STATE OF RHODE ISLAND

CHILD CARE PROVIDER COMPLIANCE
WITH HEALTH AND SAFETY STANDARDS

AUDIT PERIOD: JULY 2022
THROUGH FEBRUARY 2025

REPORT DATE: AUGUST 12, 2025

David A. Bergantino, CPA, CFE

Auditor General

State of Rhode Island

General Assembly

Office of the Auditor General

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August 12, 2025

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We provide this report on our performance audit of the Department of Human Services (DHS) Office of Child Care's (OCC) policies and procedures relating to the licensure and monitoring of child care providers for the period July 2022 through February 2025. The objective of this performance audit was to determine whether DHS OCC's on-site monitoring ensured that Family Child Care (FCC) and Child Care Center (CCC) providers complied with Rhode Island licensing requirements related to the health and safety of children in their care.

Our audit was performed in accordance with the standards applicable to performance audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The recommendations detailed in this report illustrate the importance of safeguarding children by identifying potential hazards and noncompliance issues that could endanger their health and safety. This audit specifically highlights the need for improved controls over DHS OCC's oversight and monitoring of its child care providers. As required by *Government Auditing Standards,* we have obtained DHS's management responses to our audit findings and have included those in this report.

Sincerely,

David A. Bergantino

David A. Bergantino, CPA, CFE
Auditor General

STATE OF RHODE ISLAND GENERAL ASSEMBLY
OFFICE OF THE AUDITOR GENERAL

CHILD CARE PROVIDER COMPLIANCE WITH
HEALTH AND SAFETY STANDARDS

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AUDIT CONCLUSIONS

Our audit identified noncompliance with one or more State child care licensing requirements relating to health and safety standards at all 50 providers reviewed. Although the Department of Human Services (DHS), Office of Child Care (OCC), conducted the required desk audits and site visits at all 50 providers that we reviewed, these procedures did not adequately ensure provider compliance with health and safety requirements. Our audit specifically noted:

- 232 instances of noncompliance with provider facility health and safety requirements.
- 920 instances of noncompliance with documentation requirements for providers and staff. Documentation deficiencies were noted for 320 of the 464 staff members reviewed.
- Noncompliance with background check requirements for providers and staff were noted at 26 of 50 child care providers reviewed. Required documentation was lacking for 72 of the 464 child care staff members reviewed.
- Noncompliance with child record documentation requirements were noted at 43 of 50 child care providers reviewed. Child record documentation requirements were not met for 174 of the 622 children reviewed at provider locations.

These instances of potentially hazardous conditions and noncompliance indicate that additional measures need to be taken to ensure that providers comply with mandated health and safety requirements for children in their care.

AUDIT PURPOSE

The main goal of the child care provider audit is to protect the health and safety of children by ensuring providers comply with all regulations and licensing standards. This audit plays a critical role in identifying risks and instances of noncompliance that could jeopardize children's well-being.

RECOMMENDATIONS

1) Improve child care provider compliance with health and safety requirements by a) ensuring that all inspection deficiencies noted are immediately addressed by providers, b) developing a training program to improve ongoing provider compliance with health and safety requirements, and c) determining the appropriate level and frequency of on-site provider monitoring needed to significantly improve provider compliance (inclusive of the resources needed for enhanced monitoring).
2) Improve monitoring of provider compliance with staff documentation requirements by enhancing documentation reviews for providers and staff during site visits.
3) (a) Improve monitoring of provider compliance with employee background checks (e.g., criminal background checks, Child Abuse and Neglect Central Registry Check) by enhancing documentation reviews for providers and staff during site visits. (b) Implement procedures requiring providers to submit documentation of staff background checks to OCC for review and approval prior to work commencement.
4) Improve monitoring of child record documentation requirements (e.g., immunization records, emergency treatment forms) by enhancing documentation reviews during site visits.

REPORT SIGNIFICANCE

Child care provider audits are crucial for ensuring the health and safety of enrolled children. They serve as a vital tool for monitoring compliance with regulations, identifying potential hazards, and protecting children from harm, ultimately improving the overall quality of care. This audit highlights the need for improved oversight and monitoring of the State's child care providers.

DHS RESPONSE TO REPORT

As required by *Government Auditing Standards*, we have obtained a response and corrective actions from management of DHS and included their response in the Auditee Response and Corrective Actions section of this report on page 21.

AUDIT SCOPE

The Rhode Island Office of the Auditor General (RIOAG) conducted a performance audit of the DHS OCC's policies and procedures relating to the licensure and monitoring of child care providers for the period July 2022 through February 2025.

Specifically, our audit reviewed OCC provider monitoring documentation for evidence of compliance with licensing requirements during the two-year period from July 1, 2022 through June 30, 2024. These audit procedures focused on OCC's documentation in relation to the initial licensure or licensure renewal of each sampled provider during the two-year period. State licensing procedures require OCC to document various licensing requirements prior to the licensure of the child care provider. Examples of critical licensing requirements include completed provider applications, background record checks, facility and home inspections (e.g., fire, lead, radon), and documented health and safety policies (e.g., emergency preparedness and response plans).

Our audit also included child care provider facility inspections to evaluate the effectiveness of OCC's monitoring procedures in ensuring child care provider compliance with health and safety requirements. Provider facility site visits were performed from November 2024 through February 2025. Facility site visits focused on physical security, operating requirements relating to health and safety, and reviewing documentation required for current employees and children enrolled with the provider.

AUDIT OBJECTIVE

Our audit objective was to determine whether OCC's monitoring procedures ensured that Family Child Care (FCC) and Child Care Center (CCC) providers complied with licensing requirements related to the health and safety of children in their care.

FEDERAL AND STATE REGULATIONS SPECIFIC TO AUDIT OBJECTIVE

DHS administers the Child Care program and allocates provider payments to available funding sources including the Child Care Development Fund (CCDF) program. Federal regulations (45 CFR § 98.1 (a)(5) were enacted to assist States in implementing the health, safety, licensing, and registration standards established in State regulations.

Federal regulations (45 CFR § 98.41) also require the State agency to certify that it has put in effect provider health and safety requirements that are designed, implemented, and enforced to protect the health and safety of children receiving child care services.

45 CFR § 98.41 (a)(1) identifies health and safety areas subject to monitoring including but not limited to (i) prevention and control of infectious disease, (ii) administration of medication, consistent with standards for parental consent, (iii) prevention and response to emergencies due to food and allergic reactions, and (iv) building and physical premises safety.

In accordance with 45 CFR § 98.15 (b)(7), the State agency must also certify that its training and professional development requirements comply with §98.44 and are applicable to caregivers, teaching staff, and directors working for child care providers of services for which assistance is provided under the CCDF.

Rhode Island's health and safety regulations for CCC and FCC providers are overseen by DHS under Chapter 70 of Title 218 of the RI Code of Regulations (RICR), *Office of Child Care Licensing*, 218-RICR-70-00, Parts 1 and 2, respectively.

AUDIT PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

We conducted this performance audit in accordance with generally accepted government auditing standards (*Government Auditing Standards*). Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provided a reasonable basis for our findings and conclusions based on our audit objective.

OFFICE OF CHILD CARE

RI General Law section 42-12-23, *Child Care – Planning and Coordinating*, establishes the Department of Human Services (DHS) as the principal agency responsible for the administration of the child care program. Inclusive in that administration is the licensing and monitoring requirement for child care providers. DHS has formalized comprehensive policies and procedures, collectively the Rhode Island Code of Regulations, Title 218, Chapter 70, *Office of Child Care Licensing*. Child care provider compliance with these regulations serve as the basis for compliance with the federal requirements of the CCDF Program.

DHS, specifically the OCC, is the lead agency for administering and providing early education and care programs and services to children and is responsible for the licensure or approval of several different kinds of care, including Child Care Centers, Family Child Care Homes, and Group Family Child Care Homes. Below is a brief description of these three basic types of licensed child care facilities in Rhode Island:

- **Child Care Center (CCC):** These providers operate structured, center-based programs, typically in commercial buildings, caring for larger groups of children. Many CCC providers operate all day and throughout the year while some run on a typical school calendar schedule. Infants from 6-weeks of age up to children age 16 can be enrolled with CCC providers. For calendar year 2024, Rhode Island had 416 CCCs with 31,744 licensed seats.
- **Family Child Care Home (FCC):** Child care provided by an individual, within his or her home, who serves no more than eight children, from six weeks through school age (typically age 12). For calendar year 2024, Rhode Island had 385 FCCs with 2,830 licensed seats.
- **Group Family Child Care Home (GFCCH):** Child care provided by an individual provider, with assistants within his or her home, who serves eight to 12 children, from six weeks old through school age. For calendar year 2024, Rhode Island had 11 group family child care homes with 118 licensed seats.

Table 1 on page 6 details the number of child care providers and licensed child enrollment (by provider type) by municipality and county in Rhode Island. For the purposes of our audit, we focused on CCCs and FCCs as they comprised 98.7% of the total providers and 99.7% of the licensed seats.

The OCC consists of three main units: Child Care Licensing, Child Care Assistance Program, and Quality Contracts. In addition to licensing child care providers, OCC is responsible for enforcing applicable State laws, regulations, and its own licensing standards to ensure the health and safety of all children in its licensed early education and child care programs. OCC's mission is to support the workforce in providing families with equitable access to high quality, safe, and affordable child care.

The OCC licensing unit helps ensure that the child care program complies with all federal and State requirements and must monitor programs and services. OCC is responsible for issuing licenses and inspecting all child care providers to ensure that they meet basic health and safety standards outlined within State regulations. Child care licensing means that a child care program has been granted permission by the State to legally operate, providing care for four or more unrelated children. Provider licensure is dependent on compliance with the State's health and safety requirements.

The licensing unit is overseen by a DHS Associate Director and consists of an Administrator of Child Care Licensing, six licensors, and one implementation aide. Three of these licensors and the implementation aide are bilingual. The licensors monitor a total of 812 child care providers (as of 8/15/2024), consisting of 416 center-based

providers that are monitored (inspected) a minimum of two times a year and 396 family child care providers that are monitored a minimum of once a year.

The average caseload for each licensor is approximately 135 providers. For context, the National Association for Regulatory Administration recommends a workload standard of 50-60 child care facilities per inspector, with a focus on monitoring facilities twice a year, increasing to four or more times if needed until satisfactory compliance is achieved. This ensures that inspectors have sufficient time to effectively monitor facilities and address compliance issues.

In addition to completing the required annual or biannual monitoring visits to providers, licensors are responsible for:

- Receiving, reviewing, and approving new and renewal applications;
- Monitoring provider adherence to the health and safety regulations;
- On-site technical assistance resulting from observed noncompliance during a monitoring visit;
- Completing technical assistance referrals for providers who may need a higher level of support in achieving and maintaining compliance within their program; and
- Investigating complaints.

PROVIDER FACILITY HEALTH AND SAFETY REQUIREMENTS

Most child care regulations target the facility and operational protocols of the provider to ensure that children are cared for in a healthy and safe environment. Examples of provider health and safety regulations include, requirements for:

- Fire, lead, and radon inspections;
- Facilities that are well ventilated and clutter free;
- Accessible toileting and diapering facilities;
- Outdoor play areas that are safe, protected, and free of hazards;
- Safe facilities free of flaking paint and tip-over, tripping, or strangulation hazards;
- Facilities free of toxic substances and dangerous equipment accessible by children, rodent or insect infestations, and uncovered garbage receptacles; and
- Clean, durable, and well-maintained furniture used for child care.

A complete listing of provider health and safety regulations evaluated during our audit is included in Appendix A of this report.

OCC relies primarily on provider site visits (biannually for CCC and annually for FCC) to identify regulation noncompliance and work with providers to ensure corrective actions are taken for violations noted.

PROVIDER STAFF DOCUMENTATION REQUIREMENTS

Provider staff documentation requirements are essential because the quality of child care depends heavily on the caregivers. These requirements focus on the physical well-being and training of staff who provide direct care to children. Examples of such regulations include documentation related to:

- Immunizations, as required by the RI Department of Health;
- First Aid / CPR training;
- Signed documentation of participation in orientation that must include recognition and reporting of child abuse and neglect;
- Medical references signed by a licensed physician for the applicant and any proposed assistants/substitutes stating that the individual has had a medical examination within the past twelve (12) months and is in good health and is able to care for children (FCC only); and
- A training plan aligned with the Individual Professional Development Plan and Proof of Professional Development (CCC only).

A complete listing of provider staff documentation regulations evaluated during our audit is included in Appendix A of this report.

OCC relies primarily on provider site visits (biannually for CCC and annually for FCC) to identify regulation noncompliance with provider staff documentation regulations.

PROVIDER AND STAFF CRIMINAL BACKGROUND CHECK REQUIREMENTS

Background checks of all child care providers and staff are crucial for ensuring the safety and well-being of children in their care. They function to identify individuals with a history of criminal activity, child abuse, or neglect during the hiring process. This information ensures that child care providers make informed hiring decisions to create a safe environment for children.

Background record checks include the following six components:

- RI Child Abuse and Neglect Registry Check – only available from the Department of Children, Youth and Families (formerly known as a CANTS check);
- State criminal background check for RI (also known as the BCI), if not included in the National FBI background check;
- National FBI Fingerprint Criminal History Check, which includes checks against the;
    - State Sex Offender Registry (RISOR);
    - National Sex Offender Registry (NSOR); and
    - Interstate Criminal, Sex Offender Registry, and Child Abuse and Neglect Registry (for any individual who has lived outside of Rhode Island during the previous five years).

DHS maintains a memorandum of understanding with the RI Attorney General's office specific to required background checks for individuals seeking to operate or be employed within a child care facility. The background check performed by the Attorney General is inclusive of the required criminal history and sex offender background checks listed above. DHS requires the background check letter issued by the Office of the Attorney General as mandatory documentation of compliance for these requirements.

OCC monitors CCC compliance with criminal background check requirements mainly through annual unannounced monitoring site visits, where inspectors review selected staff files focusing on background checks. FCC provider compliance with criminal background check requirements is monitored through desk audits, annual monitoring visits to verify household members and employees, and when approving new hires.

When a CCC or FCC is first licensed, OCC licensing inspectors conduct a 100-percent review of employees and household members' files or supporting documentation related to criminal background checks. OCC maintains all criminal background check documentation for all FCC providers; however, it does not do so for CCC providers. Instead, CCC providers are responsible for monitoring and maintaining all documentation for criminal background checks.

PROVIDER CHILD DOCUMENTATION REQUIREMENTS

Provider maintenance of complete and accurate information is vital to the health, safety, and development of children in their care. Child documentation requirements include critical information about the child and their families/guardians that providers need to administer safe care. State regulations mandate the following child documentation requirements:

- Complete applications;
- Immunization records;
- Annual health examinations;
- Emergency treatment forms;
- List of individuals to whom the child can be released; and
- Developmental history for infants and toddlers.

OCC relies primarily on provider site visits (biannually for CCC and annually for FCC) to identify regulation noncompliance with child documentation regulations.

Table 1 - Child Care Providers and Licensed Enrollment by Municipality								
	Number of Licensed Providers				Licensed Enrollment			
Municipality	Child Care Center	Group Family Child Care Home	Family Child Care Home	Total	Child Care Center	Group Family Child Care Home	Family Child Care Home	Total
Bristol County								
Barrington	11	-	3	**14**	677	-	20	**697**
Bristol	7	-	3	**10**	293	-	18	**311**
Warren	6	-	1	**7**	363	-	12	**375**
Subtotal - Bristol County	***24***	***-***	***7***	***31***	***1,333***	***-***	***50***	***1,383***
Kent County								
Coventry	9	-	2	**11**	599	-	14	**613**
East Greenwich	15	-	1	**16**	1,249	-	6	**1,255**
Warwick	33	-	5	**38**	3,242	-	36	**3,278**
West Greenwich	3	-	-	**3**	144	-	-	**144**
West Warwick	6	-	3	**9**	480	-	20	**500**
Subtotal - Kent County	***66***	***-***	***11***	***77***	***5,714***	***-***	***76***	***5,790***
Newport County								
Jamestown	1	-	1	**2**	64	-	8	**72**
Little Compton	2	-	-	**2**	46	-	-	**46**
Middletown	16	-	1	**17**	809	-	6	**815**
Newport	5	-	1	**6**	540	-	8	**548**
Portsmouth	8	1	-	**9**	507	12	-	**519**
Tiverton	5	-	1	**6**	289	-	8	**297**
Subtotal - Newport County	***37***	***1***	***4***	***42***	***2,255***	***12***	***30***	***2,297***
Providence County								
Burrillville	7	-	1	**8**	396	-	6	**402**
Central Falls	4	-	13	**17**	503	-	90	**593**
Cranston	31	2	37	**70**	2,414	20	259	**2,693**
Cumberland	15	2	5	**22**	1,258	24	34	**1,316**
East Providence	21	-	3	24	1,304	-	20	**1,324**
Foster	1	-	-	**1**	63	-	-	**63**
Glocester	4	-	-	**4**	225	-	-	**225**
Johnston	20	1	6	**27**	1,184	8	46	**1,238**
Lincoln	13	-	6	**19**	1,102	-	40	**1,142**
North Providence	12	-	8	**20**	812	-	56	**868**
North Smithfield	3	2	2	**7**	378	24	16	**418**
Pawtucket	20	-	25	**45**	2,042	-	168	**2,210**
Providence	62	2	240	**304**	5,767	18	1,821	**7,606**
Scituate	1	-	-	**1**	73	-	-	**73**
Smithfield	12	-	1	**13**	1,130	-	8	**1,138**
Woonsocket	17	-	5	**22**	1,432	-	34	**1,466**
Subtotal - Providence County	***243***	***9***	***352***	***604***	***20,083***	***94***	***2,598***	***22,775***
Washington County								
Charlestown	3	-	-	**3**	88	-	-	**88**
Exeter	4	-	1	**5**	216	-	6	**222**
Hopkinton	3	-	1	**4**	74	-	8	**82**
Narragansett	2	-	1	**3**	72	-	6	**78**
New Shoreham	1	-	-	**1**	38	-	-	**38**
North Kingstown	10	-	4	**14**	660	-	26	**686**
Richmond	1	1	-	**2**	52	12	-	**64**
South Kingstown	13	-	2	**15**	675	-	16	**691**
Westerly	9	-	2	**11**	484	-	14	**498**
Subtotal - Washington County	***46***	***1***	***11***	***58***	***2,359***	***12***	***76***	***2,447***
Grand Total	***416***	***11***	***385***	***812***	***31,744***	***118***	***2,830***	***34,692***

HOW THE AUDIT WAS PERFORMED

We conducted this performance audit of the DHS OCC's policies and procedures relating to the licensure and monitoring of child care providers for the period July 2022 through February 2025 in accordance with *Government Auditing Standards*.

To accomplish our objective, we:

- Reviewed applicable federal laws, State statutes, regulations, and policies and procedures for licensing providers;
- Met with OCC officials to discuss how these policies and procedures operated during the audit period;
- Interviewed the licensing staff to understand and document OCC monitoring procedures;
- Reviewed provider files maintained by the OCC;
- Developed a health and safety checklist as a guide for conducting and documenting site visits;
- Conducted and documented site visits at the 50 providers selected for review;
- Obtained a listing of provider staff to determine whether all required criminal background checks were conducted and to evaluate compliance with other staff documentation requirements;
- Obtained a listing of children enrolled with each provider to evaluate provider compliance with child documentation requirements; and
- Discussed the results of our review with DHS OCC officials.

When evaluating compliance, our audit considered documentation maintained by the OCC and child care providers.

SAMPLE SELECTION AND VALIDATION

Based on the sampling methodology, we selected a random sample of 25 CCC and 25 FCC providers out of a total of 801 child care providers in the audit population. We utilized nonstatistical random samples of CCC and FCC providers to achieve a representative sample to evaluate compliance with State child care regulations.

We conducted a review of the child care provider's records and facilities during our site visits. To gain an understanding of OCC's operations as they relate to child care providers, we limited our review to the OCC's internal controls as they related to our objective.

We conducted fieldwork in Barrington, Central Falls, Charlestown, Cranston, Cumberland, East Providence, Exeter, Johnston, Middletown, Pawtucket, North Providence, Providence, Warwick, West Warwick, and Woonsocket. We conducted our site visits from November 2024 through February 2025.

AUDIT PROCEDURES

For the 50 child care providers in our sample, we elected to evaluate compliance with State regulation divided into the following 4 categories:

- Facility health and safety requirements;
- Staff documentation requirements;
- Provider and staff background check documentation requirements; and
- Provider child record documentation requirements.

A complete listing of all RI Child Care Regulations evaluated during our audit can be found in Appendix A.

PROVIDER COMPLIANCE RESULTS

In addition to the overall audit results reported, it was important to evaluate the areas of noncompliance between CCC and FCC providers since the provider types vary in number of placements and facility environments. CCCs, which are authorized for more placements, manage more employees, experience more staff turnover, and have facilities specifically designed for the purpose of caring for children, were found to have noncompliance in certain areas that differed from FCCs. OCC can utilize detailed audit results when evaluating current CCC monitoring practices to adopt corrective actions that address the specific risks noted by our audit.

CHILD CARE CENTER RESULTS

Table 2 reports CCC compliance percentages for each requirement evaluated during our audit. CCCs, in general, were found to have significant noncompliance (compliance percentage less than 90%) in areas related to employee documentation. Our audit noted the following compliance areas to be of significant concern for CCCs, specifically due to a lack of required documentation for:

- Employee criminal background checks;
- Employee immunizations;
- Employee First Aid / CPR training;
- Employee training for abuse and neglect; and
- Employee Individualized Professional Development Plans.

Table 2 - Child Care Center Health and Safety Requirements – Testing Results

Description of Health and Safety Requirement	RI Regulation	Compliance %
Completed Application (Initial/Renewal)	1.7.B & 1.7.D	100%
Floor Plan	1.7.B	100%
Issued & Signed License	1.7.E.2	100%
Proper Lighting	1.8.C.4	100%
Entrances Kept Locked	1.8.C.9	100%
Medication Storage	1.9.C.6	100%
Choke Prevention Gauge	1.9.K.3	100%
All Storage Chests, Boxes, and Trunks Have Hinged Lids	1.8.H.3	100%
Food Allergies	1.9.N.2	100%
No Restraining Devices/Swaddles	1.10.C.6.c	100%
Infant Approved Crib	1.10.C.6.e	100%
Sleep Safety Requirements	1.10.C.6.f	100%
Evacuation Crib	1.9.K.9	100%
Sight & Sound Supervision	1.11.F.1.a-f	100%
Attendance Sheet	1.11.D.1&2	100%
Sign Child In & Out	1.13.C.2	100%
Outdoor Activity Space Fencing	1.8.G.3	100%
Policy & Procedure for the Release of Children	1.13.C.3	100%
Child Care Provider Handbook	1.13.E.1	100%
Child Application Form	1.13.F.7.a	100%
Child Date of Enrollment	1.13.F.7.b	100%
Child Signed Contract	1.13.F.7.m	98%
Names of Individuals Child Can Be Released	1.13.F.7.j	98%
Fire Inspection	1.8.A.1.a & 1.8.A.3.a	96%
Radon Inspection	1.8.A.1.e & 1.8.A.3.c	96%
Exits & Egresses	1.8.C.7.a&b	96%
Emergency Preparedness & Response Plan	1.9.L.1 & 1.9.L.3	96%
First Aid Kit/Choke-Saving Poster	1.9.J.4&6	96%
Equipment, Materials, and Furnishings Should Be Sturdy	1.8.H.1a-m	96%

Table 2 - Child Care Center Health and Safety Requirements – Testing Results		
Description of Health and Safety Requirement	**RI Regulation**	**Compliance %**
Child Emergency Treatment Form	1.13.F.7.e & .k	96%
Lead Inspection	1.8.A.1.c & 1.8.A.3.b	92%
Medication Administration	1.9.C.1.a & .b	92%
Employee Child Abuse and Neglect Registry Check	1.12.A.1	91%
Developmental History for Infants and Toddlers	1.13.F.7.g & 1.13.F.8.a	91%
Diaper Changing Station	1.10.B.7	90%
No Items in the Crib Except Pacifier	1.10.C.6.i&k	90%
Employee Comprehensive Background Record Check	1.12.A.1	89%
Child Immunizations	1.13.F.7.d	89%
Employee Personnel Data Sheet	1.13.F.10.a	87%
Employee Criminal History Affidavit	1.13.F.10.d	87%
Employee Work History	1.13.F.10.d&e	86%
Posted Emergency Phone Numbers	1.9.L.4	84%
Medication Log	1.9.C.3	83%
Child Annual Health Examination	1.13.F.7.c	83%
Posted Cleaning and Sanitation Schedule	1.9.G.7	80%
Safety Drills	1.9.L.5	80%
Liability Insurance	1.13.B.2	76%
Outdoor Play Area	1.8.H.1	72%
Covered Garbage Receptacles	1.9.G.5	68%
Employee Job Description	1.13.F.10.b	65%
Employee Required Immunizations	1.13.F.10.f	63%
Employee First Aid/CPR Certification	1.11.G.14.a-b	61%
Providers Are Wholly Responsible for Health & Safety	1.8.H.1	60%
Toxic Substances	1.9.G.3	60%
Employee Evidence of Training for Abuse & Neglect	1.12.E.2.b&d	54%
Employee Individual Professional Development Plan	1.13.F.10.i	47%
Electrical Outlets and Extension Cords	1.9.G.1	32%

High employee turnover and the volume of employees at CCCs certainly add to the difficulty in complying with these State requirements. Table 3 shows that CCC providers had higher rates of noncompliance with background check requirements, with 44% of those reviewed falling

Table 3 - Provider & Staff Background Record Check Requirements
Provider Compliance Results

Compliance Percentage	CCC #	CCC %	FCC #	FCC %	Overall %
Greater than 95%	11	44%	14	56%	50%
90% - 95%	3	12%	3	12%	12%
85% - 89%	3	12%	1	4%	8%
80% - 84%	3	12%	3	12%	12%
75% - 79%	2	8%	2	8%	8%
Less than 75%	3	12%	2	8%	10%
Total (# of providers)	25	100%	25	100%	100%

Number of Compliance Requirements Reviewed (CCC - 2) (FCC - 2)

below 90% compliance, compared to 32% of FCC providers.

Table 4 below shows that CCC providers had lower compliance with staff documentation requirements compared to FCC providers. Specifically, 84% of CCC providers reviewed had compliance below 90%, compared to only 28% of FCC providers.

Our audit also noted noncompliance in relation to certain child documentation requirements, most notably, documentation of child immunizations and annual health examinations. CCC results in this area were generally better than those of the FCC provider group (see Table 7 on page 13).

Significant noncompliance with several provider facility health and safety requirements were notable considering that these provider facilities are designed to care for children. Findings of unsafe conditions in outdoor play areas, unsecured toxic substances, electrical outlets without safety covers, and improper use of extension cords were noted at unacceptable levels for CCCs.

CCC compliance with health and safety requirements validated by OCC during initial or renewed licensure was generally high, with many areas showing compliance rates above 90%. Many of these compliance areas relate to items required prior to operation such as approved floor plans, complete applications, fire and radon inspections, outdoor play area enclosures, and exits and egresses.

FAMILY CHILD CARE PROVIDER RESULTS

Unlike CCC providers, FCCs provide care within the home of the provider. In many ways, ensuring facility health and safety of provider homes, which function primarily as the provider's principal residence, can have challenges very different from child care center providers. Table 5 reports FCC compliance percentages for each requirement evaluated during our audit. For FCC results, significant noncompliance was also considered as compliance percentages less than 90%. Our audit results noted significantly more provider facility health and safety violations at Family Child Care Homes, including concerns regarding:

- Outdoor play areas;
- Exits and egresses
- Stairway safety;
- Window blind cords;
- Storage chests, boxes, and trunks; and
- Items left in cribs (except pacifiers).

Our results found that FCC providers were at greater risk of noncompliance with facility health and safety requirements.

Table 4 - Staff Documentation Requirements
Provider Compliance Results

Compliance Percentage	CCC #	CCC %	FCC #	FCC %	Overall %
Greater than 95%	1	4%	14	56%	30%
90% - 95%	3	12%	4	16%	14%
85% - 89%	2	8%	4	16%	12%
80% - 84%	3	12%	1	4%	8%
75% - 79%	4	16%	2	8%	12%
Less than 75%	12	48%	0	0%	24%
Total (# of providers)	25	100%	25	100%	100%

Number of Compliance Requirements Reviewed (CCC - 8) (FCC -6)

Table 5 - Family Child Care Health and Safety Requirements – Testing Results		
Description of Health and Safety Requirement	**RI Regulation**	**Compliance %**
Floor Plan	2.3.2.M.3	100%
Issued & Signed License	2.2.2.A.3	100%
Natural Light	2.3.1.C.2	100%
Medication Administration	2.3.2.D.1	100%
Medication Log	2.3.2.D.3	100%
Medication Storage	2.3.2.D.6	100%
Posted Emergency Phone Numbers	2.3.2.M.4	100%
Injury to Children Report	2.3.2.N.5	100%
Choke Prevention Gauge	2.3.2.P.3	100%
No Restraining Devices/Swaddles	2.3.3.C.3.c	100%
Approved Alternate Outdoor Activity Site	2.3.1.G.3	100%
Employee Required Immunizations	2.3.5.A.2.g & 2.3.5.B.2.e	99%
Employee First Aid/CPR Certification	2.3.5.A.2.d	99%
Employee Child Abuse and Neglect Registry Check	2.2.1.B.1.b	99%
Employee Medical Reference	2.2.1.B.2.a	98%
Entrances Kept Locked	2.3.1.C.12	96%
First Aid Kit/Choke-Saving Poster	2.3.2.N.3&4	96%
Furniture	2.3.2.P.1	96%
Sight & Sound Supervision	2.3.3.C.3.o	96%
Child Application Form	2.3.6.F.6.a	95%
Child Emergency Treatment Form	2.3.2.C.1	95%
Completed Application (New / Renewal)	2.2.1.B.2.a-c	92%
Attendance Sheet	2.3.4.E.1-2	92%
Liability Insurance	2.3.6.B.2	92%
Fire Inspection	2.3.1.A.1.a	92%
Bathroom Protocol	2.3.1.D.3.a-b	92%
Volunteer Sign In / Out Sheet	2.3.4.G.3	92%
Diaper Changing Station	2.3.3.B.7	91%
Names of Individuals Child Can Be Released	2.3.6.F.6.k	91%
Landlord's Permission/Proof Ownership	2.2.1.B.2	90%
Child Immunizations	2.3.6.F.6.d	90%
Employee Work History	2.2.1.B.2.c	89%
Employee Criminal History Affidavit	2.2.1.B.2.b	89%
Exits & Egresses	2.3.1.C.5.a-b	88%
Infant Approved Crib	2.3.3.C.3.e	86%
Outdoor Activity Space Fencing	2.3.1.G.2.a-b	86%
Employee Evidence of Training for Abuse & Neglect	2.3.5.C.2.b /2.3.6.F.9.k	86%
Child Annual Health Examination	2.3.2.A.2.a	86%
Lead Inspection	2.3.1.A.1.b	84%
Flashlight & Fire Extinguisher	2.3.1.C.19&23	84%
Emergency Preparedness & Response Plan	2.3.2.M.1	84%
Safety Drills	2.3.2.M.6	84%
Window Blind Cord Safety	2.3.1.C.21	83%
Employee Comprehensive Background Record Check	2.2.1.B.1.a	82%
Radon Inspection	2.3.1.A.1.c	80%

Table 5 - Family Child Care Health and Safety Requirements – Testing Results		
Description of Health and Safety Requirement	**RI Regulation**	**Compliance %**
Child Signed Contract	2.3.6.F.6.m	76%
All Storage Chests, Boxes, and Trunks Have Hinged Lids	2.3.2.P.12	73%
Developmental History for Infants and Toddlers	2.3.6.F.7.a	66%
Stairway Safety	2.3.1.F.3.a-d	64%
Posted Cleaning and Sanitation Schedule	2.3.2.I.7	64%
Policy & Procedure for the Release of Children	2.3.6.C.3	64%
Electrical Outlets and Extension Cords	2.3.1.C.16-18	60%
Toxic Substances	2.3.2.I.3	60%
No Items in the Crib Except Pacifier	2.3.3.C.3.k&m	55%
Providers Are Wholly Responsible for Health & Safety	2.3.1.H.1.a-l	52%
Child Care Provider Handbook	2.3.6.E.1	48%
Outdoor Play Area	2.3.1.G.1	33%

Table 6 below shows that 32% of FCC providers reviewed had more than 20% noncompliance with facility health and safety requirements while only 8% of CCC providers had that level of noncompliance. The OCC should consider this elevated risk when evaluating and adjusting its current monitoring procedures for FCC providers.

Certain facility health and safety requirements, particularly those related to toxic substances and electrical outlets and cords, had high rates of noncompliance across both CCC and FCC providers. Given the widespread issues, OCC should consider targeted training and follow-up inspections in these areas as part of its corrective action plan.

FCC providers also had greater than 10% noncompliance with State and National background check requirements. The significance of provider and staff background checks to the administration of the child care program merits immediate action by OCC to ensure the health and safety of children in care. Table 3 on page 9 provides compliance results for background check requirements by the 25 FCC providers reviewed.

Table 7 on page 13 shows that FCC providers had lower compliance with child documentation requirements. Specifically, 52% of FCC providers had more than 10% noncompliance, compared to only 12% of CCC providers. Common deficiencies included missing developmental histories for infants and toddlers, as well as incomplete annual health examinations and immunization records.

Table 6 - Facility Health and Safety Requirements
Provider Compliance Results

Compliance Percentage	CCC #	CCC %	FCC #	FCC %	Overall %
Greater than 95%	6	24%	7	28%	26%
90% - 95%	4	16%	1	4%	10%
85% - 89%	10	40%	4	16%	28%
80% - 84%	3	12%	5	20%	16%
75% - 79%	2	8%	2	8%	8%
Less than 75%	0	0%	6	24%	12%
Total (# of providers)	25	100%	25	100%	100%

Number of Compliance Requirements Reviewed (CCC - 39) (FCC - 42)

Table 7 - Child Documentation Requirements Provider Compliance Results

Compliance Percentage	CCC #	CCC %	FCC #	FCC %	Overall %
Greater than 95%	19	76%	9	36%	56%
90% - 95%	3	12%	3	12%	12%
85% - 89%	1	4%	4	16%	10%
80% - 84%	2	8%	3	12%	10%
75% - 79%	0	0%	0	0%	0%
Less than 75%	0	0%	6	24%	12%
Total (# of providers)	25	100%	25	100%	100%

Number of Compliance Requirements Reviewed (CCC - 8) (FCC - 7)

OVERALL PROVIDER COMPLIANCE RESULTS

Table 8 shows the range of overall provider compliance (as a percentage of the number of compliance criteria applicable to the provider) for the 50 sample providers evaluated during our audit. The table shows that 60% of child care providers were found to have significant noncompliance with health and safety regulations. The results also show that 7 of the 50 providers (14%) had noncompliance of greater than 25% of the regulations reviewed during our audit.

Table 8 - Child Care Health and Safety Requirements Provider Compliance Analysis

Overall Compliance Ranges	CCC	FCC	Total %
Greater than 95%	3	6	18%
90% - 95%	7	4	22%
85% - 89%	5	8	26%
80% - 84%	5	0	10%
75% - 79%	2	3	10%
Less than 75%	3	4	14%
Total (# of providers)	25	25	100%

Number of Compliance Requirements Reviewed (CCC - 58) (FCC - 58)

UTILIZING AUDIT RESULTS

Federal and State laws mandate the development and enforcement of child care health and safety regulations to safeguard children in care. Our audit results support the need for immediate corrective actions and changes to current procedures. State agencies should periodically evaluate child care provider compliance to determine whether current procedures are ensuring provider compliance.

While DHS currently performs monitoring procedures and follow-up on individual provider compliance, it lacks procedures to evaluate the effectiveness of those procedures across the provider population. The ability to report and evaluate on compliance metrics across the provider population is critical to managing the overall quality of child care provided.

DHS should consider the following questions when evaluating the results and recommendations provided by our audit:

- Are the areas of significant noncompliance more appropriately addressed by provider training, additional monitoring, or both?
- Should providers with significant noncompliance noted be subject to unannounced site visits until significant compliance is maintained?
- For documentation requirements, could technology allow for improved record-keeping and more efficient monitoring?
- Does DHS have procedures in place to evaluate the quality of their monitoring procedures?
- Are the results of current monitoring procedures resulting in appropriate enforcement of regulations when noncompliance is noted?

- Is provider noncompliance sufficiently tracked and are appropriate enforcement actions being taken against providers with repeated violations?
- Should DHS consider periodically rotating its inspectors as a practice to maintain inspector objectivity and independence?
- Should DHS implement procedures for a supervisor to conduct unannounced site visits of recently inspected providers to periodically evaluate inspector performance?

MONITORING OBJECTIVES

Effective monitoring and enforcement of child care provider regulations are essential to ensuring the health and safety of children in care. While some level of noncompliance is unavoidable, effective monitoring should enable timely detection and prompt corrective action by providers. Additionally, patterns of widespread noncompliance should be identified and addressed through targeted training or changes to existing practices.

While our audit evaluated compliance in four specific regulation areas and provided recommendations specific to each, DHS, in addition to addressing the specific noncompliance reported, will also need to adopt corrective actions to ensure that systemic provider compliance is significantly improved and maintained.

Provider Facility Health and Safety Requirements

Finding #1: 46 of 50 child care providers had at least one instance of noncompliance identified during our site visits, resulting in a total of 232 violations of State provider facility health and safety requirements.

Criteria: See Appendix A for complete listing of State Child Care provider facility health and safety regulations reviewed during our audit.

Condition: Our audit identified the following examples of noncompliance with provider facility health and safety regulations during our site visits of 50 child care providers:

- Unlocked utility closet allowing children access to cleaning supplies including toxic chemicals, such as floor cleaner and disinfectants.

- Egress pathway obstructed by garbage, preventing or hindering children from leaving the area safely to ensure a prompt escape in case of fire or other emergencies.

- Monthly logs were not on file evidencing mandated facility fire drills.
- Electrical outlets without safety covers and cords presenting a hazard to children.

- Kitchen areas where dirty dishes were overflowing in the sink, and on countertops.
- Rodent droppings observed on the floor in an area children used to read and play.

- Hazardous objects (knives, scissors, and plastic bags) were accessible to children.
- Locks on the bathroom doors were within reach of the child and keys were not readily available to unlock the door if needed.
- Furniture or items that were not stable or secured to prevent their being tipped onto a child.
- Dog feces in the provider's home accessible to children.
- An unlocked refrigerator that allowed children access to prescription medications such as insulin and medicated cough syrup.

Finding 1 (Continued)

- Bottles of alcohol stored on a shelf in a living room that was accessible to children.

- Peeling and flaking paint were reachable by children.

- An unlocked hallway door that led to the heating, ventilation, and air conditioning system, which also had bleach accessible to children.

- Broken gate that could not be shut in an outside play area, giving children access to the street.
- Multiple outdoor play areas had dangerous accessible items including an unsecured ladder, large heavy mirrors and sharp tools.
- Swimming pool located next to the children's outdoor play area and accessible to children by a broken gate.
- Diaper changing station surface was not cleaned and sanitized having creams and swabs accessible to children.
- An unlocked shed inside the outdoor play area containing multiple hazardous items, such as gardening tools and supplies, toxic liquids, house construction supplies, and car supplies.

- Strings and cords (such as those found on window blinds) were within the reach of children.

- A stairway accessible to children that did not have a gate.

Finding 1 (Continued)

- An unanchored, disconnected, and nonworking dryer located adjacent to the children's only bathroom had a door that the children could open, potentially allowing them to climb into.

- Cabinet below the sink was not locked, allowing children access to plastic bags (suffocation threat) and toxic chemicals including bleach.

- Emergency preparedness plans were not posted, and drills were not documented.

The above examples of provider noncompliance represent potentially hazardous conditions that could jeopardize the health and safety of children in their care.

Cause: Monitoring performed by the OCC did not adequately ensure compliance with provider health and safety regulations mandated by the State of Rhode Island.

Effect: Provider noncompliance with child care health and safety regulations undermine the health and safety of children being cared for.

Recommendation:

1) Improve child care provider compliance with health and safety requirements by a) ensuring that all inspection deficiencies noted are immediately addressed by providers, b) developing a training program to improve ongoing provider compliance with health and safety requirements, and c) determining the appropriate level and frequency of on-site provider monitoring needed to significantly improve provider compliance (inclusive of the resources needed for enhanced monitoring).

Provider Staff Documentation Requirements

Finding #2: 37 of 50 child care providers did not fully comply with staff documentation requirements. Our audit noted 920 specific instances of provider noncompliance with staff record requirements for 320 of the 464 employees sampled.

Criteria: See Appendix A for complete listing of State Child Care provider staff documentation requirements reviewed during our audit.

Condition: Our audit identified the following examples of noncompliance with provider staff documentation requirements during our site visits of 50 child care providers:

- 135 instances in which providers were missing staff required immunization documentation.
- 143 instances in which providers were missing or did not have up-to-date staff First Aid/CPR certifications.
- 177 instances in which providers did not have a completed staff member Individual Professional Development Plan.
- 174 instances in which providers did not have signed documentation regarding staff participation in orientation that included the recognition and reporting of child abuse and neglect.

Finding 2 (Continued)

Cause: Monitoring performed by the OCC did not adequately ensure compliance with provider staff documentation requirements mandated by the State of Rhode Island.

Effect: Noncompliance with staff documentation requirements have the potential to negatively impact child care in the following ways:

- Lack of immunization documentation could result in unvaccinated staff spreading preventable diseases especially to infants who are not fully vaccinated, leading to outbreaks.
- Outdated or missing First Aid/CPR certification could lead to an inadequate emergency response because staff may be unprepared to handle choking, injuries, or cardiac events, potentially leading to severe injury or death.
- Not having an Individual Professional Development Plan (IPDP) could result in staff lacking current best practices relating to child development, safety, or education, lowering care quality.
- Missing signed documentation for orientation (including child abuse/neglect recognition and reporting) could leave staff improperly trained in recognizing and reporting signs of abuse or neglect allowing harm to continue undetected.

Recommendation:

2) Improve monitoring of provider compliance with staff documentation requirements by enhancing documentation reviews for providers and staff during provider site visits.

Provider and Staff Background Check Requirements

Finding #3: 26 of 50 child care providers did not fully comply with background check requirements. Our audit found that documentation of required background checks was lacking for 72 of the 464 child care employees sampled.

Criteria: See Appendix A for a complete listing of State child care provider and staff background check requirements reviewed during our audit.

Condition: Our audit identified significant noncompliance with provider and staff background check requirements during our site visits of 50 child care providers, specifically undocumented were:

- Employee Comprehensive Criminal Background Checks (inclusive of sex offender registry checks) at 25 of the 50 child care providers reviewed totaling 58 of the 464 employees selected for review.
- DCYF child abuse and neglect registry checks for 34 individual providers/staff.

Cause: Monitoring performed by the OCC did not adequately ensure compliance with provider and staff background check requirements mandated by the State of Rhode Island.

Effect: Failure to ensure that all current employees or household members, who supervised or had routine unsupervised contact with children in child care, passed required criminal background checks, results in significant risk to the safety of children in the care of these providers.

Recommendations:

3a) Improve monitoring of provider compliance with employee background checks (e.g., criminal background checks, Child Abuse and Neglect Central Registry Check) by enhancing documentation reviews for providers and staff during provider site visits.

3b) Implement procedures requiring providers to submit documentation of staff background checks to OCC for review and approval prior to work commencement.

Provider Child Record Documentation Requirements

Finding #4: 43 of 50 child care providers did not fully comply with child record documentation requirements. Our audit found noncompliance with child record documentation requirements for 174 of the 622 children included in our sample.

Criteria: See Appendix A for a complete listing of State child care provider child record documentation requirements.

Condition: Our audit identified significant noncompliance with provider child documentation requirements during our site visits of 50 child care providers. Specific child record deficiencies included:

- Outdated immunization records for 46 children.
- Documentation of a current annual health examination signed by their primary care provider for 70 children.
- Incomplete or missing Emergency Treatment Forms signed by a parent or guardian for 27 children.

Cause: Monitoring performed by the OCC did not adequately ensure compliance with provider child documentation requirements mandated by the State of Rhode Island.

Effect: Not maintaining up-to-date medical records, including immunization records and signed Emergency Treatment Forms, can lead to inadequate care during emergencies or outbreaks, putting children at risk. For instance, missing records could delay critical medical interventions.

Recommendation:

4) Improve monitoring of child record documentation requirements (e.g., immunization records, emergency treatment forms) by enhancing documentation reviews during provider site visits.

OTHER REPORTABLE MATTER – SEX OFFENDER RESIDENCY APPLICABILITY TO CHILD CARE FACILITIES

Government Auditing Standards require auditors to communicate control deficiencies that are not significant to the audit objectives if the auditor, in their judgement, believe that the deficiencies warrant the attention of those charged with governance.

During our review of internal controls relating to child care health and safety requirements, we noted a matter that, in our judgment, warranted the attention and consideration of those charged with oversight of the State's child care program and specifically, laws, regulations, and policies that govern the health and safety of enrolled children.

In conjunction with our audit objectives, we identified provider and staff background check requirements and the State's monitoring of those requirements to be a significant control relating to child care health and safety. In researching other relevant requirements, we noted that the State, unlike 20 other states including Connecticut, has no statutory or regulatory requirements regarding residency restrictions for sex offenders that live near a child care provider. RIGL §11-37.1-10 prohibits registered sex offenders from residing within 300 feet of a school, defined as kindergarten, elementary, middle, and secondary institutions, whether public or private. Child care facilities are not covered under this statute. RIGL §11-37.3-1, however, does include child care facilities within the "Child Safe Zone" definition that prohibits registered sex offenders from being employed by entities defined in that statute.

To assess the risks posed by the exclusion of child care centers from the definition of "school" in the sex offender residency statute (RIGL §11-37.1-10), we analyzed all licensed Rhode Island child care provider addresses against the online RI Sex Offender Registry. Our objective was to determine the extent to which registered Level 2 and Level 3 sex offenders reside near these facilities. The Sex Offender Registry portal website does not report Level 1 sex offender information, thus we could not analyze the risk associated with those offenders.

Our analysis identified 59 instances in which the addresses of Level 2 and Level 3 sex offenders were found living 300 feet or less from Rhode Island child care providers. Included in this number were offenders convicted of rape and abuse of a child, first and second degree child molestation and possession of child pornography.

It is important to note that the addresses included in the RISOR database are self-reported by offenders, and it is possible that some addresses listed in the RISOR database may be inaccurate or out of date. Accordingly, although all necessary steps were taken to reasonably ensure the accuracy of our analysis, it is possible that some sex offenders may have been excluded from our match list. This analysis was performed to provide context to the matter for those charged with governance when considering this matter.

Rhode Island's Megan's Law currently places residency restrictions on convicted sex offenders that primarily prohibits any level of sex offender from living within 300 feet of public and private schools and where children congregate. However, this residency restriction does not include child care programs. Our audit highlights this issue for further consideration by those charged with governance and determination of whether changes in existing statutes are required based on the potential risk identified.

Those charged with oversight of the administration of the child care program should consider the need to broaden the sex offender residency restrictions to include child care centers. This consideration should evaluate the risks to the health and safety of children enrolled with child care providers and whether the same risks that apply to school settings equally apply to child care provider facilities.

Auditee Response and Proposed Corrective Actions:

Finding 1: Provider Facility Health and Safety Requirements

Recommendation 1: Improve child care provider compliance with health and safety requirements by a) ensuring that all inspection deficiencies noted are immediately addressed by providers.

Correcting high-risk, non-compliances on-site is of the utmost importance to the Licensing Unit. The auditors assigned were joined on all family child care visits with a DHS Programming Services Officer (PSO). This individual has been with the Department, in the capacity of a child care licensor and now as a PSO, for over four years. We can confirm that any high-risk, non-compliances observed onsite during these visits, in areas that were accessible to children and/or part of the child care area, were addressed immediately and were no longer out of compliance when the team left the home.

In situations where egregious non-compliance was observed, a follow-up visit was completed by either the PSO, who was on site for the auditing visits, by the licensor assigned, or by both individuals to ensure that these non-compliance matters had been addressed. A total of eight follow up visits were completed by the PSO and the assigned licensor to address high risk non-compliances. During those follow-up visits, all non-compliance found during the auditing visit remained corrected. This pertains only to FCC providers as DHS was not present for any of the Child Care Center visits. However, it is important to note that the pictures were all in homes. Child care licensing takes non-compliances very seriously but depending on risk-level are not always able to immediately address. As an example, if children's files don't have immunization records, it's considered a non-compliance, but the provider has time to rectify the situation and/or put in place a stronger policy to ensure that parents provide what required.

b) developing a training program to improve ongoing provider compliance with health and safety requirements,

DHS works closely with our Professional Development and Technical Assistance hub, The Center for Early Learning Professionals (CELP), to train and retrain both provider types on topics related to frequently observed non-compliance. This includes the development and launch of trainings specific to coming into compliance with various regulations and the importance of regulations, such as safe sleep and staff files. In addition, the Office of Child Care Licensing team facilitates direct referrals for technical assistance to CELP for virtual and onsite coaching to address the non-compliance observed. There are currently 14 trainings available specific to regulations. Additionally, the CELP website offers hundreds of trainings on topics related to health and safety, as well as quality. These are either developed by CELP or national best practice leaders in child care. All trainings and technical assistance offered by CELP is free of charge to licensed child care providers as part of our contract with the vendor.

Additionally, in 2023, all new staff and new child care providers were required to complete 18 hours of mandatory pre-service training on health and safety topics required by the Administration of Children and Families, the federal funder of the CCDBG grant that funds and federally regulates DHS Child Care Licensing work. Lastly, DHS now has a required Orientation and First Steps Pre-Licensure process that is required of all new Family Child Care and Child Care Center owners prior to licensure. These are also available on the CELP website. This has been created (for centers) and edited (for family child care) over the last year and it supports helping new providers understand the importance of the regulations and exactly what they need to do to run a program.

c) determining the appropriate level and frequency of on-site provider monitoring needed to significantly improve provider compliance (inclusive of the resources needed for enhanced monitoring).

DHS intends to open the child care regulations for both provider types this fall. One update included will be to improve upon the current system of response to non-compliance. DHS has the ability, in statute, to effectuate fines on providers as part of a continuum of non-compliance. These updates will include a well-documented, regulation-based continuum of monitoring and compliance from initial observed non-compliance, up to closure of a licensed program. By clarifying this continuum in regulations, DHS has a higher authority to respond to non-compliance, while also ensuring that there is the documented legal authority to do so. Rhode Island aligns with other states in their frequency of monitoring programs that are in regular license status. Programs in probationary (due to non-compliance) or provisional (during the first six months of operating) receive more frequent visits.

The Licensing Administrator or the Programming Services Officer frequently joins the licensor on these types of visits. Probationary programs receive monthly visits to both evaluate performance and provide additional observations while on site. Provisional programs receive a visit within the first six months of operating. In both cases, moving the license to regular status requires compliance of high-risk regulations. It is important to note that the level and frequency of on-site provider monitoring is at a maximum for the number of staff who are available to the unit. The licensors work hard to ensure their caseloads are met and their providers are monitored. More staff for the licensing unit would bring the caseloads down and allow the possibility of more monitoring visits (two a year for FCC providers, for example).

Finding 2: Provider Staff Documentation Requirements

Recommendation 2: Improve monitoring of provider compliance with staff documentation requirements by enhancing documentation reviews for providers and staff during site visits.

In February of 2024, DHS launched a comprehensive workforce registry for all early childhood staff. This new system, the Rhode Island Start Early System (RISES), allows the workforce to complete a profile that requires the uploading of documentation aligned with what is currently required in regulations. In February of 2025, the new licensing system of record was also launched as a part of this same system. This takes provider documentation a step further and is a place for a program to maintain all their licensing paperwork online. They can apply online, upload all their documents online, and the system will remind providers when items are due. At any point in time, a member of the licensing team will be able to access a program's list of staff to monitor for the required documentation. This will occur at prescribed times, such as prior to licensure, at license renewal, and prior to monitoring visits. While participation is not currently required in regulations, this requirement will be added as part of the updates to regulations mentioned above.

For child care owners and directors, the RISES system allows them to receive notifications as required documents are expiring. The staff associated with those documents are also notified. These notifications start at 90 days prior to expirations. An owner/director can pull a report regarding these dates, as well. Additionally, DHS staff will have reports made available to them to pull this data in real time by provider, provider type or workforce. These reports will be part of what is assessed during the licensure, renewal, and monitoring process.

DHS will prioritize a reopening of the regulations for both family and child care center regulations to require all providers and staff who work with children to enroll in the workforce registry no later than one month after promulgation. This will allow DHS staff to access employee files in real time to ensure that all staff have appropriate and current comprehensive background checks in their digital files.

Until this regulation goes into effect, DHS will implement an immediate policy that all staff who work with children have their staff files audited as part of on-site monitoring visits. Previously, DHS looked only at those staff who were new since this last visit. However, this led to expired background checks being found

during the audit. These expired checks also counted as not being able to demonstrate completion of the background check.

DHS will send out communication to the field alerting them that the lack of background checks is not tolerated. Staff who do not have these checks on file will be sent home until a background check is received (a practice that already exists, but typically the licensor is not looking at all files for every visit). For center providers, any staff or provider who is found to not have this information will be told to leave the program until this evidence is found.

In the meantime, DHS is currently offering an incentivization program to all provider types to entice programs to ensure they have all their program information in the system by 8/31/2025. This includes all associated staff who work with children or are on site when children are present. To receive this stipend, providers must provide a payroll list that DHS will use to audit staff files in RISES prior to issuing the stipend. This new system also requires a list of staff and staff schedule prior to initial licensure and at the time of renewal. DHS will use this list to validate that the staff listed are in compliance with required documentation. Additionally, DHS staff will continue to ask for identification on any individuals on site during monitoring visits to ensure that these staff are in the system or have the required documentation on site during visits. Lastly, DHS will complete on-site audits of any site not submitting a request for a stipend during the month of September and October to ensure that staff have the required documentation.

Finding 3: Provider and Staff Background Check Requirements

Recommendation 3: (a) Improve monitoring of provider compliance with employee background checks (e.g., criminal background checks, Child Abuse and Neglect Central Registry Check) by enhancing documentation reviews for providers and staff during site visits. (b) Implement procedures requiring providers to submit documentation of staff background checks to OCC for review and approval prior to work commencement.

As already noted, all child care staff will be required to participate in the workforce registry by the end of the calendar year. This will allow DHS staff to review all staff files at any point remotely and not require DHS to wait until a visit to review. All regulatory roles, those responsible for hiring staff, are all required to be approved by DHS prior to being employed in that role. DHS also intends to add the requirement of submitting payroll lists as part of renewals for child care centers when the regulations are opened and asking for identification during monitoring visits to ensure that staff employed are meeting the requirements. Specific to the audit findings for family child care providers and assistants, DHS does currently receive and review all background checks for family child care providers, their assistants, and household members prior to approval.

The system described in finding two will ensure the Child Care Licensing Team has line of sight for all center staff as well. The licensing unit would be happy to take on reviewing center staff background checks prior to work commencing, if additional staff were made available to the unit, as there are over 8,000 educators in the workforce and most states have a dedicated unit for this. In addition, the department will look at what other states are doing for background checks to get more ideas for implementation.

Finding 4: Provider Child Record Documentation Requirements

Recommendation 4: Improve monitoring of child record documentation requirements (e.g., immunization records, emergency treatment forms) by enhancing documentation reviews during site visits.

Currently, DHS pulls a sample of files while on-site to assess for child documentation. The type of document that is missing impacts the response from DHS. For example, if there are no emergency pick-up information or emergency treatment forms, DHS requires the provider to show evidence that these have been received by the next day. For records that don't present an imminent risk if they are not in the file, DHS requires the provider to demonstrate how they will request the documents from the family associated with the child and what the outcome will be if the family does not provide these.

DHS recognizes and supports the importance of ensuring children are receiving timely vaccinations. However, DHS also recognizes that providers are only able to gather this data directly from families. Families who do not provide updated immunizations may be excluded from care if they do not provide these records. DHS also ensures that programs are aware that the Rhode Island Department of Health does allow for programs to disenroll children who are not up to date on medical documentation. At this time, that is a programmatic decision and not one required by DHS.

DHS will communicate with providers that no child should be enrolled without this documentation and that failure to provide updates to this documentation can result in dismissal from the program. DHS will continue to partner with the Rhode Island Department of Health to ensure that programs are actively monitored and surveyed regarding immunization documentation.

Other Reportable Matter

While not included as a direct audit finding, the Department wanted to call out the reportable matter about sex offender residency applicability to child care facilities. While not a direct item that the Child Care Licensing Unit can change, we appreciate the note and will work to include language in statute similar to other states.

Anticipated Completion Date(s):

Many of the items will be addressed by the completion of the RISES system and the promulgation of regulations to make documentation in the system mandatory, which is anticipated by January 2026.

Agency Contact:

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Appendix A

Child Care Provider Health and Safety Audit - Child Care Centers - State Licensing Requirements

(A) RI Regulations Title 218, Department of Human Services, Chapter 70, Office of Child Care Licensing, Part 1 - Child Care Center and School Age Program Regulations for Licensure

(B) RI Regulations Title 218, Department of Human Services, Chapter 70, Office of Child Care Licensing, Part 2 - Family Child Care Home Regulations for Licensure

Description of Health and Safety Requirement		Regulation Ref.	FCC/CCC	Requirements
Completed Application (Initial/Renewal)	(B)	2.2.1.B.2	FCC	The applicant must submit an application, application fee (R.I. Gen. Laws § 42-12.5-5, payable to the Rhode Island General Treasurer), and required supplementary documentation about the home, the applicant and at least one assistant/substitute. The following documents are included in the application packet: a. Medical references signed by a licensed physician for the applicant and any proposed assistants/substitutes stating that the individual has had a medical examination within the past twelve (12) months, is in good health and is able to care for children; b. Criminal History Affidavits (Form #109) completed by the applicant and any proposed assistants; and c. Employment History Affidavits (Form #108) completed by the applicant and any proposed assistants.
Completed Application (Initial/Renewal)	(A)	1.7.B	CCC	Proposed programs submit a separate application for each prospective location, which includes all supporting documentation and application fee payments (R.I. Gen. Laws § 42-12.5-5, payable to the Rhode Island General Treasurer), and is reviewed by the Department for licensing determination.
License Renewal	(B)	2.2.1.C.1	FCC	To maintain licensure as a Family Child Care Home provider, the licensee must submit a completed renewal application at least one (1) month in advance of the licensed expiration date.
License Renewal	(A)	1.7.D	CCC	The Department provides access to a renewal application that must be submitted with all supporting documentation and fee payment at least thirty (30) days prior to the expiration of the existing child care license.
Floor Plan	(B)	2.3.2.M.3	FCC	An individualized graphic evacuation plan identifying all escape routes is posted within the child care area (Floor Plan).
Floor Plan	(A)	1.7.B	CCC	The requirement is found in the application process for licensure, detailed in the DHS regulations for child care centers. The "Application Requirements for Child Care Center and School Age Program Licensure" (pages 9-10 of the application) includes submitting a “floor plan” as part of the supporting documentation.
Liability Insurance	(B)	2.3.6.B.2	FCC	The program must maintain liability insurance for the licensed program.
Liability Insurance	(A)	1.13.B.2	CCC	The program maintains liability insurance for the licensed program.
Fire Inspection	(B)	2.3.1.A.1	FCC	Prior to receiving an initial license and to maintain this licensure status, the provider must show compliance with the following inspections or certifications: a. Fire; to be completed annually.
Fire Inspection	(A)	1.8.A.1 1.8.A.3.a	CCC	Prior to receiving an initial license, the program must show compliance with current inspections or certifications regarding: b. Fire, from a State Fire Marshal. *1.8.A.3.a details same requirement at renewal.*

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Description of Health and Safety Requirement		Regulation Ref.	FCC/CCC	Requirements
Lead Inspection	(B)	2.3.1.A.1	FCC	Prior to receiving an initial license and to maintain this licensure status, the provider must show compliance with the following inspections or certifications: b. Lead; to be completed every two (2) years unless lead-free certificate is obtained.
Lead Inspection	(A)	1.8.A.1 1.8.A.3.b	CCC	Prior to receiving an initial license, the program must show compliance with current inspections or certifications regarding: c. Lead; to be completed in accordance with Lead Poisoning Prevention, 216-RICR-50-15-3, promulgated by the Rhode Island Department of Health pursuant to R.I. Gen. Laws § 23-24.6-14 (not applicable in buildings built after 1978 or in public school buildings). *1.8.A.3.b details same requirement at renewal.*
Radon Inspection	(B)	2.3.1.A.1	FCC	Prior to receiving an initial license and to maintain this licensure status, the provider must show compliance with the following inspections or certifications: c. Radon; to be completed every three (3) years in accordance with the Rules and Regulations for Radon Control, 216-RICR-50-15-2,issued by the Rhode Island Department of Health.
Radon Inspection	(A)	1.8.A.1. 1.8.A.3.c	CCC	Prior to receiving an initial license, the program must show compliance with current inspections or certifications regarding: e. Radon; to be completed in accordance with Radon Control, 216-RICR-50-15-2, issued by the Rhode Island Department of Health. *1.8.A.3.c details same requirement at renewal.*
Issued and Signed License	(B)	2.2.2.A.3	FCC	The current license must be posted in a place that can be easily viewed by families and others upon entering the home.
Issued and Signed License	(A)	1.7.E.2	CCC	The current license must be posted in a conspicuous place in the program.
Natural light	(B)	2.3.1.C.2	FCC	There must be natural light within the area used for child care through a window, door, or skylight.
Artificial Light	(A)	1.8.C.4	CCC	Each classroom and activity space has artificial lighting that is intact and in good working order.
Exits & Egresses	(B)	2.3.1.C.5	FCC	All exits/egresses are: a. Clearly identified; and b. Free of clutter around the area of the door.
Exits & Egresses	(A)	1.8.C.7	CCC	All classroom and program exits/egresses are: a. Clearly identified; and b. Free of clutter around the area of the door.
Entrances Kept Locked	(B)	2.3.1.C.12	FCC	All entrances to the FCCH are kept locked when the provider is unable to directly monitor its use. The FCCH must have a mechanism and/or procedure in place for monitoring entry throughout the day.
Entrances Kept Locked	(A)	1.8.C.9	CCC	All entrances to the program are kept locked with mechanisms in place monitoring entry. a. If at any time an entrance to the program is unlocked (e.g., drop off/pick up, service deliveries), a designated staff person is required to directly monitor all entries/exits from the program and is then responsible for re-securing the entrance.

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Description of Health and Safety Requirement		Regulation Ref.	FCC/CCC	Requirements
Outdoor Play Area	(B)	2.3.1.G.1	FCC	Each program has an outdoor play area that is safe, protected and free from hazards that include, but are not limited to: a. Access to the street; b. Debris, trash, broken glass; c. Animal waste; d. Peeling paint; e. Tools and construction materials; f. Holes that present a tripping hazard or contain still water; and g. Open drainage ditches, wells, or other bodies of water.
Outdoor Play Area Equipment, Materials, and Furnishings Window Blind Cord Safety	(A)	1.8.H.1	CCC	Equipment, materials, furnishings and play areas should be sturdy, safe and in good repair and must be free of the following safety hazards. a. Openings that could entrap a child's head or limbs; b. Elevated surfaces that are inadequately guarded; c. Lack of specified surfacing and fall zones under & around climbable equipment; d. Insufficient spacing between equipment; e. Tripping hazards; f. Equipment that is known to be of a hazardous type; g. Sharp points or corners; h. Splinters i. Protruding nails, bolts, or other components that could snag clothing/skin; j. Loose, rusty parts; k. Strangulation hazards (e.g., straps, strings, etc.); l. Flaking paint; m. Tip-over hazards, such as chests, bookshelves, and televisions.
		2.3.1.C.21	FCC	All window blind cords must be secured and out of the reach of children.
Providers are wholly Responsible for Health and Safety of Children	(B)	2.3.1.H.1	FCC	Providers are wholly responsible for ensuring that all parts of the residence and grounds are maintained in a way that ensures health and safety at all times. Areas accessed by children during operating hours should be free of the following safety hazards: a. Openings that could entrap a child's head or limbs; b. Elevated surfaces that are inadequately guarded; c. Lack of specified surfacing and fall zones under & around climbable equipment; d. Insufficient spacing between equipment; e. Tripping hazards; f. Equipment that is known to be of a hazardous type; g. Sharp points or corners; h. Splinters; i. Loose, rusty parts; j. Strangulation hazards (e.g., straps, strings, etc.); k. Flaking paint; and l. Tip-over hazards, such as chests, bookshelves, and televisions.
Providers are wholly Responsible for Health and Safety of Children	(A)	1.8.H.1	CCC	Please See Outdoor Play Area Above
Posted Emergency Phone Numbers	(B)	2.3.2.M.4	FCC	All required emergency phone numbers are posted in a conspicuous place adjacent to the telephone or phone base.
Posted Emergency Phone Numbers	(A)	1.9.L.4	CCC	All required emergency phone numbers are posted in a conspicuous place adjacent to the telephone.

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Description of Health and Safety Requirement		Regulation Ref.	FCC/CCC	Requirements
Medication Administration	(B)	2.3.2.D.1	FCC	Prescribed and non-prescribed (over the counter) medication must not be a administered to a child without: a. Written permission from the parent/guardian; and b. A written order from a licensed physician, physician's assistant, or nurse practitioner (which may include the label on the medication) indicating that the medicine is for a specified child. The medication must be in the original container. (1) The written order includes the name of the child, the name of the medication, circumstances under which it may be administered, route, dosage, and frequency of administration. (2) For rescue medication (such as albuterol or epinephrin) the written order must include a care plan that outlines the protocol for administering the medication.
Medication Administration	(A)	1.9.C.1	CCC	Prescribed and non-prescribed (over the counter) medication is not administered to a child without: a. Written permission from the parent/guardian; and b. A written order from a licensed physician, physician's assistant, or nurse practitioner (which may include the label on the medication) indicating that the medicine is for a specified child. The medication must be in the original container. (1) The written order includes the name of the child, the name of the medication, circumstances under which it may be administered, route, dosage, and frequency of administration. (2) For School Age children (enrolled in Kindergarten or older) who self-carry rescue medication (prescription inhalers and/or auto-injectable epinephrine), there must also be medical documentation that the rescue medication has been prescribed and that the child needs to carry it on his or her person due to a medical condition.
Medication Log	(B)	2.3.2.D.3	FCC	A daily log must be maintained of every medication administered. This record must include the following:. a. Child's name; b. Name and dosage of medication administered; c. Date and time administered; d. Name and signature of the person who administered the medication; and e. Name of the licensed physician, physician's assistant, or nurse practitioner prescribing the medication.
Medication Log	(A)	1.9.C.3	CCC	A daily log is maintained of every medication administered except for those noted in § 1.9(C)(1)(b)(2) of this Part. This record includes the: a. Child's name; b. Name and dosage of medication administered; c. Date and time administered; d. Name and signature of the person who administered the medication; and e Name of the licensed physician, physician's assistant, or nurse practitioner prescribing the medication.

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Description of Health and Safety Requirement		Regulation Ref.	FCC/CCC	Requirements
Medication Storage	(B)	2.3.2.D.6	FCC	Medications must be stored: a. In clearly labeled original containers; b. In spaces secured with child safety locks that are separate from any items that attract children (such as with food, candy, or toys); and c. In a way that does not contaminate play surfaces or food preparation areas.
Medication Storage	(A)	1.9.C.6	CCC	Medications are stored: a. In clearly labeled original containers; b. In spaces secured with child safety locks that are separate from any items that attract children; (1) Rescue medications for infants, toddlers and preschoolers may be kept unlocked but out of reach of children at all times. c. In a way that does not contaminate play surfaces or food preparation areas; and d. School-age children (enrolled in Kindergarten or older) may carry their own rescue medication (prescription inhalers and/or auto injectable epinephrine).
Toxic Substances	(B)	2.3.2.I.3	FCC	Toxic substances and any other items of potential danger to children are clearly labeled and are in an area that is secured by a child safety lock or safely out of the reach of any child.
Toxic Substances	(A)	1.9.G.3	CCC	Toxic substances and any other items of potential danger to children are clearly labeled and are in an area that is secured by a child safety lock or out of reach of all children in the facility.
Posted Cleaning and Sanitation Schedule	(B)	2.3.2.I.7	FCC	The provider posts (in a conspicuous place where all parents and visitors can see) and follows a regular written cleaning and sanitation schedule, including provisions for deep cleaning.
Posted Cleaning and Sanitation Schedule	(A)	1.9.G.7	CCC	The program posts in a conspicuous place and follows a regular cleaning and sanitation schedule, including provisions for deep cleaning.
Emergency Preparedness & Response Plan	(B)	2.3.2.M.1	FCC	The provider is required to have an emergency preparedness and response plan approved by the Department that addresses all of the required components found at 45 C.F.R. § 98.41(a)(1)(vii), incorporated above at § 2.1.3 (E) of this Part.
Emergency Preparedness & Response Plan	(A)	1.9.L.1	CCC	The program is required to have an emergency preparedness and response plan approved by the Department that addresses all of the required components found at 45 C.F.R. § 98.41(a)(1)(vii), incorporated above at § 1.5(E) of this Part.
Child Care Provider Handbook	(B)	2.3.6.E.1	FCC	The program must develop a Family Child Care Home Handbook, to be approved by the Department.
Child Care Provider Handbook	(A)	1.13.E.1	CCC	The program must develop a Family Handbook and a Staff Handbook, which must be approved by the Department.

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Description of Health and Safety Requirement		Regulation Ref.	FCC/CCC	Requirements
Safety Drills	(B)	2.3.2.M.6	FCC	The provider must conduct regular safety drills. a. One (1) fire drill must be conducted every month the program is in operation, with no more than three (3) drills delayed for weather. b. Every fourth (4th) drill must be obstructed, by means of not using one (1) of the typical exits/egresses. The other drills may be unobstructed. c. Two (2) shelter-in-place drills must be conducted every twelve (12) months. d. A record of all safety drills must be maintained. e. Safety drills must be conducted with assistants, as applicable. f. Safety drills are conducted during all different times that child care is provided.
Safety Drills	(A)	1.9.L.5	CCC	The program Administrator or designee conducts regular safety drills. a. One (1) fire drill must be conducted every month the program is in operation, with no more than three (3) drills delayed for weather. b. Every fourth (4th) drill must be obstructed, by means of not using one (1) of the typical exits/egresses. The other drills may be unobstructed. c. Two (2) shelter-in-place drills are conducted every twelve (12) months. d. A record of all safety drills is maintained. e. Programs with Night Time Care conduct an additional set of safety drills during the night time hours of operation.
First Aid Kit/ Choke-Saving Poster	(B)	2.3.2.N	FCC	3. A first aid kit is readily accessible, but out of children's reach, in each Family Child Care Home and taken outside during outdoor play and on field trips. 4. A choke-saving poster, that outlines the Heimlich Maneuver, must be prominently displayed in any area where children eat.
First Aid Kit/ Choke-Saving Poster	(A)	1.9.J	CCC	4. A first aid kit is available in each classroom and outdoor play areas. 6. A choke-saving poster, that outlines the Heimlich Maneuver, is prominently displayed in any area where children eat.
Infants and Toddlers Have a Choke Prevention Gauge	(B)	2.3.2.P.3	FCC	Programs serving Infants and/or Toddlers have a choke prevention gauge readily available. a. Infants and toddlers must be protected from objects that could be swallowed.
Infants and Toddlers Have a Choke Prevention Gauge	(A)	1.9.K.3	CCC	Programs serving Infants and/or Toddlers have a choke prevention gauge readily available.
All storage chests, boxes, trunks have hinged lids.	(B)	2.3.2.P.12	FCC	All storage chests, boxes, trunks, or comparable items with hinged lids must be equipped with a lid support designed to hold the lid open in any position, be equipped with ventilation holes, and must not have a latch that might close and trap a child inside.
All storage chests, boxes, trunks have hinged lids.	(A)	1.8.H.3	CCC	All storage chests, boxes, trunks, or comparable items with hinged lids must be equipped with a lid support designed to hold the lid open in any position, be equipped with ventilation holes, and must not have a latch that might close and trap a child inside.

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Description of Health and Safety Requirement		Regulation Ref.	FCC/CCC	Requirements
Diaper Changing Station	(B)	2.3.3.B.7	FCC	The diaper-changing surface is cleaned and disinfected after each use with a disposable towel, United States Environmental Protection Agency registered disinfectant, or disinfectant solution that is prepared daily.
Diaper Changing Station	(A)	1.10.B.7	CCC	The diaper-changing surface is cleaned and sanitized after each use with a disposable towel, United States Environmental Protection Agency registered disinfectant, or disinfectant solution that is prepared daily.
Restraining Devices / Swaddles	(B)	2.3.3.C.3	FCC	Infants sleep in a safe sleep environment consistent with the American Academy of Pediatrics Safe Sleep Guidelines. c. There are no restraining devices of any type, including swaddles.
Restraining Devices / Swaddles	(A)	1.10.C.6	CCC	Infants sleep in a safe sleep environment consistent with the American Academy of Pediatrics Safe Sleep Guidelines. c. There are no restraining devices of any type, including swaddles.
Infants in Approved Crib	(B)	2.3.3.C.3	FCC	Infants sleep in a safe sleep environment consistent with the American Academy of Pediatrics Safe Sleep Guidelines. e. Infants must sleep in a crib or portable crib approved by the United States Consumer Product Safety Commission Standards, equipped with a firm crib mattress and a tight-fitting sheet.
Infants in Approved Crib	(A)	1.10.C.6	CCC	Infants sleep in a safe sleep environment consistent with the American Academy of Pediatrics Safe Sleep Guidelines. e. Infants must sleep in a crib approved by the United States Consumer Product Safety Commission Standards, equipped with a firm crib mattress and a tight-fitting sheet.
No Items in the Crib Except Pacifier.	(B)	2.3.3.C.3	FCC	Infants sleep in a safe sleep environment consistent with the American Academy of Pediatrics Safe Sleep Guidelines. k. No items can be placed in the crib/portable crib with an Infant except for a pacifier. m. No additional items are placed on or above the crib/portable crib.
No Items in the Crib Except Pacifier.	(A)	1.10.C.6	CCC	Infants sleep in a safe sleep environment consistent with the American Academy of Pediatrics Safe Sleep Guidelines. i. No items are placed in the crib with an Infant except for a pacifier. k. No additional items are placed on or above the crib or cot.
Sight & Sound Supervision	(B)	2.3.3.C.3	FCC	Infants sleep in a safe sleep environment consistent with the American Academy of Pediatrics Safe Sleep Guidelines. o. Children must rest/sleep in a location in the residence where they can be in both sight and sound supervision by the provider/ substitute(s)/assistant(s) at all times.
Sight & Sound Supervision	(A)	1.11.F.1	CCC	Classroom staff provide sight and sound supervision during all aspects of the program, which include: a. Indoor play; b. Outdoor play; c. Bathroom use; d. Rest or sleep; e. Meals and snacks; and f. Transitions.

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Description of Health and Safety Requirement		Regulation Ref.	FCC/CCC	Requirements
Policy & Procedure for the Release of Children	(B)	2.3.6.C.3.	FCC	Programs must follow policies and procedures that include: a. Recording and complying with all Orders relating to custody of the child and Restraining Orders regarding individuals authorized to have contact with the child and individuals authorized for the release of the child; b. Maintaining written parental/guardian authorization for the release of the child to named individuals, to be updated annually;
Policy & Procedure for the Release of Children	(A)	1.13.C.3	CCC	Programs must follow policies and procedures that include: a. Documenting any custody or restraining orders relating to the child; b. Maintaining current written parental/guardian authorization for the release of the child to named individuals, which is updated annually;
Outdoor Activity Space Fencing	(B)	2.3.1.G.2	FCC	Outdoor activity space must: a. Be surrounded by a fence or clear physical obstacle that prevents movement or access to another area. b. Effective January 1, 2023, outdoor activity space must be surrounded by a permanent structure such as a fence, which is at least four feet (4') in height.
Outdoor Activity Space Fencing	(A)	1.8.G.3	CCC	The outdoor play area is required to be surrounded by a permanent structure. If a fence is used, it must be: a. At least four feet (4') in height when measured from the ground; b. Not prevent the observation of children by staff; and c. Adhere to State building codes.
Attendance Sheet	(B)	2.3.4.E	FCC	1. The provider must have an individual attendance sheet that lists the first and last names of all children enrolled. This list must: a. Be updated every time that there is a change in enrollment; b. Reflect which children are present at any given time. 2. Attendance records must be kept for all children for a period of no less than three (3) years.
Attendance Sheet	(A)	1.11.D	CCC	1. Each classroom has an individual attendance sheet that lists the first and last names of all children in the room. This list: a. Is updated every time that there is a change in enrollment; b. Reflects which children are present at any given time. 2. Attendance records are kept for all children.
Electrical Outlets and Extension Cords	(B)	2.3.1.C	FCC	16. Every electrical outlet within the child care area must be covered with a choke proof child resistant device while not in use. 17. Electrical cords must be: a. Securely taped or fastened out of children's reach; and b. In good condition, without any evidence of being frayed or damaged 18. The use of electrical extension cords is prohibited.
Electrical Outlets and Extension Cords	(A)	1.9.G.1	CCC	The facility, equipment, and materials are clean, free of hazards, and kept in good repair.
Volunteers Sign In / Out Sheet	(B)	2.3.4.G.3	FCC	All volunteers and visitors must sign in and out of the program on a sign out sheet available at the entrance of the program.
Signed Child In & Out	(A)	1.13.C.2	CCC	Approved individuals manually or electronically sign the child in at drop off and sign the child out at pick up, using a time stamp and a full signature, name, or comparable identifier.

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Description of Health and Safety Requirement		Regulation Ref.	FCC/CCC	Requirements
Stairway Safety	(B)	2.3.1.F.3	FCC	If there are stairways within the area used for child care they must: a. Have a handrail at children's height; b. Be well lit; c. Be kept clear of obstructions; d. Have a gate, which is kept securely fastened at the entry to any stairway accessible to children under age three (3).
Injury to Children Report	(B)	2.3.2.N.5	FCC	Injuries must be documented on an injury report. a. Parents/guardians are notified of injuries on the same day of the injury. b. A parent/guardian must sign the written injury report on the same day the injury occurred. c. A copy of the report must be placed in the child's file. d. The injury, first aid and parent/guardian communication must be recorded.
Furniture	(B)	2.3.2.P.1	FCC	Furniture, within the area used for child care, must be clean, durable, maintained in good repair and free of hazards.
Approved Alternate Outdoor Activity Site	(B)	2.3.1.G.3	FCC	If a FCCH does not have access to an outdoor activity space onsite, they must submit a plan to the Department for approval that identifies a nearby park, schoolyard, or other alternative outdoor space.
Flashlight & Fire Extinguisher	(B)	2.3.1.C	FCC	19. Provider must have a flashlight, in working condition, readily available. 23. In addition to meeting the requirements of the applicable Rhode Island Fire Safety Code, the residence must be equipped with a fire extinguisher located in the kitchen area.
Landlord's Permission/ Proof of Ownership	(B)	2.2.1.B.2	FCC	The requirement is found in the application process for licensure, detailed in the DHS regulations for Group and Family Child Care Homes. The "Universal Child Care Application" (pages 10-11 of the application) Notarized Landlord Permission Form or Proof of Home Ownership as part of the supporting documentation.
Food Allergies	(A)	1.9.N.2	CCC	The program makes provisions for protecting children with food allergies from contact with the allergen(s).
Bathroom Protocol	(B)	2.3.1.D.3	FCC	To prevent children from becoming locked inside the bathroom, the provider must ensure: a. Any locks on bathroom doors should not be within the reach of children; or b. A key is readily accessible outside of the bathroom.
Garbage Receptacles	(A)	1.9.G.5	CCC	Garbage receptacles are covered in all areas that are accessible to children, lined and garbage is removed from the program daily.
Sleep Safety Requirements	(A)	1.10.C.6	CCC	Infants sleep in a safe sleep environment consistent with the American Academy of Pediatrics Safe Sleep Guidelines. f. Children cannot sleep in a car safety seat, bean bag chair, bouncy seat, Infant seat, swing, jumping chair, highchair, or in comparable equipment/furniture.

Appendix A (Continued)

Child Care Provider Health and Safety Audit - Child Care Centers - State Licensing Requirements

(A) RI Regulations Title 218, Department of Human Services, Chapter 70, Office of Child Care Licensing, Part 1 - Child Care Center and School Age Program Regulations for Licensure

(B) RI Regulations Title 218, Department of Human Services, Chapter 70, Office of Child Care Licensing, Part 2 - Family Child Care Home Regulations for Licensure

Description of Health and Safety Requirement		Regulation Ref.	FCC/CCC	Requirements
Evacuation Crib	(A)	1.9.K.9	CCC	There is one (1) assembled evacuation crib equipped with wheels for every five (5) children under two (2) years of age, accessible in case of emergency.
Alternate Escape Routes	(A)	1.9.L.3	CCC	An individualized graphic evacuation plan identifying alternative escape routes is posted in each classroom.
Initial Licensure - Comprehensive Background Check -Employee Child Abuse and Neglect Registry Check -Employee State Criminal Background Check (BCI) -Employee National Fingerprint Background Record Check	(B)	2.2.1.B.1	FCC	Each applicant, all adult household members and at least one (1) assistant /substitute must submit to and clear a Comprehensive Background Check that includes: a. State and national criminal and sex offender registries in accordance with R.I. Gen. Laws Chapter 40-13.2; b. Child abuse and neglect clearances, in accordance with R.I. Gen. Laws Chapter 40-13.2; and c. Any additional background checks as required by State or Federal law. d. In any circumstance where an individual lives or has lived outside of the State of Rhode Island in the previous five (5) years, out of State background checks are also required.
Comprehensive Background Check -Employee Child Abuse and Neglect Registry Check -Employee State Criminal Background Check (BCI) -Employee National Fingerprint Background Record Check	(A)	1.12.A.1	CCC	All individuals working or engaging directly with children who are are employed or act as a volunteer in the program, must complete all requirements of a comprehensive background check as outlined here: https://dhs.ri.gov/programs-and-services/child-care/child-care-providers-staff-resources/background-checks prior to the assignment of child care duties and every five (5) years thereafter.
Employee Work History	(B)	2.2.1.B.2	FCC	The applicant must submit an application, application fee (R.I. Gen. Laws § 42-12.5-5, payable to the Rhode Island General Treasurer), and required supplementary documentation about the home, the applicant and at least one assistant/substitute. The following documents are included in the application packet: c. Employment History Affidavits (Form #108) completed by the applicant and any proposed assistants.
Employee Work History	(A)	1.13.F.10	CCC	Each staff file must include: d. Notarized employment history and criminal record affidavits. e. Documentation of employment history verification.
Employee Required Immunizations	(B)	2.3.5.A.2.	FCC	Prior to initial licensure, FCCH provider must show evidence of having successfully completed the following: g. Evidence of an annual physical and immunization information.
		2.3.5.B.2	FCC	Prior to initial Department approval of being an assistant/substitute, the individual must show evidence of having successfully completed the following: e. Evidence of an annual physical and immunization information.
Employee Required Immunizations	(A)	1.13.F.10	CCC	Each staff file must include: f. Health records as required by the Rhode Island Department of Health's Immunization and Communicable Disease in Preschool, School, Colleges or Universities, 216-RICR-30-05-3.

Appendix A (Continued)

Child Care Provider Health and Safety Audit - Child Care Centers - State Licensing Requirements

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Description of Health and Safety Requirement		Regulation Ref.	FCC/CCC	Requirements
Employee Criminal History	(B)	2.2.1.B.2	FCC	The applicant must submit an application, application fee (R.I. Gen. Laws § 42-12.5-5, payable to the Rhode Island General Treasurer), and required supplementary documentation about the home, the applicant and at least one assistant/substitute. The following documents are included in the application packet: b. Criminal History Affidavits (Form #109) completed by the applicant and any proposed assistants.
Employee Criminal History	(A)	1.13.F.10	CCC	Each staff file must include: d Notarized employment history and criminal record affidavits.
Employee First Aid/CPR Certification	(B)	2.3.5.A.2.d	FCC	Current certification under the most recent guidelines of the American Heart Association in: (1) Pediatric Cardiopulmonary Resuscitation (2) Pediatric First Aid
Employee First Aid/CPR Certification	(A)	1.11.G.14	CCC	Every staff member must be trained under the most recent guidelines of the American Heart Association in: a. Pediatric cardiopulmonary resuscitation (CPR); and b. Pediatric first aid
Employee Evidence of Training For Abuse & Neglect	(B)	2.3.5.C.2 2.3.6.F.9	FCC	The orientation includes information regarding: b. State law governing child abuse and neglect, and reporting procedures. Each provider and all applicable assistant and substitute file must include: k. Documentation of participation in orientation and pre-service training.
Employee Evidence of Training For Abuse & Neglect	(A)	1.12.E.2	CCC	The orientation includes information regarding: b. State law governing child abuse and neglect, and reporting procedures. d. Proof of this orientation must be kept in an employee's file, signed and dated by the employee and a member of the leadership team.
Medical References	(B)	2.2.1.B.2.a	FCC	Medical references signed by a licensed physician for the applicant and any proposed assistants/substitutes stating that the individual has had a medical examination within the past twelve (12) months, is in good health and is able to care for children
Staff File Requirements	(A)	1.13.F.10	CCC	Each staff file must include: a. Personal data sheet or application containing the staff's name, age, home address, phone, education and work experience; b. Job description; i. Training plan aligned with the Individual Professional Development Plan.
Child Application Form	(B)	2.3.6.F.6.a	FCC	An application form completed by the parent/guardian containing the child's name, birthdate, parent's/guardian's name, current address and phone number and work or school address and phone number.
Child Application Form	(A)	1.13.F.7	CCC	Each child's file must include: a. An application form completed by the parent/guardian containing the child's name, birth date, parent's/guardian's name, current address and phone number and work or school address and phone number;
Child Signed Contract	(B)	2.3.6.F.6	FCC	Each child's file must include: m. All other records or reports pertaining to the child.
Child Signed Contract	(A)	1.13.F.7	CCC	Each child's file must include: m. All other records or reports pertaining to the child.

Appendix A (Continued)

Child Care Provider Health and Safety Audit - Child Care Centers - State Licensing Requirements

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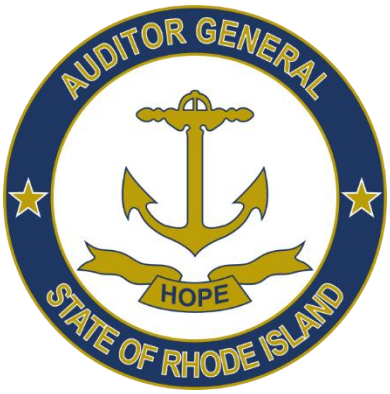
Description of Health and Safety Requirement		Regulation Ref.	FCC/CCC	Requirements
Child Immunizations	(B)	2.3.6.F.6	FCC	Each child's file must include: d. Immunization record.
Child Immunizations	(A)	1.13.F.7	CCC	Each child's file must include: d. Immunization record.
Child Annual Health Examination	(B)	2.3.2.A.2	FCC	The parent/guardian submits evidence of an annual health examination, signed by the child's primary care provider, which includes information regarding any condition or limitation that may affect the child's general health or participation in the program. a. Providers are required to maintain documentation of an annual health examination for children in their care unless these children attend public, private, or parochial schools approved by the Rhode Island Department of Education.
Child Annual Health Examination	(A)	1.13.F.7.c	CCC	Evidence of annual health exam; (1) Programs are not required to maintain documentation of an annual health examination for children who attend public, private, or parochial schools approved by the Rhode Island Department of Education.
Child Emergency Treatment Form	(B)	2.3.2.C.1.	FCC	Provider shall have an Emergency Treatment Form for each child in care that is signed by the parent/guardian. This form shall be kept on file for use in the event of an emergency. It shall be taken on field trips and outings away from the home.
Child Emergency Treatment Form	(B)	1.13.F.7	CCC	Each child's file must include: e. Written authorization from the parent/guardian for emergency medical treatment. k. A statement signed by the parent/guardian authorizing the program to act in an emergency.
Names of Individuals Child Can Be Released		2.3.6.F.6	FCC	Each child's file must include: k. Names of individuals to whom the child may be released.
Names of Individuals Child Can Be Released		1.13.F.7	CCC	Each child's file must include: j. Names of individuals to whom the child may be released.
Developmental History for Infants and Toddlers		2.3.6.F.7	FCC	Files for Infants and Toddlers must contain the requirements in as stated in § 2.3.6(F) of this Part, as well as: a. Developmental and health history
Developmental History for Infants and Toddlers		1.13.F.7	CCC	Each child's file must include: g. Information pertaining to the child's progress, growth and development, including IEP/IFSP information, if applicable;
		1.13.F.8		Files for Infants and Toddlers contain the above requirements as well as: a. Developmental and health history
Date of Enrollment		1.13.F.7	CCC	Each child's file must include: b. Date of enrollment.



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