept clean.
5. If cloth diapers are used, there shall be no rinsing or dumping of the diapers in the facility. Also, diapers should have an absorbent inner lining completely contained within an outer covering made of waterproof materials that prevents the escape of feces and urine

### **CC. Toilet Training**

1. Toilet training shall be an individual plan, based on the child's readiness and carried out in conjunction with the parent/guardian.
2. There shall be no routine attempt to toilet train any child under the age of twenty-four (24) months without consent of parent/guardian.

**DD. BUCKET SEATS AND HIGH CHAIRS:** Bucket seats and high chairs shall only be used for feeding, and should not be used during activity time or as a form of restraint. High chairs are all equipped with t straps for safety.

**EE. MENUS:** Written menus for meals and/or snacks shall be planned on a five week rotating basis and shall be posted where parents/guardians can see them.

### **FF. Snacks and Meals**

1. Provider shall serve nutritious mid-morning and mid-afternoon snacks and nutritious meals to the children in care in accordance with the child care component of the USDA Child and Adult Care Food Programs (CACFP).
2. When parents/guardians provide snacks or other meals, the provider shall monitor the food to ensure nutritious value. Provider shall provide parents/guardians with written guidelines for meals and snacks and suggest how they can assist the provider in meeting these guidelines.
3. Whenever possible, the provider shall sit and eat with the children.

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

1. Infants (birth through 12 months)
  - a. Either breast milk or iron-fortified infant formula or portions of both, must be served for the entire first year.
  - b. Juice shall not be offered to infants until they are six months of age and ready to drink from a cup. The provider should offer not more than 4 ounces of 100%

fruit juice per day. Juice should be offered at either a meal or a snack instead of continuously throughout the day all meals. Fruit drinks or punch, soda, and other sugar-sweetened beverages are not allowed.

2. Toddlers 12 months through 24 months
  - a. Only whole pasteurized milk should be served to children between the ages of 12 and 24 months. The provider shall not serve skim or nonfat, low fat (one percent or two percent) to any child between 12 and 24 months.
  - b. Juice – The provider should offer not more than 4 ounces of 100% fruit juice per day. Juice should be served from a cup and should be offered at either a meal or a snack instead of continuously throughout the day all meals. Fruit drinks or punch, soda, and other sugar-sweetened beverages are not allowed.
  - c. The provider shall have drinking water readily available to the children during the time that they are in care.
3. Children 2 years and older
  - a. Children 2 years and older should be served skim or nonfat milk or low fat milk (one percent or two percent fat milk) in accordance with guidelines established by the American Academy of Pediatrics.
  - b. Juice – The provider should offer not more than 6 ounces of 100% fruit juice per day. Juice should be served from a cup and should be offered at either a meal or a snack instead of continuously throughout the day all meals. Fruit drinks or punch, soda, and other sugar-sweetened beverages are not allowed.
  - c. The provider shall have drinking water readily available to the children during the time that they are in care.

**HH.INFANT/TODDLER FEEDING PLAN:** A feeding plan shall be established for each infant and toddler prior to admission. The plan shall be developed in consultation with the parent and based on the recommendation of the child's health care provider. This plan shall be reviewed at least every six (6) months.

Individual feeding plans shall be followed except for toddlers who are mature enough to eat on a schedule.

**II.INFANT/TODDLER FEEDING:** The infant/toddler feeding program shall foster appropriate learning and pleasurable experiences. Provider shall feed infants on demand, responding to the cues they provide for hunger and when they are full. This allows infants to control the pace and amounts of their

intake.

1. Infants who are unable to sit in feeding chairs shall be held while being fed. No bottles shall be propped at any time and no child shall ever be fed in a crib.
2. Children who are not ready for self-feeding shall be fed by an individual provider on a one-to-one basis.
3. Infants should always be held for bottle feeding. Provider/assistant and parents/guardians need to understand the relationship between bottle feeding and emotional security
4. Self-feeding shall be encouraged. Appropriate finger foods shall be provided. A clean, sanitized training cup shall be provided for each child ready to begin drinking from a cup.
5. Solid foods shall be introduced to infants and toddlers in accordance with the physician's recommendation or as specified by the parent.
6. Single use cloths or towelettes shall not be used for washing children's faces and hands before and after eating and as necessary.
7. A heating unit for warming bottles and food shall be readily accessible to staff. Microwaves are not used for heating bottles. Only BPA free plastic or glass bottles should be used.

**JJ.INFANT DAILY LOG:** For each child under eighteen months of age, a daily log shall be maintained to record information on eating, drinking, changing, napping and behavior. This log shall be provided in writing to the parent.

**KK.FORMULA: Formula provided by the parent shall be served** according to manufacturer's instructions or breast milk that is prepared by the parent/guardian. All formula shall be clearly labeled with the child's name and date of preparation, if applicable. Bottles provided by parents/guardians should be labeled with dates and child's name.

Prepared formula or breast milk shall be used immediately or stored in the refrigerator at 40 degrees F or below. Such formula or breast milk shall be discarded at the end of the day.

1. Any formula or breast milk remaining in a bottle after feeding shall be discarded.
2. If permanent wear bottles and reusable nipples shall be washed and sanitized in a dishwasher where the water temperature is at least 180 degrees F. or boiled for at least 5 minutes.

**LL. COMMERCIAL BABY FOOD:** If commercial baby food is provided by the

parent, it shall be in the unopened original container. Any food remaining in the container after feeding shall be discarded.

**MM. REST ARRANGEMENTS FOR INFANTS:** All providers who care for infants in the child care home should follow these required safe sleep practices as recommended by the American Academy of Pediatrics (AAP). Infants up to twelve months of age should be placed for sleep in a supine position (wholly on their back) for every nap or sleep time unless the infant's primary care provider has completed a signed waiver indicating that the child requires an alternate sleep. Infants should be placed for sleep in safe sleep environments which includes a firm crib mattress covered by a tight fitting sheet in a safety approved crib. The crib should meet the standards and guidelines reviewed/approved by the US Consumer Product Safety Commission (CPSC) and ASTM international ASTM, no monitors or positioning devices should be used unless required by the child's primary care provider and no other item should be in a crib occupied by an infant except for a pacifier.

**NN. SCREEN TIME:** For providers that choose to use electronic media in their programs, the following standards apply. Screen time is looking at electronic media with a screen, including watching screens while others use the media. For providers that use TV or other screen time, the following rules must be applied:

1. TV or other screen time is:
  - a. not used for children under 2;
  - b. prohibited during meal and snack times. However, snacks may be provided during occasional group activities;
  - c. prohibited for groups when all children in group are birth through 23 months of age; and
  - d. limited for all other groups whether provider-directed or a child-selected activity:
    - e. thirty minutes or less per day for each child or group.
    - f. one hour or less per evening for each child or group in evening or overnight care.
2. Exceptions to limited time include:
  - a. electronic media used for children's homework;
  - b. e-readers for reading;
  - c. smart boards and tables if used for hands-on learning activities, such as drawing or puzzles;
  - d. electronic media involving physical activity participation; and occasional group activities, such as watching a movie, *provided alternate supervised activities remain available to children*

#### **OO. Use of Alcohol or Drugs**

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

**PP. Smoking**

1. No person shall smoke, or otherwise use tobacco products within the household or outdoor play area of a family child care home, or within twenty-five (25) feet of the home or outdoor play area, while children are in care. Smoking shall not occur in any area on the grounds or premises within the children's view during the time that child care is being provided.
2. Smoking may be permitted when child care is not being provided. If smoking occurs in the home when children are not in care, the provider shall notify the parent/guardian of each child that smoking routinely occurs in the home during hours when the child care program is not in operation.

**QQ. ENDANGERMENT OF CHILDREN A person whose health or behavior would endanger the health, safety, or well-being of children is not permitted to live in the home or be on the premises while children are in care.**

**Section III. Enrollment and Staffing**

**A.NUMBER OF CHILDREN IN CARE AND THEIR SUPERVISION**

1. A family child care home provider, who is caring for children without an assistant, shall care for no more than six (6) children at any time.
2. If a provider, who is caring for children without an assistant, cares for children under the age of eighteen (18) months, there shall be no more than four (4) children under the age of six (6) years, and of these four (4) children, no more than two (2) shall be under the age of eighteen (18) months.

3. A provider who has a full-time assistant shall care for no more than eight (8) children at any time. Of these eight (8) children, no more than four (4) shall be under the age of eighteen (18) months.
4. Maximum number of children for child care when there are children living in the home
  - a. Children under six (6) years of age who live in the home shall be counted in determining the maximum number for licensure.
  - b. More than two (2) children between six (6) and twelve (12) years of age who live in the home and are present for four (4) consecutive hours or more during the period that child care is provided shall be counted in determining the maximum number for licensure. Exceptions may be made for snow days, sick days, holidays and one week school vacations.
  - c. To determine the adult/child ratio, children of assistants shall be counted in the appropriate age groups when in care in the home.

## **B. Supervision**

1. Children shall be under the direct supervision of the provider and/or assistant(s) at all times. The provider and/or assistant(s) shall supervise all aspects of the program, including toileting, resting or sleeping, eating and outdoor play.
2. Children shall not be under the care or supervision of family members who have not been approved as assistants or emergency assistants.
3. Children shall not be under the care or supervision of a visitor nor shall they be left alone with a visitor.

**C. NIGHT-TIME CARE:** Under no circumstances is a child in care for over 15 consecutive hours.

1. Providers are required to be awake at all times.
2. A provider must remain with the children at all times.
3. Emergency lighting devices are installed throughout homes that provide night care.
4. Arrangements are made for personal hygiene, including bathing and tooth brushing.
5. Privacy is ensured for children while they are washing and when they are changing clothes.

## **D. Provider Time Out of the Home**

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

2. Provider may be out of the home due to health related appointments or classes/training related to child care that cannot be scheduled when child care is not being provided. The provider shall have the appropriate number of assistants to meet the required adult/child ratios as stated in A through C above.
3. When a provider will be out of the home, the parents/guardians of the children in care shall be notified and provided with the names of the approved assistants who will be caring for the children.

**E. OTHER EMPLOYMENT:** The provider is prohibited from conducting business in the home during hours children are in care. The primary caregiver is not employed outside of the home during the hours of care.

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

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

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

1. If a provider utilizes another provider as an emergency assistant, the adult/child ratios shall be maintained.
2. An emergency is defined as an unplanned absence from the home because of illness or accident. It is meant to be of short duration, generally lasting no more than 3 hours per day, and shall not extend beyond three (3) consecutive working days.
3. Provider shall notify the Department of any change in emergency assistants.
4. Provider shall inform the parents/guardians of the children in care of the names of the emergency assistants.
5. If an emergency requires the provider to leave the home more than the 3 allowable days, the provider must close, discontinue care of all children, notify the case worker by phone (and follow-up in writing within 24 hours). If applicable, the provider shall also notify DHS in writing.

## Section IV. QUALIFICATIONS OF PROVIDER AND ASSISTANTS

### A. Requirements for Providers

1. Provider shall be at least twenty-one (21) years of age and shall show evidence of having successfully completed the following:
  - a. High school or GED. High school diploma must be from an accredited institution. Online High School Diploma is not acceptable. If obtained in another country, copy of original, with seal, and translation must be submitted. **(Individuals holding a Family Child Care Home License issued prior to the effective date of these regulations shall come into compliance with this requirement, within 2 years of effective date.)**
  - b. Current certification in pediatric CPR and First Aid from an approved source.
  - c. Approved Family Child Care Training Program
  - d. DCYF orientation to Family Child Care
2. Provider shall complete a minimum of one (1) hour per month or twenty-four (24) hours of training (excluding CPR and First Aid) every two (2) years.
  - a. The provider shall be responsible for maintaining documentation of completed training hours.
  - b. Training shall be in areas relevant to the care of young children. Training should cover a variety of subject areas, such as health, safety and nutrition (e.g., healthy eating, childhood obesity, breastfeeding), communication with parent/guardian, child development, infant care and development, developmentally appropriate activities, child abuse and neglect and ethics and cultural competency.
  - c. Training may consist of workshops, seminars, presentations, speaking programs, conferences, tele-courses, college courses, CDA training.

### B. Requirements for Assistants

3. Assistant shall be at least eighteen (18) years of age, must have a high school diploma or GED (High school diploma must be from an accredited institution. Online High School Diploma is not acceptable. If obtained in another country, copy of original, with seal, and translation must be submitted), and shall show evidence of having current certification in CPR and First Aid.
4. Provider shall orient a new assistant within the first week of work in the family child care home. The orientation shall include a review of, and written copies shall be provided of the following:
  - a. Family Child Care Home Regulations

- b. State law governing child abuse and neglect
  - c. Policy and procedures and other information specific to the operation of the child care home
  - d. RI Early Learning and Development Standards
  - e. A signed copy of this orientation plan must be maintained in the employees file, including acknowledgement of receiving the above documentation.
3. Assistant shall complete a minimum of sixteen (16) hours of training (excluding CPR and First Aid) every two (2) years.
  4. Provider shall be responsible for maintaining documentation of assistant's completed training hours.
  5. See Section 2b. above for acceptable subject areas and types of training.

**C. General Physical and Mental Health Requirements**

1. Provider, assistants and emergency assistants shall be in good physical, mental and emotional health.
2. The physical, mental and emotional health of household members shall not interfere with the provider's child caring responsibilities.
3. The caregiver's family members and others living in the home accept the children in care and provide a constructive influence. There must be indication of a stable and harmonious home life.

**D. Specific Health Requirements**

1. At the time of application and upon renewal, the provider, assistants and emergency assistants shall file statements from licensed physicians that they have had medical examinations within the past six months, are in good health and are able to care for children.
2. Female providers, assistants and emergency assistants of 35 years of age and under shall have a rubella (german measles) susceptibility blood test or show proof of immunity by previous testing or produce a record of having received rubella vaccine.

**E. ORIENTATION:** The provider shall provide a formal orientation for all new assistants. A signed and dated description of the information covered in the orientation shall be kept on file in the center for review by the Department representative during monitoring visits

**F. PROFESSIONAL DEVELOPMENT:** The provider shall complete a minimum of 24 hours of training every two years

1. Training shall be in areas relevant to the care of young children and shall be directed towards transferable skills.
2. 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 other similar professional activities.

**G.EMPLOYMENT BACKGROUND.CRIMINAL RECORD.AND CHILD ABUSE AND NEGLECT TRACKING SYSTEM (CPS) CHECKS:**

The provider shall be responsible for insuring that employment background checks, criminal record checks, and CPS checks are conducted on all new staff prior to the assignment of child care duties, including consultants, whether full or part-time, who:

1. Have supervisory or disciplinary power over children; or
2. Have routine contact with children without the presence of other staff.

**H.EMPLOYMENT BACKGROUND CHECK:** The employment background check shall consist of the following:

1. Completion of an Employment History Affidavit by the applicant, identifying places of employment, addresses, dates, and supervisors for the past thirty-six months. Employment shall include part-time, full-time, and/or volunteer.
2. Verification by the provider of employment information for the past twelve months. Verification may be by telephone or in writing. Verification shall include the name, address, and title of the person verifying and an assessment of the reliability, performance, and character of the applicant.
3. The affidavit and verification shall be completed and placed in the personnel file prior to the applicant beginning the job assignment.

**I.CRIMINAL RECORD CHECK:** The criminal record check shall consist of the following:

1. Completion of a Criminal Record Affidavit by the applicant.
2. The taking of the applicant's fingerprints by the bureau of criminal identification of the state or local police.
3. Comparison of the applicant's fingerprints with those on file through the national criminal identification computer operated by the Federal Bureau of Investigation (FBI).
4. Notification by the bureau of criminal identification that the applicant does or does not have disqualifying information (see Appendix).
5. If the applicant has undergone a criminal records check in

accordance with these regulations in the eighteen (18) months prior to the date of application, a letter from the police verifying the date and results of that check shall be acceptable.

6. The affidavit shall be completed and fingerprints taken prior to the applicant beginning the job assignment. The affidavit and documentation of fingerprinting shall be placed in the employee's personnel file.
7. Within ninety (90) calendar days of hiring, notice shall be placed in the personnel file identifying the results of the criminal records check. If notice is not received within ninety (90) days, the applicant shall be relieved of child caring responsibilities.

**J. DISQUALIFYING INFORMATION:** If notification is received that disqualifying information has been found, provider shall immediately notify the employee in writing that his/her employment will be terminated in ten (10) working days. A copy of this letter shall go to the Department of Children, Youth and Families Administrative Hearing Officer. This letter shall inform the employee of the right to appeal.

**K. CPS CHECK:** The CPS check shall consist of the following:

1. Completion of a request for DCYF Clearance by the applicant.
2. Forwarding of the DCYF Clearance form to the Department for screening against the CPS computer file.

**L. RESULTS OF CPS CHECK:** The Department shall notify the center and the applicant in writing of the results of the CPS check.

The applicant shall be cleared when:

1. There are no CPS findings;
2. The applicant is identified as a non-involved adult in a CPS investigation;
3. The CPS record identifies the applicant as the perpetrator in an investigation but the finding is classified as an Information/Referral or Unfounded.
4. The applicant shall not be disqualified from employment when he/ she is identified as the perpetrator in an indicated CPS investigation not listed on the CPS Check Addendum Disqualifying Information (see Appendix).
5. The applicant shall be disqualified from employment when he/she is identified as the perpetrator in an indicated CPS investigation listed on the CPS Check Addendum - Disqualifying Information.

**M. CPS INVESTIGATION - INDICATED PERPETRATOR:** The provider shall immediately relieve an employee from child caring duties when notice is received from the Department that the employee is identified as a perpetrator in an indicated CPS investigation listed on the CPS Check Addendum - Disqualifying Information.

**N. APPEAL OF DISQUALIFICATION - CRIMINAL RECORD CHECKS OR CPS CHECK:**

1. Within five (5) working days of receipt of written notification of disqualifying information, the applicant or employee shall put the Department and the provider on notice as to the intent to appeal by filing a Request for Hearing. The applicant shall attach a copy of his/her report of disqualifying information which identifies the specific disqualifying information. A copy of this material shall also be sent to the center director.

2. Within ten (10) working days of submitting the Request For Hearing, the applicant shall provide written references attesting to excellence in child care sufficient to warrant disregard of the otherwise disqualifying information. Such references shall be from individuals who are qualified by virtue of education and/or experience to testify as to the abilities of the applicant. Such individuals include:

- a. Licensed child care providers.
- b. Current or previous child care professionals.
- c. Other professionals with credentials which would enable them to effectively judge the applicant's qualifications in providing child care.

3. The Administrative Hearing Officer shall review the materials submitted and rule on the appeal within seventy-two (72) hours of receipt of all materials. If the applicant has not demonstrated a record of excellence in child care sufficient to warrant disregard of the otherwise disqualifying information, the Administrative Hearing Officer shall uphold the denial and notify the applicant of the reason for the decision. The provider shall only be notified that the applicant has not demonstrated a record of excellence sufficient to warrant disregard of the disqualifying information.

If the applicant has demonstrated a record of excellence in child care sufficient to warrant disregard of the otherwise disqualifying information, the Administrative Hearing Officer shall overturn the disqualification and shall notify the applicant and the provider in writing.

**Section V. ADMINISTRATION**

**A. LIABILITY INSURANCE:** Provider shall have liability insurance covering the child care program. Coverage is at least \$200,000 for each occurrence of negligence.

**B. Transportation of Children**

1. Transportation of the children by the provider or assistants, including requirements for child restraint systems, shall follow the state laws and regulations of the Rhode Island Department of Transportation, Registry of Motor Vehicles and shall be covered by liability insurance.
2. Children shall not be left unattended in a vehicle.
3. Station wagon tailgates and rear windows shall be kept closed at all times when children are being transported.
4. Provider must obtain written permission from parents before transporting children in any type of motor vehicle.

**C. Written Behavior Management Policy**

1. Provider shall develop a written behavior management policy that is consistent with the regulations.
2. This policy shall be shared with the parent/guardian when the child is enrolled.

**D. OFF PREMISES PERMISSION:** Provider shall obtain written permission from the parent/guardian to take the child off the premises of the day family child care home. Such permission shall be obtained prior to the activity.

**E. RELEASE OF CHILDREN:** Provider shall not release a child to any parent/guardian or other person who appears to be under the influence of alcohol or drugs when that person is going to be transporting the child.

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

1. Child's full name, address and verified date of birth
2. Name, address and phone number of the parents/guardians
3. Address and phone number where the parents/guardians can be reached during the hours that the child is in care
4. Names, addresses and phone numbers of two (2) relatives or friends who can be contacted in any emergency if parent/guardian cannot be reached
5. Permission for the provider to act in an emergency (refer to SECTION. HEALTH AND NUTRITION,)
6. Names and addresses of all persons who are authorized to take the child from the child care home
7. Copies of any pertinent custody information or restraining orders
8. Child's eating and sleeping habits, food preferences, allergies and any special medical or emotional problems

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

**G.PERSONNEL POLICIES AND PROCEDURES:** A written statement of policies and practices shall be developed and shall be made available to all assistants. This statement shall be used in the orientation of new assistants and shall contain the following:

1. Job descriptions and qualifications for employment; Defined time and procedure for staff evaluation;
2. Established channels for complaints and suggestions;
3. Established work day, work week, and scheduling;
4. Established salary and wage scales;
5. Procedures for disciplinary action and termination;
6. training.

**H.CHILD ABUSE AND NEGLECT REPORTING:** Any suspected case of child abuse and/or neglect shall be reported to the Department of Children, Youth and Families within 24 hours (1-800-RICHILD) in accordance with state law, including any death or serious injury while in family child care home.

The provider and assistants shall report also report to the Child Care Licensing Office immediately after reporting to CPS (1-800-RI-CHILD).

**I.RECORD-KEEPING:** An appropriate system of record-keeping shall be established and suitable files and space shall be provided within the home for the various records to be maintained. Provision shall be made for the protection of records and reports as well as for insuring their confidentiality where applicable. Provider shall maintain a file for each child in care.

1. The file shall contain all information gathered on the child, including medical forms, emergency treatment forms, child care agreement with parent/guardian and permission forms.
2. All information about a child in care shall be kept confidential and shall not be released to any person without the written permission of the parent/guardian.
3. Files for all children in care shall be kept together in a place where they are readily accessible.

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

**K. CHILDREN WITH DISABILITIES, DEVELOPMENTAL DELAYS AND SPECIAL HEALTH CARE NEEDS:** Provider will 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.

**L. CONFIDENTIALITY:** Provider shall have a confidentiality policy that requires all employees, consultants and volunteers to maintain confidentiality of child, family, and staff information included in files, conversations, observations, meetings, correspondence or any other source. Information contained in a child's record shall only be released with written authorization from the child's parent/guardian. The center shall maintain such authorization on file. The program shall have procedures to ensure the appropriate implementation of this policy.

**M. PROGRAM EVALUATION:** At least annually, families, staff, and other professionals shall be involved in evaluating the program's effectiveness in meeting the needs of the children.

**N. CAPACITY:** The provider shall not exceed the licensed capacity at any time.

**O. Family Child Care License and Regulations:**

1. Provider shall post the Family Child Care Home License in a prominent place in the home where it is visible to parents/guardians.
2. Provider shall make the Family Child Care Home Regulations for Licensure available to prospective parents/guardians and the parents/guardians of the children in care.

**P. CLOSURE:** When a provider discontinues its operation, the owner or director shall provide written notification to the Department at least 30 days prior to the closure.

**Q. EMERGENCY PREPAREDNESS:** Provider shall develop and implement a written plan that describes the practices and procedures they use to prepare for and respond to emergency or disaster situations.

1. General emergency plan includes procedures described in this section and individualized to program and hours of operation;
2. is followed, unless children's safety is at risk.
3. 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 program, including individuals with threatening behaviors;
  - i. lost or abducted children;
  - j. utility disruption, including electricity, water, and phone;
  - k. other natural or man-made disasters that could create structural damage to home or pose health hazards.
4. Child needs. Emergency plan includes procedures for addressing child needs, with additional considerations for children:
- a. two years of age and younger; and
  - b. with disabilities, developmental delays or chronic medical conditions, including individualized evacuation plan for children .
5. Account for children. Emergency plan includes procedures for personnel to account for each child location on a continual basis during emergencies.
6. Shelter-in-place. 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.
7. Lock-down. Emergency plan includes lock-down procedures for situations threatening the safety of children and provider/assistants, such as shootings, hostages, or intruders. Lock-down procedures include:
- a. notifying personnel;
  - 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.
8. Evacuation. Emergency plan includes evacuation procedures for situations that require children leave the building, such as a fire. Evacuation procedures include:
- a. evacuation routes; and
  - b. pre-determined meeting location(s).
9. Relocation and parent reunification. Emergency plan includes relocation procedures for situations that require children move to an alternate location, such as a bomb threat or wildfire.

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

**S. ADVERTISING:** Provider shall not advertise as a child care center, nursery school, pre-school or group family child care home.

## **Section VI. ACTIVITIES, MATERIALS AND EQUIPMENT**

**A. CURRICULUM:** The curriculum shall clearly evidence an understanding of the needs of children and provide for their growth through enriching and stimulating experiences, suited to their age levels and stages of development. It shall include:

1. developmentally appropriate activities, including daily physical activity;
2. daily schedule;
3. home environment (and materials);
4. physical activity;
5. nurturing relationships; and
6. family partnerships.

**B. PLANNING:** There shall be a written method of documented planning that details on a weekly basis, and is informed by the Rhode Island Early Learning and Development Standards.

Documentation of planning should be kept readily available for at least the previous three months to demonstrate use of planning documentation.

### **C. Activities**

1. Provider shall spend time directly involved in activities that center on the developmental needs, interests and strengths of the children in care.
2. The focus shall be toward developmentally appropriate and culturally competent practices, incorporating child-centered, child-initiated and provider-guided play activities.

### **Planned Activities (Content)**

**D. DEVELOPMENTALLY APPROPRIATE ACTIVITIES:** The provider shall provide a variety of developmentally appropriate activities, guided by the Rhode Island Early Learning and Development Standards, and related materials, that are selected to emphasize concrete experiential learning through play to achieve the following goals:

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; and
6. Cognition, executive function and approaches to learning (cognition and general knowledge).

**E. Daily Routine and Scheduling** Provider shall have a written plan of activities and routines that meet the developmental, cultural, and individual needs of the children in care. The daily routine shall include all of the following:

1. Physical activity and quiet play
2. Indoor and outdoor play as weather permits
3. Age appropriate health routines such as toileting, hand washing, tooth brushing, resting or sleeping and eating.
4. Children are not left for more than 30 minutes while awake in playpens, swings, cribs, high chairs, or stationary activity centers.

**F. PHYSICAL ACTIVITY:** Provider participates, when able, in physical activity with children for at least an hour each day. The indoor and outdoor environment shall both be utilized for all children to engage in physical activity each day.

**G. PROGRAM FLEXIBILITY:** All providers shall follow a regular daily schedule. However, planned or routine activities shall be changed to meet the interests and needs of the children or to cope with weather changes or other situations which affect routines.

**H. Indoor and Outdoor Play Materials and Equipment**

1. The provider shall have available an adequate variety of materials for indoor and outdoor play, such as art supplies (paints, crayons, paste, scissors), blocks and block accessories, books, large muscle equipment (wheel toys, climbers, balls), manipulative toys (busy-boxes, puzzles, small building sets), musical equipment (rattles, instruments, audiotapes) and dramatic play materials (dress-up clothes and puppets). Play materials must be culturally inclusive and appropriate to the age, number, growth and developmental needs of the children in care.
2. A variety of materials shall be accessible to the children to promote exploration. Materials that require supervision shall be stored out of reach of children.
3. Television/video viewing shall be limited, and when utilized shall be appropriate for the age and developmental level of the children in care.

4. All equipment and materials shall be free from hazards such as lead paint, insects, protruding nails or rust that may be dangerous to children and shall be kept clean and in good repair.
5. Infants and toddlers shall be protected from objects that could be swallowed.
6. The use of walkers with wheels is prohibited.
7. Toys that explode or shoot, such as caps, guns and darts shall not be allowed.
8. Balloons shall only be allowed for special occasions such as birthdays, and their use shall be under close adult supervision.
9. Outdoor sandboxes shall be kept covered when not in use.
10. Outdoor climbing equipment five (5) feet high or over shall have adequate cushioning underneath.
11. The use of trampolines is prohibited.
12. All equipment used for child care which is covered by federal regulations shall meet such regulations.
13. If children are taken to a public playground the provider shall be alert and aware of safety dangers such as peeling paint, uncovered sandboxes, debris and animal waste.

**I. INFANT/TODDLER MATERIALS:** Materials shall be provided which stimulate infant development. A selection of the following types of play things shall be provided:

1. Blocks
2. Busy Boards
3. Balls
4. Cuddly toys
5. Pull toys
6. Sorting toys
7. Kitchen toys
8. Musical and auditory stimulation toys
9. Nesting and stacking toys
10. Rattles and squeeze toys
11. Mirrors
12. Books
13. Mobiles and cradle gyms
14. Climbing equipment
15. Riding toys

**J. TODDLER AND PRESCHOOL MATERIALS:** The indoor and outdoor environment shall be organized and equipped with clearly defined learning areas which include, at a minimum, areas devoted to:

1. construction,
2. dramatic play,

3. discovery,
4. sensory play;
5. books,
6. large motor activity;
7. manipulatives and
8. creative expression, including music.

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

## **Nurturing Relationships (Teaching and Facilitating)**

### **L. GUIDANCE**

#### **Positive Behavior Management Techniques**

1. Provider and assistants shall be positive role models for the children in care.
2. Provider and assistants shall use positive, consistent methods in guiding children back on task, shall encourage appropriate behavior and set clear limits and rules that children can understand.
3. Provider and assistants shall match their expectations with the developing abilities and capabilities of the children.
4. Provider and assistants shall praise the accomplishments of the children and encourage their attempts at tasks.
5. Provider and assistants shall use positive, firm limit setting in situations where a child's safety is at stake.
6. Provider and assistants shall assist children by redirecting them from inappropriate actions to activities that are more favorable.

### **M. FAMILY ENGAGEMENT**

1. The family child care home shall be open to parents/guardians for visits whenever the program is in operation.
2. A pre-admission interview shall be held with the parent/guardian to secure health and family history, to obtain background information on the child and his/her home, and to develop the child's program.
3. There shall be opportunities for the child and parent/guardian to visit the family child care home one or more times before enrollment.

4. Communication with Parents/Guardians
  - a. Provider shall have a plan for communicating with parents/guardians. The plan may include means of communication such as conferences, handbooks, newsletters, bulletin boards and notes.
  - b. When children under the age of eighteen (18) months are in care, there shall be written daily communication that shall include references to the child's mood, health, feeding, sleeping, toileting and activities. Daily communication for children over eighteen (18) months may be verbal and should cover the same areas.
  
5. Provider shall maintain a directory of professional community services and shall make relevant information available to parents/guardians as needed.

**N. CHILD OUTREACH:** Provider shall work collaboratively with local school districts to ensure that all children have the opportunity to participate in child outreach screening. Provider must not use the screening to label a child, determine a child's placement, or deny a child's entrance into their home or to infer a child's readiness.