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TITLE 218 – DEPARTMENT OF HUMAN SERVICES

CHAPTER 70 – OFFICE OF CHILD CARE LICENSING

SUBCHAPTER 00 – N/A

PART 7 – Group Family Child Care Home Regulations for Licensure

Table of Contents

7.1 General Provisions

7.1.1 Legal Basis

7.1.2 Purpose

7.1.3 Incorporated Materials

7.1.4~~2~~ Definitions

7.2 Licensing Provisions

7.2.1 Application Process

~~7.2.2 Provisional License~~

7.2.2~~3~~ License Provisions

7.2.3~~4~~ Variance and Waivers

7.2.4~~5~~ Licensing Violations and Complaints

~~7.2.6 Denial, Revocation or Suspension of License~~

7.2.5~~7~~ Procedure for Appeal/Hearing

7.2.6~~8~~ Dual Foster Care License and Group Family Child Care License

~~7.2.9 License Renewal~~

7.3 Licensing Standards

7.3.1 ~~Number of Children in Care and Their Supervision~~ Physical Facilities

- 7.3.2 ~~Qualifications of Providers and Assistants~~ Health, Safety, and Nutrition
- 7.3.3 ~~Physical Space and Home Safety~~ Routine Care of Children
- 7.3.4 ~~Health and Nutrition~~ Enrollment and Staffing
- 7.3.5 ~~Activities, Materials and Equipment~~ Staff Qualifications and Ongoing Professional Development
- ~~7.3.6 Behavior Management~~
- 7.3.6~~7~~ Administration
- 7.3.7 ~~—~~Learning and Development

7.1 General Provisions

7.1.1 Legal Basis

- A. R.I. Gen Laws § 40-13.2-2 – Qualification for Child Care Employment
- B. R.I. Gen. Laws § 42-12-23 – Child Care – Planning and Coordinating
- C. R.I. Gen. Laws Chapter 42-12.5 – Licensing and Monitoring of Child Day Care providers
- D. R.I. Gen. Laws Chapter 42-72.11 – Administrative Penalties for Child Care Licensing Violations
- E. R.I. Gen. Laws Chapter 40-13.2 – Certification of Child Care and Youth Serving Agency Workers

7.1.2 Purpose

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

7.1.3 Incorporated Materials

- A. These Regulations hereby adopt and incorporate the United States Consumer Product Safety Commission Standards, Outdoor Home Playground Safety guidelines, <https://www.cpsc.gov/s3fs-public/324.pdf>, updated 2005, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.
- B. These Regulations hereby adopt and incorporate the United States Department of Agriculture (USDA), Child and Adult Care Food Program nutritional standards, <https://www.fns.usda.gov/cacfp>, updated October 1, 2017, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.

- C. These Regulations hereby adopt and incorporate the United States Consumer Product Safety Commission Standards, Safe Sleep guidelines, <https://www.cpsc.gov/SafeSleep>, updated December 28, 2012, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.
- D. These Regulations hereby adopt and incorporate the American Academy of Pediatrics Safe Sleep Guidelines, <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/safe-sleep/Pages/safe-sleep.aspx>, updated December 23, 2020, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.

7.1.42 Definitions

- A. As used in this policy, the following terms have the meanings set forth herein, unless the context in which such terms are used clearly indicates to the contrary:
1. "Approved assistant" refers to a designated person who has applied, and been approved by the Department, to assist a provider in their licensed program with the care of children. ~~There must be an approved assistant to care for more than six (6) children.~~
 2. "Capacity" means the maximum number of children permitted to be in a licensed Group Family Child Care Home at any one time.
 3. "Department" means the Rhode Island Department of Human Services also referred to as DHS.
 4. "Department of Children, Youth and Families" or "DCYF" means the Rhode Island State child welfare agency with statutory responsibility for investigating allegations of child abuse/neglect, as well as licensing and regulating foster and adoptive homes, child-placing agencies, and children's behavioral health programs.
 5. "Emergency assistant" refers to a designated person who has applied, and been approved by the Department, to be in a licensed program caring for children if there is an emergency where the provider is unable to care for the children during hours of operation.
 6. "Group family child care home" or "GFCCH" means a residence where the resident can provide child care ~~occupied by an individual of at least twenty-one (21) years of age, who provides care for not less than for eight (8) nine (9) and not more than~~ to twelve (12) children with one (1) or two (2) ~~the assistance of one or more approved adults~~ assistants (dependent on enrollment details), ~~for any part of a twenty-four (24) hour day. The maximum of twelve (12) children shall include children under six (6) years of age who are living in the home, unrelated children under six (6) years of~~

~~age received for care, school age children under the age of twelve (12) years, whether they are living in the home or are received for care, and children related to the provider who are received for care. These programs shall be subject to yearly licensing as addressed in R.I. Gen. Laws § 42-12.5-5 and shall comply with all applicable state and local fire, health and zoning regulations. Any person who operates a Group Family Child Care Home as defined in R.I. Gen. Laws § 42-12.5-2 without a license shall be referred by the DHS Child Care Licensing Unit to the Attorney General's Office for prosecution in accordance with R.I. Gen. Laws § 42-12.5-6.~~

7. "Licensing unit" means the unit within the Department responsible for issuing Child Care Licenses and regularly monitoring those Child Care Licenses to ensure adherence to the Regulations.
8. "Program" refers to the services delivered which support the care, supervision and education of children enrolled by the provider during defined hours of operation.
9. "Provider" means the person responsible for the daily operation of the program in compliance with these Regulations.
10. "Substitute" refers to a designated person who has applied, and been approved by the Department, to be in a licensed program caring for children when the provider is unable to care for the children during hours of operation.
11. "Usable floor space" means available space used by children for activities throughout the day. Only usable floor space will be factored into the measurement of program space.
12. "Variance" means an administrative decision made by the Department that allows a child care provider to meet a standard for licensure in a manner other than what is specified in the Regulations. A variance is granted on a case-by-case basis only when the purpose of the licensing standard is achieved, and the safety of the child is maintained. Variances are time limited to the period of the license or such other time period as the Department shall designate. -Variances are subject to reevaluation at any time.
13. "Waiver" means an administrative decision made by the Department that allows a child care provider to be exempted from a standard for licensure. A waiver is granted on a case-by-case basis only when the purpose of the licensing standard is achieved, and the safety of the child is maintained. Waivers are time limited to the period of the license or such other time period as the Department shall designate. Waivers are subject to reevaluation at any time.

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

7.2 Licensing Provisions

7.2.1 Application Process

A. Orientation and Pre-service Training

1. An applicant interested in becoming a child care provider must contact the Department to formally enroll in an Orientation ~~attend a DHS Family Child Care orientation. During the orientation, the licensing application packet is given to the applicant.~~
2. The applicant must successfully complete Orientation and a course of Pre-Service Training, as determined by the Department, prior to submitting an application to the Department. ~~Applicant must complete an approved Family Child Care training program prior to submitting application to DHS.~~

B. Initial Licensure ~~Application Packet~~

1. Each applicant, all adult household members, at least two (2) emergency assistants, substitutes and/or any proposed assistants must submit to and clear a comprehensive background check that includes: ~~The completed licensing application packet must be submitted to the DHS Child Care Licensing Unit to initiate the licensing process. An incomplete packet will be returned to the applicant~~
 - a. State and national criminal and sex offender registries in accordance with R.I. Gen. Laws Chapter 40-13.2; ~~Packet includes information for provider, assistants and emergency assistants.~~
 - b. Child abuse and neglect clearances, in accordance with R.I. Gen. Laws Chapter 40-13.2; ~~Provider is responsible to ensure that assistants and emergency assistants complete information.~~
 - c. Any additional background checks as required by State or Federal law.
 - d. In any circumstance where an individual lives or has lived outside of the State of Rhode Island in the previous five (5) years, out of State background checks are also required.
2. The applicant must submit an application, application fee (R.I. Gen. Laws § 42-12.5-5, payable to the Rhode Island General Treasurer), and required supplementary documentation about the home, the applicant, at least two (2) emergency assistants, and/or any proposed assistants or

substitutes. The following documents are included in the application packet:

- a. Medical references signed by a licensed physician for the applicant and any proposed assistants, including emergency assistants, stating that the individual has had a medical examination within the past six (6) months, is in good health and is able to care for children; ~~and is free from tuberculosis based on a negative (<10 mm induration) Mantoux (PPD) tuberculin skin test.~~
 - b. Notarized Criminal History Affidavits (Form #109) completed by the applicant and any proposed assistants, including emergency assistants, ~~and evidence that they have been fingerprinted in accordance with Department Operating Procedure, Criminal Records Checks (R.I. Gen. Laws Chapter 40-13.5).~~
 - c. Notarized Employment History Affidavits (Form #108) completed by the applicant and any proposed assistants, including emergency assistants, ~~in accordance with Department Operating Procedure, Employment Background Checks: Facility Operators and Facility Employees (R.I. Gen. Laws Chapter 40-13.5).~~
3. The applicant must participate in one (1) or more home visits by a Department representative to: ~~Every application for DHS licensure to operate a group family child care home shall be accompanied by a fee, established in R.I. Gen. Laws § 42-12.5-5, payable to the Rhode Island General Treasurer.~~
- a. Ensure that the proposed program location is the residence of the applicant;
 - b. Assess compliance with these R regulations; and
 - c. Measure the program floor space to determine capacity.

C. ~~Criminal Records Checks~~ License Renewal

1. To maintain licensure as a Group Family Child Care Home provider, the licensee must submit a renewal application at least three (3) months in advance of the licensed expiration date. ~~The applicant and any proposed assistants, including emergency assistants, shall undergo statewide and nationwide criminal background checks, including comprehensive fingerprinting inclusive of the Rhode Island Sex Offender Registry (RISOR) and the National Sex Offender Registry (NSOR). All members of the applicant's household, age eighteen (18) and older, must undergo a statewide and national criminal records check through the Attorney General's Bureau of Criminal Identification.~~

2. The licensee, all household members, at least two (2) emergency assistants, substitutes and any proposed assistants and/or substitutes must submit current comprehensive background checks completed within the last five (5) years in accordance with R.I. Gen. Laws Chapter 40-13.2 ~~;Criminal records checks are completed in accordance with Department Operating Procedure, Criminal Records Checks (R.I. Gen. Laws Chapter 40-13.2).~~
 - 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.~~
3. The licensee must provide updated documentation as stated in § 7.3.1(A) of this Part; as applicable. ~~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.~~
4. When requesting a license renewal, the licensee must demonstrate continued substantial compliance with these licensing Rregulations with no outstanding non-compliances.

D. ~~Determination~~ ~~Department of Children Youth and Families (DCYF) Child Abuse and Neglect Registry Check~~

1. The applicant must submit a complete application and demonstrate consistent compliance with the regulations before the Department will determine the license capacity for the home. Capacity is determined based on the following factors: number of household members, floor space, and compliance with the Regulations as determined through monitoring. Once these factors have been evaluated and identified, the Department may issue a license for the home. ~~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 Department Operating Procedure, Clearance of Agency Activity (R.I. Gen. Laws Chapter 40-13.5).~~
 - a. ~~Department Operating Procedure 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 Administrator, that the conduct of the applicant impacts upon the fitness and suitability of the applicant to provide child care.~~

2. A license may be denied for: ~~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.~~

a. Failing to comply with these Regulations

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

c. Making efforts to deceive the Department.

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

a. Provider, assistant, emergency assistant or adult member of the provider's household has been convicted of, or is serving an active probationary sentence, for a criminal offense, in accordance with § 7.2.1(B) of this Part above.

b. Provider, assistant, emergency assistant or other permanent member of the provider's household has a history of DCYF involvement, in accordance with § 7.2.1(B) of this Part above.

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

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

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

~~E. Fire, Health and Building Inspections – The applicant's home where the child care will be provided shall be approved by the State Fire Marshal as~~

~~being in compliance with the applicable section of the State Fire Code, by the Health Department as being in compliance with applicable health and safety standards and by the local Building Inspector as being in compliance with the State Building Code.~~

~~F. Zoning - The applicant shall demonstrate that the applicant is in compliance with local zoning ordinances or has obtained a variance from such ordinances.~~

~~G. Licensing Inspection - Prior to the issuance of a license, an inspection visit will be made by DHS 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.~~

~~7.2.2 Provisional License~~

~~Upon successful completion of the above-stated licensing requirements, the applicant shall be issued within one hundred and twenty (120) days a Provisional License, which shall be valid for six (6) months. Prior to the expiration of this license, the operation of the program will be evaluated by the DHS Child Care Licensing Unit.~~

7.2.23 License Provisions

A. **Provider Responsibilities;** ~~Prior to the expiration of the Provisional License, the Department will review the operation of the program.~~

1. The provider is responsible for adhering to the child care license which indicates the:
 - a. Physical residence of the program;
 - b. Dates of validity;
 - c. Maximum number of children; and
 - d. Any limitations or conditions of the license.
2. The licensed provider is responsible for compliance with the Regulations at all times, including the school year, summer and vacation programs, during stated hours of operation, or times when children are in care at the program.
3. The current license must be posted in a place that can be easily viewed by families and others upon entering the home.
4. If there are any inaccuracies on the printed license, the licensee is responsible to contact the Department to rectify the error.

5. The license is not transferable and is granted only to the designated licensee and is limited to the stated physical address.
 6. When the operation of a Group Family Child Care Home is discontinued, the licensee must provide the Department's licensing unit with written notification at least thirty (30) days prior to closure.
- B. **Changes to the License** ~~If there are areas of noncompliance, the Department may require the program to cease operation or may issue a Probationary License which is valid for a limited period of time, during which period the program must come into full compliance with these regulations. A Probationary License shall not be issued when the area of noncompliance constitutes a danger to the health and/or safety of the children in care.~~
1. If a licensee moves, the licensee must notify the Department by completing the "Change of Address" process four weeks in advance of starting child caring operations at the new residence, which includes:
 - a. Submission of the application, fee, applicable home inspections; and
 - b. An updated home visit from the Department to determine capacity and assess compliance with these Regulations.
 - c. Upon notification to the Department in a timely manner, a thirty (30) day temporary certificate may be issued at the new address pending the review and issuance of the license at the new address by the Department.
 2. If the permanent household composition changes or there are any changes to the emergency assistants or assistants, the licensee must notify the Department immediately and comply with any additional background checks, home visits, and other documentation as applicable.
- C. **Monitoring** ~~If the program is determined to be operating in full compliance with licensing regulations, a full license, which will be valid for a period of one (1) year, will be issued.~~
1. The license entitles the Department's Licensing Administrator or designee and the Office of the Child Advocate or designee:
 - a. The right of entrance;
 - b. The privilege to inspect and access all files to determine compliance with these Regulations; and
 - c. The right to investigate complaints.

D. Enforcement ~~A license is issued to a designated Provider at that individual's home address and is not transferable.~~

1. If at any time, the licensee violates the terms of the license or application: ~~Provider shall notify the Department at least thirty (30) days prior to any change of address.~~
 - a. A Probationary License may be issued.
 - b. The Department may assess a fine pursuant to R.I. Gen. Laws § 42-12.5-6 (g).
 - c. A Plan of Corrective Action with designated timelines for remediation may be required;
 - d. The Department may pursue administrative, civil and/or criminal remedies according to applicable Rhode Island General Laws.
2. A license may be suspended, or revoked for:
 - a. Failure to comply with these Regulations;
 - b. Providing falsified or misleading statements and/or documentation to the Department; and/or
 - c. Making efforts to deceive the Department.
3. If the Department's Licensing Administrator or designee finds the home to have non-compliances related to the public health, safety or welfare of children served in the home, the Department will take emergency action and may order summary suspension of the license and all its activities, pending proceedings for revocation or other action in accordance with R.I. Gen. Laws §§ 42-35-14(C) and 42-12.5.-6
4. If the Department takes licensing action to suspend or revoke the license, the program is obligated to:
 - a. Post the Department's notification of this action in a prominent location near the program entrance.
 - b. Notify the parents/guardians of enrolled children about the reasoning and timing of the licensing action.
 - c. Provide the Department with the names and contact information for parents/guardians of enrolled children, upon request.

~~E. The license entitles the Director of the Department of Human Services, 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.~~

7.2.34 Variance and Waivers

- A. A licensee may apply, in writing, for a variance or waiver to a Regulation provided that the variance or waiver in no way jeopardizes the health, safety or well-being of the children.~~The DHS 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.~~
- ~~1. 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.~~
 - ~~2. The child care provider who would otherwise be allowed to be out of the child care home for no more than twenty percent (20%) of the time may be allowed to be away from the home in excess of twenty percent (20%) of the time for a period of two (2) weeks or less upon the presentation of evidence of illness, training or vacation.~~
 - ~~3. 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.~~
- B. A variance or waiver is not valid until the licensee receives written approval from the Department's Licensing Administrator or designee.~~An approved variance will contain a specified time frame and be subject to periodic review.~~
- C. The conditions and term of the variance or waiver may not change without written approval from the Department's Licensing Administrator or designee.
- D. The term of the variance or waiver is limited to the term of the period prescribed by the Department's Licensing Administrator and shall not exceed the license period. The variance or waiver will be reevaluated on a case-by-case basis by the Department upon renewal.
- E. At the end of the variance or waiver term, the licensee must demonstrate compliance with all current Regulations.

7.2.45 Licensing Violations and Complaints

- A. Any complaint, which alleges a violation of these Regulations, will be referred to the DHS Licensing Unit for review, follow-up and corrective action, if deemed appropriate.
1. When a Group Family Child Care Home is found to be in violation of these Regulations, the ~~DHS- Department's~~ Licensing Administrator, or designee, ~~provides sends~~ written notice of the violation(s) to the provider. This ~~written~~ notice, ~~or Corrective Action Plan, will~~ establish ~~es~~ a deadline for correcting the violation. ~~The timeline for remediation will depend on the severity of the violation.~~
 2. If the Group Family Child Care Home remains in violation at the end of the designated ~~deadline, time frame,~~ the Licensing Administrator, or designee, ~~will~~ initiate ~~s~~ 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 Group Family Child care Home, will be referred to Child Protective Services for review and/or investigation.

~~7.2.6 Denial, Revocation or Suspension of License~~

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

- ~~1. Provider, assistant, emergency assistant or adult member of the provider's household has been convicted of, or is serving an active probationary sentence, for a criminal offense, in accordance with § 7.2.1(C) of this Part above.~~
- ~~2. Provider, assistant, emergency assistant or other permanent member of the provider's household has a history of DCYF involvement, in accordance with § 7.2.1(D) of this Part above.~~
- ~~3. Children in the custodial care of the provider, assistant or emergency assistant have been adjudicated dependent, neglected, abused, wayward, or delinquent.~~
- ~~4. Provider, assistant or emergency assistant has a documented history of chemical or alcohol abuse within the past seven (7) years.~~
- ~~5. Provider, assistant or emergency assistant fails to comply with duly promulgated group child care home regulations.~~
- ~~6. 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.~~

~~B. If the DHS 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 R.I. Gen. Laws § 42-35-14(c).~~

7.2.57 Procedure for Appeal/Hearing

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

B. Any applicant for licensure or license holder, who has a right to pursue an administrative appeal, may seek an emergency stay of summary suspension through the Executive Office of Health and Human Services' Appeals Process and Procedures for EOHHS Agencies and Programs, **210-RICR-10-05-2.** ~~Executive Office of Health and Human Services administrative appeal policy (210-RICR-10-05-2). All administrative appeals/hearings relating to licensing actions or decisions shall be held in accordance with the Executive Office of Health and Human Services administrative appeal policy.~~

7.2.68 Dual Foster Care License and Group Family Child Care License

A. The provider may not hold dual licenses as a Supportive Living Arrangement (SLA) provider through the Department of Behavioral Healthcare, Developmental Disabilities & Hospitals, without direct, written approval, from the Department. ~~A foster care provider will be permitted to apply for a Group Family Child Care Home License if the following criteria are met:~~

~~1. Applicant has held a Foster Care License for a minimum of one (1) year and is in good standing with no violations of licensing regulations.~~

~~2. Applicant must be able to demonstrate ability to comply with the DHS Group Family Child Care Home Regulations and the DCYF Foster Care and Adoption Regulations for Licensure (214-RICR-40-00-3).~~

B. An individual seeking to hold both a Foster Care License and a Group Family Child Care Home license must demonstrate full compliance with both sets of Regulations. ~~The decision to issue a Group Family Child Care Home License will be made by the DHS Licensing Administrator.~~

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

~~stipulations will apply when a Group Family Child Care Home License is issued to a licensed foster care provider:~~

- ~~1. Foster Care License will be limited with regard to the numbers and ages of foster children allowed.~~
- ~~2. Foster children will be counted in determining the total number of child care children allowed in the home.~~
- ~~3. Child care payment will not be made for foster/kinship children in the group child care home or in any other child care facility.~~

~~7.2.9 License Renewal~~

~~A. DHS Child Care Licensing Unit provides renewal application packet to Group Family Child Care Home Provider six (6) months prior to the expiration of the current license.~~

- ~~1. Packet includes renewal information for provider, assistants and emergency assistants.~~
- ~~2. Provider is responsible to ensure that assistants and emergency assistants complete renewal information.~~

~~B. Group Family Child Care Home Provider is required to do the following for renewal of license:~~

- ~~1. 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 Group Family Child Care Home will no longer be licensed to provide child care.~~~~
- ~~2. Show evidence of liability insurance coverage for the child care program.~~
- ~~3. Ensure that medical reference has been completed.~~
- ~~4. Provide documentation that required training has been completed (refer to § 7.3.2(A) of this Part below).~~
- ~~5. Provide documentation that the home has been tested for radon and found safe.~~

- ~~6. Provide documentation that the home complies with recommendations developed pursuant to R.I. Gen. Laws § 23-24.6-14 (Lead Poisoning Prevention Act) and regulations developed in accordance with this statute.~~
- ~~7. Provide results of fire inspection.~~
- ~~8. Undergo a statewide criminal records check.~~
- ~~9. Undergo a DCYF agency clearance.~~
- ~~10. Undergo a License Renewal Inspection – Prior to the renewal of license, DHS 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.~~
- ~~11. Current certification under the most recent guidelines of the American Heart Association in:
 - ~~a. Pediatric cardiopulmonary resuscitation (CPR) (online training is not accepted); and~~
 - ~~b. Basic pediatric first aid (online training is accepted).~~~~

~~C. Assistant is required to do the following at the time of license renewal:~~

- ~~1. Submit the following renewal information to Provider:
 - ~~a. Medical reference~~
 - ~~b. Documentation that required training has been completed (refer to § 7.3.2(B) of this Part below).~~~~
- ~~2. Undergo a statewide criminal records check.~~
- ~~3. Undergo a DCYF agency clearance.~~
- ~~4. Current certification under the most recent guidelines of the American Heart Association in:
 - ~~a. Pediatric cardiopulmonary resuscitation (CPR) (online training is not accepted); and~~
 - ~~b. Basic pediatric first aid (online training is accepted).~~~~

~~D. Emergency Assistant is required to do the following at the time of license renewal:~~

- ~~1. Submit renewal information and medical reference to provider.~~

- ~~2. Undergo a statewide criminal records check.~~
- ~~3. Undergo a DCYF agency clearance.~~
- ~~4. Current certification under the most recent guidelines of the American Heart Association in:
 - ~~a. Pediatric cardiopulmonary resuscitation (CPR) (online training is not accepted); and~~
 - ~~b. Basic pediatric first aid (online training is accepted).~~~~

7.3 Licensing Standards

7.3.1 ~~Number of Children in Care and Their Supervision~~ Physical Facilities

A. Required Inspections and Certifications ~~A group family child care home provider shall care for no more than twelve (12) children at any time.~~

1. Prior to receiving an initial license and to maintain this licensure status, the provider must show compliance with the following inspections or certifications:
 - a. Fire; to be completed annually;
 - b. Lead; to be completed every two (2) years unless lead-free certificate is obtained;
 - (1) Provider shall comply with Lead Poisoning Prevention, 216-RICR-50-15-3, promulgated by the Rhode Island Department of Health pursuant to R.I. Gen. Laws § 23-24.6-14 (Lead Poisoning Prevention Act). ~~Lead Poisoning Prevention (216-RICR-50-15-3) promulgated by the Rhode Island Department of Health pursuant to R.I. Gen. Laws § 23-24.6-14 (Lead Poisoning Prevention Act)~~
 - c. Radon; to be completed every three (3) years in accordance with the Rules and Regulations for Radon Control, 216-RICR-50-15-2, ~~the rules and regulations for Radon Control (216-RICR-50-15-2)~~ issued by the Rhode Island Department of Health;
 - d. Water potability; tests to be completed in accordance with the Rules and Regulations for Private Drinking Water Systems, 216-RICR-50-05-2 ~~the rules and regulations for Private Drinking Water Systems (216-RICR-50-05-2)~~ issued by the Rhode Island Department of Health.

- B. **Construction** ~~There shall be an approved assistant in the home, assisting the provider with the care of the children, at all times when child care is being provided.~~
1. Any construction or large-scale modifications to the home (inside or outside) that changes the measurements, or quality of the space used by children, requires approval by the Department's Licensing Administrator prior to the start of construction.
 2. The provider is responsible to obtain any new inspections as necessitated by construction. ~~as stated in §7.3.1(A) of this Part.~~
- C. **Structural Requirements and Mechanical Systems** ~~There shall be no more than eight (8) children under the age of eighteen (18) months in child care at any time. When there are more than four (4) children under the age of eighteen (18) months of age in child care, the provider shall have two (2) approved assistants in the home who are directly involved with the care of the children.~~
1. Every room that is used by children must be ventilated via a ventilation system, opened door or window.
 - a. Doors and windows must not compromise the security of the program.
 - b. All exterior windows that can open are securely screened.
 - c. If windows above the first (1st) floor are used for ventilation, they must be opened from the top or secured with safety guards.
 2. There must be natural light within the area used for child care through a window, door, or skylight.
 3. Clear glass doors must be clearly marked at children's eye level.
 4. All spaces used for child care must have artificial lighting that is intact and in good working order.
 5. All exits/egresses are:
 - a. Clearly identified; and
 - b. Free of clutter around the area of the door.
 6. The residence must have an operational heating system capable of maintaining a minimum temperature of sixty-five degrees Fahrenheit (65° F) in all areas accessible to the children.
 7. All heating equipment must have:

- a. Working mechanisms for controlling the temperature, ignition and safety;
 - b. An auxiliary switch wired to a position that is remote from the boiler/furnace area in order to shut off the boiler/furnace;
 - c. Insulation, protection, and/or a barricade around items including but not limited to hot water pipes, wood stoves, and radiators.
8. Asbestos insulation covering any pipes or heating elements must be intact and properly sealed.
9. Portable space heaters are prohibited while children are in care.
10. Fireplaces must be securely screened with protective guards.
11. The provider must ensure that the maximum temperature does not exceed seventy-four degrees Fahrenheit (74° F) in all areas used for child care.
12. All entrances to the GFCCH are kept locked when the provider is unable to directly monitor its use. The GFCCH must have a mechanism and/or procedure in place for monitoring entry throughout the day.
13. There must be hot and cold running water available for the care of the children.
14. The home's domestic hot water system and hand washing sinks must be set no higher than one hundred twenty degrees Fahrenheit (120° F).
15. If humidifiers, dehumidifiers and vaporizers are used providers must ensure:
 - a. They are kept out of reach of children;
 - b. They are used and maintained according to manufacturer's directions;
 - c. They are emptied and sanitized daily;
 - d. Parents/guardians are notified when such appliances are used in the GFCCH.
16. Every electrical outlet within the child care area must be covered with a choke proof child resistant device while not in use.
17. Electrical cords must be:
 - a. Securely taped or fastened out of children's reach; and

- b. In good condition, without any evidence of being frayed or damaged.
18. The use of electrical extension cords is prohibited.
 19. Provider must have a flashlight, in working condition, readily available.
 20. Candles, oil lamps, and other comparable material must never be lit in any space in the home during the times when child care is provided.
 21. All window blind cords must be secured and out of the reach of children.
 22. A telephone (landline or cellular) designated for program and business use must be located within the GFCCH during business hours -and readily available for use in case of an emergency.
 23. In addition to meeting the requirements of the applicable Rhode Island Fire Safety Code, the residence must be equipped with a fire extinguisher located in the kitchen area.

D. Toileting and Diapering Facilities ~~The following staff/child ratios shall be maintained at all times in a group family child care home:~~

1. The GFCCH must have a minimum of one (1) flush toilet and hand washing sink located in a bathroom. ~~Children ages zero to eighteen (0 to 18) months — one (1) staff for four (4) children.~~
2. The bathroom must be in an area that is readily available to the children in care (children should be able to access the bathroom easily and independently without the help of an adult.) ~~Children ages eighteen (18) months and older — one (1) staff for six (6) children.~~
3. To prevent children from becoming locked inside the bathroom, the provider must ensure:
 - a. Any locks on bathroom doors should not be within the reach of children; or
 - b. A key is readily accessible outside of the bathroom.
4. Toilet training chairs must not be considered a substitute for the required toilet.
5. If a toilet training chair is used it must be:
 - a. Emptied into the flush toilet and sanitized after each use in a sink that is not used for food preparation;
 - b. Placed on a waterproof floor, without carpeting or rugs, and

- c. Next to a bathroom sink and in a different room from any space used for cooking, preparing or eating food;
 6. There must be a diaper changing area immediately near the bathroom sink and in a different room of the house from any space used for cooking, preparing, or eating food.
- E. **Food Preparation** ~~Maximum number of children for child care when there are children living in the home:~~
 1. Any area for food preparation must be sanitized prior to preparing food for children. ~~Children under six (6) years of age who live in the home shall be counted in determining the maximum number for licensure.~~
 2. All food must be stored, covered, and/or refrigerated to safely preserve food, and ensure protection from insects and rodents. ~~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 (1) week school vacations.~~
 3. Refrigeration used for children's food must be maintained at a temperature of forty-one degrees Fahrenheit (41° F) or lower for refrigerator and zero degrees Fahrenheit (0° F) or lower for freezer. ~~To determine the adult/child ratio, children of assistants who are in care in the home shall be counted in the appropriate age groups.~~
- F. **Indoor Space Requirements** ~~Provider Time Out of the Home~~
 1. There must be sufficient indoor floor space to allow for thirty-five (35) square feet of usable space per child in care. ~~Provider may be out of the home twenty percent (20%) of the total work week, (twenty percent (20%) of forty (40) hours equals eight (8) hours per week), not to exceed fifteen (15) hours, leaving the children under the direct supervision of approved assistants.~~
 2. Children may only be cared for in a basement if: ~~Provider may be out of the home due to health-related appointments or classes/training related to child care which 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 §§ 7.3.1(A) through (D) of this Part above.~~
 - a. All areas are less than fifty percent (50%) below ground level per the building inspector;

- b. There are two (2) exits from the area, one (1) of which must be a door leading directly to the outside;
 - (1) Bulkheads and overhead garage doors are not acceptable exits.
 - c. The basement is not used for sleeping unless the boiler/furnace room is constructed to provide a one (1) hour fire rating, with fire rated sheet rock, fire rated door, and air vents to the outside.
3. If there are stairways within the area used for child care they must:~~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.~~
- a. Have a handrail at children's height;
 - b. Be well lit;
 - c. Be kept clear of obstructions;
 - d. Have a gate, which is kept securely fastened at the entry to any stairway accessible to children under age three (3).
4. Providers are required to designate space in the home or residence for:
- a. Administrative functions and paperwork;
 - b. Storage of equipment and materials; and
 - c. Storage of food.
- G. **Outdoor Requirements** ~~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.~~
1. Each program has an outdoor play area that is safe, protected and free from hazards that include, but are not limited to:
- a. Access to the street;
 - b. Debris, trash, broken glass;
 - c. Animal waste;
 - d. Peeling paint;
 - e. Tools and construction materials;

- f. Holes that present a tripping hazard or contain still water; and
 - g. Open drainage ditches, wells, or other bodies of water.
2. ~~In a GFCCH licensed subsequent to the date of these regulations, outdoor~~ Outdoor activity space must:
- a. Be surrounded by a fence or clear physical obstacle that prevents movement or access to another area.
 - b. Effective January 1, 2023, outdoor activity space must be surrounded by a permanent structure such as a fence, which is at least four feet (4') in height.
3. If a GFCCH does not have access to an outdoor activity space onsite, they should submit a plan to the Department for approval that identifies a nearby park, schoolyard, or other alternative outdoor space.
- a. The Department will consider the following criteria when reviewing the plan:
 - (1) Traffic patterns of vehicles and people in the area;
 - (2) Ages of children enrolled;
 - (3) Availability of age-appropriate equipment;
 - (4) Usage of the location by other groups when the children would be most likely to use it;
 - (5) Neighborhood circumstances, hazards, and risks, including the crime rate for the area;
 - (6) Accessibility to children and caregivers by foot or the availability of push carts or other means of transporting infants and toddlers;
 - (7) Reasonable accessibility of restroom facilities; and
 - (8) Ability to obtain assistance, if needed, when injury or illness occurs.
 - b. If approved, parents/guardians of children in care must be notified of the plan to use alternate outdoor space and have a way to contact the provider when the provider is off site.
4. Outdoor porches above the first (1st) floor cannot be used as play areas unless they are fully enclosed by a wooden framing covered with screen, glass or comparable material and structurally sound.

5. Outdoor porches and decks at the first (1st)-floor level, used as play areas, must:
 - a. Be enclosed with a minimum of a four foot (4') railing;
 - b. Have slats that are no more than three and a half inches (3 1/2") apart;
 - c. Have a gate that is kept securely fastened at the entry to any steps or stairways
6. If there is any playground equipment that requires children's feet to leave the ground, it must:
 - a. Be anchored into the ground;
 - b. Be maintained and in good repair in accordance with the United States Consumer Product Safety Commission Standards (incorporated at § 7.1.3(A) of this Part); and
 - c. Have safety surfacing that is maintained and in good repair, in accordance with United States Consumer Product Safety Commission Standards (incorporated at § 7.1.3(A) of this Part).
7. Outdoor trampolines are prohibited.
8. If sandboxes are used, they must be covered when not in use.
9. If the residence has an in-ground pool, the provider must prevent children's access:
 - a. The pool must be separated by a fence that is at least six feet (6') in height, with no openings or protrusions that a child could use to get over, under or through, and
 - b. It must be equipped with a gate that opens out from the pool, and self-close and self-latch at a height where a child can't reach.
10. If the residence has an above ground pool, it must have a four foot (4') fence extension along the outer rim of the pool, provided that the ladder leading to the pool folds up and locks into place and the height from the ground is at least six feet (6').
11. Each swimming pool more than six feet (6') in width, length, or diameter must be equipped with at least two (2) life saving devices such as a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity. This equipment must be long enough to

reach the center of the pool from the edge of the pool, kept in good repair, and stored safely and conveniently for immediate access.

12. Pools without a filtration system must be:
 - a. Emptied and disinfected after each use; and
 - b. Stored upside down or indoors when not in use.
13. Pools equipped with a filtration system must:
 - a. Be maintained in accordance with any applicable city/town and State Rules Regarding residential swimming pools, and
 - b. Shall be cleaned and maintained in accordance with the manufacturer's or installer's printed instructions regarding cleaning, filtration, and chemical treatment.
 - c. Has drain covers that are used in compliance with the Virginia Graeme Baker Pool and Spa Safety Act, 15 U.S.C. §§ 8001 through 8008.
14. All pool chemicals must be stored out of the reach of children.
15. Provider must obtain written permission from the parent/guardian prior to taking a child into a pool.
16. The use of diving boards is not permitted.

H. Overall Safety of Residence

1. Providers are wholly responsible for ensuring that all parts of the residence and grounds are maintained in a way that ensures health and safety at all times.
2. In any event where weather or disaster compromises safety of the residence, the provider ensures:
 - a. Safe passage in and out of the residence; and
 - b. That all structural and mechanical systems are fully functional.
3. A monthly outdoor inspection report must be completed by provider and kept available for review by the department.

~~H. Provider shall have a plan for handling emergencies 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 (1) emergency assistant should 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 as stated in §§ 7.3.1(A) through (D) of this Part above shall be maintained.~~
 - ~~2. An emergency is defined as being an unplanned absence from the home because of illness or accident. It is meant to be of short duration, generally lasting no more than a few hours, but 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.~~
- ~~I. Provider shall work no more than fifteen (15) hours in a twenty-four (24) hour period, including child care and any other employment. Provider shall be awake during the hours child care is being provided.~~
 - ~~J. 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.~~
 - ~~1. Children shall not be under the care or supervision of family members who have not been approved as assistants or emergency assistants.~~
 - ~~2. Children shall not be under the care or supervision of a visitor nor shall they be left alone with a visitor.~~

7.3.2 Health, Safety and Nutrition~~Qualifications of Provider and Assistants~~

A. Medical Requirements~~for Providers~~

- 1. GFCCH providers must adopt policies and procedures consistent with the Rhode Island Department of Health's Rules and Regulations Pertaining to Immunization and Communicable Disease Testing in Preschool, School, Colleges or Universities, [216-RICR-30-05-3](#); ~~RI Department of Health's Rules and Regulations Pertaining to Immunization and Communicable Disease in Preschool, School, Colleges or Universities (216-RICR-30-05-3);~~ Provider shall be at least twenty-one (21) years of age and shall show evidence of meeting one of the following criteria:**
 - a. Providers are required to maintain documentation of current immunizations for children in their care unless these children attend public, private, or parochial schools approved by the Rhode Island**

~~Department of Education. Hold a degree at the Associate's level or beyond from an approved/accredited post-secondary institution in Child Development, Early Childhood Education or a field directly related to the care of young children.~~

- b. If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the immunization documentation, provided there is a plan upon enrollment to get immunizations documented and up to date as soon as possible. ~~Hold a Child Development Associate Certificate (CDA) in Family Child Care.~~
 - c. ~~Hold a certificate (one (1) year) in Child Development from an approved/accredited post-secondary institution and have, at least, two (2) years of satisfactory experience operating a licensed home child care program.~~
 - d. ~~Hold a high school diploma or its equivalent, show evidence of having successfully completed a minimum of three (3) courses related to the care of young children at an approved/accredited post-secondary institution and have a minimum of five (5) years of satisfactory experience operating a licensed home child care program.~~
 - e. ~~National Association for Family Child Care (NAFCC) or equivalent accreditation approved by DHS.~~
2. The parent/guardian submits evidence of an annual health examination, signed by the child's primary care provider, which includes information regarding any condition or limitation that may affect the child's general health or participation in the program. ~~Provider shall show evidence of having successfully completed the following:~~
 - a. Providers are required to maintain documentation of an annual health examination for children in their care unless these children attend public, private, or parochial schools approved by the Rhode Island Department of Education; ~~Current certification in CPR and First Aid;~~
 - b. If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the annual health examination documentation. ~~Approved Family Child Care Training Program; and~~
 - c. ~~DHS orientation to Family Child Care.~~
3. ~~Provider shall complete a minimum of fifteen (15) hours of training every year.~~

- a. ~~The provider shall be responsible for maintaining documentation of his/her 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, telecourses, college courses, GDA training, related readings or television/video programs, correspondence courses, mentoring experiences, association meetings with training components or collaborative experiences with other agencies.~~

B. Communicable Disease Requirements for Assistants

1. In the event a child, provider, or assistant suffers from a communicable disease of public health significance, or in the event of an outbreak of any type, the provider must: ~~Assistant shall show evidence of having current certification in CPR and First Aid and shall be:~~
 - a. Report the disease to Rhode Island Department of Health, Center for Acute Infectious Disease Epidemiology; as well as the Department of Human Services Licensing Unit. ~~At least twenty-one (21) years of age; or~~
 - b. Provide written notice to inform all parents/guardians to which communicable disease the child(ren) may have been exposed, without providing any identifying information regarding the source of the communicable disease. ~~At least eighteen (18) years of age and show evidence of:~~
 - (1) ~~Successful completion of a secondary (high school) child care/child development curriculum approved by the Department of Education; or~~
 - (2) ~~College courses, totaling six (6) credits, in human growth and development or early childhood education.~~
2. The provider decides on all matters of exclusion and readmission of children for reasons of illness; however, if the child absence is due to communicable disease, this decision must be made in consultation with a licensed physician, physician's assistant, or nurse practitioner, and Rhode Island Department of Health, Center for Acute Infectious Disease

Epidemiology. ~~Provider shall orient a new assistant within the first week of work in the group family child care home. The orientation shall include a review of:~~

- a. Any child who has been placed on an antibiotic medication may not be admitted to the program for a period of at least twenty-four (24) hours. ~~DHS Group Family Child Care Home Regulations~~
- b. Any child exhibiting signs of a parasite infection, such as scabies or head lice, may not be admitted to the program until the child has been successfully treated.
- c. ~~Policy and procedures and other information specific to the operation of the group child care home.~~

3. If a parasite infection, such as scabies or head lice, is found within the residence, the provider must: ~~Assistant shall complete a minimum of eight (8) hours of training every year.~~

- a. Wash all linens, clothes, and other cloth materials with hot water and detergent, or dry clean; and ~~The provider shall be responsible for maintaining documentation of the assistant's completed training hours.~~
- b. Vacuum all rugs/carpeting and upholstery. ~~See § 7.3.2(A) of this Part above for acceptable subject areas and types of training.~~

C. Emergency Treatment Form ~~General Physical and Mental Health Requirements~~

1. Provider shall have an Emergency Treatment Form for each child in care that is signed by the parent/guardian. This form shall be kept on file for use in the event of an emergency. It shall be taken on field trips and outings away from the home. ~~Provider, assistants and emergency assistants shall be in good physical, mental, and emotional health.~~
2. Parents/guardians must identify two (2) adults who can be contacted in the event of an emergency if they are unreachable. This information shall be reviewed with parent/guardian annually in order to update any changes. ~~The physical, mental and emotional health of household members shall not interfere with the provider's child caring responsibilities.~~

D. Administration of Medication ~~Specific Health Requirements~~

1. Prescribed and non-prescribed (over the counter) medication must not be administered to a child without: ~~Family Child Care Home providers must adopt policies and procedures consistent with the RI Department of Health's Rules and Regulations pertaining to immunization and communicable disease in preschool and school (see 216-RICR-30-05-3.5)~~

~~as well as Rules and Regulations pertaining to Reporting and Testing of Infectious, Environmental, and Occupational Diseases (see 216-RIGR-30-05-1).~~

- a. ~~Written permission from the parent/guardian; and Providers are required to maintain documentation of current immunizations for children in their care unless these children attend public, private, or parochial schools approved by the RI Department of Education.~~
 - b. A written order from a health care professional which may include the label on the medication indicating that the medicine is for a specified child. The medication must be in the original container. ~~If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the immunization documentation, provided there is a plan upon enrollment to get immunizations documented and up to date as soon as possible.~~
 - (1) The written order includes the name of the child, the name of the medication, circumstances under which it may be administered, route, dosage, and frequency of administration.
2. The provider, substitute, or assistant (or emergency assistant when covering in an emergency) must dispense all medications. ~~The parent/guardian submits evidence of an annual health examination, signed by the child's primary care provider, which includes information regarding any condition or limitation that may affect the child's general health or participation in the program.~~
- a. ~~Providers are required to maintain documentation of an annual health examination for children in their care unless these children attend public, private, or parochial schools approved by the RI Department of Education.~~
 - b. ~~If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the annual health examination documentation.~~
3. A daily log must be maintained of every medication administered. This record must include the following: ~~Female providers of child bearing age 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.~~
- a. Child's name;
 - b. Name and dosage of medication administered;

- c. Date and time administered;
 - d. Name and signature of the person who administered the medication; and
 - e. Name of the licensed physician, physician's assistant, or nurse practitioner prescribing the medication.
4. The medication log is transported with the child to the emergency treatment facility in the event of an emergency.
 5. The first dose of a medication must be administered by the parent/guardian.
 6. Medications must be stored:
 - a. In clearly labeled original containers;
 - b. In spaces secured with child safety locks that are separate from any items that attract children (such as with food, candy, or toys); and
 - c. In a way that does not contaminate play surfaces or food preparation areas.
 7. Refrigerated medications must be stored separate from food in a container or compartment in the refrigerator.

E. Disabilities and Special Health Care Needs ~~Use of Alcohol or Drugs~~

1. When a provider enrolls a child with a disability or special health care needs, such as a condition that impacts mobility, the provider must obtain from the parent/guardian written recommendations (such as an Individualized Family Service Plan (IFSP) or Individualized Educational Plan (IEP)) for any specialized care the child may require. ~~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.~~
 - a. These recommendations must come from or be endorsed by the child's physician or other authorized professional who has evaluated or treated the child.
2. Care provided to children with a disability or special health care needs must be in accordance with the child's ~~Individualized Educational Plan (IEP) or the Individualized Family Service Plan IFSP or IEP~~, as applicable. ~~Household members shall not drink alcoholic beverages in the presence of children in care.~~

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

F. Child Abuse and Neglect ~~Smoking~~

1. Any suspected case of child abuse and/or neglect is reported to the Rhode Island Department of Children, Youth and Families' Child Protective Services (CPS) hotline (1-800-RI-CHILD/1-800-742-4453) within twenty-four (24) hours in accordance with State law and Department policy. ~~No person shall smoke, or otherwise use tobacco products within the household or outdoor play area of a group family child care home or within twenty-five feet (25') 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. If the suspected case occurred at the program, the program must report to the Department's licensing unit after reporting to CPS hotline. ~~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.~~

G. Prohibited Practices

1. Physical restraint of children is prohibited.
2. Corporal punishment is strictly prohibited. Corporal punishment includes, but is not limited to:
 - a. Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting a child;
 - b. Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures of a child;
 - c. Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances;
 - d. Exposing a child to extremes of temperature;
 - e. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where a child cannot be seen or supervised; and
 - f. Binding, tying, or taping to restrict movement.

3. Other practices that are strictly prohibited include, but may not be limited to:
 - a. Using or withholding food as a punishment or reward;
 - b. Toilet training methods that punish, demean, or humiliate a child;
 - c. Rejecting, terrorizing, ignoring, isolating, or corrupting a child;
 - d. Using abusive, profane, sarcastic language, verbal abuse, threats, or derogatory remarks about the child or child's family;
 - e. Engaging in any form of public or private humiliation, including threats of physical punishment;
 - f. Withholding physical activity/outdoor time as punishment;
 - g. Smoking and the use of tobacco products in the residence or on grounds during child care operating hours;
 - h. Smoking in any vehicle used by the program for transporting children;
 - i. Possessing, using, or being under the influence of illegal drugs and/or alcohol while in the residence or on grounds;
4. If smoking, of any kind, occurs in the home when children are not in care, the provider must notify the parents/guardians of all children enrolled.
5. Alcohol kept in the residence must be secured and stored away from children's access.

H. Firearms and Weapons

1. Firearms and weapons, as defined in § 7.1.4 of this Part, shall not be accessible to children.
2. Using firearms and/or weapons of any kind in the program or on program grounds is strictly prohibited.
3. Providers and household members who have possession of one (1) or more firearms and/or weapons, of any kind, must:
 - a. Obtain the proper licenses or permits to the extent required by law;
 - b. Store firearms and/or weapons, unloaded, separate from ammunition, equipped with child protective devices, in a place which is inaccessible to children during the hours of operation;

- c. Store ammunition, separate from firearms and/or weapons, under lock, during the hours that child care is provided in the home;
- d. Make both locking mechanisms, all materials, and appropriate licenses available for inspection by the Department or designee; and
- e. Notify the parents/guardians of all children enrolled that firearms and/or weapons are in the residence (including the number of firearms and/or weapons).

I. Environmental Health

- 1. The residence, equipment, and materials are clean, free of hazards, and kept in good repair.
- 2. Any product used for cleaning, sanitizing and/or disinfecting is approved by the United States Environmental Protection Agency as indicated on the product label and is used in accordance with the manufacturer's instructions.
- 3. Toxic substances and any other items of potential danger to children are clearly labeled and are in an area that is secured by a child safety lock or safely out of the reach of any child in care.
- 4. All preventive maintenance within the residence must be occur at times when children are not in the area of the equipment or systems being serviced.
 - a. Tools, supplies, materials, parts, or debris must not be left at the job site, unless they are secured and stored away from children.
- 5. Garbage receptacles are lined, and garbage is removed from the program daily. See § 7.3.2(B) of this Part for information regarding diaper storage and hygiene.
- 6. Any rodent and insect infestation is promptly treated. Insecticides and rodenticides must be approved by the Rhode Island Department of Health and used in accordance with manufacturer's instructions. Guidelines and requirements are found in R.I. Gen. Laws § 23-25-38 and must be adhered to.
- 7. The provider posts (in a conspicuous place where all parents and visitors can see) and follows a regular, written cleaning and sanitation schedule, including provisions for deep cleaning.
- 8. Tables, feeding seats, and high chair trays, used for eating are sanitized before and after meals and snacks.

9. Sensory water tables or other receptacles used for water play are emptied and sanitized daily.
10. Reusable sponges and dish clothes are not used for cleaning and/or sanitizing.
11. The use of any public water fountain is prohibited.

J. Hygiene

1. The provider stocks, and makes accessible, a supply of items required to maintain personal hygiene for children, provider, and assistant(s), which should be stocked with appropriate items at all times.
2. Provider/substitute(s)/assistant(s) wash their hands with liquid soap and warm running water as needed and:
 - a. After each diaper change;
 - b. After personal toileting;
 - c. After assisting a child with toileting;
 - d. After wiping a runny nose;
 - e. After touching any bodily fluid;
 - f. Before and after using water, sand, or other sensory tables;
 - g. After messy play;
 - h. After handling and/or feeding animals or pets; and
 - i. Before any food preparation or service.
3. Provider/substitute(s)/assistant(s) ensure that children wash their hands with liquid soap and warm running water as needed and:
 - a. After each toileting;
 - b. Before each meal or snack;
 - c. After wiping or blowing their nose;
 - d. After touching any bodily fluid;
 - e. Before and after using water, sand, or other sensory tables;
 - f. After messy play;

- g. After handling and/or feeding pets; and
 - h. Upon entry from the outdoors.
4. Hand sanitizer and/or hand wipes are not permitted as substitutes for washing hands with liquid soap and warm running water.
 5. Drinking water is never obtained from any bathroom.
 6. Provider ensures arrangements for children to engage in personal hygiene including brushing teeth and changing clothes.

K. Food Allergies

1. For each child with food allergies or special nutritional needs, the provider requests that the parent/guardian obtains a care plan from the child's health care professional.
2. The provider must make provisions for protecting children with food allergies from contact with the allergen(s).
3. The provider must have consent from -the parent/guardian of a child with food allergies before posting information in the program about that child's food allergy.
 - a. If consent for posting is provided, that information is posted in all areas of the program the child uses, including but not limited to the food preparation area.
 - b. If consent for posting is not provided, then this information is shared verbally with all relevant staff, including substitutes and assistants, and is documented in the child's file.

L. Nutrition

1. All meals and snacks provided by the provider must meet current USDA, Child and Adult Care Food Program nutritional standards (incorporated at § 7.1.3(B) of this Part).
2. The provider must not serve drinks containing caffeine, sugar and/or artificial sweetener, including soda and flavored milk.
3. If the provider chooses to serve juice, it must:
 - a. Be one hundred percent (100%) fruit juice;
 - b. Be in accordance with the USDA, Child and Adult Care Food Program (incorporated at § 7.1.3(B) of this Part);

- c. Be served only at meal or snack time; and
 - d. Never be served to infants under twelve (12) months old.
4. Children must be provided the opportunity to eat at least once every three (3) hours.
 - a. Exceptions may be made when child care is provided during evening hours.
5. Providers must maintain a supply of food that meets the USDA, Child and Adult Care Food Program nutritional guidelines (incorporated at § 7.1.3(B) of this Part) for:
 - a. Meals (if applicable) and snacks; and
 - b. When a child is still hungry after a meal or snack.
6. Menus for meals and snacks must be planned and posted weekly.
7. The program must provide parents/guardians written nutrition guidelines at the time of enrollment.
8. On special occasions (not to exceed two (2) per month) food and beverages (not to include soda or other caffeinated drinks) that do not meet nutritional requirements may be served in addition to required meals and snacks.
9. Drinking water is readily available and offered throughout the day, especially before, during and after outdoor play.

M. Emergency/Disaster Plans and Procedures

1. The provider must develop and implement an individualized, written plan to prepare for and respond to potential emergency/disaster situations.
2. The emergency and disaster plan is appropriate to support the needs of all children in the program and must be available for review by the Department.
3. In all situations where an emergency or suspected emergency occurs the provider/assistant(s) follows their defined procedures.
4. An individualized graphic evacuation plan identifying all escape routes is posted within the child care area.
5. All required emergency phone numbers are posted in a conspicuous place adjacent to the telephone or phone base.

6. The names and phone numbers of parents/guardians and emergency contact persons for each child in care must be readily available for all caregivers.
7. The provider must conduct regular safety drills.
 - a. One (1) fire drill must be conducted every month the program is in operation, with no more than three (3) drills delayed for weather.
 - b. Every fourth (4th) drill must be obstructed, by means of not using one of the typical exits/egresses. The other drills may be unobstructed.
 - c. Two (2) shelter-in-place drills must be conducted every twelve (12) months.
 - d. A record of all safety drills must be maintained.
 - e. Safety drills must be conducted with assistants, as applicable.
 - f. Safety drills must be conducted during a variety of times that child care is provided.

N. Illness and Injury

1. If a child presents with symptoms of concern, the provider/substitutes/assistant(s) must:
 - a. Document the findings;
 - b. Determine the needs of the child and make accommodations as necessary; and
 - c. Notify the parent/guardian, as necessary.
2. If a child becomes ill or is injured while at the program, the provider/substitutes/assistant(s) must:
 - a. Contact the child's parent/guardian;
 - b. Contact emergency personnel, as needed;
 - c. Provide relevant first aid support, as needed;
 - d. Ensure special care for the child, including a comfortable resting space in a quiet area away from other children, within sight and sound of the provider/substitute/assistant(s); and
 - e. Disinfect furniture and materials touched by the ill child.

3. A first aid kit is readily accessible, but out of children's reach, in each Group Family Child Care Home and must be;
 - a. Taken outside during outside play and on field trips;
 - b. Restocked after each use;
 - c. Reviewed every six (6) months to ensure proper condition of materials and replace any expired supplies.
4. A choke-saving poster, that outlines the Heimlich Maneuver, must be prominently displayed in any area where children eat.
5. Injuries must be documented on an injury report.
 - a. A parent/guardian must be contacted, by phone, for any injury occurring above the neck.
 - b. A parent/guardian must sign the written injury report on the same day the injury occurred.
 - c. A copy of the report must be placed in the child's file.
 - d. The injury, first aid, and parent/guardian communication must be recorded.

O. Animals

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

P. Equipment and Furniture

1. Furniture, within the area used for child care, must be clean, durable, maintained in good repair and free of hazards.
2. The provider ensures that parents/guardians provide an adequate supply of clean diapers, bed linens and clothing changes.

- a. The program maintains an additional supply of clean diapers, bed linens, and clothing changes.
3. Infants and toddlers must be protected from objects that could be swallowed.
4. Programs serving Infants and/or Toddlers have a choke prevention gauge readily available.
5. Bucket seats and high chairs are used according to manufacturer's recommendations for feeding and are never used for activities or as a form of restraint.
6. If the manufacturer requires safety straps on a chair, swing, stroller, infant carrier, bouncer seat, or similar type of equipment, then the safety straps must be fastened whenever a child is using the equipment.
7. A crib, portable crib, cot, or mat must be available for each resting child, depending on the child's age and size.
 - a. Couches and beds used for household members are not permitted for a sleeping surface for children in care.
 - b. Children cannot rest or sleep directly on the floor, bean bag, sheepskins, waterbeds, or comparable surface/material that poses similar risks.
8. All bedding used for children's sleeping surfaces must be laundered weekly.
9. There must be at least two feet of space between each cot, mat, crib, and/or portable crib with a resting child during nap/rest time.
10. The program maintains documentation on-site that every crib or portable crib meets the United States Consumer Product Safety Commission Standards (incorporated at § 7.1.3(G) of this Part).
11. The use of mobile walkers is prohibited.
12. All storage chests, boxes, trunks, or comparable items with hinged lids must be equipped with a lid support designed to hold the lid open in any position, be equipped with ventilation holes, and must not have a latch that might close and trap a child inside.

7.3.3 Routine Care of Children ~~Physical Space and Home Safety~~

- A. Feeding and Eating ~~Overall Condition of Group Family Child Care Home~~

1. Eating and feeding routines must meet the individual needs of children in the program.~~The home shall be maintained in compliance with all applicable state and local codes.~~
2. Provider/substitute(s)/assistant(s) do not force children to eat.~~The home shall be maintained in good repair and in a clean, neat, hazard free condition.~~
3. A feeding plan is established and followed for each Infant and Toddler prior to enrollment.~~Trash must be covered and properly stored.~~
4. Infants who are not ready for self-feeding are held and fed by provider/assistant(s) on a one-to-one basis.~~The home shall be kept free from rodent and insect infestation.~~
5. Bottles must never be propped up at any time or placed in a crib with a child.
6. A heating unit for warming bottles and food is readily accessible to provider/substitute(s)/assistant(s). Microwaves are not used for heating bottles.
7. Only BPA free plastic or glass bottles are used.
8. Bottles provided by parents/guardians must be labeled with the child's name.
9. If the program provides bottles and reusable nipples for community use, they are washed and sanitized in the dishwasher or boiled for at least five (5) minutes prior to use.
10. All breast milk or formula must be clearly labeled with the child's name.
11. The provider/substitute(s)/assistant(s) prepares formula that is mixed and served according to manufacturer's instructions.
12. Prepared breast milk or formula is used immediately or stored in the refrigerator.
13. Un-served prepared breast milk or formula is returned to the parent/guardian at the end of each day.
14. Food is not used as an incentive unless specifically stated in the child's IEP/IFSP.

B. Diapering and Toileting

1. Diapering and Toileting routines must meet the individual needs of children in the program.
2. Provider/substitute(s)/assistant(s) cannot force children to use the bathroom.
3. Toilet training conforms to an individual plan based on each child's readiness and is carried out in conjunction with the parent/guardian.
4. Routine attempts to toilet train are made only when a child demonstrates readiness.
5. Children are changed and diapered regularly and are washed and dried with single use baby wipes.
6. No child is left unattended during diapering.
7. The diaper-changing surface is cleaned and disinfected after each use with a disposable towel, United States Environmental Protection Agency registered disinfectant, or disinfectant solution that is prepared daily.
8. Provider/assistant(s) must wash their hands thoroughly with liquid soap and warm running water after each diaper change, even if disposable gloves are used.
9. All soiled diapers are removed from the residence daily.
10. If disposable diapers are used, they are placed in a covered receptacle that is:
 - a. Lined with a plastic bag;
 - b. Kept away from the children's activity and food preparation and service areas;
 - c. Emptied as necessary to eliminate odors; and
 - d. Cleaned and disinfected daily.
11. If cloth diapers are used, they are:
 - a. Not rinsed or emptied at the child care program;
 - b. Completely wrapped in a non-permeable material;
 - c. Kept away from the children's activity and food preparation and service areas; and

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

C. Sleeping

1. Sleeping routines meet the individual needs of children in the program.
2. Provider/substitute(s)/assistant(s) may encourage children to rest, but children cannot be forced to sleep or stay awake.
3. Infants sleep in a safe sleep environment consistent with the American Academy of Pediatrics Safe Sleep Guidelines (incorporated at § 7.1.3(D) of this Part).
4. An Infant must be placed on his/her back while sleeping.
5. Monitors or positioning devices cannot be used.
6. There are no restraining devices of any type, including swaddles.
7. Modifications to an Infant's safe sleep environment regarding positioning, are not permitted unless the Infant's physician, physician's assistant or nurse practitioner has completed a signed waiver indicating that the child requires an alternate sleeping arrangement.
8. Infants must sleep in a crib or portable crib approved by the United States Consumer Product Safety Commission Standards, (incorporated at § 7.1.3(C) of this Part), equipped with a firm crib mattress and a tight-fitting sheet.
 - a. The mattress must not be supplemented with additional foam materials or pads.
9. Lighting must allow for provider/substitute(s)/assistant(s) to view the color of the child's skin and to check for breathing.
10. Children cannot sleep in a car safety seat, bean bag chair, bouncy seat, infant seat, swing, jumping chair, highchair, or in comparable equipment/furniture.
11. If an Infant arrives at the home or residence asleep in a car safety seat, or falls asleep in comparable equipment, the Infant is immediately removed from the car seat or comparable equipment and placed in a safe sleep environment.
12. Clothing designed for safe sleep, including sleep sacks, are permitted.

13. No items can be placed in the crib/portable crib with an Infant except for a pacifier.
14. A pacifier clip is not permitted for use in a crib/portable crib.
15. No additional items are placed on or above the crib/portable crib.
16. Cribs/portable cribs are only used for rest or sleep.
17. Children must rest/sleep in a location in the residence where they can be in both sight and sound supervision by the provider/substitute(s)/assistant(s) at all times.
 - a. During hours of operation, no child may rest/sleep behind a closed door.
18. Baby monitors, of any kind, are not permitted as a substitute for supervision.

~~B. Radon Safety~~

- ~~1. Provider 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 (216-RICR-50-15-2) 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 Group Family Child Care Home, either interior or exterior.~~
- ~~2. A Group Family Child Care Home serving children under the age of six (6) years shall comply with Lead Poisoning Prevention (216-RICR-50-15-3) promulgated by the Rhode Island Department of Health pursuant to R.I. Gen. Laws § 23-24.6-14 (Lead Poisoning Prevention Act) and shall comply with recommendations resulting from lead inspections conducted pursuant to the above referenced statute and regulations.~~

~~D. Indoor Space~~

- ~~1. There shall be sufficient indoor space to allow for thirty-five (35) square feet of usable space per child in care.~~
- ~~2. This space shall be on the first floor, ground level of the home. Any furniture in the area shall be appropriate for children's use.~~

- ~~3. This space shall be exclusive of bathrooms, hallways, kitchen and any rooms that are used for activities other than child care.~~
- ~~4. There shall be adequate open space available to allow for program activities and freedom of movement by the children.~~
- ~~5. Provisions for sleeping/napping shall be made on the first floor of the home.~~

~~E. 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. 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 (1) 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.~~
- ~~3. The term basement includes all areas that are more than fifty percent (50%) below ground level.~~

~~F. 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 or barrier shall be required for outdoor play area.~~
- ~~2. Outdoor porches 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 foot (4') railing and the slats shall be no more than three and one-half inches (3 ½") 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.~~

~~G. Bathroom and Toileting~~

- ~~1. The group 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.~~

~~H. 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; and/or~~
 - ~~c. Playing in water that is used by more than one (1) person.~~
- ~~5. Hands shall be washed after:~~
 - ~~a. Diapering, using the toilet or helping a child use a toilet;~~
 - ~~b. Handling bodily fluid (mucus, blood, vomit) from sneezing, wiping and blowing noses, from mouths or from sores;~~
 - ~~c. Handling uncooked food, especially raw meat and poultry;~~
 - ~~d. Handling pets and other animals;~~
 - ~~e. Playing in sandboxes; and/or~~
 - ~~f. Cleaning or handling garbage.~~

~~I. 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 one quarter (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.~~

~~J. 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 one hundred and twenty degrees Fahrenheit (120°F).~~
- ~~3. If the water supply is not from a public source, it shall be tested for portability. Water testing shall be done at time of licensing and upon renewal.~~

~~K. Heating System~~

- ~~1. The group family child care home shall have a heating system capable of maintaining a minimum temperature of sixty-five degrees Fahrenheit (65°F) 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.~~

~~L. Smoke and Carbon Monoxide Detectors and Fire Extinguishers~~

~~1. The group 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.~~

~~M. 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 group family child care home.~~

~~N. 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.~~

~~O. Candle Use and Flashlights in Emergency Situations~~

~~1. The 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.~~

~~3. Candles burned for other purposes shall be kept out of reach of children, used in a safe manner and not be left unattended.~~

~~P. Window Blind Cords — Window blind cords shall be secured, out of the reach of children, to prevent strangulation.~~

~~Q. 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.~~

~~R. Swimming Pools~~

~~1. Swimming pools shall be securely fenced to prevent access by the children.~~

~~a. The fence shall be at least six feet (6') high with a locked gate.~~

~~b. Above ground pools may have a four foot (4') fence extension along the outer rim of the pool, provided that the ladder leading to the pool folds up and locks into place and the height from the ground is at least six feet (6').~~

~~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. The provider shall obtain written permission from parent/guardian prior to taking a child into a pool.~~

~~S. 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, 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 all children in care shall be kept adjacent to each phone in the child care area.~~

~~T. First Aid and Communicable Diseases~~

~~1. The 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 group 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.~~

~~U. Emergency/Disaster Plans and Procedures~~

~~1. The provider must develop and implement an individualized, written plan to prepare for and respond to potential emergency/disaster situations.~~

- ~~2. The emergency and disaster plan is appropriate to support the needs of all children in the program and must be available for review by the Department.~~
- ~~3. In all situations where an emergency or suspected emergency occurs the provider/assistant(s) follows their defined procedures.~~
- ~~4. An individualized graphic evacuation plan identifying all escape routes is posted within the child care area.~~
- ~~5. All required emergency phone numbers are posted in a conspicuous place adjacent to the telephone or phone base.~~
- ~~6. The names and phone numbers of parents/guardians and emergency contact persons for each child in care must be readily available for all caregivers.~~
- ~~7. The provider must conduct regular safety drills.~~
 - ~~a. One (1) fire drill must be conducted every month the program is in operation, with no more than three (3) drills delayed for weather.~~
 - ~~b. Every fourth (4th) drill must be obstructed, by means of not using one of the typical exits/egresses. The other drills may be unobstructed.~~
 - ~~c. Two (2) shelter-in-place drills must be conducted every twelve (12) months.~~
 - ~~d. A record of all safety drills must be maintained.~~
 - ~~e. Safety drills must be conducted with assistants, as applicable.~~
 - ~~f. Safety drills must be conducted during all different times that child care is provided.~~

~~V. 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 or in a locked cabinet. 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.~~

~~W. Food Storage~~

- ~~1. Food shall be properly stored, covered and/or refrigerated.~~
- ~~2. The refrigerator temperature shall be maintained at forty-one degrees Fahrenheit (41°F) or less and the freezer temperature at zero degrees Fahrenheit (0°F) or less.~~

~~X. 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.~~

~~Y. Ventilation, Glass Door 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.~~

~~Z. 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.~~

7.3.4 Enrollment and Staffing ~~Health and Nutrition~~

A. Required Staff ~~General Health Examinations~~

1. Each Group Family Child Care Home must have one (1) provider, who lives in the residence, and is responsible for the overall program.~~Physical Examination Form – Prior to enrollment and annually thereafter, the Group 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.~~
 - a. ~~If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the annual health examination documentation.~~
2. Each Group Family Child Care Home must have at least two (2) emergency assistants, who are readily available to be called upon to provide immediate care to children, in the event of an emergency.~~Immunizations – The physical examination form shall include evidence that the child is age appropriately immunized in accordance with rules and regulations promulgated by the Rhode Island Department of Health, as indicated in sections relating to Immunization and Disease Testing in Preschool, School, Colleges or Universities for communicable disease (see 216-RIGR-30-05-3).~~
 - a. Subsequent to the date of these Regulations, no new license or license renewal will be approved with a Group Family Child Care Home provider or a Family Child Care Home provider listed as an emergency assistant.~~If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the annual health examination documentation.~~
 - (1) The Department will consider an exception if it can be proved that the individual can be available in both situations, while maintaining compliance with these Regulations.
3. A Group Family Child Care Home may have or use an assistant, to support required staffing patterns, or support other activities within the program.~~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. A Group Family Child Care Home may have or use a Substitute, to support required staffing patterns, or provide coverage of activities within the program. ~~Lead Screening - The physical examination form shall include evidence that the child has been screened for lead poisoning in accordance with the Lead Poisoning Prevention (216-RIGR-50-15-3) promulgated by the Rhode Island Department of Health pursuant to R.I. Gen. Laws Chapter 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. Number of Children in Care ~~Emergency Treatment Form~~

1. A Group Family Child Care Home provider, who is caring for children with one (1) assistant, must care for no more than twelve (12) children at any time, in accordance with the provider's licensed capacity. ~~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.~~

a. Of these twelve (12) children, there must be no more than four (4) children under the age of two (2) years, in care, at any time.

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

2. A Group Family Child Care Home provider, who is caring for children with two (2) assistants, must care for no more than twelve (12) children at any time, in accordance with the provider's licensed capacity. ~~Parent/guardians 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.~~

a. Of these twelve (12) children, there must be no more than eight (8) children under the age of two (2) years, in care, at any time.

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

3. Children who live in the residence must be counted in determining the maximum capacity for licensure in accordance with the following:
 - a. Children who are not yet attending kindergarten (not school age), must be counted in determining the maximum capacity for licensure.
 - (1) The Department will consider an exception, if the provider can prove that the child attends a full day preschool program.
 - b. If a related child is aged five to twelve (5-12) years and at home less than three (3) consecutive hours while the GFCCH is operating, they do not count as part of ratio.
 - c.- During the summer months, every related child under the age of twelve (12) years old counts in ratio.
 - d. Any licensed capacity for Foster Care must be counted in determining the maximum capacity for licensure.
 - e. Exceptions may be made to the licensed capacity for weather or emergency-based school-closures, sick days, holidays, or one (1) week school vacations.
4. Provider must not work more than fifteen (15) hours in a twenty-four (24) hour period, including child care and any other employment.
5. Provider/substitute(s)/assistant(s) are required to be awake at all times while children are in care.
6. Household members, or household visitors do not count in the staff/child ratios unless specifically authorized as an approved assistant or substitute.
7. Programs must adhere to a more stringent staffing pattern of one (1) provider/substitute/assistant for every two (2) children for events such as field trips, (other activities that may impose additional safety considerations), and swim activities (which include swimming, wading, or sitting in water).

C. Provider Time Out of the Home ~~Administration of Medication~~

1. Without the use of an approved assistant and/or substitute when applicable, the provider must be on the premises, directly supervising the children, at all times when children are in care. ~~Prescribed and non-prescribed (over the counter) medication must not be administered to a child without:~~

~~a. Written permission from the parent/guardian; and~~

~~b. A written order from a licensed physician, physician's assistant, or nurse practitioner (which may include the label on the medication) indicating that the medicine is for a specified child. The medication must be in the original container.~~

~~(1) The written order includes the name of the child, the name of the medication, circumstances under which it may be administered, route, dosage, and frequency of administration.~~

2. With the use of an approved assistant and/or substitute, the provider may be out of the home twenty percent (20%) of the total work week, not to exceed fifteen (15) hours. ~~The provider or assistant (or emergency assistant when covering in an emergency) must dispense all medications.~~

3. With the use of an approved emergency assistant, the provider may be out of the home for emergencies only. ~~A daily log must be maintained of every medication administered. This record must include the following:~~

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

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

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

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

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

~~a. Child's name;~~

~~b. Name and dosage of medication administered;~~

~~c. Date and time administered;~~

~~d. Name and signature of the person who administered the medication; and~~

- e. ~~Name of the licensed physician, physician's assistant, or nurse practitioner prescribing the medication.~~
- 4. ~~The medication log is transported with the child to the emergency treatment facility in the event of an emergency.~~
- 5. ~~The first dose of a medication must be administered by the parent/guardian.~~
- 6. ~~Medications must be stored:~~
 - a. ~~In clearly labeled original containers;~~
 - b. ~~In spaces secured with child safety locks that are separate from any items that attract children (such as with food, candy, or toys); and~~
 - c. ~~In a way that does not contaminate play surfaces or food preparation areas.~~
- 7. ~~Refrigerated medications must be stored separate from food in a container or compartment in the refrigerator.~~

D. **Supervision** ~~Child Exhibiting Symptoms of Illness~~

- 1. **Provider/substitute(s)/assistant(s) must provide sight and sound supervision all times, including but not limited to:** ~~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:~~
 - a. **Indoor play;** ~~For an infant under four (4) months of age, an axillary temperature (armpit) above one hundred degrees Fahrenheit (100°F) 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 parent/guardian should be encouraged to seek medical attention.~~
 - b. **Outdoor play;** ~~For children, a fever is defined as an oral temperature above one hundred and one degrees Fahrenheit (101°F) or an axillary (armpit) temperature above one hundred degrees Fahrenheit (100°F). 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.~~
 - c. **Bathroom use;** ~~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.~~

- d. ~~Rest or sleep; Blood in the stools not explainable by dietary change, medication, or hard stools.~~
- e. ~~Meals and snacks; and 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.~~
- f. ~~Transitions. Persistent abdominal pain (continues more than two (2) hours) or intermittent pain associated with fever or other signs and symptoms.~~
- g. ~~Mouth sores with drooling, unless the health care provider determines that the child is non-infectious.~~
- h. ~~Rash with fever or behavior change, until a physician determines that these symptoms do not indicate an infectious disease.~~
- i. ~~Purulent conjunctivitis (pinkeye: accompanied by white or yellow eye discharge) until after treatment has been initiated.~~
- j. ~~Head lice, until after treatment.~~
- k. ~~Scabies, until treatment has been initiated.~~
- l. ~~Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care.~~
- m. ~~Impetigo, until twenty-four (24) hours after treatment has been initiated.~~
- n. ~~Strep throat or other streptococcal infection, until twenty-four (24) hours after initial antibiotic treatment and cessation of fever.~~
- o. ~~Chickenpox, until all sores have crusted over (usually six (6) days).~~
- p. ~~Pertussis, until five (5) days of appropriate antibiotic treatment has been completed.~~
- q. ~~Mumps, until nine (9) days after onset of parotid gland swelling.~~

- r. ~~Hepatitis A virus, until one (1) week after onset of illness, jaundice or as directed by the health department.~~
- s. ~~Measles, until four (4) days after onset of rash.~~
- t. ~~Rubella, until six (6) days after onset of rash.~~
- u. ~~Unspecified respiratory tract illness.~~
- v. ~~Shingles.~~
- w. ~~Herpes simplex.~~
- x. ~~The illness prevents the child from participating comfortably in activities as determined by the child care provider.~~
- y. ~~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.~~

- 2. Children may not be split between outdoor and indoor activities (including resting/sleeping) if there is not a provider and/or assistant(s) in each location. ~~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.~~
- 3. Furniture must not obstruct program provider/substitute(s)/assistant(s) from visual supervision. ~~The 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.~~
- 4. Provider/substitute(s)/assistant(s) cannot be distracted while providing care to children. The use of cell phones, personal electronic devices, and personal reading materials are forbidden while the program is operating.
- 5. All provider/substitute(s)/assistant(s) supervising swim activities must be in or directly adjacent to the water.

E. Attendance ~~Child with Parasite Infection~~

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

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

- a. Be updated every time that there is a change in enrollment;
 - b. Reflect which children are present at any given time.
2. Attendance records must be kept for all children for a period of no less than three (3) years.~~The provider shall notify parents/guardians of all the children in care of possible parasite infestation.~~
3. ~~The 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.~~

F. Field Trips

1. For all field trips, programs must:~~In the event a child, provider, or assistant suffers from a communicable disease, of public health significance, or in the event of an outbreak of any type, the provider must:~~
 - a. Provide written notice to parents/guardians of any field trip at least three (3) days in advance;~~Report the disease to RI Department of Health, Center for Acute Infectious Disease Epidemiology;~~
 - b. Have a signed permission slip, prior to departing, for each child that states the date, time, location, means of transportation, and potential risks, specific to each individual trip; ~~Provide written notice to inform all parents/guardians to which communicable disease the child(ren) may have been exposed, without providing any identifying information regarding the source of the communicable disease.~~
 - c. Bring emergency information for each child on each individual trip; and
 - d. Adhere to the more stringent staffing pattern as stated in § 7.3.4(B) of this Part
2. Outdoor walks around the area of the residence are not considered a field trip.~~In all matters of exclusion and readmission of children for reasons of illness, the decision of the provider applies. If applicable, due to communicable disease, this decision is made in consultation with a licensed physician, physician's assistant, or nurse practitioner, and RI Department of Health, Center for Acute Infectious Disease Epidemiology.~~

- a. Staff must have means to contact the parents/guardians if leaving the residence and grounds. ~~Any child who has been placed on an antibiotic medication may not be admitted to the program for a period of at least twenty-four (24) hours.~~
- b. ~~Any child exhibiting signs of a parasite infection, such as scabies or head lice, may not be admitted to the program until the child has been successfully treated and no longer has any live parasites.~~

G. Volunteers and Visitors **Environmental Health**

- 1. Family Child Care Homes may utilize volunteers that:
 - a. Are eighteen (18) years of age or older;
 - b. Must be cleared and approved in accordance with the Department's policies on Criminal Records Checks and Clearance of Agency Activity checks, as stated in § 7.2.1(B) of this Part;
 - c. Undergo orientation to program policies and procedures and the volunteer assignment; and
 - d. Are never left alone with or responsible for the supervision of children.
- 2. Group Family Child Care Homes may have visitors in accordance with the following:
 - a. Enrichment visitors (such as a firefighter, or a parent who reads to children) may visit the program at the discretion of the provider.
 - b. Social visitors are not permitted for more than a ten (10) minute increment.
 - c. Visitors are not considered volunteers and are not required to be cleared and approved in accordance with the Department's policies on Criminal Records Checks and Clearance of Agency Activity checks.
 - d. Visitors must never be left alone with children and are never responsible for the supervision of children.
- 3. All volunteers and visitors must sign in and out of the program on a sign out sheet available at the entrance of the program.
 - a. The sign in and out sheet must include the:
 - (1) Date of visit;

- (2) Full name of volunteer or visitor/guest;
 - (3) Reason for visit; and
 - (4) Time in and out for the visit.
4. There must be no volunteers or visitors when the provider is not present in the program.
 1. ~~The residence, equipment, and materials are clean, free of hazards, and kept in good repair.~~
 2. ~~Any product used for cleaning, sanitizing and/or disinfecting is approved by the United States Environmental Protection Agency as indicated on the product label and is used in accordance with the manufacturer's instructions.~~
 3. ~~Toxic substances and any other items of potential danger to children are clearly labeled and are in an area that is secured by a child safety lock.~~
 4. ~~All preventive maintenance performed within the residence must be performed at times when children are not in the area of the equipment or systems being serviced.
 - a. ~~Tools, supplies, materials, parts, or debris must not be left at the job site, unless they are secured and stored away from children.~~~~
 5. ~~Garbage receptacles are lined, and garbage is removed from the program daily.~~
 6. ~~Any rodent and insect infestation is promptly treated. Insecticides and rodenticides must be approved by the RI Department of Environmental Management and used in accordance with manufacturer's instructions. Guidelines and requirements are found in R.I. Gen. Laws § 23-25-38 and must be adhered to.~~
 7. ~~The provider posts (in a conspicuous place where all parents and visitors can see) and follows a regular cleaning and sanitation schedule, including provisions for deep cleaning.~~
 8. ~~Tables, feeding seats, and high chair trays, used for eating are sanitized before and after meals and snacks.~~
 9. ~~Sensory water tables or other receptacles used for water play are emptied and sanitized daily.~~
 10. ~~Reusable sponges and dish clothes are not used for cleaning and/or sanitizing.~~

~~11. The use of any public water fountain is prohibited.~~

~~H. 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.~~

~~I. Caring for Child 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).~~

~~J. Food Allergies~~

- ~~1. For each child with food allergies or special nutritional needs, the provider requests that the parent/guardian obtains a care plan from the child's health care provider.~~
- ~~2. The provider must make provisions for protecting children with food allergies from contact with the allergen(s).~~
- ~~3. The provider asks the parent/guardian of a child with food allergies to give consent for posting information within the program about that child's food allergy.~~
 - ~~a. If consent for posting is provided, that information is posted in the food preparation area and in the areas of the program the child uses.~~
 - ~~b. If consent for posting is not provided, then this information is shared verbally with all relevant staff, including substitutes, and is documented in the child's file.~~

~~K. 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.~~

~~L. Beverages — The provider shall offer age-appropriate beverages as defined below:~~

~~1. Infants (birth through twelve (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 four (4) ounces of one hundred percent (100%) fruit juice per day. Juice should be offered at either a meal or a snack instead of continuously throughout the day. Fruit drinks or punch, soda, and other sugar-sweetened beverages are not allowed.~~

~~2. Toddlers twelve (12) months through twenty-four (24) months~~

~~a. Only whole pasteurized milk should be served to children between the ages of twelve (12) and twenty-four (24) months. The provider shall not serve skim or nonfat, low-fat (one percent (1%) or two percent (2%)) to any child between twelve (12) and twenty-four (24) months.~~

~~b. Juice — The provider should offer not more than four (4) ounces of one hundred percent (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. 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 two (2) years and older~~

~~a. Children two (2) years and older should be served skim or nonfat milk or low-fat milk (one percent (1%) or two percent (2%) fat milk) in accordance with guidelines established by the American Academy of Pediatrics.~~

- ~~b. Juice — The provider should offer not more than six (6) ounces of one hundred percent (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. 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.~~

7.3.5 Staff Qualifications and Ongoing Professional Development **Activities, Materials and Equipment**

A. Requirements for Group Family Child Care Home ~~p~~Providers **Activities**

1. GFCCH providers must be at least twenty-one (21) years of age and must show evidence of one (1) of the following:~~Provider shall spend time directly involved in activities that center on the developmental needs, interests and strengths of the children in care.~~
 - a. Associate degree or beyond from an accredited institution of higher education in Child Development, Early Childhood Education or a field directly related to the care of young children; or
 - b. Hold a Child Development Associate Certificate (CDA) in Family Child Care; or
 - c. Hold a current certificate in Child Development from an accredited institution of higher education and demonstrate successful completion, without major violations and/or rectification of all minor violations, of a full two (2) year term of licensure as a Rhode Island Family Child Care Home provider, with a license in good standing; or
 - d. Hold a high school diploma or GED, successfully completed a minimum of three (3) courses (nine (9) credits) related to the care of young children from an accredited institution of higher education and demonstrate successful completion, without major violations and/or rectification of all minor violations, of five (5) years of licensure as a Rhode Island Family Child Care Home provider, with a license in good standing; or
 - e. National Association for Family Child Care (NAFCC) or equivalent accreditation approved by DHS.
2. Prior to initial licensure, GFCCH providers must show evidence of having successfully completed the following:~~The focus shall be toward developmentally appropriate and culturally competent practices,~~

~~incorporating child-centered, child-initiated and provider-guided play activities.~~

- a. High school or GED (applicable for all providers initially licensed after the issuance of the 2007 Regulations);
- b. The Department's Orientation to Family Child Care;
- c. The Department's approved Pre-Service Training;
- d. Current certification under the most recent guidelines of the American Heart Association in:
 - (1) Pediatric Cardiopulmonary Resuscitation (CPR)
 - (AA) Initial CPR certification must be done in person.
 - (BB) CPR recertification may be done ~~either in person or online; and~~
 - (2) Pediatric first aid (online training is accepted).
Pediatric first aid training may be done in person or online.
- e. A comprehensive background check, as outlined in § 7.2.1(B) of this Part; and
- f. Physician's reference and immunization information.

B. Requirements for Group Family Child Care Home assistants and substitutes
~~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.~~

1. A GFCCH assistant/substitute must be at least twenty-one (21) years of age; or
2. Eighteen (18) years of age and show evidence of:
 - a. High school diploma or GED with a child care/child development certification; or
 - b. Six (6) credits from an accredited institution of higher education in human growth and development or early childhood education.
3. Prior to initial Department approval of being a Group assistant/substitute, the individual must show evidence of having successfully completed the following;

- a. Current certification under the most recent guidelines of the American Heart Association in:
 - (1) Pediatric Cardiopulmonary resuscitation (CPR)
 - (AA) Initial CPR certification must be done in person.
 - (BB) CPR recertification may be done in person or online; and
 - (2) Pediatric first aid
 - Pediatric first aid training may be done in person or online.
- b. A comprehensive background check, as outlined in § 7.2.1 (B) of this Part.
- c. Completion of at least eight (8) hours of Professional Development,
- d. Physician's reference and immunization information.

C. Requirements for emergency assistants ~~Daily Routine and Scheduling~~

- 1. Emergency assistant must be at least eighteen (18) years of age. ~~The provider shall have a written plan of activities and routines that meets the developmental, cultural, and individual needs of the children in care.~~
- 2. Prior to initial Department approval of being an assistant, the individual must show evidence of having successfully completed the following: ~~The daily routine shall include all of the following:~~
 - a. A comprehensive background check, as outlined in § 7.2.1 (B) of this Part. ~~Physical activity and quiet play;~~
 - b. Physician's reference and immunization information. ~~Indoor and outdoor play as weather permits; and~~
 - c. ~~Age appropriate health routines such as toileting, hand washing, tooth brushing, resting or sleeping and eating.~~

D. Staff Orientation ~~Indoor and Outdoor Play Material and Equipment~~

- 1. All new assistants must be oriented by the provider during their first (1st) week in the program. ~~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. The orientation includes information regarding:~~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.~~
 - a. The Department's Group Family Child Care Home Regulations for Licensure;
 - b. State law governing child abuse and neglect, and reporting procedures; and
 - c. Program policies, procedures, and operations, as documented in the Program Handbook.
3. Within ninety (90) days of hire, all providers/substitutes/assistants must complete Department approved health and safety preservice training modules.~~Television/video viewing shall be limited, and, when utilized, shall be appropriate for the age and developmental level of the children in care.~~
 - a. This preservice training may count towards the individual's required hours of professional development.
4. ~~All equipment and materials shall be free from hazards such as lead paint, insects, protruding nails or rust which 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. ~~All outdoor sandboxes shall be kept covered when not in use.~~
10. ~~Outdoor climbing equipment five feet (5') high or over shall have adequate cushioning underneath.~~
11. ~~The use of trampolines is prohibited.~~

~~12. All equipment used for child care that 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.~~

E. Professional Development ~~Sleeping/Resting Arrangements~~

1. During each one (1) year licensure period (one (1) year for GFCCH) all providers, substitutes and assistants must show evidence of having successfully completed training aligned with the applicable Workforce Knowledge and Competencies: ~~Sleeping routines meet the individual needs of children in the program.~~

a. GFCCH provider to complete fifteen (15) hours over one (1) year; and

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

2. Half of the required hours must be approved through a process as determined by the Department. ~~Provider/assistant(s) may encourage children to rest, but children must not be forced to sleep or stay awake.~~

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

3. Transcripts, completion certificate, or other confirmation of completion of professional development for the provider and all assistants/substitutes must be maintained by the provider for review by the Department. ~~There is a sleep plan appropriate to the needs of each child.~~

4. Professional development hours are completed based on the dates of the license period. ~~Infants sleep in a safe sleep environment consistent with the American Academy of Pediatrics Safe Sleep Guidelines (<https://eclkc.ohs.acf.hhs.gov/safety-practices/article/child-care-providers-your-guide-new-crib-standards>).~~

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

~~5. An infant must be placed on his/her back while sleeping.~~

~~6. Monitors or positioning devices must not be used.~~

~~7. There are no restraining devices of any type, including swaddles.~~

- ~~8. Modifications to an infant's safe sleep environment regarding positioning, are not permitted unless the infant's physician, physician's assistant or nurse practitioner has completed a signed waiver indicating that the child requires an alternate sleeping arrangement.~~
- ~~9. Infants must sleep in a crib or portable crib approved by the United States Consumer Product Safety Commission Standards, equipped with a firm crib mattress and a tight-fitting sheet.
 - ~~a. The mattress must not be supplemented with additional foam materials or pads.~~
 - ~~b. For crib safety information and tips on how to make an old crib safer, write to the Consumer Product Safety Commission, Washington, D.C. 20207, or telephone the toll-free hotline (800) 638-2772 for additional safety tips~~
 - ~~c. For Safe Sleep Guidelines, see the American Academy of Pediatrics (<https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>).~~~~
- ~~10. Lighting must allow for provider/assistant(s) to view the color of the child's skin and to check for breathing.~~
- ~~11. Children cannot sleep in a car safety seat, bean bag chair, bouncy seat, infant seat, swing, jumping chair, highchair, or in comparable equipment/furniture.~~
- ~~12. If an infant arrives at the home or residence asleep in a car safety seat, or falls asleep in comparable equipment, the infant is immediately removed from the car seat or comparable equipment and placed in a safe sleep environment.~~
- ~~13. Clothing designed for safe sleep, including sleep sacks, are permitted.~~
- ~~14. No items can be placed in the crib/portable crib with an infant except for a pacifier.~~
- ~~15. A pacifier clip is not permitted for use in a crib/portable crib.~~
- ~~16. No additional items are placed on or above the crib/portable crib.~~
- ~~17. Cribs/portable cribs are only used for rest or sleep.~~
- ~~18. Children must rest/sleep in a location in the residence where they can be in both sight and sound supervision by the provider/assistant(s) at all times.~~

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

~~19. Baby monitors, of any kind, are not permitted as a substitute for any form of supervision.~~

~~F. Toilet Training~~

~~1. Toilet training shall be an individual plan, based on the child's readiness and carried out in conjunction with parent/guardian.~~

~~2. There shall be no routine attempt to toilet train children under the age of twenty-four (24) months without consent of parent/guardian.~~

~~7.3.6 Behavior Management~~

~~A. Positive Behavior Management Techniques~~

~~1. Provider and assistant 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.~~

~~B. Written Discipline Policy~~

~~1. Provider shall develop a written discipline policy that is consistent with the regulations.~~

~~2. This policy shall be shared with the parent/guardian when the child is enrolled.~~

~~C. Child Abuse and Neglect~~

~~1. Any suspected case of child abuse and/or neglect is reported to the RI Department of Children, Youth and Families' Child Protective Services (CPS)~~

~~hotline (1-800-RI-CHILD/1-800-742-4453) within twenty-four (24) hours in accordance with state law and Department policy.~~

~~2. If the suspected case occurred at the program, the program must report to the Department's licensing unit after reporting to the CPS hotline.~~

~~D. Prohibited Practices~~

~~1. Physical restraint of children is prohibited.~~

~~2. Corporal punishment is strictly prohibited. Corporal punishment includes, but is not limited to:~~

~~a. Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting a child;~~

~~b. Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures of a child;~~

~~c. Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances;~~

~~d. Exposing a child to extremes of temperature;~~

~~e. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where a child cannot be seen or supervised; and~~

~~f. Binding, tying, or taping to restrict movement.~~

7.3.67 Administration

A. **Required Notifications** ~~The group child care home shall be open to parents/guardians for visits whenever the program is in operation.~~

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

a. Change of assistants, substitutes or emergency assistants;

b. Change of household members;

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

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

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

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

- g. Changes in contact information including phone number and/or email address; and/or
 - h. Any other major changes in the program are subject to approval by the Department and may require a license change.
 - 2. The provider is responsible for immediately notifying the Department in the event of an emergency situation, which includes:
 - a. Any death and/or serious injury (defined as needing medical attention) occurring during the hours of child care, or in the residence outside of child caring hours;
 - (1) If occurring during child care, after notifying emergency personnel, events of this nature should then be reported to the Rhode Island Department of Children, Youth and Families' Child Protective Services hotline (1-800-RI-CHILD/1-800-742-4453).
 - b. Activation of emergency personnel;
 - c. Occurrence of emergency or disaster; or
 - d. Failure of mechanical systems.

B. General Requirements~~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.~~

- 1. The program must not exceed the licensed capacity at any time.
- 2. The program must maintain liability insurance for the licensed program.
- 3. The provider must have a confidentiality policy that requires all providers, substitutes and assistants, to maintain confidentiality of the children and families in the program.
- 4. Children may not participate in activities including fundraising, publicity, and research, without informed, written consent from the parent/guardian.
- 5. Provider must post the Group Family Child Care Home License in a prominent place in the home where it is visible to parents/guardians.
- 6. At all times, every provider, substitute and assistant on site must have photo-identification available.
- 7. Provider must advertise its program as a GFCCH and not a center-based program.

C. ~~Arrival and Departure of Children~~~~Prior to admission, the provider shall obtain in writing from the parent/guardian the following information:~~

1. Children can only be released to the parent/guardian or to an adult, eighteen (18) years of age or older, who is authorized, in writing, by the parent/guardian to pick up the child and whose identity can be verified by proper picture identification.~~Child's full name, address and verified date of birth;~~
2. Authorized individuals must manually or electronically sign the child in at drop off and sign the child out at pick up, using a time stamp and a full signature, name, or comparable identifier.~~Name, address and phone number of the parents/guardians;~~
3. Programs must follow policies and procedures that include:~~Address and phone number where the parents/guardians can be reached during the hours that the child is in care;~~
 - a. Recording and complying with all Orders relating to custody of the child and Restraining Orders regarding individuals authorized to have contact with the child and individuals authorized for the release of the child;
 - b. Maintaining written parental/guardian authorization for the release of the child to named individuals, to be updated annually;
 - c. Verifying the identity of authorized individuals, including proper picture identification; and
 - d. At the discretion of the provider, handling emergency call-in authorization by the parent/guardian, including verification of the identity of the parent/guardian over the phone.
4. If an individual attempting to pick up a child from the program appears to be under the influence of drugs or alcohol, the provider/substitute/assistant in charge of the program at the time ~~Names, addresses and phone numbers of two (2) relatives or friends who can be contacted in any emergency if parent/guardian cannot be reached;~~
 - a. Must not release the child;
 - b. Must contact the local police; and
 - c. Must contact the Rhode Island Department of Children, Youth and Families' Child Protective Services (CPS) hotline (1-800-RI-CHILD/1-800-742-4453)

5. There must be a written procedure for monitoring and documenting the arrival and departure of children bussed to and from the program for school. ~~Permission for the provider to act in an emergency (refer to § 7.3.4(B) of this Part);~~
 - ~~6. Names and addresses of all persons who are authorized to take the child from the group 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; and~~
 - ~~9. Name of any health insurance plan and policy number under which the child is covered.~~
- ~~D. There shall be opportunities for the child and parent/guardian to visit the group family child care home one (1) or more times before enrollment.~~
- ~~E. Communication with Parents/Guardians~~
- ~~1. 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.~~
 - ~~2. 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.~~
- ~~F. Provider shall maintain a directory of professional community services and shall make relevant information available to parents/guardians as needed.~~
- ~~G. Provider shall obtain written permission from the parent/guardian to take the child off the premises of the group child care home. Such permission shall be obtained prior to the activity.~~
- DH. Transportation of Children**
1. If the provider chooses to provide transportation, a transportation policy must be written.
 2. The program is required to adhere to State law and the Rules and Regulations of the Rhode Island Department of Motor Vehicles, and comply with State Regulations for vehicles that transport children as part of the program regarding:

- a. Registration;
 - b. Inspections; and
 - c. Insurance.
3. All individuals who provide transportation of children for the Group Family Child Care Home must:
- a. Hold a valid Rhode Island Chauffeur's License or equivalent from another State (see by R.I. Gen. Laws Chapter 31-22 Miscellaneous Rules, R.I. Gen. Laws § 31-22-11.6 Child Care Vehicles and School Extra-Curricular Vehicles; and
 - b. Have a completed comprehensive background check on file as stated in § 7.2.1(B) of this Part.
4. Children can ~~must~~ never be left alone in the vehicle.
5. A face-to-name attendance check of all children must be completed (and documented) upon entrance to and departure from the vehicle ~~and documented~~.
6. Attendance and emergency information for ~~on~~ each child being transported must be available in the vehicle when transportation is being provided.
7. When being transported, children must be properly secured in the appropriate safety restraint or car seat for their age.
8. At the discretion of the provider, and with adherence to the more stringent staffing patterns, public transportation may be used.

EI. ~~Handbooks~~ ~~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.~~

1. The program must develop a Group Family Child Care Home Handbook, to be approved by the Department.
2. The provider is responsible for communicating and implementing policies and procedures from the handbook.

FJ. ~~Records and Files~~ ~~Provider shall maintain a file for each child in care.~~

1. The provider must maintain all required inspections, a copy of all paperwork and individual files for children and staff that are always available on-site during the hours of operation. ~~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. Provisions must be made to protect child files and reports to ensure confidentiality. ~~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. Parents/guardians may access their child's file at any time during the program hours of operation. ~~Files for all children in care shall be kept together in a place where they are readily accessible.~~
4. All program, staff, or children's records are subject to review and/or reproduction by the Department or designee, or the Office of the Child Advocate upon request during the program hours of operation.
5. Information contained in a child's file is only released to an outside entity with written authorization from the child's parent/guardian.
6. Each child's file must include:
 - a. An application form completed by the parent/guardian containing the child's name, birth-date, parent's/guardian's name, current address and phone number and work or school address and phone number;
 - b. Date of enrollment;
 - c. Evidence of annual health exam;
 - (1) Providers are not required to maintain documentation of an annual health examination for children who attend public, private, or parochial schools approved by the Rhode Island Department of Education.
 - (2) If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the annual health examination documentation.
 - (3) Documentation of -the -annual health care exam must be provided by a healthcare professional;

Kidsnet is not an acceptable form of evidence of annual health exam.
 - d. Immunization record;

- (1) Providers are not required to maintain immunization for children who attend public, private, or parochial schools approved by the Rhode Island Department of Education.
 - (2) If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the immunization documentation.
 - e. Other relevant health documents, if applicable;
 - f. Pertinent social information on the child;
 - g. Written authorization from the parent/guardian for emergency medical treatment;
 - h. Written reports of injuries, accidents or illness occurring, and any treatment administered while the child was in care;
 - i. Information pertaining to the child's progress, growth and development, including IEP/IFSP information, if applicable;
 - j. Written authorization from the parent/guardian for the child to participate in and be transported for field trips, swimming, special activities or events, and other activities that are not part of the program's daily routine;
 - k. Names of individuals to whom the child may be released;
 - l. A parental consent form which authorizes or prohibits the program to photograph or videotape a child and to use images in publications, websites and social networking sites; and
 - m. All other records or reports pertaining to the child.
7. Files for Infants and Toddlers must contain the requirements in as stated in § 7.3.6(F) of this Part, as well as:
- a. Developmental and health history;
 - b. Habits of feeding, foods used, and a schedule for introducing new foods;
 - c. Toilet and diapering habits and procedures;
 - d. Sleep and napping habits;
 - e. Child's way of communication and being comforted;
 - f. Play interests and habits; and

- g. Personality and temperament specifics.
 - 8. Children's files must be updated on an annual basis.
 - 9. Each provider and all applicable assistant and substitute file must include:
 - a. Personal data sheet or application containing the staff's name, age, home address, phone, education and work experience;
 - b. Job description;
 - c. Comprehensive Background Check information;
 - d. Rhode Island Child Abuse and Neglect Registry Check;
 - e. Notarized employment history and criminal record affidavits;
 - f. Documentation of employment history verification;
 - g. Health records as required by the Rhode Island Department of Health's Rules and Regulations Pertaining to Immunization and Communicable Disease Testing in Preschool, School, Colleges or Universities, 216-RICR-30-05-3 ~~RI Department of Health's Rules and Regulations Pertaining to Immunization and Communicable Disease in Preschool, School, Colleges or Universities (216-RICR-30-05-3)~~;
 - h. Performance evaluations;
 - i. Documentation of qualifications;
 - j. Training plan and/or certification of professional development (as applicable for provider, substitutes and assistants)
 - k. Documentation of participation in Orientation and Pre-service Training;
- 10. Programs must maintain the following documentation on-site for the Department's Administrator or designee to review upon request for a minimum of three (3) years:
 - a. Relevant inspections for physical facilities as stated in § 7.3.1(A) of this Part;
 - b. Sign in/sign out logs;
 - c. Daily injury/illness and medication administration logs;
 - d. Emergency drill log;

- e. Documentation for program pets;
 - f. Field trip permission slips and related documentation; and
 - g. All other records or reports pertaining to the program and required by this Chapter.
11. Program and staff files must be updated regularly to include new information and changes in information.

~~K. Illness and Injury~~

- ~~1. If a child presents with symptoms of concern, the provider/assistant(s) must:
 - ~~a. Document the findings;~~
 - ~~b. Determine the needs of the child and make accommodations as necessary; and~~
 - ~~c. Notify the parent/guardian, as necessary.~~~~
- ~~2. If a child becomes ill or is injured while at the program, the provider/assistant(s) must:
 - ~~a. Contact the child's parent/guardian;~~
 - ~~b. Contact emergency personnel, as needed;~~
 - ~~c. Provide relevant first aid support, as needed;~~
 - ~~d. Ensure special care for the child, including a comfortable resting space in a quiet area away from other children, within sight and sound of the provider/assistant(s); and~~
 - ~~e. Disinfect furniture and materials touched by the ill child.~~~~

~~L. Group Family Child Care License and Regulations~~

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

~~M. Provider shall allow representatives from the Rhode Island Department of Human Services, Rhode Island Department of Children, Youth and Families Child Protective Services, and the Rhode Island Office of the Child Advocate entrance~~

~~into the group family child care home at any time that child care is being provided.~~

~~N. 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 the compliance with the Regulations for Licensure.~~

~~O. 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.~~

~~P. Provider shall not advertise as a child care center, nursery school or pre-school.~~

2.3.7 Learning and Development

A. Curriculum Content and Standards

1. The Group Family Child Care Home curriculum is informed by the provider's program philosophy, beliefs, best practices, and aligned to the Rhode Island Early Learning and Development Standards.
2. The curriculum considers the developmentally appropriate needs of all children served.
3. The weekly curriculum plan must include:
 - a. A list of activities and opportunities available to children throughout the week;
 - b. Materials and equipment that are needed to support activities and opportunities; and
 - c. Relevant Rhode Island Early Learning and Development Standards for Infant, Toddler, and Preschool programs.

B. Process and Activities

1. Children must have access to a variety of experiences, activities, and opportunities.
2. Staff must provide developmentally appropriate experiences and environments that go beyond routine care and supervision.
3. Opportunities for moderate to vigorous physical activity (sixty (60) minutes total for a program operating for more than four (4) hours a day, and thirty (30) minutes total for a program operating for less than four (4) hours a day) must be available to children each day.

4. Television or other screen time is:
 - a. Prohibited for children under eighteen (18) months old;
 - b. Prohibited during scheduled meal and snack times;
 - c. Limited to no more than thirty (30) minutes per day; except in situations including:
 - (1) Activities (not to exceed one (1) event per month, per group) such as watching a movie, provided that alternate supervised activities remain available; and
 - (2) School Age children's use of electronic media or e-readers for homework, reading, or hands on learning activities.
 - d. Related to planned activities; and
 - e. Age appropriate for all children in care.

C. Teaching and Facilitation

1. Providers, substitutes and assistants are required to:
 - a. Implement developmentally appropriate, planned activities;
 - b. Actively engage with all children;
 - c. Develop individual, meaningful relationships with children by providing care that is responsive, attentive, consistent, comforting, supportive and culturally sensitive;
 - d. Serve as a positive role model for children;
 - e. Use positive methods in guiding and redirecting children;
 - f. Encourage age appropriate behavior and set clear limits;
 - g. Match expectations with the children's developing abilities and capabilities;
 - h. Praise the children's accomplishments as well as their attempts at tasks;
 - i. Create a positive environment through their own behaviors such as frequent social conversations with children, joint laughter and affection, eye contact, pleasant tone of voice and smiles;
 - j. Recognize and respect children for their uniqueness as individuals;

- k. Ensure that children are treated with courtesy, respect, acceptance, and patience; and
 - l. Assist children who present challenging behaviors by:
 - (1) Identifying and documenting factors that may predict or contribute to the challenging behavior;
 - (2) Making adaptations to the child's environment as necessary;
 - (3) Supporting families by sharing documentation and information; and
 - (4) Providing connection to relevant services and outside resources, when necessary.
2. Basic care for children under the age of two (2) years must include:
- a. Individual attention to each infant including playing, talking, cuddling, and holding;
 - b. Holding and comforting a child who is upset;
 - c. Prompt attention given to physical needs, such as feeding and diapering; and
 - d. Talking to infants as they are fed, changed, and held, such as naming objects, singing, or saying rhymes.
3. Providers, substitutes and assistants must sit with children at the table during meals and snack time and engage with children to model appropriate mealtime behavior.
4. Programs must be able to communicate with children; whose primary language is not the same as the provider; or require alternative methods of communication.
5. The program must provide School Age children assistance with homework, as needed.
- D. Context and Environment
- 1. Space used for child care must be arranged to promote play in different ways, including individualized and group play.
 - 2. Child-accessible storage must be provided for children's belongings.
 - 3. Classroom arrangement must:

- a. Allow for clear pathways around the classroom;
 - b. Ensure visual supervision by staff;
 - c. Promote positive interactions; and
 - d. Provide the children with ample opportunity for freedom of movement in a safe, clean, and uncluttered area.
4. Group Family Child Care Homes serving children under the age of two (2) must have space that:
- a. Encourages safe exploration;
 - b. Promotes teacher/child interaction; and
 - c. Is never used as a means of isolation.
5. The provider must have an adequate variety of developmentally appropriate materials available for indoor and outdoor play to promote exploration.
6. Play materials must be culturally inclusive and appropriate to the age, number, growth and developmental needs of the children in care.
7. Materials that require supervision must be stored out of reach of children.
8. Toys that explode or shoot, such as caps, guns and darts are not allowed.
9. Balloons are only allowed for special occasions such as birthdays, and their use must be under close adult supervision.
10. Rebounders (therapeutic trampolines) are allowed, if the trampoline has a welded handle, height of no more than nine inches (9"), and a diameter of no more than three feet (3').
11. Provider must post and follow a regular daily schedule.
12. Provider/substitute(s)/assistant(s) must make adaptations to the daily schedule to meet the interests and needs of the children, and to cope with weather changes, or other situations that may affect routines.
13. The daily schedule allows for:
- a. Child-directed play;
 - b. Teacher-directed play;
 - c. Quiet and active play;

- d. Large group, small group, and individual play;
- e. Outdoor play;
- f. Rest appropriate to the needs of children (non-sleeping children must have access to quiet activities); and
- g. Additional routine care including but not limited to meals, snacks and toileting.

E. Child Assessment

1. Staff must work to connect families of Infants and Toddlers to Early Intervention services, if a developmental concern arises.
2. Providers must work collaboratively with local school districts to ensure Preschool children have the opportunity to participate in Child Outreach screening.
3. Screening can never be used to label a child, deny a child's entrance into the program, or to infer a child's readiness.
4. If the child has an IFSP, the program must work with the Early Intervention provider to support the child's IFSP.
5. If the child has an IEP, the program must work with the school district to support the child's IEP.
- 6.- A directory of community resources must be made available to all enrolled families.
7. The program must be open to families for observations and visits whenever the program is in operation.
8. Families must be given opportunities to engage in their child's learning experience and development.
9. Provider must make the Group Family Child Care Home Regulations for Licensure available to prospective parents/guardians and the parents/guardians of the children in care.