

**Recommendations to Strengthen Rhode Island's Child
Care Licensing Regulations and
Compliance Procedures to
Support a Strong Program Quality Rating System**

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Prepared for Rhode Island KIDS COUNT

By the National Association for Regulatory Administration

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EXECUTIVE SUMMARY

April 2008

Quality Rating and Improvement Systems have been implemented in 16 states across the U.S. in order to improve the quality of child care and early learning programs. Quality Rating and Improvement Systems measure the quality of child care and early learning programs with research-based standards, identify areas for improvement, inform consumers about levels of quality, and target technical assistance. The earliest Quality Rating and Improvement Systems were developed by the states of Oklahoma and North Carolina in the mid 1990s and are closely connected to child care licensing. Compliance with key licensing regulations is often a fundamental requirement in Quality Rating and Improvement Systems.

In 2005, a steering committee was formed in Rhode Island to design a Quality Rating and Improvement System for child care and early learning programs. Rhode Island KIDS COUNT, the Rhode Island Department of Human Services, and United Way of Rhode Island were partners in leading the planning effort which also involved 30 other key stakeholders including the manager of the child care licensing unit at the Department of Children, Youth and Families, the early childhood coordinator at the Department of Elementary and Secondary Education and the early childhood program manager at the Department of Health. Early in the design process, the Steering Committee developed goals for the Rhode Island Quality Rating System. One of these goals is to “improve, coordinate, and support the licensing and regulatory system in Rhode Island so that it is efficient and effective at ensuring and communicating compliance with regulations.”

Now named **BrightStars** and managed by the Rhode Island Association for the Education of Young Children, Rhode Island’s Quality Rating and Improvement System is built on the foundation of child care regulations. Programs must have a full (non-provisional, non-probationary) license from the Department of Children, Youth and Families in order to participate in the quality rating system. In order to achieve a 1-star rating, programs must be able to document that they are in compliance with critical licensing standards. When programs advance to higher levels of quality (2, 3, 4, or 5 star quality levels) they still must remain in compliance with these critical licensing standards in order to maintain their star designation.

In Autumn 2007, as BrightStars began designing the pilot implementation phase, it became clear that expert consulting assistance would be helpful in reviewing current child care licensing regulations and procedures and providing recommendations that

would strengthen the licensing system. Consultants could also provide guidance to BrightStars staff and the child care licensing unit at the Department of Children, Youth and Families on protocols to share important information. BrightStars and the child care licensing unit also had to develop and agree on a list of critical compliance regulations.

With funding from the United Way of Rhode Island, Rhode Island KIDS COUNT hired consultants from the National Association for Regulatory Administration (NARA) to work with the director of the child care licensing unit at the Department of Children, Youth and Families, the director of BrightStars, and Rhode Island KIDS COUNT to review licensing regulations and compliance procedures in preparation for the roll-out of a Quality Rating and Improvement System. NARA, an international professional membership association founded in 1976, is dedicated to the protection of the health, safety and well-being of children and vulnerable adults in day or residential human care facilities through licensing and other forms of regulation. Among other products and services NARA produces periodic reports reviewing child care licensing regulations and practices across the country.

NARA consultants utilized several resources in their work with Rhode Island. Rick Fiene's publication, *Thirteen Indicators of Quality Child Care* was especially helpful in developing the serious areas of non-compliance. The American Academy of Pediatric's publications *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-Of-Home Child Care* and *Stepping Stones* were very useful in making recommendations for changes in the child care home and center regulations. In addition recommendations from the National Association for Family Child Care and Child Welfare League of America were also reviewed.

Between November 2007 and March 2008, NARA provided comprehensive consultation and conducted a review of policy regarding licensing regulations and procedures and licensing compliance policy related to the Rhode Island Quality Rating Improvement System (QRIS). This included bringing representatives from Rhode Island KIDS COUNT, BrightStars, Rhode Island Department of Education (RIDE), and Rhode Island Child Care Licensing together to meet with NARA consultants with the goal to make recommendations to improve Rhode Island's current licensing system, including licensing policies and regulations for family child care homes and centers.

The major recommendations from this collaborative effort include updating compliance and enforcement procedures and making regulation changes to both child care centers and family child care homes. Although family child care home

regulations were recently revised, there were recommendations for future changes. Child care center regulations have not been revised since 1993 and by comparison with six other states, review of Caring for Our Children, and expertise from NARA consultants recommendations for revision were also made. The revision of regulations should be a continuous process.

MAJOR RECOMMENDATIONS

Strengthen Child Care Licensing Program Policies and Procedures:

- Incorporate the recommended list of serious non-compliance violations into child care licensing enforcement procedures to guide decisions regarding negative sanctions and revocations of licenses. The recommended list includes violations in the areas of: 1) staff-child ratios and maximum group size, 2) supervision of children, 3) sleep positions, 4) prohibited disciplinary actions, 5) licensed capacity, 6) use of passenger restraints, 7) weapons, 8) pool and other water hazards, 9) reporting child abuse, 10) prohibiting access to children by a person with a criminal record or a health or behavior risk, 11) administering medication to children, 12) room temperatures and heat sources, 13) qualified personnel, 14) safe indoor and outdoor equipment, and 15) physically safe environment.
- Develop written policies and procedures which outline the expectations for licensing staff during monitoring inspections.
- Use the revised monitoring report form during program inspections to identify and document any serious non-compliance violations.
- Require and allow for providers' signatures on monitoring reports and provide copies of these reports to the facilities.
- Increase the number of unannounced monitoring visits to at least three times per year for centers and family child care homes
- Update child care center regulations to incorporate best practices and to align with current state laws.
- Review and revise child care licensing regulations on a continual, ongoing basis.

- Use the ability that is currently in place in statute to fine non-compliant facilities.
- Develop written policies and procedures to address complaints received by child care licensing unit.
- Develop and maintain a tracking system for variances that have been issued.

Update and strengthen child care center licensing regulations:

- Define supervision in a clearer manner including requiring the presence of the staff in the room and being able to see and hear the children they are responsible for.
- Define what is meant by group size and how it is determined.
- Make the smoking section in the regulations more specific.
- Add prohibition of alcohol to the regulations.
- Specify the outdoor square footage required in relationship to the capacity of the program (such as 50% of the facility capacity).
- Include “Back to Sleep” regulations.
- Clarify in staff-child ratios during sleep and napping that staff counted in ratio need to remain in the facility.
- Specify and include increased staff-child ratios during swimming and water activities.
- Add regulation prohibiting weapons on the premises.
- Add a regulation for use of approved heating sources including prohibition of space heaters.
- Require carbon monoxide detectors.

- Prohibit the use of walkers.
- Enhance the hand washing regulations.
- Limit the use of television.
- Expand the section on the prohibition of hazards to include blind cords.
- Clarify the training regulations by removing the regulation for two hours of training a month and specifying the annual requirement of actual clock hours.

Update and strengthen family child care home regulations:

- Add disclosure of previous licensing history of the applicant.
- Add a specific regulation prohibiting individuals with certain criminal backgrounds from being household members and in the home during hours of care
- Define more clearly what is meant by supervision of the children in care.
- Add a section regarding program activities in literacy, math/science, music/art, cultural diversity, dramatic play, language development, visual/auditory development, small and large muscle development, and self-help skills.

For both centers and family child care homes:

- Require at least three (3) inspections a year.
- Require reporting to the licensing agency any death or serious injury that occurs in child care.
- Require that baby bottles and baby food be labeled with the child's name.
- Limit time for children to be confined in cribs, high chairs, car seats, playpens, etc.

- Transportation regulations should be much more specific.
- Expand section on daily activities and relationships including staff-child relationships and staff-parent relationships.
- Require T-straps for high chairs.
- Address the use of facility for other employment purposes during child care hours.
- Add and broaden section specifically addressing infant care.
- Add a section on pest control and utilization of pesticides.
- Night-time care should be addressed in the regulations including maximum time a child can be in care, sleeping spaces and equipment, and personal hygiene.
- Add a regulation that the facility shall remain within its licensed capacity at all times.
- Have specific diapering procedure regulations in accordance with Caring for Our Children.
- Add a maximum indoor temperature of 82 degrees.
- Include a list of prohibited disciplinary actions in all sets of regulations.

Recommendations for BrightStars

- Develop a Memorandum of Understanding between BrightStars and the Department of Children, Youth and Families that specifies how information will be shared between the organizations.
- Adopt the recommended procedures to ensure programs participating in BrightStars are in compliance with child care regulations.

- Adopt the policies that were developed on how BrightStars will handle facilities that are non-compliant with licensing regulations.
- Utilize the serious licensing non-compliance list in guiding their decisions regarding licensing criteria for BrightStars.

The implementation of these recommendations should help the Rhode Island Department of Children Youth and Families strengthen its licensing system and should provide clear guidance and clarity to both BrightStars and the licensing unit on their respective roles and relationships in the implementation of Rhode Island's Quality Rating and Improvement System.

INTRODUCTION

The safeguarding of tens of thousands of children who participate in various child care settings is one of the more important responsibilities of state government. It is obvious that the citizens of the state of Rhode Island through their state's legislature have given this goal appropriate attention.

The study included a comparison of the child care regulations with a selected number of states with the objective of evaluating both the relevancy and effectiveness of these regulations to maximize the protection of children in child care settings. The comparison analysis of Rhode Island's licensing regulations for licensure provides the KIDS Count and licensing staff with comparative data, and whether or not there are potential gaps in providing basic consumer protection for Rhode Island's citizens. Are the regulations reflective of the best research and child care program operations experience? Are the regulations clear and easily understood? These are among the questions to be answered by this study.

We believe that the data from the study will provide a resource to guide goal setting and refinement of the licensing process for the betterment of the state's children who use child care.

The right of states to regulate out-of-home child care settings (family child care homes and centers) has been a part of the jurisprudence landscape of the United States for more than 120 years in one form or another. It can be concluded, therefore, that the protection of children is a principle of compelling state interest. As such, states have developed over the decades a body of experience and wisdom regarding both the content of licensing regulations and the means by which the licensing processes can be efficiently implemented. The Appendix includes two different sets of information that evaluate the regulations of the state of Rhode Island by comparing them with a selection of other states or standard-setting bodies. There is a section entitled Recommendations, which contains a summary of the recommendations made by the Project Team in regard to licensing and regulations.

The care of young children is an important part of our culture. Not just keeping them safe and healthy, but also supporting every aspect of their development. Research shows that brain development is affected by a child's early experiences in life and that nurturing relationships and early environments matter (Shonkoff & Phillips, 2000). Many studies have looked at the long-term effects of child care on children. The Children of the Cost, Quality, and Outcomes Study Go to School study followed children through second grade and found that high quality child care helped children succeed in school in the areas of cognitive skills and social skills (Peisner-Feinberg, et al., 1999). The Abecedarian study (Campbell, et al., 2005) followed children's

progress from infancy through age 21. This study found scientific evidence that high quality early childhood education has a positive effect on a child's school success. In both studies, children from at-risk backgrounds were positively influenced by quality child care.

In an effort to increase the quality of child care, many states have implemented a strategy known as quality rating systems. Quality rating systems provide additional requirements above minimum licensing standards and serve as a method to evaluate the quality of care being provided to children. Quality rating systems also serve as a method to help families assess child care programs, provide an accountability measure for funding sources, and when tied to tiered reimbursement, increase the child care slots for children whose families receive subsidized child care. Ultimately, the goal of a quality rating system is to improve the quality of care being provided to children. Licensing compliance is a large part of many of these rating systems.

This report will include the level of compliance necessary to participate in the Rhode Island Quality Rating System by determining what will be considered as serious non-compliance with licensing regulations. These are listed as serious non-compliances as well as where they are located in the Regulations for Licensure for both child care centers and family child care homes.

Monitoring reports for licensing staff to identify these non-compliances during monitoring visits will also be included. These checklists identify what the Project Team, Rhode Island Licensing, and QRS staff identified as the serious licensing non-compliance.

Lastly, guidelines for QRS staff to use in responding to seriously non-compliant facilities will be addressed as well as reduction policy for these facilities which are identified as being non-compliant.

**REGULATION ANALYSIS – CHILD CARE
NATIONAL ASSOCIATION FOR REGULATORY
ADMINISTRATION
SUMMARY AND RECOMMENDATIONS FOR RHODE ISLAND**

The challenge of embracing quality regulations is the writing of an effective code. Licensing regulations are the minimum standards required for the facility to obtain the state’s permission to operate. In *Caring for Our Children*, published by the National Health Resource Center for Health and Safety in Child Care, Recommendation 9.009 states:

“The state child care regulatory agency should formulate, implement, and enforce regulations that reduce risks to children in out of home child care. Regulations describe the minimum performance required of a facility. Regulations must be:

- Understandable to any reasonable citizen;
- Specific enough that any person knows what to be done and what is not to be done;
- Enforceable, in that they are capable of measurement;
- Consistent with new technical knowledge and changes in public views to offer necessary protection.”

CHILD CARE CENTERS

Rhode Island has worked with the same child care center regulations since 1993. Sections on children’s health, child admissions, director and teacher educational requirements demonstrate an understanding and appreciation for the standards of excellence offered by Child Welfare League of America, National Association for the Education of Young Children and the National Health Resource Center for Health and Safety in Child Care. After research, a comprehensive comparison with other state’s requirements and discussions with the consultation work group, NARA offers the following recommendations

NARA recommends the following:

- Define supervision in a clearer manner including requiring the presence of the staff in the room and being able to see and hear the children they are responsible for.
- Include “Back to Sleep” regulations.

- Define what is meant by group size and how that is determined. An example is:

A group is determined by the number of children cared for by a caregiver or group of caregivers in a designated area not to exceed the maximum group size.

(A) Groups are required to have assigned staff and be recognizable by both staff and children.

(B) When more than one group of children younger than five years of age use the same room, the room is divided into designated activity areas for each group, using a temporary wall or physical barrier that is at least three feet in height and appropriate for defining limits and reducing distraction.

(C) When more than one group of children five years of age and older use the same room, the room is divided into designated activity areas for each group using a variety of means appropriate for defining limits and reducing distraction, including but not limited to, a temporary wall or physical barrier.

(D) Groups with their assigned staff may be combined for special group activities, for example, outdoor play, meals, sleeping, or field trips. Designated area requirements do not apply during these activities.

- Add more specifics to the smoking regulation.
- Prohibition of alcohol should be added to the regulations.
- Measure actual square footage of the outdoor area to relate to capacity such as 50% of the facility capacity.
- Clarify in staff-child ratios during sleep and napping that staff counted in ratio need to remain in the facility.
- Specify and include increased staff-child ratios during swimming and water activities.
- Add regulation relating to weapons with prohibiting them from the premises.
- Add a regulation for use of approved heating sources including prohibition of space heaters.

- Include the regulation for carbon monoxide detectors.
- Prohibit the use of walkers.
- Enhance the handwashing regulations with assistance from the Health Department and guidance from Caring for Our Children.
- Limit the use of television.
- Expand the section on the prohibition of hazards to include blind cords.
- Clarify the training regulations by removing the regulation for two hours of training a month and use the annual requirements by using actual clock hours.

FAMILY CHILD CARE HOMES

Overall, the content of these regulations is very good. They were recently revised in October of 2007. In many areas, Rhode Island addresses regulations more effectively than their surrounding states. However, there are ways in which child safety could be dramatically improved.

Focusing now on the specific regulations of the family child care provider, we found that Rhode Island Regulations for Licensure is, for the most part, thoughtful, thorough and organized appropriately. It is commendable to note that these regulations incorporate many elements consistent with Child Welfare League of America Standards of Excellence for Child Care, National Association of Family Child Care Accreditation Standards and National Child Health and Safety Standards.

NARA recommends the following:

- Add disclosure of previous licensing history of the applicant in regulations.
- Clarify that a specific regulation in regard to prohibiting individuals with certain criminal backgrounds from being a household member as well as in the home during hours of care.
- Define more clearly what is meant by supervision of the children in care.

- Add a section regarding teaching activities in literacy, math/science, music/art, cultural diversity, dramatic play, language development, visual/auditory development, small and large muscle development, and self-help skills.

RELATING TO BOTH CENTERS AND FAMILY CHILD CARE HOMES

- Require at least three (3) inspections a year.
- Require facilities to report to the licensing agency any death or serious injury that occurs in child care.
- Require labeling with child's names of baby bottles and baby food.
- Limit time for children to be confined in cribs, high chairs, car seats, playpens, etc.
- Enhance transportation regulations to be more specific including current National Transportation Safety Board recommendations and preventive measures.
- Expand daily activities and relationships to include staff-child relationships and staff-parent relationships.
- Require T-straps for high chairs.
- Address the use of facility for other employment purposes during child care hours.
- Add and broaden section specifically addressing infant care.
- Add a section on pest control and utilization of pesticides.
- Enhance night-time care regulations to include maximum time a child can be in care, sleeping spaces and equipment, and personal hygiene.
- Require and allow for provider's signature on monitoring reports and providing copies of these reports for the facilities.

- Add a regulation that the facility shall remain within its licensed capacity at all times.
- Include specific diapering procedure regulations in accordance with Caring for Our Children.
- Add a maximum indoor temperature of 82 degrees.
- Include a list of prohibited disciplinary actions in all sets of regulations.

LICENSING PROGRAM POLICIES AND PROCEDURES

- Utilize current ability to fine non-compliant facilities.
- The inspection process needs to be addressed more thoroughly in the document including increased unannounced monitoring visits to at least three times a year.
- Review and revise regulations on a continuous basis.
- Update regulations with current state laws.
- Complaint process needs to be addressed more thoroughly in the policy and procedures document.
- Develop written policies and procedures to include what is expected of licensing staff in regard to the monitoring of facilities.
- Develop and maintain a tracking system for variances that have been issued.

SERIOUS NON-COMPLIANCE IN CHILD CARE CENTERS

Serious non-compliance is violation of the following child care center regulations. Numbers associated with each category and language are from the current DCYF regulations.

Staff-child ratios and maximum group size

II. Regulations for licensure,

One: Enrollment and staffing,

STAFF/CHILD RATIO AND MAXIMUM GROUP SIZE

Centers shall maintain the following staff to child ratios and maximum group requirements:

Age	Staff/Child Ratio	Maximum Group Size
6 weeks to 18 months	1 to 4	8
18 months to 3 years	1 to 6	12
3 years	1 to 9	18
4 years	1 to 10	20
5 years	1 to 12	24

Supervision of children

II. Regulations for licensure,

One: Enrollment and staffing

1. SUPERVISION. Children shall be under the direct supervision of child care staff at all times. All aspects of the program, including toileting, resting or sleeping, eating, outdoor play, etc. shall be supervised by designated staff.

Prohibited disciplinary actions

II. Regulations for licensure,

One: Enrollment and staffing,

18. DISCIPLINE

Staff shall serve as a positive role model for the children in care. Staff shall use positive methods in guiding children back on task, shall encourage appropriate behavior, and set clear limits and rules that children can understand. Staff shall match their expectations with the children's developing abilities and capabilities. Staff shall praise the children's accomplishments as well as their attempts at tasks. Staff shall use positive, firm limit setting in situations where a child's safety is at stake. Staff shall assist children by redirecting them from inappropriate actions to activities that are more favorable.

19. CORPORAL PUNISHMENT

Staff shall not hit the children or engage in any form of corporal punishment. Children shall not be subjected to cruel or severe punishment, humiliation or verbal abuse. Children shall not be deprived of meals or snacks as a form of discipline. Children shall not be punished for soiling, wetting, or not using the toilet.

Licensed capacity

Procedure for obtaining a license

PROVISIONS OF THE LICENSE

1. The license will state the maximum number of children ...to be served in the center.

Use of passenger restraints

II. Regulations for licensure

Eight: Administration

1. TRANSPORTATION

Transportation of children to and/or from any center shall adhere to the state law and the rules and regulations of the Rhode Island Registry of Motor Vehicles. Centers providing transportation shall have written policies regarding the transport of children to and from the center.

Weapons

II. Regulations for licensure

Three: Health, safety and nutrition

15. STORAGE OF ITEMS OF POTENTIAL DANGER

All medical supplies, poisonous or toxic substances, and items of potential danger to children (cleaning supplies and equipment, paints, plastic bags, aerosols, etc.) shall be clearly labeled and stored out of reach of children.

Reporting child abuse

II. Regulations for licensure

Three: Health, safety and nutrition

10. CHILD ABUSE

Any suspected case of child abuse and/or neglect shall be reported to the Department Of Children, Youth And Families (1-800-RICHILD) in accordance with state law.

Prohibiting access to children by a person with a criminal record or health or behavior risk

II. Regulations for licensure

Two: Staff qualifications and development

12. EMPLOYMENT BACKGROUND, CRIMINAL RECORD, AND CHILD ABUSE AND NEGLECT TRACKING SYSTEM CHECKS

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

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

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

III. Appendix -Criminal records check-Disqualifying Information

Information contained in the national criminal identification computer pertaining to conviction or arrest pending disposition for the crimes identified below will result in a letter to the individual disqualifying them from employment in a child day care center.

- ◆ Offenses Against the Person
- ◆ Murder
- ◆ Voluntary Manslaughter
- ◆ Involuntary Manslaughter
- ◆ Kidnapping
- ◆ Kidnapping with intent to extort
- ◆ First degree sexual assault
- ◆ Second degree sexual assault
- ◆ Third degree sexual assault
- ◆ Assault by spouse
- ◆ Assault with intent to commit specified felonies
- ◆ Felony assault
- ◆ Domestic assault
- ◆ First degree child abuse
- ◆ Second degree child abuse
- ◆ Offenses Against the Family
- ◆ Incest
- ◆ Child snatching
- ◆ Exploitation for commercial or immoral purposes
- ◆ Public Indecency
- ◆ Transportation for indecent purposes:
- ◆ Harboring
- ◆ Prostitution

- ◆ Pandering
- ◆ Deriving support or maintenance from prostitution
- ◆ Circulation of obscene publications and shows
- ◆ Sale or exhibition to minors of indecent publications, pictures or articles
- ◆ Child nudity in publication
- ◆ Drug Offenses

Any offense constituting a felony, which is, enumerated in Rhode Island General Law 21-28-1.01 et seq., the Uniform Controlled Substances Act.

CANTS CHECK ADDENDUM -DISQUALIFYING INFORMATION

When the applicant/employee has been identified as the indicated perpetrator in a Child Abuse and Neglect Tracking System (CANTS) investigation and the final finding(s) of the investigation is listed below, the applicant/employee will be disqualified from assuming child care duties in a child care facility:

INDICATED FINDINGS

- ◆ DEATH (#1)
- ◆ BRAIN DAMAGE/SKULL FRACTURE (#2)
- ◆ SUBDURAL HEMATOMA (#3)
- ◆ INTERNAL INJURIES (#4)
- ◆ MALNUTRITION/STARVATION (#8)
- ◆ VENEREAL DISEASE (#30)
- ◆ SEXUAL INTERCOURSE (#31)
- ◆ SEXUAL EXPLOITATION (#32)
- ◆ SEXUAL MOLESTATION (#33)
- ◆ FAILURE TO THRIVE (#48)

INDICATED ABUSE FINDINGS ONLY

- ◆ BURNS/SCALDING (#5)
- ◆ POISONING (#6)
- ◆ WOUNDS (#7)
- ◆ BONE FRACTURES (#9)
- ◆ EXCESSIVE/INAPPROPRIATE DISCIPLINE (#10)
- ◆ CUTS/BRUISES/WELTS (#11)
- ◆ HUMAN BITES (#12)
- ◆ SPRAINS/DISLOCATIONS (#13)

Administering medication to children

II. Regulations for licensure

Three: Health Safety and Nutrition

14.ADMINISTARTION OF MEDICATION Each center shall establish guidelines for the administration of medications. If a center chooses to administer medication, the following procedures shall apply:

Neither prescribed nor non-prescribed medications shall be administered to a child without written parental authorization. These written instructions shall include the name of the medication, circumstances under which it may be administered, dosage, and frequency of administration. Prescription medication shall not be administered to a child without written order of a licensed physician (which may include the label on the medication) which indicates that the medicine is for a specified child and is in the original container. All medications shall be administered by the center director or his/her designee. The center shall maintain, on a daily basis, a written record of every medication administered. This record shall include:

- ◆ the child's name;
- ◆ the name and dosage of medication administered;
- ◆ the date and time administered;
- ◆ the name and signature of the person who administered the medication;
- ◆ the name of the licensed physician prescribing the medication.

In the event of an emergency, the daily log shall be transported with the child to the emergency treatment facility. Medications shall be stored in clearly labeled original containers, out of reach of children. Parents shall be advised that medications should be given at home whenever possible

Room temperatures

II. Regulations for licensure

Four: Physical Facilities.

5. VENTILATION AND LIGHTING

There shall be adequate ventilation and artificial lighting throughout the center facility. All activity rooms used for children shall have provision for natural lighting. Exterior doors and windows which are opened for ventilation shall be securely screened. The temperature in rooms used by children shall be maintained within a range of 65 - 74 degrees F at the level of the children's height and the heat shall be kept constant. Rooms where infants are cared for shall be maintained at a minimum of 68 degrees F at crib height.

Qualified personnel-head teacher/nurse

II. Regulations for licensure,

One: Enrollment and staffing,

7. HEAD TEACHER

Each center shall have at least one head teacher who shall be responsible for the development and implementation of the educational/developmental curriculum and program, the organization of children's groups and staff performance.

In centers with a total maximum capacity of more than 40 children:

- The head teacher shall be a full-time staff person, working in the program no less than 30 hours per week for centers which operate full-day programs;
- No more than 50% of the head teacher's time shall be spent in direct teaching. The head teacher shall only be counted in the staff/ child ratio during the time spent in direct teaching.
- A head teacher who also serves as director shall not be counted at any time in the staff/child ratio.

In centers with a total maximum capacity of 40 children or fewer:

- If the director is full-time and meets the specified qualifications, the head teacher may be part-time, working on-site no less than 15 hours per week. A minimum of 10 of the 15 hours shall be during the time when the educational/developmental curriculum is being implemented.
- A head teacher who also serves in the capacity of director shall be a full-time staff member.

10. NURSE

Centers serving infants under the age of 18 months shall have a nurse on the premises a minimum of three hours per day at a time when most of the children are received for care. The nurse shall:

- Coordinate the depth and scope of health services provided;
- Participate in the enrollment decision-making process in collaboration with other appropriate staff members;
- Provide on-site supervision and monitoring of the health status of all infants enrolled in the center;
- Maintain responsibility for the health records of the children enrolled in the center;
- Serve as a health consultant to staff and parents and be the primary liaison to health consultants and services outside the center. The nurse may also function in an additional staff capacity after the duties and responsibilities of the nurse's role have been discharged.

Two: Staff qualifications and development

1. HEAD TEACHER QUALIFICATIONS

The head teacher in a center shall meet one of the following:

- Hold a current Rhode Island certificate in Early Childhood Education; or
- Hold a Bachelor's or Master's degree in Early Childhood Education or Child Development from an accredited or approved institution of higher education; and have a minimum of three months supervised teaching experience in a

licensed/approved early childhood program for the appropriate age level (student teaching may fulfill this requirement); or

- Hold a Bachelor's degree from an accredited or approved institution of higher education and have met the course work and experiential requirements defined in the Rhode Island Early Childhood certification standards.

NURSE QUALIFICATIONS

The nurse shall possess appropriate education and training to work with infants and their families and shall be currently licensed by the state as a registered nurse or a licensed practical nurse.

Equipment-indoor and out

II. Regulations for licensure,

Five: Equipment and materials

4. MATERIALS AND EQUIPMENT

All equipment and materials used in the center program shall be:

- Safe;
- Durable;
- Appropriate for the age level of the children and stage of development;
- Materials which require staff supervision shall be stored out of children's reach.

9. SAFETY

All equipment and materials shall be kept clean and sanitary and shall be checked regularly to ensure freedom from hazards.

Four: Physical Facilities

16. OUTDOOR PLAY AREA

There shall be an appropriately equipped outdoor play area for gross motor activity. The outdoor play area shall have at least 75 square feet of space for each child and be easily accessible from the center. It shall be safe, properly fenced with fencing of at least four (4) feet in height, reasonably level, well-drained, and free from hazards. Climbing equipment, swings, and large pieces of play equipment shall be securely anchored and maintained in good repair. Cushioning materials such as mats, wood chips, or sand shall be used under climbers, slides, or swings. If organic cushioning (i.e. sand, wood chips, etc.) is used, it shall be of at least 6" in depth. The outdoor play area for infants and/or toddlers shall be separate from that used by older children.

Physically safe environment

II. Regulations for licensure

Three: Health, safety and nutrition

12. STORAGE OF ITEMS OF POTENTIAL DANGER

All medical supplies, poisonous or toxic substances, and items of potential danger to children (cleaning supplies and equipment, paints, plastic bags, aerosols, etc.) shall be clearly labeled and stored out of reach of children.

Four: Physical facilities

15. CLEANLINESS

All parts of the center and its premises shall be kept in good repair, clean, neat, and free of hazards. Maintenance of the facility shall be done when children are not present.

SERIOUS NON-COMPLIANCE IN FAMILY CHILD CARE HOMES

Serious non-compliance is violation of the following family child care home regulations. Numbers associated with each category and language are from the current DCYF regulations.

Staff-child ratios

Section Three-Licensing Standards

I. Number of Children in Care and Their Supervision p. 9

A. A family child care home provider, who is caring for children without an assistant, shall care for no more than six (6) children at any time.

B. If a provider, who is caring for children without an assistant, cares for children under the age of eighteen (18) months, there shall be no more than four (4) children under the age of six (6) years, and of these four (4) children, no more than two (2) shall be under the age of eighteen (18) months.

C. A provider who has a full-time assistant shall care for no more than eight (8) children at any time. Of these eight (8) children, no more than four (4) shall be under the age of eighteen (18) months.

D. Maximum number of children for child care when there are children living in the home

1. Children under six (6) years of age who live in the home shall be counted in determining the maximum number for licensure.

2. More than two (2) children between six (6) and twelve (12) years of age who live in the home and are present for four (4) consecutive hours or more during the period that child care is provided shall be counted in determining the maximum number for licensure. Exceptions may be made for snow days, sick days, holidays and one week school vacations.

3. To determine the adult/child ratio, children of assistants shall be counted in the appropriate age groups when in care in the home.

Supervision of children

Section Three-Licensing Standards

I. Number of Children in Care and Their Supervision p. 10

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.

V. Activities, Materials and Equipment

E. Sleeping/Resting Arrangements p. 20

2. While resting or sleeping, children shall be directly supervised by the provider or an assistant who is on the same floor where the children are sleeping. Monitors shall not take the place of in-person supervision.
4. Children under the age of one year napping in cribs shall be monitored by in person checks at least every ten (10) minutes. The provider shall maintain a written record of crib checks for each child under the age of one (1) year.

Sleep positions

Section Three-Licensing Standards

V. Activities, materials and Equipment

E. Sleeping/Resting Arrangements p. 20

5. To reduce the risk of Sudden Infant Death Syndrome, infants shall be placed on their backs to sleep unless there are medical orders or a written statement from the parent/guardian requiring alternative positioning.

Prohibited disciplinary actions

Section Three-Licensing Standards

VI. Behavior management p. 21

A. Positive Behavior Management Techniques

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

B. Inappropriate Discipline

1. Provider and assistants shall not hit the children or engage in any form of corporal punishment.
2. Children shall not be subjected to cruel or severe punishment, humiliation or verbal abuse.

3. Children shall not be deprived of meals or snacks as a form of discipline.
4. Children shall not be punished for toileting accidents or for soiling, wetting or not using the toilet during toilet training.
5. Children shall not be subjected to excessive time out. Time out may not exceed one (1) minute for each year of the child's age and shall take place within the provider or assistant's view.

Use of passenger restraints

Section Three-Licensing Standards

VII. Administration

H. Transportation of Children p. 22

1. Transportation of the children by the provider or assistants, including requirements for child restraint systems, shall follow the state laws and regulations of the Rhode Island Department of Transportation, Registry of Motor Vehicles and shall be covered by liability insurance.

Pools and other water hazards

Section Three-Licensing Standards

III. Physical Space and Home Safety

R. Swimming Pools p. 14

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

Weapons

Section Three-Licensing Standards

III. Physical Space and Home Safety

Q. Firearms p. 14

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.

Reporting child abuse

Section Three-Licensing Standards

VI. Behavior Management

D. Reporting Child Abuse and Neglect p. 21

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

Prohibiting access to children by a person with a criminal record or health or behavior risk

Section III-Licensing Standards

II. Qualifications of Provider and Assistants

C. General Physical and mental health Requirements. P. 11

2. The physical, mental and emotional health of household members shall not interfere with the provider's child caring responsibilities.

Administering medication to children

Section III-Licensing Standards

IV. Health and Nutrition

C. Administration of medication p.16-17

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

Room temperatures and heat sources

Section Three-Licensing Standards

III. Physical Space and Home Safety

K. Heating System p. 13

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

Equipment-indoor and out

Section Three-Licensing Standards

V. Activities, Materials and Equipment

D. Indoor and Outdoor Play Materials and Equipment p. 20

4. All equipment and materials shall be free from hazards such as lead paint, insects, protruding nails or rust that may be dangerous to children and shall be kept clean and in good repair.

Physically safe environment

Section Three-Licensing Standards

III. Physical Space and Home Safety

V. Storage of Drugs, Medicines and other Dangerous Substances p. 15

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.

Guidelines for Responding to Licensing Non-compliance in the QRIS

The program must have a full (not probationary or provisional) DCYF license or RIDE approval. The most recent monitoring visit and indicated complaints for the last 12 months of operation are reviewed. If there are two or more incidents of serious non-compliance with applicable licensing requirements or one serious incident resulting in injury or imminent risk of harm, the request may be denied. Serious non-compliance is non-compliance with licensing requirements that exposes children to conditions that present an imminent risk of harm.

The following procedures will be used until a Memo of Understanding is worked out between Licensing and the BrightStars staff as to how licensing can notify them in case of licensing non-compliance issues for facilities participating in the Bright Stars program:

MAINTAINING LICENSING COMPLIANCE AND APPEAL PROCESS

A participant must maintain the license status at all times for the star level. Any changes in the license status must be reported immediately in writing to the BrightStars staff. All DCYF licensing correspondence will be forwarded to BrightStars staff within 5 days of its receipt by the facility.

Failure to correct licensing compliance violations may result in withdrawal or reduction of star level. BrightStars staff will notify the facility in writing of withdrawal or reduction of star level.

The provider has the right to request an appeal of this decision. This request must be submitted in writing within 15 calendar days of receipt of the withdrawal or reduction notification to the BrightStars staff.

When withdrawal or reduction of award is based on violations of licensing or regulations, the provider may not reapply for participation in this program for at least six months.

APPENDIX

**NATIONAL ASSOCIATION FOR REGULATORY ADMINISTRATION
COMPARISON OF STATE REGULATIONS
CHILD CARE CENTERS
January 2008**

TABLE A -GENERAL PROVISIONS

Sub-category	Rhode Island	Pennsylvania	Massachusetts	New York (Sub-sections 413 and 418)	Maryland	Delaware	Oklahoma
Legal Authority	Rhode Island General Law Section 42-72.1 Chapter 23-28.15- 21	Statute: 62 P.S. Sec. 901 et seq and 1001 et seq (Nancy the prior legal cite I gave you was for FCC only) Rules: 55 Pa.Code Ch. 3290	General Laws of Massachusetts Chapter 28A	Social Service Law 390	Family Law Title 5 Part VII Child Care Centers	Delaware Code, Title 31, Chapter 3, Subchapter II, Subsections 341- 344 and Title 29, Chapter 90, Subsection 9003	Oklahoma Statutes 10 O.S. Sec. 401 through 414
Definitions	Yes.	Very good	Limited	Section 413 of NY code dedicated to definitions and enforcement	Comprehensive list of definitions	Comprehensive list of definitions	Comprehensive list of definitions
Type of care	Applies to care provided to children under the age of 16 for any part of a 24 hour day , not in a home or residence apart from their parent or guardian.	Out of home care provided for part of a 24 hour day, for seven or more children (Requirements for "Group Child Day Care" homes are found in Chapter 3280)	Applies to day care centers serving unrelated children under age 7 (or 16 if special needs) for part or all of a day separated from parents. Applies to Group day care, school age programs, etc.	Applies to child care center care for 6 or more children from 6 weeks of age thru 12 yrs. Also small day care centers, family day care, group family day care and school age programs.	Child care center, preschool, child development center, nursery school, before and after school, school age programs, early learning center, by whatever name known, whether private,	Day Care Centers provide care for 13 or more children for less than 24 hours	Applies to child care arrangements for more than 30 hours weekly

Sub-category	Rhode Island	Pennsylvania	Massachusetts	New York (Sub-sections 413 and 418)	Maryland	Delaware	Oklahoma
				Each program has a separate section of applicable rules.	proprietary, public or religious.		
Type of Document Issued Suggested edit	License	Certificate of Compliance	License	License	License	License	License
Exemptions	Yes, nursery schools or other programs of educational services subject to approval of commissioner of education.	Not Specified	Not Specified	Not Specified	Yes	Yes	Care provided less than 15 hours weekly.
Application Fee	Yes, \$500 annually	No fee	\$275 less than 40 \$375 more than 40	No fee	No fee	No fee	No fee
Application Process	Yes, limited.	Yes, Procedural rules are located in separate rules	Yes	Yes – very good section	Yes	Yes	Yes
Term of license	1 year	1 year	2 years	2 years	24 months if licensed after 1/1/05 (Previously 1 yr.)	1 year	Non-expiring

Sub-category	Rhode Island	Pennsylvania	Massachusetts	New York (Sub-sections 413 and 418)	Maryland	Delaware	Oklahoma
Renewal process	Yes	Yes, Procedural rules are located in separate rules	Yes, briefly	Yes	Yes	Yes	None
Inspections	Yes, but limited.	Yes, Procedural rules are located in separate rules	Yes, addressed in separate section 102 CMR 1.00	Yes	Yes, specifies announced and unannounced and minimum requirements	Addressed in statute and distributed with code.	Yes – Procedural rules are located in separate policy document.
Complaints	Yes, briefly addressed.	Yes, Procedural rules are located in separate rules	Yes, addressed in 102 CMR 1.00	Not Specified	Yes, briefly addressed	Yes	Yes, Procedural rules are located in separate rules
Separate section for night-care requirement	Not Specified	Yes	Not Specified	Not Specified	Not Specified	Yes	Yes
Separate section for infant/toddler requirements	Yes, brief section	Yes, in regard to activities	Yes, generally dispersed under topics, with some devoted sections. To provide care- must be approved and reflected on license	Not Specified	Yes	Yes	Yes
Separate section for school age requirements	Yes	Yes	Yes, devoted section with some small dispersed under topics. To provide care- must be approved and reflected on	Not Specified	Identified but dispersed under topics	Yes	Yes and also found in separate set of requirements.

Sub-category	Rhode Island	Pennsylvania	Massachusetts	New York (Sub-sections 413 and 418)	Maryland	Delaware	Oklahoma
			license				
Special Needs	Yes	Yes	Yes- excellent section on physical access and other areas.	Not Specified	Yes	Yes, identified as "specialized care"	Yes
Parent Access	Yes	Yes	Yes	Yes	Yes	Yes	Yes

TABLE B – ENFORCEMENT PROCESS AND POWERS

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
Criteria for negative enforcement	Yes	Yes, Procedural rules are located in separate rules	Yes, addressed in 102 CMR 1.00	Yes, in code 413	Yes	Yes	Yes with more in separate rules.
Penalties for violations	Revoke, suspend, or deny application for license as well as penalties of fines and imprisonment.	Yes, Procedural rules are located in separate rules	Yes, addressed in 102 CMR 1.00 Includes: Fines \$50-250; Ceasing enrollment; Reducing # of enrollees; Hiring consultants; Hiring additional staff; restricting staff access to children; Requiring that an agency withdraw approval as adoptive, foster or shelter home;	NY code section 413.3 has a thorough list of enforcement options. NY code section 413.3 has an excellent description of enforcement options which range from meetings and phone calls to license revocation. It also includes the newspaper publication of child care programs who have been the subject of any administrative, civil or criminal actions.	-May restrict the ages and numbers of children enrolled -Reduce the # of children in care -Require the operator or staff to participate in training Increase frequency of inspections -Enter into agreement with operator -Notice parents of affected facility about intermediate sanctions -Denial, revocation, suspension.	In statute	Yes, Procedural rules are located in separate rules

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
Fines	Yes, up to \$550 for first violation and up to \$1000 for second.	Not Specified	Yes, addressed in 102 CMR 1.00	Yes – defines 3 classes of fines, ranging from \$50 to \$500 per day per violation	Yes – up to \$1000	Yes , “not more than \$100 or imprisoned not more than 15 days or both”	No
Denial	Yes.	Yes, Procedural rules are located in separate rules	Yes, addressed in 102 CMR 1.00	Yes, Section 413	Yes	Yes	Yes
Revoke	Yes	Yes, Procedural rules are located in separate rules	Yes, addressed in 102 CMR 1.00	Yes	Yes, includes process and time frames	Yes	Yes
Suspend	Yes	Not Specified	Yes, addressed in 102 CMR 1.00	Yes	Yes, includes process and time frame	Yes	Called Emergency Orders of Closure
Refuse renewal	Not specified.	Yes, Procedural rules are located in separate rules	Yes, addressed in 102 CMR 1.00	Yes	Not specified	Not specified	No renewals as non-expiring
Hearing Rights	Yes	Yes	Yes, addressed in 102 CMR 1.00	Yes	Yes	Yes	Yes

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
If Administrative Action becomes final...	May not reapply for a similar license for 3 years.	Yes, Procedural rules are located in separate rules	May not reapply for 5 years (102 CMR 1.00)	Not specified	Parent's notified of revocation	Not specified	May not reapply for five years.

TABLE C – SAFETY, HEALTH AND PHYSICAL ENVIRONMENT

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
Discipline	Yes	Yes	Yes – behavior management using positive expectations, offering choices, providing opportunities to develop self control, etc.	Yes	Poor – only requires facility to have discipline policy	Yes	Yes, very good section
Inappropriate Restraint of Children	Not specified.	Yes	Not specified	Infants should not be left in high chairs more than 15 min. and left more than 30 min. in crib, playpen or other confined space.	Not Specified	As it relates to discipline and the program must insure that children do not spend excessive units of time sitting or confined to cribs or playpens	Yes
Nutrition	Yes	Yes	Food prep	Yes	Extensive section which contains overall expectations, menus, diets food sources, food preparation and storage, etc.	Yes	Yes
First Aid materials	Yes	Yes	Yes	Yes	Yes	Yes	Yes

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
Release of children	Yes	Yes	Yes	Yes	Yes	Yes, also requires program must have a procedure	Yes
Evacuation/Fire Drills	15 drills a year.	Yes, at least every 60 days	Every other month	Monthly	Monthly	Monthly	Monthly
Smoking/ Alcohol use	Smoking not permitted in the facility. No mention of alcohol.	Yes, for smoking No mention of alcohol	Yes, for smoking	Yes	Yes	Staff may not allow drugs or alcohol use to affect their job performance or have it in the workplace. Smoking prohibited in all areas inside and outside the facility and all field trips.	Yes
Transportation	Yes, but limited.	Yes	Yes	Yes	Yes, but limited	Yes	Yes
Indoor area	35 sq. ft per child	40 sq. ft per child	35 sq. ft. per child	35 sq. ft per child	35 sq. ft per child* (*waiver can be granted for lesser sq. footage)	35 sq. ft. per child	35 sq. ft. per child, 40 sq. ft. per child in infant only rooms

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
Outdoor area	75 sq. ft. per child not tied to capacity	65 sq. ft. per child	75. sq. ft. per child when in use	Readily accessible and adequate outdoor space	Readily accessible, ample space and free from hazards	75 sq. ft. per child for 1/4 of licensed capacity	75 sq. ft per 1/3 of licensed capacity
Children's health and Immunizations	Yes	Age appropriate screening in accordance with AAP	Yes	Yes	Yes	Yes	Yes
Lead screening of children	Yes	Yes, Age appropriate screening in accordance with AAP	Yes, annually for all children between 9-12 months up to 48 months; also required for all if lead paint is detected	Yes	Yes	Yes	Not specified
Adult staff health	Yes	If showing symptoms of communicable disease or infection, should be excluded from attendance.	Not specified	Yes	Yes	Yes	Yes
Medications	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Provisions for Sick Children	Yes	Yes	Yes	Yes	Yes	Yes	Yes

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
Reporting Communicable Diseases	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Isolation area	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Reporting Injury to Children	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Toilet facilities	1 per 20 children for under age 2 and 1 to 10 for 2 years and older	1 per 15 for preschool 1:20 for school-age	1 per 20 children	1 per 15 children	1 per every 15 children over age 18 months	1 per 10 children 24 months up to school-age. 1:15 for school-agers	1 per 15 children
Pets	Yes	Yes	Yes	Yes	Not Specified	Yes	Yes

TABLE D – ADMINISTRATION

	Rhode island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
Child admissions	Yes	Yes	Yes – excellent sections on admissions, enrollment, etc.	Not Specified	Yes, to a limited degree	Yes	Yes
Information for Parents	Yes	Yes	Yes	Information should be posted	Yes Consumer education packet	Yes – center must have written policy regarding parent communication and involvement. This policy is presented at enrollment	Yes
Policies	Yes	Not specified	Very Comprehensive	Not specified	Not specified	Yes	Yes
Liability Insurance	Yes, appropriate insurance	Yes	Not Specified – only vehicle insurance req. mentioned	Yes	Not Specified	Insurance covering fire and liability Plus vehicle insurance	Auto liability only
Record Management	Yes	Yes	Very Comprehensive	Not specified	Not specified	Yes	Yes

	Rhode island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
Relationship with Parents	Yes	Yes	Provides a section 7.04 devoted to “Parent Information, Rights and Responsibilities” Requires an excellent example	Not specified	Not specified	Yes	Yes

TABLE E – STAFF QUALIFICATIONS AND TRAINING

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
Director Qualifications	<p>Bachelor's degree including 12 credits in Early Childhood and/or child development</p> <p>OR</p> <p>Associates degree in Early Childhood and/or CD and 3 years experience in the field</p> <p>OR</p> <p>CDA with 12 hours as listed above and 3 years of experience as above.</p> <p>OR</p> <p>18 hours in Early Childhood and/or Child Development and 5 years of experience</p>	<p>a) Bachelor's degree in early childhood education, child development, special education, elementary education or human services field with 1 year exp.</p> <p>b) Bachelor's degree including 30 credit hrs in early childhood education, child development, special education, elementary education or human services and 2 years experience;</p> <p>c) AA/AS degree in early childhood education, child development, special education, elementary education or human services field and 3 years experience</p> <p>d)) AA/AS degree including 30 hours in early childhood education, child</p>	<p><u>Director II</u> must meet all the requirements of Director I (see below) as well as have satisfactory evidence of an additional 2 credits or 3 CEU's in any category 102 CMR 7.21 3h-l</p> <p><u>Director I</u> must meet the requirements of lead teacher, have 6 mo. work experience after meeting lead teacher qualifications and have evidence of satisfactory completion of at least 2 credits or 3 CEU's in Day Care administration and have evidence of satisfactory completion of at least two additional credits or 3 CEU's in any category 102</p>	<p>Required for facilities with 45 or more children enrolled.</p> <p>Bachelor's degree including 12 credits in Early Childhood or related field AND one (1) year of teaching experience in a early childhood program AND one (1) year experience supervising staff</p> <p>OR</p> <p>NY State Children's Program Administrator Credential and same experience as above</p> <p>OR</p> <p>AA degree in Early Childhood or related field</p>	<p>Director shall be present at least ½ of the operating hours.</p> <p>Must be 21 years old HS diploma or equivalent 6 semester hours or 90 clock hours of their equivalent or employment training or hold CDA And provide evidence of having completed continued training at the rate of 6 clock hours per full year of employment as director</p> <p>Specifically for preschool with 20 or fewer children, just 1 year experience or 2 yrs. as registered</p>	<p>At least 21 yrs. old, and meets one of following: 1) Four year college degree with 15 credit hours of child development etc. and 2 years of experience working with children in a group setting;</p> <p>Or</p> <p>2) Associates degree in a field related to child development including 15 credit hours in ECE, CD , etc. and 24 months of experience working with children in group setting</p> <p>And</p> <p>3 college credits or 45 clock hours in Administration</p>	<p>Must be 21 yrs old, have a HS diploma/GED, min. of 3 years experience working with children in a licensed program or school AND meet one of these requirements:</p> <p>1) 6 credit hours in ECE/ CD</p> <p>2) A CDA or CCP</p> <p>And</p> <p>A Minimum of 40 formal hours in administration and management</p>

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
		development, special education, elementary education or human services field and 4 years experience.	CMR 7.21 3a-k	and a plan of study leading to a Bachelor's degree or NY State PA Credential and 2 years of experience as above OR CDA with plan for Bachelor degree and 2 years of experience as above.	FDCH operator For preschools with more than 20 children, Director needs to have earned 60 semester hours from accredited institution of higher learning and 2 yrs. experience working under supervision in a licensed child care program, Or 4 yrs. at FDCH operator Keeps going up from there...		
Lead/Head Teacher Qualifications	Hold a current Rhode Island certificate in Early Childhood education OR Bachelors or Masters degree in Early Childhood, or Child Development and 3 months supervised teaching	Called "Group Supervisor": One of following a) Bachelor's degree in early childhood education, child development, special education, elementary education or human services field. b) Bachelor's	Lead Teacher for Infant/Toddlers: 21 yrs. old 9 months of exp. With infants and toddlers, and one of the following; a) HS diploma or GED, 12 credit hrs in 4 related categories and 36 months work experience, b) CDA, 3 credit hrs and 27 months	<i>For less than 45 children, a "Head of Group" may take responsibility.</i> Head of Group of preschoolers: AA degree in Early Childhood, or related field OR	Called "Senior staff" – must be at least 19 yrs. old, have HS diploma and successfully completed 90 hrs. of curricula towards CDA and have one year of experience. Must complete training at 3 clock	Early Childhood Teacher is at least 18 years of age. At least a high school degree with specified additional training and one year experience in group care. Ratio of Early Childhood	Master teacher at least 18years, with minimum of Oklahoma Competency Certificate in Early Care and Education. Qualifications specified in Oklahoma Professional Development

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
	<p>experience</p> <p>OR</p> <p>Bachelors degree and met the coursework and experiential requirements defined in the Rhode Island Early Childhood certification standards</p>	<p>degree including 30 credit hrs in early childhood education, child development, special education, elementary education or human services and 1 year experience;</p> <p>c) AA/AS degree in early childhood education, child development, special education, elementary education or human services field and 2 years experience</p> <p>d) AA/AS degree including 30 hours in early childhood education, child development, special education, elementary education or human services field and 3 years experience.</p>	<p>exp.;</p> <p>c) AA in ECE or related field and 12 credits in related field and 18 months experience</p> <p>d) Bachelors degree and 12 credits in child care, 3 infant/toddler and 18 mo. exp.</p> <p>e) Bachelors in ECE, 12 credits in child care, 3 infant/toddler and 9 months experience.</p> <p>Lead teachers for Preschool is similar to above except requires credits in Planning Programs and Curriculum instead of I/T.</p>	<p>CDA or 9 college credits towards CDA and 2 yrs of experience caring for children.</p>	<p>hours per full year of employment as senior staff.</p>	<p>Teacher to Assistants, caregivers, and Interns is 1:4.</p>	<p>Ladder included in requirements.</p>
Group Teacher Qualifications	<p>HS/GED and 3 years experience or CDA</p>	<p>See above</p>	<p>Teachers Must be 21 yrs old CDA ; OR 3 credit hrs. and 9 month practicum; OR 2 yr. HS vocational</p>	<p>For infants and/or preschoolers see above.</p> <p>Group teacher for school age</p>	<p>Group leaders for School age center requirements listed. Similar to Senior staff</p>	<p>At least 18 and a high school degree with additional training and 6 months of</p>	<p>Teacher Must be 18 yrs. old, HS/GED, or completed 10th grade and be in process of</p>

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
			program in early childhood with evaluation and recommendation by program instructor	requires AA in related field OR HS diploma and 2 years experience working with children under 13 years.	without CDA training portion.	experience in group care.	working on GED for no more than 12 months.
Staff Qualifications	An aide shall be at least 18 years of age and working toward a high school diploma or equivalent and participate in a staff development program.	a) HS/GED b) 8 th grad and enrollment in training program (CDA) with the classroom portion completed c) 8 th grade ed. And 2 years experience with children	Assistant "Teacher" must be at least 16 or have a HS diploma/GED. Must work at all times under the supervision of at least teacher qualified staff person	Must be 21 years old and min. of 2 years exp for children 6 wk to 6 yrs. OR 1 year exp for Nothing spec and 6 hrs. training in early childhood development All staff must be familiar with the regulations governing the child care program and regulations must be readily accessible to staff for reference	"Aides or substitutes" must be at least 16 yrs old and under direct supervision	Early childhood intern must be at least 16 and receive specific training.	Assistant teachers are at least 16 years of age
Staff under 18 years of age	No staff under 18	Volunteers under 18 Staff to be 18 UNLESS A 16+ yr old is enrolled in approved training	Not specified	Must be at least 16 yrs. old and never left alone with children. Must be supervised by staff at least 18	Staff members may not be younger than 16 years	15 year olds can be hired if they are attending a vo tech. program. They must be at least 4 years older than	Must be at least 16 yrs. old and work under the on-site supervision of qualified director or teacher who is

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
		course approved by DOE		yrs. old.		children they care for.	readily available.
Disclosure of previous history, i.e. denial, revocation, suspension etc.	Not Specified	Not Specified	Not Specified	Not Specified	Not Specified	Not Specified	Not Specified
Orientation for staff	Yes	Not Specified	Must have written plan for staff orientation	Not Specified	Not Specified	Yes	Yes
Medical exam	TB test only	Yes (health assessment)	Yes	Also health statement which addresses their "fitness" to provide care for children including no diagnosed emotional and psychiatric disorders.	Yes	Yes	No, unless concern exists
TB test	Yes	Yes	Yes	Yes	Not stated	Yes	No, unless an outbreak is reported.

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
References	Previous employers	Not Specified	Yes	Yes	Not stated	Yes	Yes
Disclosure of criminal information	Yes for applicant and staff	Yes, criminal history clearance required under separate law	Not Specified	Yes for applicant and staff	Not Specified	Yes	Yes
Child Abuse Records check	Yes	Yes, child abuse check required under separate law	Yes	Yes	Yes	Yes	Only for director and owner
Background Screening	Yes	Yes, criminal history and child abuse clearances required under separate law	Yes	Yes	Yes	Yes	State Record check
Initial Training	Orientation	Not Specified	FA/CPR in 6 months.	15 hours of training in first 6 months	Not Specified	Orientation	Prior to or within 3 months of employment
Ongoing training	2 hours a month or 20 hours a year	6 hours annually	20 hours per year	30 hours every 2 years	Not Specified	If they work 25 or more hours weekly, 18 hrs. annually Work less than 25 hours weekly, 9 hours annually	12 hours a year

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
First Aid/ CPR	Yes, at least one certified staff present at all times children are present	Yes, same as NJ	Requires all staff be trained within 6 months employment	Yes, same as NJ	Yes, same	Yes ,within 6 months of hire	Yes, requires one certified person in premises at all times children are present

TABLE F - STAFFING REQUIREMENTS

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
Staff/Ratio during sleep and napping	Not specified	13 - 24 mo 1:10 25- 36 mo 1:12 37 mo. to 6yrs.1:20 Staff persons on duty shall remain on premises.	Not specified	Not specified	Not specified	At least one-half of the normal required staff must be present for children one year and older.	Ratios for infants, toddlers the same for naptime. Other ages sufficient staff must be in center and available.
Staff/Ratio Special Needs Children	Not specified	Yes, in separate rules; Additional ratios apply of more than 20% children with disabilities	Not specified	Not specified	Not specified	Staff/child ratio set by needs of the children	Staff/child ratio set by needs of the children
Staff/Child Ratio and Groups	See next page	See next page	See next page	See next page	Staff assigned to individual children Posted in a conspicuous spot for parents- a current and complete staffing pattern specifies all child care assignments by staff name; the number & ages of children	See next page	See next page

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
					enrolled; and staff/ratio in relation to the daily schedule.		

Staff/Child Ratio Comparison

Rhode Island

Age of Children	Staff/Child ratio	Maximum Group Size
6 weeks to 18 months	1:4	8
18 months to 3 years	1:6	12
3 years	1:9	18
4 years	1:10	20
5 years	1:12	24
School age	1:13	

Pennsylvania

Age of Children	Staff/Child Ratio	Maximum Group Size
Birth -12mo.	1:4	8
13mo - 24 months	1:5	10
25 mo – 36 months	1:6	12
	1:10	20
1 st to 3 rd grade	1:12	24
4 th grade to 15 yrs	1:15	30
Mixed Ages		
0-36 months	1:4	8
0 to 1 st grade 6 yrs.	1:4	8
13 mo. to 1 st grade	1:5	18
25 mo. to 1 st grade	1:6	12
37 mo. to 15 yr. old	1:10	20

Massachusetts

Age of Children	Staff/Child Ratio	Maximum Group Size
1 mo. to 15 mo.	1:3	7
15 mo. to 2.9 yrs.	1:4	9
2.9 yrs. to 7 years. (FT)	1:10	20
2.9 yrs. to 7 yrs. (PT)	1:12	24
4.9 yrs. – 7yrs.	1:15	30
Mixed Ages		
1 mo to 2.9 yrs	1:3 (2 staff for 4-9 kids)	9 (min. 3 infants)
15 mo to 7 years	1:5 (2 staff for 6-9 kids)	9

New York

Age of Children	Staff/Child ratio	Maximum Group Size
6 weeks to 18 months	1:4	8
18 months to 36 months	1:5	12
3 years	1:7	18
4 years	1:8	21
5 years	1:9	24
School age thru 9 yrs	1:10	20
10 – 12 years	1:15	30

Maryland

Age of Children	Staff/Child Ratio	Maximum Group Size
6 wks to 18 months	1:3	6
18 mo. to 2 yrs	1:3	9
Up to 2 years	1:6	12
3 or 4 year olds	1:10	20
5 and up	1:15	30
Mixed Ages		
Group size of 6	1:6	6
Group size 7-10	1:10	10
Group size 11-12*	2:12	*With 3 or > aged 2
Group size 13-20*	3:20	*With 4-6 2 yrs olds

Delaware

Age of Children	Staff/Child Ratio	Maximum Group Size
Under one year	1:4	8
1 to 2 years	1:6	12
2 – 3 years	1:8	16
3 – 4 Years	1:10	20
5 years or older	1:15	30
Mixed Ages		
Ratio for youngest child in	the group.	

Oklahoma

Age of Children	Staff/Child Ratio	Maximum Group Size
0 up To 12 months	1:4	8
12 mo. to 23 months	1:6	12
Two-year-olds	1:8	16
Three-year-olds	1:12	24
Four-and five-year-olds	1:15	30
Six-year-olds and older	1:20	40
	Mixed Ages	
0-35 months	1:6	12
Infants and older	1:8	16
Twos and older	1:12	24
Threes and older	1:15	30
Fours and older	1:18	36

TABLE G – DAILY ACTIVITIES AND RELATIONSHIPS

	Rhode island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
Structured Activities	A variety of developmentally appropriate activities.	General statement about daily activities and experiences.	Required daily general categories such as snack, rest, toileting, indoor play, and outdoor play. Also requires a well-balanced plan which give children the opportunity for variety of activities, creative play Self help skills, quiet and active, etc.	Program of self-initiated, group-initiated and staff-initiated activities	Self selected and staff-directed Include quiet and active Include periods of rest	Provide daily schedule program of varied activities which includes active and rest, indoor and outdoor activities, etc. Good general section on activities and parent communication	Staff shall plan and provide experiences that meet children's needs and stimulate learning in all developmental areas.
Literacy	Not specified	Not specified	Not specified	Not specified	Not specified	Language and literacy area	Not specified
Math/Science	Not specified	Not Specified	Must have materials available	Not specified	Must have materials available	Activities provided for science and math	Not specified
Music/Art	Not specified	Must have materials available	Must have materials available	Not specified	Must have materials available	Activities provided	Must have materials available

	Rhode island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
Cultural diversity	Not specified	Daily experience	Opportunities to be provided	Not specified	Not specified	Yes	Not Specified
Dramatic Play and Language Development	Not specified	Must have materials available	Must have materials available	Not specified	Must have materials available	Activities provided	Must have materials available
Visual and Auditory Development	Not specified	Must have materials available	Opportunities to be provided	Not specified	Not specified	Activities provided	Not specified
Small and Large Muscle Development	Not specified	Must have materials available	Must have materials available	Not specified	Materials available for vigorous play, socialization and individual pursuits	Activities provided	Must have materials available
Self-help skills, independence, problem solving, etc.	Not specified	Not Specified	Opportunities to be provided	Not specified	Not specified	Activities provided	Not specified
Playroom arrangement	Not specified.	Not Specified	Implied	Must be arranged to allow children to actively manipulate toys while interacting with peers and adults Environment designed for	Not specified	Not specified	Not Specified

	Rhode island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	Oklahoma
				opportunities for quiet and active play.			
Engages infants in face to face social interactions	Not Specified	Infant/toddler stimulation by being holding, rocking talking and playing with infant.	Not specified	Not Specified	Not specified	Offers frequent face to face interactions with awake infants	Not specified

NATIONAL ASSOCIATION FOR REGULATORY ADMINISTRATION

COMPARISON OF STATE REGULATIONS OF APPROVED FAMILY CHILD CARE January 2008

TABLE A -GENERAL REQUIREMENTS

(Key: NAFCC - National Association for Family Child Care; CWLA – Child Welfare of America;
NHSPS – National Health and Safety Performance Standards)

(Recommendations under NAFCC/CWLA apply to both agencies unless otherwise noted. NHSPS recommendations are specifically identified.)

Sub-category	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA
Type of Regulation/	Licensure	Registration (mandatory)	Licensure	Registration (mandatory)	Registration (mandatory)	Licensure	NAFCC: Licensed, registered, or certified and in compliance with all state regulations.
Legal Authority	Rhode Island General Law 42-72.1, 42-72.5, 40-13.2	Statute: 62 P.S. Sec. 1070-1080 Rules: 55 Pa. Code Ch. 3290	MGL C 28A 102 CMR 8	Social Services Law 390	Family Law Article 5-550—5-557.1, State Govt Article 10-617; Annotated Code of Maryland	Delaware Code, Title 31, Chapter 3, Subchapter II, Subsections 341-344 and Title 29, Chapter 90, Subsection 9003	N/A

Sub-category	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA
Definition	<p>“Family child care home means any home other than the child’s home in which child care, in lieu of parental care and/or supervision, is offered at the same time to four or more children who are not relatives of the caregiver.</p> <p>Group family child care home means a residence occupied by an individual of at least 21 years of age who provides care for not less than 9 and not more than 12 children.</p>	<p>“Family child day care home” – a home other than the child’s own home, operated for profit or not-for-profit, in which child day care is provided at any one time to four, five or six children unrelated to the operator</p>	<p>“Family child care home”-means any private residence that on a regular basis, receives for care during part or all of the day, children up to the age of 12 years (or 16 for special needs).</p> <p>Total number of children younger than 16 yrs. In the home shall not exceed 6 children including those living there and those receiving child care services.</p> <p>Family CC “Plus” homes have 8 and Large FCCH have 10 children. (Additional standards also required.)</p>	<p>“Family day care home means a program caring for children for more than 3 hours per day per child in which child day care is provided in a family home for 3 to 6 children.</p> <p>(NY offers Group Family Day Care for 7-12 children in residential setting. The requirements are addressed separate regulation.)</p>	<p>Family Day care means the care given to a child younger than 13 years old or to a developmentally disabled person younger than 21 years old in place of parental care for less than 24 hours a day, in a residence other than the child’s residence, for which the provider is paid in cash or in kind.</p> <p>Level 1 and Level 2 home status available. Level 2 includes higher educational requirements and experience.</p>	<p>“Family Child Care home” means a private home in which child care for one to six children, unrelated to the caregiver, is provided..</p>	Not specified
Fee	<p>\$100 every 2 years for family child care home \$250 for group family child care homes</p>	No fee	<p>\$100.00 initial \$75.00 renewal</p>	No fee	\$100	No fee	Not specified

Sub-category	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA
Disclosure of previous history, i.e. denial, revocation, suspension etc.	Not specified	Not specified	Yes	Not specified	Yes	Not specified	CWLA: Yes
Health care statement	Yes	Yes	Yes	Yes	Yes, on designated state form for applicant and all household members.	Yes	CWLA -Yes – prior to approval and every 2 years thereafter
Safe Location	Not specified.	Not specified	Not specified	Yes, applicant must certify that dwelling, property and premises and the surrounding neighborhood that the location are free of environmental hazards. Such hazards include gas stations, nuclear or power plants, or any ground known to be contaminated etc.	Not specified	Not specified	CWLA: Family Child Care home should be located in safe location that is friendly and welcoming to children and families.
Initial Inspections of home	Licensing, health and fire inspections required.	Self-inspection and self-certification under a registration system Fire inspection req.	Home inspection by licensing staff is a pre-condition to licensure.	Licensing, health and sanitation inspections required.	Licensing and <u>fire inspection</u> by State or local fire authority at initial and each renewal	Electrical inspection required by an approved inspection agency	CWLA: Family Child Care homes should be sound in structure and in compliance with state and local

Sub-category	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA
							building codes, health, fire and sanitation regulations.
Duration of License, Registration/ or Certification	2 years	24 months	3 years	2 years	24 months	1 year	CWLA: 2 years
Monitoring visits	Once every 2 years or in response to complaints.	Monitoring visits conducted on a random sample; upon request of an operator, or in response to complaint. Provider must allow access to agents of Dept. Inspections announced and unannounced	Only mentions initial inspection prior to licensure.	Generally annual inspections but not required. By statutes, announced and unannounced inspections can be done at any time.	On announced basis at least 1x during 24 month period Unannounced basis at least every 12 months.	FCCH shall allow Department representative to inspect all aspects of operation related to compliance with licensure requirements, making either announced or unannounced visits.	NHSPS: Recommends <u>minimum</u> of one prior to approval and one annually – authorized unannounced inspections
Home Business/ Employment of Applicant	Not specified.	Not specified	Yes May not combine any other business with child care during hours of operation unless another caregiver is present in the home. Must obtain written approval for other home-based	Yes Indoor and outdoor areas of the home where the children are being cared for must not be used for any other business or social purpose when children are present.	Not specified	Caregiver may have no other employment during time children are in care. Caregiver may not be licensed or approved for nursing care of aged, etc. May not serve	Not specified

Sub-category	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA
			businesses			dually as foster parent without Department permission.	
Renewal application	Renewal paperwork must be returned to licensing within 4 months of license expiration.	Dept. required to contact provider prior to expiration; self-certification for renewal of registration required.	Applicant must file a written application for renewal no less than 30 days before expiration of existing license.	Applicant must file a written application for renewal no less than 60 days before expiration of existing license.	In advance of registration expiration	Caregiver must request application at least 90 days before expiration of existing license.	Not specified

TABLE B – BUSINESS PRACTICES AND RECORDKEEPING

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA
Child's Health Records	Yes, including proof of a physical exam in the last year.	Yes	Yes	Yes, plus the provider conducts a daily health check	Yes	Yes	CWLA: Provider keeps updated medical information on each child
Emergency information	Yes	Yes	Yes	Yes	Yes	Yes	Recommended
Record of incidents	Yes	Yes	Yes	Yes	Yes	Yes	Recommended
Release of children	Yes	Yes.	Yes.	Yes Also requires visitor control by having a sign in at entry and departures, citing reason for visit.	Yes	Yes	Recommended

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA
Provider's action when injury to a child	Yes.	Yes	Not specified	Not specified	Not specified	Not specified	Recommended

TABLE C – PROVIDER AND STAFF REQUIREMENTS

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA
Provider Characteristics	Shall be positive role models for the children in care. They shall match their expectations with the developing abilities and capabilities of the children in care.	Not specified	The caregiver must demonstrate and maintain at all times the physical, mental and emotional ability to care for the number of children for which the provider has applied or for which the license has been granted in a way that meets the generally accepted physical, social, emotional and intellectual needs of children.	Must have a minimum of 2 years experience with children. Must be capable of providing and agree to provide safe, and suitable care to children which is supportive of their physical, intellectual, emotional and social well-being.	Not specified	Must be physically and emotionally capable of performing activities and meeting children's needs – supportive, calm, relating to children with courtesy, respect, patience and affection, with an understanding and respect for child's family and culture. No caregiver or household member shall be diagnosed or under treatment for mental illness that would pose a risk or threat to children.	CWLA: Special knowledge and understanding of children in addition to skills to enable children to benefit from the child care experience.
Ability to Speak English	Not specified	Not specified	Not specified	Not specified	Not specified	Not specified	CWLA: Non-English speaking providers must be able to communicate basic emergency and medication directions.

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA
Provider and Staff Health requirements	All providers shall have statements from licensed physicians that they have had a medical exam within the last months and are in good health and able to care or children..	All staff must have health assessment every 24 months Excludes sick adults and those with skin lesions or herpes infection from providing care.	Caregiver and all members of the household must be in good mental and physical health. Submission of physical exam within one year before application and must be updated every 3 years. Proof of immunizations for measles, mumps, and rubella and other diseases according to current MassPubHealth policy	Extensive section on Health and Infection control	Yes	Yes	NAFCC: Physical exam required for Provider, co-provider & assistants within 2 years of request for accreditation assessment
FirstAid/CPR	Current certification in CPR and First Aid.	Someone with FA must be on cite when children are in care	First Aid and CPR certification required with application Someone on the premises at all times	Yes	First Aid and CPR certification required with application and provider must always hold current certification.	Pediatric First Aid training	NAFCC: Current certificate required for Provider, co-provider & assistants

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA
Background screening	Yes, nationwide, state criminal check and DCYF records check	Yes, state police criminal history and child abuse (not finger-print based- no FBI)	Yes, FBI, state criminal check and child abuse	Yes, FBI, state criminal check and child abuse	Yes, FBI, state criminal check and child abuse check for applicant, adults in home and any paid employee over 14 yrs of age	Yes, FBI, state criminal check and child abuse	NAFCC: Provider and co-provider – state and FBI check within 3 years of request for accreditation assessment
Pre-Service Training	CPR/First Aid certification and attendance in DCYF Family Child Care orientation training		Proof of completion of 3 hr. orientation approved by Dept. <u>AND</u> Provider must have one of the following: -1 year exp. As parent or otherwise caring for children under 12 mos. -9 mos. Of fill-time exp. And completion of 15 hrs. of training approved by Dept. -6 mos. Exp and 30 hrs of training; -Certificate of staff qualifications issued by Dept.	15 hours of competency based pre-service training	Proof of completion of orientation approved by Dept. Within 2 years before application, must have completed 8 hours of training on one or more of 5 specific topics	6 Hour Orientation	NAFCC: 90 hours of FCC related training including: 15 hrs. in at least 3 of 5 content area; 28 hrs. of workshops; 58 hours of comprehensive training thru the accreditation project; up to 18 hrs. college coursework Provider knows how to detect child abuse
Inservice training	24 hrs. every 2 years excluding CPR/First Aid	12 hrs every two years	15 hrs. within last 3 years	30 hrs. every 2 years	12 hours	15 hours during 1 st year, 12 hrs. in subsequent years	Recommended

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA
Substitute Qualifications	16 hours every 2 years excluding CPR/First Aid	18 years. Must comply with training requirements	Called "Certified" or "Regular" Assistants, they must be able to implement the provider's written plan of activities, curriculum and routines.	Same as Provider	Must be 18 yrs. Or older -Familiar with regulations -Background screened -present no risk to child's health, safety or welfare Dept. has right to disapprove of substitute for cause.	Must be oriented to licensing requirements. Parents must be notified in advance that substitute will be providing care	CWLA: Substitutes should receive all relevant reports and information on the children in care.

TABLE D - SAFETY, HEALTH AND PHYSICAL ENVIRONMENT

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA/ NHSPS
Maximum Number of Children	8 Children and 12 children in a group home.	Maximum of 6 unrelated children	Maximum of 6 children including those living in home. Capacity noted on license	6 Children	Maximum of 8 children of which four may be under 24 months Adult to child ratio of at least one adult to two children younger than 24 months. Provider's children under 6 years of age are included in count. Capacity established on license. Dept. may restrict number and ages of children.	Level I FCCH may have maximum of 4 or 5 children, depending on the age combination	CWLA: Maximum of 6 children
Ages of Children	Number of caregivers needed is determined by counting children under the age of 18 months and the total number	No more than 5 infants and toddlers at one time; no more than 2 infants at a time; limits on the combination of infants and toddlers	Up to 12 yrs. Up to 16 yrs. If special needs Provider may care for up to 3 children under 2 yrs of age if one is at least 15	Not specified	Up to 13 yrs. Up to 21 yrs. If special needs Dept. can restrict ages and number of children from	No maximum age mentioned	Not specified

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA/ NHSPS
	of children under age 6.		months old and can walk unassisted. Anytime there is more than 3 children younger than 2 yrs., or more than 2 children under 15 months of age, two caregivers must be present. One caregiver must be the provider or certified assistant.		maximum if determines the max is unsuitable for home based on various factors such as space, equipment, number and ages of provider's children, # of residents in home, etc. This is subject to appeal		
Supervision	Children shall be under the direct supervision of the provider and/or assistants at all times.	Supervised at all times	Caregiver must ensure supervision of the children in care that ensures their health and safety. There is also a separate section on outdoor supervision and around water.	Yes – children never left without competent supervision at all times. Written permission from parents for unsupervised times.	Provider can see or hear children at all times Supervision appropriate for age, activities and individual needs	Direct supervision at all times	Provider can see or hear children at all times
Supervision at naptime	Yes	Not addressed separately	Caregiver must observe them every 15 minutes and remain on same floor as napping children.	Not addressed separately	Children under 12 months must be observed every 15 minutes Must be put down on back	Not addressed separately	Provider can see or hear children at all times

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA/ NHSPS
			Doors must be ajar unless baby monitor used.				
Restraint of Children	Not specified.	Yes	Caregiver must never leave a child awake and unattended in a crib, infant seat on floor, playpen, or napping room for more than 15 min.	Children are not left in crib for more than 30 minutes at a time High chair – 15 min.		Limits infants to max. of 1 hour in crib or playpen	Children not left in equipment which restrains them more than 20 min. at a time except when eating or sleeping
Discipline	Shall use positive and consistent methods in guiding children.	Yes	Caregiver must use child guidance techniques such as setting reasonable and positive expectations. No negative forms of discipline like spanking, cruel, severe physical or verbal discipline, excessive time-out etc.	Yes	Yes	Yes	No form of physical punishment
Indoor Space	35 square feet of usable space per child in care.	Not specified	Provider must have 150-225 sq. ft. of approved usable indoor space depending on # of children served, allowing for free movement and active play of	Yes	Area for children must be approved by Dept. Has sufficient floor area for the number and ages of the children	Yes	NAFCC: The environment is pleasant, not over-stimulating or distracting. CWLA: Should have sufficient space to meet the

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA/ NHSPS
			<p>children.</p> <p>Child Care must be in approved space. Place space and furniture must be arranged to allow for active and quiet play, and individual and group activities.</p>		<p>approved for care in the home to allow the children to engage in active play without overcrowding.</p>		<p>needs and purpose. Family Child care home should have a playroom & separate from bathrooms, food preparation and diaper changing.</p> <p>Recommended 35 sq. ft. of usable floor space (excluding bathrooms and kitchens)</p>
Drinking water safety	<p>If water supply is not from public source, it shall be tested for potability.</p>	<p>Safe and adequate water supply made available throughout the day</p>	<p>Must have drinking water that meets all safety standards – otherwise provide drinking water</p>	<p>Yes</p>	<p>Yes</p>	<p>Not specified</p>	<p>CWLA: Should be safe and satisfactory quality for drinking and bathing</p>
Food storage and preparation	<p>Yes</p>	<p>Not specified</p>	<p>Not specified</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>	<p>CWLA: Should have refrigeration and dry ventilated storage. Dishwasher safe and sanitary – proper temperatures reached for all aspects of storage and sanitizing.</p>

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA/ NHSPS
Firearms	Firearms shall be stored, unloaded and under lock, in a place which is inaccessible to children.	Same but includes notification to parent that weapons are present	Yes	Not specified	Not specified	Yes	Unloaded firearms and weapons inaccessible
Pest Control	Not specified.	Yes	Not specified	Yes Must give parents 48 hour notice on application of pesticides.	Yes	Yes	Exterminator services should be used to control insects and pests. Children's exposure to pesticides should be avoided.
Smoking/ Alcohol use	No smoking on grounds or premises or in children's view. No drinking of alcoholic beverages in presence of children in care.	Cigarettes, pipes and cigars prohibited. Ashes, cigarette or cigar butts prohibited	Smoking is not permitted in presence of children. Parents must be notified in advance of smoking household members	Yes	Yes No smoking anywhere within the home during child care hours May not consume alcohol.	May not be under the influence of illegal drugs or alcohol – may not take any substance or medication that affects ability to provide care. Parents must be informed of the presence of smokers in the home.	No smoking or drinking of alcohol in the presence of children
Emergency Plan	Yes written plan and ensuring assistants are familiar with plan. Operable flashlights available	Yes, but detailed requirements in plan and notification to parents. Staff also trained on emergency plan.	Must have written plan posted which includes escape routes, a designated meeting place outside and away from center and a method of contacting	Yes written plan and ensuring children are familiar with plan. Operable flashlights	Yes	Yes	Written emergency plans which include clear instructions for contacting parents, when to evacuate and where to go. Parents should be

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA/ NHSPS
			<p>appropriate authorities after home has been evacuated.</p> <p>Also: requires caregiver to identify at least one potential emergency caregiver able to provide temporary care in case of a medical emergency. The emergency caregiver must be able to arrive at the child care home within 10 minutes of being summoned.</p> <p>Flashlights required on each floor.</p>	<p>available</p> <p>Door open from either side</p>			provided a copy of the written plans.
Smoke Detectors	Yes	Yes, on each level of home used by children	Very prescriptive description of smoke detector requirements – well written and comprehensive.	Yes	Not specified	Yes	Yes
Evacuation/Fire Drills	Yes. Evacuation drills monthly	Yes – 4x a year	Monthly Evacuation drills from each approved floor	Yes. Evacuation drills monthly	Yes, monthly	Yes, practiced monthly	Should be conducted monthly

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA/ NHSPS
			level. Alternate escape routes must be used at every other drill.				
Carbon Monoxide detectors	Yes	Not specified	Yes	Not specified	Not specified	Not specified	Recommended
Outdoor space	No space requirements, area available for outdoor play.	No space requirements	Must have access to at least 75 sq. ft. of safe, hazard-free outdoor space for each child in care. (Allows for alternative space if within 10 minutes of child care home.) Outdoor hazards must be inaccessible to children.	No space requirements	Ample, accessible space free of hazards	No space requirements	Outdoor area should allow ¼ of space for children to run and play.
Outdoor equipment	Yes	Yes, play surfaces	Yes Also porches and decks are addressed in detail.	Yes	Yes Provider may not let child use in an unsafe manner	Yes	Outdoor Play equipment is spaced to avoid safety hazards for active children Equipment must be safe and sturdy

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA/ NHSPS
Trampolines	Yes, the use of trampolines is prohibited.	Not specified	Yes	Not specified	Yes	Not specified	Yes, Trampolines should not be accessible to children
Bicycles skateboards etc.	Not specified	Not specified	Not mentioned	Not specified	Protective gear to be used if required by law.	Not specified	Children always wear a helmet while riding bicycles, skateboards, scooters and in line or roller skates
Swimming Pool/Hot Tub Safety	Swimming pools shall be securely fenced to prevent access unless under the supervision of provider and/or assistant. Hot tubs not specified.	Same as NJ plus staff ratios, supervision and life guards addressed – includes sanitizing wading pools	Yes	Yes	Children shall be continuously supervised in the water. If water over 4 feet, person with lifesaving training must be present. Provider may not use pools which do not have operable circulation system	Yes	Yes
Swings, slides and monkey bars	Adequate cushioning under climbers over 5 feet high.	Not specified	Not specified	Yes	No climbing equipment on which a child could fall 7 or more feet	Large outdoor equipment firmly anchored and not located on asphalt or concrete.	Cushioning materials are used under climbers, swings and slides

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA/ NHSPS
Transportation	<p>Transportation should follow all state laws and regulations.</p> <p>Children must never be left in a car alone</p>	Yes	Children never left unattended in vehicle.	<p>Yes</p> <p>Driver with valid driver's license and at least 18 years old.</p> <p>Must never be left in a car alone</p>	<p>Parents must sign permission for transporting in vehicle.</p> <p>Child care seats or seat belts used in compliance with Maryland state law.</p>	Yes	<p>Babies and toddlers never sit in front seat</p> <p>Proper restraints and car seats used,</p> <p>Must never be left in a vehicle alone</p>
Nutrition	<p>Provider shall serve nutritious meals and snacks in accordance with the child care component of the USDA CACFP.</p>	Yes	<p>Must serve nutritious meals – must be offered if in care over 4 hours. Snack must be offered for less time in care.</p> <p>Infants and toddlers must be fed according to their individual feeding schedules.</p> <p>Nutritious food must be provided by caregiver for parents who do not supply food</p> <p>Nutritious food.</p> <p>Drinking water must be offered at frequently</p>	<p>Yes</p> <p>Infants must be held during bottle-feeding.</p>	Yes	Yes – more prescriptive	<p>CWLA: Meals should be planned around child's 24 hr. need.</p> <p>Mealtime atmosphere should be comfortable</p>

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA/ NHSPS
Rest Periods, and individual sleeping safety and sanitation	Opportunity for children to rest for at least 30 minutes daily. Individual places to rest and clean bedding provided.	Yes	Not adequately addressed	Yes	Rest periods are provided appropriate for age and activities, with comfortable, safe and sanitary furnishings and linens Each child to have individual place to rest not used by any other children Overnight care mentioned	Yes	Recommended
Infant sleeping	Infants placed on their back to sleep and monitored every 10 minutes.	No	Parents must be notified of SIDS risk, sleeping positioning policies and practice to sleep infants on backs	Yes	For each child under 2, a portacrib, crib or playpen must be provided. No soft bedding for children under 18 months	No	NHSPS/CWLA: Placed on their backs. No pillows or quilts placed around or under child.
Nighttime Care	Not specified.	Yes	Yes	Yes	Yes	Yes	Not specified

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA/ NHSPS
Sick Children	Yes	Yes	Yes	Yes	Yes – good section on administering medications.	Yes	NHSPS: Sick children should be isolated from others but within hearing and sight of provider Isolation area should be designated.
Personal Hygiene	Yes	Yes	Not specified	Yes	Caregiver to promptly change child's diaper, clothing, wash hands before food preparation,	Not specified	Recommended
Stairs, etc.	Stairways are well-lit and equipped with a handrail within reach of young children. A gate in use if children under 3 are in care.	Yes	Same as NJ and includes no riding toys in areas where there is access to stairs.	Yes	Generally addressed	Yes	Secure gates or barriers are present at the top and bottom of all stairs in play areas of children under 3 years
High Chairs and Boosters	Not specified.	Yes	Not specified	Yes	Not specified	Yes	NAFCC: Highchairs and booster seats are secured and have a T-shaped restraint strap
Pets	Pets must be kept in a safe and sanitary manner and properly vaccinated.	Friendly and vaccinated	Parents must be notified of existence of pets	Yes	Not specified	Yes, Parents must be informed of the presence of pets.	Home should have written policy on pets. All pets should be domesticated and non-aggressive.

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA/ NHSPS
	Parents notified of the presence of pets.						<p>Pets should not include ferrets, turtles, iguanas and reptiles, birds of the parrot family or wild animals.</p> <p>Pets must be immunized and pet supplies and litter boxes should be kept out of reach of children.</p>

TABLE E – RELATIONSHIPS

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC
Provider encourages parents to visit any time their children are present.	Home shall be open to parents whenever program is in operation.	Yes	Parents permitted to visit anytime	Not specified	Not specified	Parents shall have free access to home while their child in care	Yes
Provider keeps parents informed daily (for babies)	Written daily communication with parents of children under 18 months.	Operator shall establish oral and written communication which is understandable to the parent	Not specified	Not specified	Not specified	Yes	Yes
Provider and parents work together on child related issues	Not specified.	Not specified	Not specified	Yes	Not specified	Not specified	Yes
Information provided to parents at enrollment	Not specified.	Not specified	Good section on information to be provided to parents, but does not specify given at enrollment	Yes	Not specified	Yes	Yes
Providers offer ways for parent involvement	Not specified	yes	Not specified	Not specified	Not specified	Not specified	Yes

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC
Provider helps children learn to respect each other's possessions and activities	Not specified	Not specified	Ample opportunities for positive interactions among children Learning social skills such as kindness, empathy, responsibility, and respect for self and others.	Not specified	Not specified	Not specified	Yes
Provider shows affection to each child in some way.	Not specified	Not specified	Caregiver provides care that is nurturing, responsive to their individual needs and supports development of self-esteem. Frequent positive interactions between caregiver and children	Not specified	Not specified	Yes	Yes

TABLE F – TEACHING

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA
Structured Activities	Yes	Written plan of activities including time for free play	Provider must develop, implement, and submit a written plan that addresses curriculum, activities and routine.	Yes	Not specified	Yes	CWLA: Daily program of developmental learning and recreational activities that encompass individual needs.
Literacy	Not specified	Not specified	Children have opportunities to experiment, create, and explore language and literacy	Not specified	Not specified	Not specified	NAFCC: The provider reads to the children at least 15 minutes in each half of the day. Children have access and are encouraged to look at books every day.
Math/Science	Not specified	Not specified	Children have opportunities to experiment, create, and explore concepts in math & science.	Not specified	Not specified	Not specified	NAFCC: Children learn math and science concepts in the context of everyday activities. Children have opportunities to explore nature

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA
Music/Art	Not specified	Not specified	Children have opportunities to experiment, create, and explore concepts in art & music.	Not specified	Not specified	Not specified	NAFCC: The provider uses music in a variety of ways Most art activities are open-ended and child directed
Cultural diversity	Not specified but implied.	Activities shall recognize cultural background	Caregiver is responsible for providing an environment which promotes cultural, social and individual diversity while developing awareness, acceptance and appreciation of differences.	Yes	Not specified but implied	Not specified but implied	Recommended
Dramatic Play and Language Development	Not specified	Play opportunities provided	Not specified but implied.	Not specified but implied.	Not specified	Not specified but implied.	Recommended
Visual and Auditory Development	Not specified	Play opportunities provided	Not specified but implied.	Not specified but implied.	Not specified	Not specified but implied.	Recommended
Small and Large Muscle Development	Not specified but implied.	Play opportunities provided	30 minutes of physical activity every day.	Not specified but implied.	Indoor and outdoor activities provided	Indoor and outdoor activities provided	Recommended

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC/CWLA
Self-help skills, independence, problem solving, etc.	Not specified	Not specified but implied	Opportunities to be provided.	Yes	Not specified but implied	Not specified but implied.	Recommended

TABLE G – DEVELOPMENTAL LEARNING ACTIVITIES

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC
Daily Activities	Daily routine shall include age appropriate physical activity and quiet play, indoor and outdoor play.	Daily activities shall promote the development skills, social competence and self esteem. They should recognize the child as an individual and give some choice of activities that respect personal privacy, lifestyle and cultural background.	Caregiver provides care supports development of self-esteem, social competence and school readiness through developmentally and culturally appropriate learning environment. Balance of active and quiet play	Must establish a daily schedule of program activities which offers regularity in routines, snack and meal periods, nap and rest periods, indoor activities and outdoor play time.	Provider shall provide each child in care with indoor and outdoor activities that are appropriate to the age, needs and capabilities of the individual child.	Varied activities designed to promote the development of language, thinking skills, large & small muscles, social skills, self-esteem and positive self image as appropriate to the ages and functioning levels of children in care.	Children have free play at least 30 min. each half day to explore their own interests
No more than one hour of TV or video watching	Television and video viewing shall be limited and age appropriate.	Not specified	Not specified	Not specified	Not specified	No more than 2 hours of television or videotape No adult programming may be viewed by children.	Yes
The provider clearly and positively explains to the child what is expected of them.	Yes	Not specified	Not specified	Not specified	Not specified	Not specified	Yes
Playtime and Toys	Shall have available an adequate variety of materials for	Yes	Child initiated and caregiver initiated activities.	Yes	Developmentally appropriate toys and materials	A variety and sufficient supply of play equipment and materials that	The provider support's children's play without domineering, and

	Rhode Island	Pennsylvania	Massachusetts	New York	Maryland	Delaware	NAFCC
	indoor and outdoor play.					are appropriate to ages, developmental needs and individual interests.	<p>plays interactively</p> <p>When used, all computer software promotes active involvement</p> <p>No toy guns or violent, inappropriate or stereo-typed materials are available</p>

CENTER MONITORING

Facility name		Provider#	Date	Time a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
Location: street address		City		State	Zip
Mailing: street address or P.O. Box		City		State	Zip
Phone	E-mail		Star status or Accreditation		Expires
Purpose of visit		Case status: provisional <input type="checkbox"/> renewal <input type="checkbox"/> probationary <input type="checkbox"/>		Expires	
List days and times when child care is provided					
Licensed capacity		Total children enrolled		Total staff employed	

Children present.

Single age groups:	Additional single age groups:
6 weeks- 18 months _____ Staff _____	() _____ Staff _____
18 months - 3 years _____ Staff _____	() _____ Staff _____
3 years _____ Staff _____	() _____ Staff _____
4years _____ Staff _____	() _____ Staff _____
5 years _____ Staff _____	() _____ Staff _____
School-age _____ Staff _____	() _____ Staff _____

Total children on-site	Staff with children	Total children off-site	Staff with children
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Children engaged in the following activities

Requirements. Items marked identify areas of non-compliance (NC) with the Requirements for Child Care Centers. This is only a partial list of requirements to be met. Facilities are responsible for meeting and maintaining all requirements.

Item	Requirement descriptions	NC	Remarks
01	One: Enrollment and staffing, 1. STAFF/CHILD RATIO AND MAXIMUM GROUP SIZE 1.SUPERVISION.,7. HEAD TEACHER, 10. NURSE, 18. DISCIPLINE, 19. CORPORAL PUNISHMENT		

Item	Requirement descriptions	NC	Remarks
02	Two: Staff qualifications and development 3. HEAD TEACHER QUALIFICATIONS 7. NURSE QUALIFICATIONS 12.EMPLOYMENT BACKGROUND,CRIMINAL RECORD, AND CHILD ABUSE AND NEGLECT TRACKING SYSTEM CHECKS		
03	Three: Health, safety and nutrition 10. CHILD ABUSE 14.ADMINISTRATION OF MEDICATION 15. STORAGE OF ITEMS OF POTENTIAL DANGER		
04	Four: Physical Facilities. 5. VENTILATION AND LIGHTING 15. CLEANLINESS 16. OUTDOOR PLAY AREA		
05	Five: Equipment and materials 4. MATERIALS AND EQUIPMENT, 9. SAFETY		
06	Six: Program		
07	Seven: Parent-Center Relations		
08	Eight: Administration 3. TRANSPORTATION		
09	Additional areas of non-compliance:		

Areas of improvement and corrections of non-compliances from previous visit:

Materials provided: _____

Family Child Care Home Monitoring

Facility name		Provider#	Date	Time a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>
Location: street address		City		State Zip
Mailing: street address or P.O. Box		City		State Zip
Phone	E-mail		Star status or Accreditation	Expires
Purpose of visit		Case status: provisional <input type="checkbox"/> renewal <input type="checkbox"/> probationary <input type="checkbox"/>		Expires
List days and times when child care is provided				
Licensed capacity		Total children enrolled	Total staff employed	

Children present.

0 - 18 months _____
 19 months-5 years _____
 6 years and older _____

Total children on-site	Staff with children	Total children off-site	Staff with children
Children engaged in the following activities			

Requirements. Items marked identify areas of non-compliance (NC) with the Requirements for Family Child Care Homes. This is only a partial list of requirements to be met. Facilities are responsible for meeting and maintaining all requirements.

Item	Requirement descriptions	NC	Remarks
01	I. Number of Children in Care and Their Supervision D. Maximum number of children, I. Supervision		
02	II. Qualifications of Provider and Assistants C. General Physical and mental health Requirements.		

Item	Requirement descriptions	NC	Remarks
03	III. Physical Space and Home Safety K. Heating System Q. Firearms R. Swimming Pools V. Storage of Drugs, Medicines and other Dangerous Substances		
04	IV. Health and Nutrition C. Administration of medication		
05	V. Activities, Materials and Equipment D. Indoor and Outdoor Play Materials and Equipment E. Sleeping/Resting Arrangements		
06	VI. Behavior management D. Reporting Child Abuse and Neglect		
07	VII. Administration H. Transportation of Children		
	Additional areas of non-compliance:		

Areas of improvement and corrections of non-compliances from previous visit:

Materials provided: _____

Have there been any known arrests, criminal investigations, or criminal charges, that have not been reported to licensing, involving any persons who live in the facility or are caregivers? Yes No

