Rhode Island Department of Human Services
Office of Child Care, Child Care Licensing Unit
401-462-3009 | DHS.ChildCareLicensing@dhs.ri.gov

CHILD CARE LICENSING REGULATION GUIDANCE

For Group and Family Child Care Homes

Updated: November 2022

Guidance around Licensing Regulations

Group/Family Child Care Home

Updated 2/24/2020

Welcome!

The RI Department of Human Services (DHS) Child Care Licensing Unit (CCL) is excited to offer this guidance document to support the early childhood education workforce with interpreting and adhering to the child care licensing regulations.

DISCLAIMER: The materials available in this document are for informational purposes only. These materials are not intended to be relied upon as a comprehensive view of licensing regulations or legal advice. Everyone is responsible for knowing and understanding current Rhode Island laws and regulations. Current child care laws and rules can be found at the link below.

Regulations for Licensure

Child Care Center and School Age Program Regulations for Licensure:
http://www.dhs.ri.gov/Regulations

RI DHS Licensing Contact Information

For additional questions, please contact:


401-462-3009


DHS.ChildCareLicensing@dhs.ri.gov


http://www.dhs.ri.gov/Programs/CCAPLicensing.php

IMPORTANT NOTE:

The Office of Child Care is working to be as supportive as possible in helping providers meet the regulations. If you are looking for a resource, there are several of them on the DHS website under “Handbooks and Forms” found here: https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/handbooks-forms. We are always updating based on questions from providers, so check back often.

Contents

Positive Interactions

Q. Per regulations 7/2.3.6.A., what types of positive interactions with children could be observed?

A. The following table outlines the types of positive interactions that may be observed.

Infants and Toddlers	The Environment Rating Scale (ERS), also utilized by BrightStars to conduct quality reviews, are grounded in research and best practices to support high quality early education and child care. The following guidance is from the Infant/Toddler Environment Rating Scale[1]. It provides specific examples of positive interactions with infants and toddlers, including: • Talk is frequent and is pleasant and warm in tone. • Providers talk to children as they play, during routines, while holding a child and socializing, when showing a child something. • Providers are responsive in talking with children, meaning they are responding to a child's interest or mood. • Providers generally respond to children's subtle communication (Example: notice when a baby shows mild hunger and warms bottle before baby becomes very upset). • Providers show sensitive individual attention and respond to children's communication throughout the day (Example: a provider stops feeding child and waits until she is ready for next spoonful). • Providers build language, meaning they add more words or ideas to expand what the child is saying (Example: if child holds up toy, they say, "Yes, that is a truck. See, it has wheels"). • Positive individual interactions are observed with *all* children in the group. • Warm physical contact is often used during learning and play activities (Example: holding a baby, sitting closely while reading together). • Providers use positive methods of guiding behavior (Example: "Use your walking feet inside" instead of "Stop running!"). • Providers help children learn to use communication to solve problems and follow up as needed. • Expectations for children are always appropriate, with no troublesome instances observed causing undue distress for children.

[1] Harms, T., Cryer, D., Clifford, R. M., & Yazejian, N. (2017). Infant/Toddler Environment Rating Scale, third edition. New York, NY: Teachers College Press. Print. Pages 33; 37; 71; 73, 75.

Preschool	The Environment Rating Scale (ERS), also utilized by BrightStars to conduct quality reviews, are grounded in research and best practices to support high quality early education and child care. The following guidance is from the Early Childhood Environment Rating Scale[2]. It provides specific examples of positive interactions with preschoolers, including: • Providers frequently ask questions that children are interested in answering. These conversations occur during indoor and outdoor free play. • Questions to engage preschoolers go beyond a "Yes" or "No" response. (Example: questions that begin with "how", "what if", "why", "tell me about"). • Providers generally give children a message of warmth through appropriate physical contact. • Providers are respectful to children and guide them positively. • Providers are supportive and comforting when children are anxious, angry, fearful, or hurt. • Providers are sensitive to children's nonverbal cues and respond appropriately. • Providers explain reasons for why they cannot permit specific behaviors. • Expectations for children are always appropriate, with no troublesome instances observed causing undue distress for children. • Providers call attention to children's feelings and the relationship between children's action and other's responses. • Providers actively involve children in solving their conflicts and problems without telling them what to do.
School Age	Examples of positive interactions with school age children include: • Providers talking and engaging with the children individually and in small – and – large groups. • Providers encourage children to participate in activities and provide alternatives where they are not interested. • Provider speaks with children at eye level in a calm, warm tone. • Providers are respectful to children and guide them positively. • Providers are sensitive to children's nonverbal cues and respond appropriately. • Providers explain reasons for why they cannot permit specific behaviors.

[2] Harms, T., Clifford, R. M., & Cryer, D. (2014). Early Childhood Environment Rating Scale, third edition (ECERS-3). New York, NY: Teachers College Press. Print. Pages 39; 73; 77.

High Risk Regulations

Q. What are regulation risk levels?

A. A risk level designates the risk of harm that may come to a child if the regulation is violated. All regulations are important in protecting the health and safety of children in care and must be followed; however, not all regulations carry the same risk of harm to a child's safety or wellbeing when violated.

Many states, such as Washington, Ohio, Texas, Florida, and Oklahoma, use risk levels to help licensors and providers identify regulations where non-compliance results in a *greater* risk of harm to children. This helps licensors and providers quickly focus on key regulations related to health and safety of children in care. Categorizing regulations based on risk also allows for appropriate corresponding corrective timelines and responses to be implemented.

The Administration for Children and Families recognizes states may choose to include risk levels in child care monitoring; however, it is not a requirement.

Q. How are risk levels identified?

A. States may choose to assign regulations risk levels using a numbering system (Example: scale of 1-low risk to 5-high risk) or category (Example: low, medium, high).

When assessing the risk of harm to a child if a regulation is violated, the following must be considered[3]:

1. What is the **probability** a child may be harmed if this regulation is violated?
2. What is the **severity** of harm that may come to a child if this regulation is violated?
3. If this regulation is **repeatedly** violated, how does this impact the risk of harm to a child?

States may also choose to review current national research, such as studies from the American Academy of Pediatrics, and best practices, such as Caring for Our Children, to better understand the probability, severity, and prevalence of injuries or harm related to regulation topics.

Q. How is Rhode Island categorizing risk levels?

In Rhode Island, DHS reviewed peer state risk levels, from Washington and Ohio, to inform the assignment of risk levels, development of corrective action response timelines, and the potential options for department enforcement actions where non-compliance is not corrected.

The table below identifies the three categories of risk (low, moderate, and high) and descriptions of these risk levels.

Risk Level	Description
	If this regulation is violated, there is a low/minimal risk of harm to children in care. Example: Child file is missing documentation

[3] National Center on Child Care Improvement. (July 2014). CONTEMPORARY ISSUES IN LICENSING Monitoring Strategies for Determining Compliance: Differential Monitoring, Risk Assessment, and Key Indicators. Retrieved from https://childcareta.acf.hhs.gov/sites/default/files/public/1408_differential_monitoring_final_1.pdf

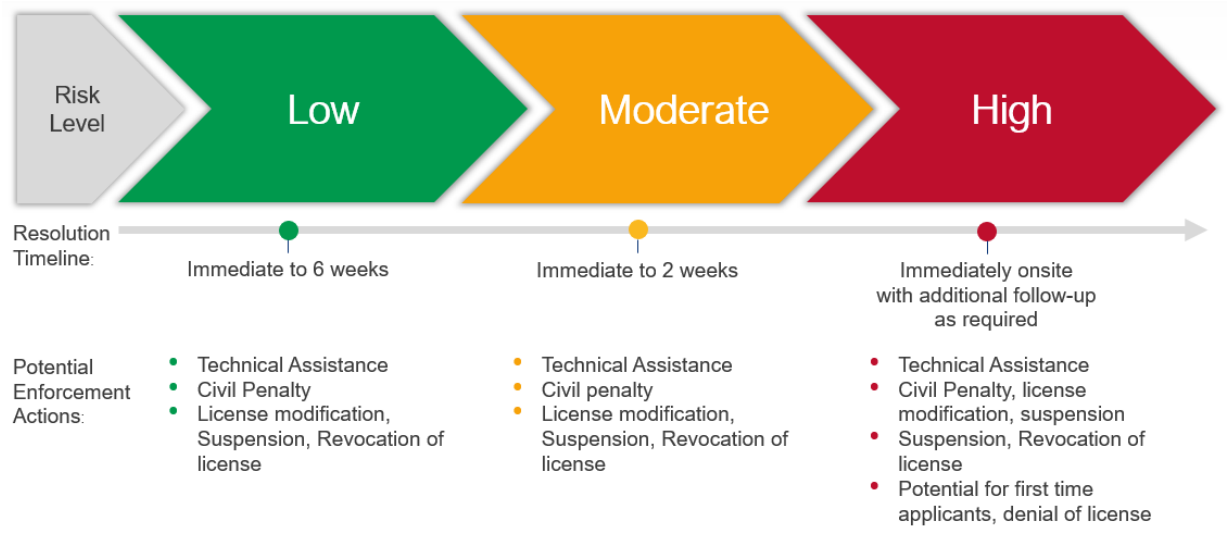
Risk Level	Description
Moderate	If this regulation is violated, there is a moderate risk of harm to children in care. There is a potential for significant harm over time if the non-compliance continues. Example: Re-stocking the first aid kit after use
High	"If this regulation is violated, would the child get hurt/harmed right now?" If the response is yes, it is likely a high risk regulation. Example: Medication within a child's reach

Regulations which are requirements of DHS, definitions, or best practice explanations would not carry a risk level.

Q. How will risk levels impact Corrective Action Plans?

A. Since not all regulations carry the same risk of harm to a child if violated, the timeline to correct the non-compliance as well as the enforcement actions DHS may take as part of a Corrective Action Plan are tiered to correspond with the risk level. This allows for more appropriate and commensurate responses to be taken when correcting non-compliance items and it provides clear guidance for both licensors and providers.

The graphic below outlines the timelines to resolve non-compliances by risk level and potential enforcement actions DHS may take as part of a Corrective Action Plan. Please note, enforcement actions are tiered to represent the options available to DHS based on the nature and history of a specific provider's non-compliance.



Q. What if a high risk regulation can't be fixed "immediately"?

A. Many high risk regulations can be fixed immediately (For example: medication accessible to children can be moved to a secure area immediately). However, there may be instances when a CAP is required

for a high risk regulation which cannot be fixed onsite. For example: the regulation related to peeling paint and damaged plaster is a high risk; if a program has damaged plaster, the immediate fix to repair the plaster may not be feasible during child care hours. In these cases, the licensor will work with the program to develop a reasonable action plan to address the high risk regulation as quickly as possible onsite and develop a timeline to work to a permanent fix.

Q. How do I know which regulations are high risk?

A. All regulations if violated will create some risk of harm to a child. High risk regulations are identified by DHS as posing *an immediate* risk of harm to a child if violated. One way to identify a high risk regulation is to ask, "If this regulation is violated, would the child get hurt right now?" If the response is yes, it is likely a high-risk regulation. DHS will also be providing additional guidance which notes the risk level of each regulation.

Again, all regulations are important in protecting the health and safety of children in care. It is the responsibility of providers to meet all requirements and the responsibility of licensors to monitor this achievement.

General Family Child Care Questions

Q. Am I able to use my assistant as an emergency assistant or vice versa?

A. Assistants are required to have a higher level of education and training. Because of this, they are able to fill the role of an emergency assistant if they are no longer able to be your assistant. Your emergency assistant ***may*** be able to fill the role of an assistant if they have the required credentials. Anytime you are looking to make changes to anything related to your license, including assistants and emergency assistants, you should contact your assigned licensor first. This will ensure that the information you receive is specific to you and your program. However, if you make changes without alerting DHS, you may face licensing action.

Q. My licensor keeps coming to monitor my program and I am not home because I don't have children currently. Is that going to effect my license?

A. During the pandemic, DHS understood that many families were not accessing care, resulting in child care providers having lower enrollment. For our family child care providers, we understood that this sometimes meant you had no children at all. However, effective immediately, DHS will attempt two visits to your home during the hours of business you identified on your most recent application. If you are not home for the first attempt, your licensor will leave you a door hanger and email/call you. We encourage you to be honest with your licensor about why you were not open. Often, if you are temporarily closed or closed due to low enrollment, we may need to close your license but can give you specific instructions on how to quickly reopen in the future. The more honest and communicative you can be with your licensor and DHS, the more likely you are to be able to address your specific need now or in the future. If after two attempted visits, we are unable to contact you, your license will be closed. You will receive written notice of this closure.

Q. My assistant/emergency assistant unexpectedly quit. What do I do?

A. You must contact your licensor immediately to alert them of the change. Your licensor, based on your individual circumstance, will be able to provide you with the most accurate information on next steps. However, you may not just put someone in either of those roles without the approval of DHS. Should a

visit occur in which you are found to have someone on site who is not approved by the Department, you may face licensing action. If you are licensed for more than 6 children (for FCCs) or 12 (Group Family Child Home) a lack of approved assistant may result in a temporary reduction to your capacity.

Q. My uncle/brother/mother/father lives upstairs but never interact with the children. Why do I have to get a comprehensive background check for him/her?

A. Per federal requirements and DHS regulations any household member must complete a comprehensive background check regardless of whether they have access to children. This is partially because we understand that you are operating your business out of your home. Similar to how all staff at a child care center, including janitors and kitchen staff, must complete comprehensive background checks, so must anyone in your household who is over 18. Please be aware that by completing a comprehensive background check, these individuals are not approved to assist with the care of children unless they become an approved assistant or emergency assistant.

Regulation Specific Guidance

7/2.1.3 A – D (G/FCC)
Incorporated Materials

Q. Why was this section added to the regulations this time?

A. In previous iterations of the regulations, other bodies of work were referenced with no information about where to find the specific resource. The incorporated materials section takes any of the references the Department makes to different bodies of work and puts it all in one place. Providers are now easily able to reference these bodies of work and/or research (Safe Sleep, etc.) when they are mentioned in our regulations.

7/2.2.1.A (G/FCC)
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. 2. The applicant must successfully complete Orientation and a course of PreService Training, as determined by the Department, prior to submitting an application to the Department.

Q. How do I find information on the orientation and pre-service training?

A. DHS has worked with The Center for Early Learning Professionals to create online modules to make the orientation and Preservice training more accessible to those interested in becoming family child care providers. Please visit their website https://center-elp.org/ and click on the “Learn More” tab next to the “Become a Family Child Care Provider” header to start the process

7/2.2.2.B (G/FCCH)

If a licensee moves, the licensee must notify the Department by completing the "Change of Address" process four (4) 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.

Q. What happens if I forget and move anyway and do not alert the Department until after my move?

A. Effective immediately, any provider who is found to move without alerting the Department will have their license closed until a completed Change Of Address application is received. DHS is willing to work with providers on gathering the required documentation in a timely fashion to reduce the disruption of care for both the provider and enrolled families. As stated in the regulation, this may include a temporary license for the new location while necessary inspections etc. Occur. However, if DHS has not been informed of the move or is alerted only after the move occurs (with the exception of a disaster such as fire, flood etc.) the license may be closed until a complete application is received. As always, the more communication you have with your licensor, the more likely DHS can work with you to ensure you can continue to provide care through the moving process.

Q. Will there is a lapse in my license if I move?

A If you alert DHS in a timely manner as outlined above (within 4 weeks as stated above) DHS will work with you to reduce the chance of a lapse in your license. DHS recognizes that certain dwellings may not allow for access to inspections etc. ahead of time. DHS will work with you to identify a plan to maintain care while also ensuring that basic health and safety requirements are being met. Please contact your licensor as soon as you know you are moving to determine the next steps your individual move may require.

7/2.3.1.B

Construction 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.

Q: Can you provide some examples of when I should get approval from the Department? Do I have to get it every time something is happening in my house?

A: Anytime construction or modifications are occurring in the space that you use for care, you should let your licensor know. This may include updates to flooring, painting or full upgrades to the living area. Additionally, any construction occurring outside that impact's access to your program or approved outdoor area should also be shared with your licensor. This includes roofing repairs or replacements, lawn reseeding, fencing installments etc. If you have any construction occurring at your home that is either occurring while children will be present or impacts the space that you provide care in, it is always best to let your licensor know. We will work with you to provider alternate areas of care or adjust your daily schedule to ensure that children are safe while you are still able to operate your business.

7/2.3.1.C.22 (G/FCCH)
A telephone (landline or cellular) designated for program and business use must be located within the FCCH during business hours and readily available for use in case of an emergency.

Q: What if a provider does not have a landline?

A: Cell phones are acceptable telephones to meet this regulation, under the following conditions:

- Cell phone must be fully functioning and charged
- Cell phone must be accessible to all staff
- Cell phone must be unlocked, with no passcode
- Cell phone must have consistent data/minutes usage available, regardless of Wi-Fi access

7/2.3.1.E.2(G/FCCH)
Food shall be properly stored, covered and/or refrigerated.

Q: What is considered proper food storage?

A: Food shall be stored according to the instructions on the label. Considerations for food storage, include:

- Foods show **never** be stored on the ground. At minimum, foods should be stored 6" off the ground.
- Foods should be stored in a sealed container. Masking tape, rolling/twisting bags, and/or clothes pinning are not acceptable.
- Be safe and separate – don't cross contaminate.
- Due to allergens, different foods should not be stored in the same container.
- Perishable food such as meat and poultry should be wrapped securely to maintain quality and to prevent meat juices from getting onto other food.
- Always refrigerate perishable food within 2 hours.

For more information on food storage and food safety, visit:
https://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets/safe-food-handling

7/2.3.1.F.2 (G/FCCH)

Children may only be cared for in a basement if: 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.

Q: My currently licensed home doesn't meet this regulation. Am I going to have to close?

A: For this specific regulation, your will be considered grandfathered into this regulation. What this means is that if you were able to operate in the location prior to these regulations coming into statute, you are able to continue to operate. However, if the fire marshal at any point changes their fire code, this may change the status of your program.

Q: I have two exits into my basement but both of them have stairs. Can I take preschool children and up only?

A: This would be handled on a case-by-case basis with DHS, We strongly encourage you to contact DHS immediately if you are either a) looking to open as a new provider in this type of space b) a current provider looking to move to a new location with this type of space. Several factors including the location and access of the stairs, the child care space overall and the results of a fire inspection would all be considered prior to issuing a variance for this regulation. Caring of infant and toddlers in this type of space would not be allowed regardless of the factors listed above.

7/2.3.1.G (G/FCCH)

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. 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 FCCH 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.

Q: My family child care home doesn't have a fenced in play space outside. What can I do to take children?

A: You may submit an outdoor plan to the Department. This plan must be approved by the Department prior to implementation and must meet the perimeters outlined in regulation 7/2.3.1.G.3. This plan should include the location of the alternative space, plan to transport children to the location and a description of how families will be informed of the use of this space. DHS is also working on developing a form that providers can fill out when requesting to use alternative outdoor space.

Q: I don't take my children outside, we provide all of our play indoors. Can I be exempt from this?

A: Per regulations, a provider's daily schedule must include outdoor time. While programs are not able to be exempt from outdoor play, DHS will work with you to determine a safe, reasonable plan to allow children access to the outdoors. This may include fencing off a nontraditional play space or incorporating neighborhood walks into your day.

7/2.3.2.A.2 (G/FCCH) 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. 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.

Q: How can a program show they are capturing this information?

A: Programs should document in their parent handbook that children are required to have updated physicals and immunization records on site at all child care programs. This documentation along with a copy of the physical contained within the child's file will demonstrate compliance with this regulation.

7.3.2.A.2/2.3.2.B.2 (G/FCCH) 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. 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. 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

Q: How can a program demonstrate their compliance to this regulation?

A: A program may include this guidance in their policies or parent handbook. Additionally, a program may choose to have a parent provide documentation or sign a note stating when their child began receiving an antibiotic or other prescription medication; this may be retained in the child's file.

7/2.3.2.B.1 (G/FCCH)
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. report the disease to RI Department of Health, Center for Acute Infectious Disease Epidemiology; b. provide written notice to inform all parents/guardians to which communicable disease the child(ren) may have been exposed, without providing any identifying information regarding the source of the communicable disease.

Q: What illnesses are considered communicable diseases that should be reported?

A: Please refer to the Department of Health's website for a list of immediately reportable diseases and conditions, and diseases that need to be reported within four (4) days of recognition.
https://health.ri.gov/diseases/infectious/resultsreportable.php

7/2.3.2.D.1(G/FCCH)
Family Child Care Hope 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 § 3.5) as well as Rules and Regulations pertaining to Reporting and Testing of Infectious, Environmental, and Occupational Diseases (see 216-RICR-30-05-1).

Q: According to Rhode Island's immunization regulations for child care centers, who needs to be vaccinated?

A: According to the Rhode Island Department of Health, anyone who is temporarily or permanently employed by a child care program licensed by the Rhode Island Department of Human Services who has contact (either direct or indirect) with children in program must be appropriately vaccinated.

Q: What vaccinations are required annually?

A: Annually, individuals should receive 1 dose of the flu vaccine.

Q: What vaccinations are required one time?

A: The following vaccinations are required one at a time:

- 2 doses of MMR (measles, mumps, rubella) vaccine – the second dose must be administered 4 weeks after the first

- 2 doses of varicella (chickenpox) vaccine – the second dose must be administered 4 weeks after the first
- 1 dose of Tdap (tetanus, diphtheria, pertussis) vaccine

Q: Are there any exceptions to these requirements?

A: According to guidance from Rhode Island Department of Health, the following exceptions may apply:

- Child care workers do not need to receive these vaccinations if they received them in the past. This can be shown with an immunization record, a medical passport, or any other official record that shows the month, day, and year of the vaccinations.
- If someone cannot be vaccinated against a disease for medical reasons, that person is exempt from the immunization requirement for that disease. A medical exemption certificate is available online at (www.health.ri.gov/forms/exemption/MedicalImmunizationExemptionCertificateForChildcareWorkers.pdf) The Medical Exemption Certificate must be completed by a licensed healthcare provider acting within his/her scope of practice (physician, physician assistant, nurse practitioner).
- Child care workers born before 1957 are not required to get MMR vaccine.
- Child care workers born before 1980 are not required to get varicella (chickenpox) vaccine.
- Child care workers do not need to get varicella (chickenpox) vaccine if they had varicella (chickenpox or shingles) in the past. This can be demonstrated with a signed statement from a licensed healthcare provider acting within his/her scope of practice (physician, physician assistant, nurse practitioner).
- If a child care worker is already immune to a disease, vaccination against that disease is not required. Immunity must be demonstrated with laboratory evidence (also called a titer). The charges for lab tests vary, but the estimated cost is between $25 and $50 for each titer. Some insurance plans cover the cost of these lab tests. Check with your insurer.

Q: Where can staff at child care programs be vaccinated?

A: Providers may check with their primary care physician or health insurance provider to learn more about vaccinations. For child care providers who are un- or under-insured, St. Joseph's Immunization Walk-in Clinic for Adults offers walk-in hours for individuals seeking vaccinations. St. Joseph's Immunization Walk-in Clinic is located at 21 Peace Street, Providence, Rhode Island and may be reach at 401-456-4321 to schedule an appointment.

Q: By what date do child care workers must receive flu vaccine?

A: Rhode Island Department of Health recommends receiving the flu vaccine annually by December 31.

Q: Why are staff in child care settings being required to receive these immunizations?

A: These vaccinations are required for child care workers to protect infants and children in their care. Although infants and preschool age children are required to be "age appropriately vaccinated," they are still too young to be fully vaccinated. Some vaccine series are not complete until age 5 or 6.

Q: Can child care workers wear masks during flu season instead of getting flu shots?

A: No, child care workers cannot wear masks during flu season instead of getting flu shots. This is not practical in the child care setting. People with concerns about flu vaccination can be referred to the Rhode Island Department of Health at 401-222-5960. Additionally, the Rhode Island Department of Health can provide flu educational material for child care centers and onsite training for child care workers and parents about the flu and the benefits of flu vaccine.

Q: What happens if there is an outbreak at a child care center?

A: If there is an outbreak of a disease at a child care center, the Rhode Island Department of Health will consult with the facility to determine if exclusion of any unvaccinated individuals is necessary. If this is the case, people who cannot demonstrate immunity to that disease must be fully vaccinated against that disease. This requirement is in place during outbreaks even for people born before 1957 and 1980.

Q: What should a child care center do if staff do not comply with these immunization regulations?

A: If child care center staff do not comply with these immunization regulations, they should not be permitted to work at that child care center.

For more information about immunization and these requirements, please reference the following resource:

- **Rhode Island Department of Health:** www.health.ri.gov/immunization/for/schools 401-222-5960 / RI Relay 711
- **The Centers for Disease Control and Prevention (CDC):** www.cdc.gov/vaccines
- **The Immunization Action Coalition:** www.immunize.org

Q. Where can I find more resources about vaccinations related to child care programs?

A. The Rhode Island Department of Health's website provides additional information here: https://health.ri.gov/immunization/for/schools/

Q. Where can I find the Rhode Island Department of Health regulations related to child care settings?

A. The Rhode Island Department of Health regulations may be found here: https://rules.sos.ri.gov/regulations/part/216-30-05-3

7/2.3.2.I.1 (G/FCCH)
The residence, equipment and materials are clean, free of hazards, and kept in good repair.

Q. What could compliance with this regulation look like?

A. Compliance with this regulation could include, but are not limited to, the following observations in the home of a licensed program:

"Good repair" and "hazard-free" in the home:

- Clear pathways to exits
- Clean walls and baseboards
- No dust on blades of fans or window sills
- Toxic materials are clearly labeled and not accessible to children
- Restrooms have toilet paper on the roll, paper towels and soap available, clean toilets, clean sinks, and dry surfaces
- Area is free of trash and debris
- Windows and trim are in good condition (Example: no broken panes, trim not cracked/falling off)
- Roof appears to be in good condition (Example: no apparent leaks, no missing shingles)
- Entrance and parking area/driveway have adequate working lighting
- Hallways meet OSHA standard of at least 28 inches wide
- Ceilings are intact and free of water stains
- Flooring is in good repair/free of excessive wear (Example: no cracked or peeling tiles, ripped carpeting)

- Walls and floors are free of splinters and other apparent hazards
- Walls are free of peeling paint
- Heating units, air conditioners, and other fixed features are intact and in good working condition
- Plumbing is in working condition (Example: no boarded toilets)
- There are no apparent odors (Example: mold, rotting food or trash, toileting or diapering refuse)

"Clean" and "Neat" in the home:

- Is free of clutter
- Is free of dust
- Is free of trash and trash receptacles are clean and not overflowing
- Has clean surfaces with no caked-on/dried up grime
- Is well-swept/mopped/vacuumed

Additional General Safety Considerations:

- Home and surrounding area (yard) are free from hazards (Example: tripping hazards, protruding or sharp edges of doors, walls, or equipment)
- Area between parking and entry is free of obvious child hazards, including poisonous plantings, sharp objects, or major tripping hazards
- Staff have a clear view of anyone at the primary entrance of the home
- Spaces occupied by children have controlled access (i.e., locked door, key pad)
- Emergency exits and pathways are clearly identified
- Emergency exits are convenient and unobstructed
- Corridors/hallways/common spaces are uncluttered and easily navigated
- The utility room has a locking door
- The mechanical and electrical equipment are in a space that is separate from children's areas and is securely locked
- Pillars and posts are wrapped with soft covering
- Space is easily supervised
- Heating units and pipes are securely covered
- Windows have protective barrier/shatterproof glass at child height
- Operable windows have secure screens
- Operable windows above the first floor have child-safe barriers
- Location of changing area allows provider to continue to supervise children

7/2.3.2.I.2 (G/FCCH)

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 manufacturers instructions.

Q. What is the difference between "cleaning", "sanitizing", and "disinfecting"?

A. The following definitions come from the Environmental Protection Agency (EPA)'s toolkit for Early Learning Providers "*Green Cleaning, Sanitizing, and Disinfecting: A Curriculum for Early Care and Education*" found at: https://www.epa.gov/sites/production/files/documents/ece_curriculumfinal.pdf [epa.gov] (pg. 19-23)

- **"Cleaning:** Reduces germs, dirt, and impurities by removing them from surfaces or objects. Dirt and organic material make some disinfectants less effective, so cleaning is necessary before disinfecting in most cases."
- **"Sanitizing** is the use of a chemical product or device (like a dishwasher or a steam mop) that reduces the number of germs on surfaces or objects to a level considered safe by public health standards or requirements. Sanitizing kills most germs but not all of them."

- **"Disinfecting** uses chemicals to kill 99.999% of germs on hard, non-porous surfaces or objects." Disinfectants will not work on porous surfaces (such as cloth or soft furnishings). Disinfectants only work on clean surfaces; for example, a disinfectant will be less effective on a table top that still has food waste on the surface.
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An additional resource outlining the difference between sanitizing and disinfecting comes from Caring for Our Children, Appendix J: https://nrckids.org/files/appendix/AppendixJ.pdf [nrckids.org]

Q. How do I know if something is approved by the United States Environmental Protection Agency?

A. Products approved by the EPA will have an EPA registration number on the label. This indicates the product has been tested and is effective in reducing or killing germs. You may also choose to use products that the EPA has marked as "Safer Choice". Products with the Safer Choice label help you identify products with safer chemical ingredients, without sacrificing quality or performance. For a list of approved "Safer Choice" cleaning products, visit https://www.epa.gov/saferchoice/products

7/2.3.2.N.3 (G/FCCH)
A first aid kit is readily accessible, but out of children's reach, in each Family Child Care Home and must be taken outside during outside play and on field trips; restocked after each use; reviewed every six (6) months to ensure proper condition of materials and replace any expired items.

Q. How will the licensor know a first aid kit is available to the provider and assistant(s) in the event of an emergency?

A. To determine if a first aid kit is readily available in the licensed program, a licensor will observe the physical space: Is there a labeled first aid kit on a shelf in plain view or in a labeled cabinet? If not, the provider should be asked to identify where the first aid kit is stored. 'Readily accessible' means the kit can be retrieved with minimal delay in responding to the emergency. For example, a readily accessible kit may be placed in the kitchen in a child-safe cabinet, where the kitchen is on the same level where children spend the majority of time in care and a child-safe cabinet is easily opened by an adult; an example of a kit that is not readily accessible would be located in a locked room, where the provider must first retrieve a key, and/or on a different floor from where children spend the majority of time in care.

Q. How will I demonstrate the first aid kit is re-stocked after each use?
A. Compliance may be observed by the observation of a log kept by the provider noting the date they last restocked the first aid kit. Non-compliance may be observed by observing overdue expiration dates on first aid kit supplies, which may indicate the supplies have not been refreshed.

Also, a stocked first aid kit is one with a substantial and varied amount of supplies. If a first aid kit is reviewed and lacks the type or amount of supplies to address a common need, it may be considered non-compliant since it has not been re-stocked since last use. For example, if a child skins their knee and the first aid kit does not have adhesive bandages or a sterile gauze, it may be considered out of compliance.

Additional recommendations for what to include in a first aid kit can be found at https://childcare.extension.org/first-aid-in-child-care/

7/2.3.2.O.2 (G/FCCH)
All animals maintained as pets in the residence are cared for in a clean, safe and sanitary manner.

Q: How will an animal kept in a safe and sanitary look at a program?
A Animals can look clean and healthy and still spread germs. Make sure all animals have appropriate and regular veterinary care, and proof of rabies vaccination for dogs and cats, according to local or state requirements. If the animal comes from a different state or country, it may need a health certificate issued by a veterinarian to travel across state lines or to enter the United States.

Some additional considerations recommended by Caring for Our Children (2019) and the Center for Disease Control (CDC) for animals being kept in a safe and sanitary manner include, but are not limited to:

- Any animal present at the facility, indoors or outdoors, should be:
- Trained/adapted to be with young children
- In good health
- Show no evidence of carrying any disease, fleas or ticks
- Be fully immunized, and
- Be maintained on an intestinal parasite control program.
- Providers should consult with parents to determine special considerations for children with allergies, asthma, and other illnesses.
- Avoid having reptiles, amphibians, poultry, rodents, or ferrets into schools, daycare centers, or other settings with children under 5 years of age due to the spread of diseases such as Salmonella and E. coli.
- Food and beverages should not be allowed in animal areas. In addition, adults and children should not carry toys, use pacifiers, cups, and infant bottles in animal areas.
- Animal food dishes should not be placed in areas accessible to children during hours when children are present.
- Animals should not be permitted in food preparation or service areas at any time.

This section was informed by the following resources:
Caring for Our Children. (2019). 3.4.2.1 Animas that Might Have Contact with Children and Adults. Retrieved from https://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf

Teachers and Daycare Staff. (n.d.). *Healthy Pets, Healthy People.* The Center for Disease Control. Retrieved from https://www.cdc.gov/healthypets/specific-groups/schools.html

7/2.3.2.P.4. (G/FCCH)

Programs serving Infants and/or Toddlers have a choke prevention gauge readily available.

Q. What is a choke prevention gauge?

A: An example of these gauges can be found here: https://www.amazon.com/Safety-Small-Object-Choking-Tester/dp/B0062TNEOC. It's a small tube that is helpful for providers to test small objects for choking hazards. This tube tests the safety of smaller toys and objects to ensure that the children that are cared for cannot choke on objects.

7/2.3.3.C.17 (G/FCCH)

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.

Q. I have bedrooms that have always been used for sleeping. Can I keep them in there if I leave the door open?

A: If you have additional DHS approved staff (such as an emergency assistant or assistant) physically in the room with the sleeping children, you may use the additional room. However, if the room is separate from your main child care area and not additional staff is available, you are not able to appropriately supervise the sleeping child/children.

7/2.3.6.C.3.a (G/FCCH)
Programs must follow policies and procedures that include:
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

Q: Why does a program needs to retain this information?

A: This information may be crucial in protecting the health and safety of the child in care. A parent may voluntarily provide this information to a program, or the provider may need to request this information from the parent if they are aware of a situation involving a custody or restraining order. A program would then retain this information in the child's file; depending on the nature of the situation, this may be important information for a staff working directly with the child. Retaining and complying with this information may also protect the program where legal action is taken against the program if the child is put at risk.