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Comments Regarding Proposed Child Care Center and School-Age Program Regulations for Licensure
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Thank you for the opportunity to review and provide comments on the proposed revisions to the child care licensing regulations for early learning centers and school-age programs. Rhode Island KIDS COUNT advocates for the best interest of children using data and research. It is our job to review proposed regulations and legislation and advocate to prevent changes that could harm children and to encourage changes that would support children's health, safety, and development.

As you will see below, we are **very concerned about the proposals to weaken the minimum age and education requirements for teaching staff counted in ratio. We are also very concerned about the proposal to weaken the requirement that at least one program leader in a center have a bachelor's degree with a specialization in early childhood education or child development.** Both regulations have been in place since at least 1993. Weakening these regulations would move Rhode Island further away from national standards known to promote positive child development.

[Decades of research](#) have shown that staff qualifications are a key structural element that is strongly associated with high-quality care and learning opportunities for children starting in infancy. In 2007, the Improving Head Start for School Readiness Act passed, and required all [Early Head Start and Head Start programs to ensure administrative and teaching staff had earned post-secondary credentials](#) needed to meet minimum quality standards. Since its launch in 2009, the Rhode Island Pre-K program has been recognized for meeting all research-based quality standards, including [requiring a minimum of a bachelor's degrees for teachers and at least a CDA/equivalent college credits for a teaching assistant](#).

We recognize that there is and has been a [significant staffing crisis in the child care field in Rhode Island and nationally](#). This crisis is connected to the very low wages and minimal benefits that are offered by child care employers combined with the high expectations for performance and high exposure to communicable diseases. **We urge the Rhode Island Department of Human Services to share data to explain the rationale for these proposed changes. This information should be** shared with policymakers at the state and federal level to urge more funding to address the child care staffing crisis rather than weakening already weak regulations on minimum staff qualifications. We cannot compromise on children's health, safety, and learning by weakening staff qualifications.

The following data is requested from DHS:

- Number of licensed classrooms/slots that are currently closed due to lack of adequate staffing by city/town and name of provider.
- Number of centers that have either self-reported and/or been cited for failure to meet required staff: child ratios by city/town and name of provider and the number of days each has been out of ratio for 2021 and 2022.
- Number of centers that have been operating without a qualified Education Coordinator by city/town and name of provider and the number of days they have been operating without a qualified Education Coordinator for 2021 and 2022.

We support the following changes that strengthen and help to clarify regulations to improve monitoring and enforcement:

- Official language in child care licensing regulations with hyperlinks that incorporate applicable national standards.
- Consolidation of age categories for school-age children under definitions. **We also recommend removing these sub-categories of school-age children from the ratio/group size tables and the allowable age configuration table since there is no need to separate school-age children by age category and the ratios and group sizes are exactly the same for each of the subcategories.**
- Addition of definition of comprehensive background check requirements.
- Addition of definitions for a plan of corrective action, probationary license, provisional licenses, and summary suspension.
- Addition of clear expectations for at least two unannounced monitoring visits per year.
- Hyperlink connections to relevant state regulations that child care centers must follow including lead, asbestos, radon, drinking water, swimming pools, and use of insecticides and rodenticides. Clarification of inspections needed for school-age programs operating in a public schools building.
- Addition of playground inspection requirements for new facilities and for existing facilities making structural changes.
- Removal of regulation that allows for natural light only through a windowed door or skylight and through a shared space (not actually through a window in classroom).
- Addition of specific facility safety hazards, including regulation to prevent entrapment in a storage chest or box. **We recommend that language be changed to remove “following safety standards” and say “free of the following safety hazards” since the list is not a list of safety standards but is a list of safety hazards.**
- Addition of list of items that must be included in a first aid kit.
- New requirement that 100% of staff be trained in pediatric first aid and CPR within 90 days of employment (up from 50%).

We oppose the following changes on the grounds that they lower and/or weaken standards that have been in place to ensure the health, safety, and positive development of young children:

- **Removal of regulation requiring a specific number of diaper changing areas with handwashing sinks based on the number of infants and toddlers.** We recommend requiring a dedicated diaper changing area with handwashing sink for every group of infants (8 per regulations) and every group of toddlers (12 per regulations) within the regular group space/classroom and accessible without barriers (doors). This should be in place in most programs already with the COVID-19 health and safety funds. If it is not in place, facility funds should be dedicated to help all programs install these diaper changing areas so that different groups of children and staff do not share the same diapering space.

[Studies have shown that infants and toddlers attending child care centers experience higher levels of communicable illnesses, particularly gastro-intestinal illnesses](#) associated with higher levels of pathogens in group care environments. [Research has shown that child care facilities are often the foci for outbreaks of hepatitis A \(14% of all hepatitis A infections in the U.S. are linked to child care\)](#) with staff exposed during diaper changing to asymptomatic children. Diarrheal illness is also very commonly spread among children and to staff and then to staff and children's families at home.

- **Allowing children ages 16 and 17 to work as teacher aides without specific language to ensure they may not be counted in the staff: child ratio or left alone or with any other underage staff with any child at any time.**

In the "Underage Volunteers" section youth ages 16 and 17 are currently allowed to volunteer in child care programs, but specifically cannot be counted in the staff: child ratio or be left alone with children. The same standards should be in place for both underage volunteers and paid staff. We understand that some providers would like to offer youth an opportunity to get paid while shadowing or helping out in a classroom. This could be done by changing the heading for Underage Volunteers to include Paid Interns. **If we want youth to be paid as "teacher assistants in training" we must ensure they are enrolled full-time in high school or have a high school diploma/GED and that they have a good mentor teacher they are working with (perhaps a teacher with a CDA or better). They should not be counted in the ratio or left alone with any child at any time (or left with another underage staff person with a child or group of children).**

If this change moves forward and children ages 16 and 17 are allowed to work as teacher's aides, we also recommend that DHS child care regulations incorporate [Rhode Island Child Labor Laws](#) and that DHS monitor programs to ensure that no staff person of any licensed child care program is under age 16 and that employers maintain completed [Intention to Employ a Minor](#) form and [Certificate of Age](#) form for each employed 16 and 17 year old staff member employed. We also recommend that DHS develop a form and require child care programs to use it with every employed or volunteer youth ages 16 and 17 to verify that the youth is aware that they cannot serve as staff to meet the staff: child ratio required in licensing and must always be working directly with (in the same space) as a qualified teacher or assistant teacher.

[Caring for Our Children, the national health and safety standards for child care programs,](#) clearly states that: **"Assistant teachers and teacher aides should be at least eighteen**

years of age, have a high school diploma or GED.” “Assistant teachers, teacher aides, and volunteers **should work only under the continual supervision of lead teacher or teacher**. Assistant teachers, teacher aides, and volunteers **should never be left alone with children**.” These national health and safety standards also state that the lead teacher for each group of children should have a bachelor’s degree. In Rhode Island, the minimum qualification for a lead teacher is only to be 18 and have a high school diploma.

- **Lowering the qualifications for an Education Coordinator by allowing individuals without a bachelor’s degree to serve as the Education Coordinator** for a licensed child care program. The Education coordinator works in partnership with the center director/administrator to oversee the program with the Education Coordinator responsible for supervising the selection and implementation of curriculum, teaching and learning, and monitoring and assessment of children’s development and learning. **The addition of an associate degree option will now mean that some child care programs will not have any staff with a bachelor’s degree since teachers, teacher assistants, and directors/administrators are only required to have a high school diploma.**

[Caring for Our Children, the national health and safety standards for child care, clearly states that directors \(citing because the standards do not specify an Education Coordinator role since most states require directors to oversee both administration and education\) should have “a minimum of a Baccalaureate degree](#) with at least nine credit-bearing hours of specialized college-level course work in administration, leadership, or management, and at least twenty-four credit-bearing hours of specialized college-level course work in early childhood education, child development, elementary education, or early childhood special education that addresses child development, learning from birth through kindergarten, health and safety, and collaboration with consultants.”

If this change moves forward, we would strongly encourage that BrightStars adopt a new standard that Education Coordinators have at least a Bachelor’s degree for all centers at 3 stars or above since this is an essential standard to deliver high-quality early learning programs and to prepare a program to partner with Head Start programs and to be eligible for any RI Pre-K funding.

We recommend the following changes to better align Rhode Island regulations with national standards known to promote positive child development:

- **Remove “older infants” as a category under definitions and under the ratio/group size tables and the allowable age configurations tables.** This sub-category of infants was added along with the school-age sub-categories to Rhode Island child care regulations in 2017. There is no need to separate infants by age category (and in fact it is not a high-quality practice to move children into new groups/teachers) and the ratios and group sizes are exactly the same. Maintaining separate categories of infants sends a message that they should not be in the same room together, reinforcing the common practice in the United

States for early childhood centers to follow the “factory model” of schooling and abruptly move children to the next classroom based on age or developmental achievements (such as walking). These changes are often disruptive to the child’s attachment to caregivers and peers. (Fincham & Fellner, 2016)

“Older infants” are only referred to under “Equipment and Furniture” to allow for infants over 12 months to sleep on a cot instead of a crib at the program’s discretion. Instead of creating a separate category of infants – we recommend just including language here by removing the words “older infants” and say “infants over 12 months of age” may sleep on a cot, at the discretion of the program.

- **Add language under Monitoring and Enforcement that clearly states that complete monitoring reports and corrective action plans are always posted on a public website and remain on the website for at least three years – per federal [Child Care and Development Block Grant regulations](#). The monitoring reports currently on the website do not provide detailed information about compliance.**
- **Add language specifying that information about licensing suspensions and probationary licenses, substantiated child neglect (including children who wander away from a child care center), substantiated child abuse, serious child injuries and child deaths at licensed programs will also be posted on the public consumer website and are searchable by provider name/location. This is absolutely essential information for parents.**
- **Add language to the section about “Toddler, Preschool, and School Age K groups may integrate for the first (1st) hour of operation at the beginning of the day and for the last hour of operation at the end of the day” to specify that all integrated groups must meet the staff: child ratio requirements and the maximum group size for the youngest age child in the integrated group.**
- **Include a link to the Individualized Professional Development Plan and require each employed staff person who is responsible for supervising/education children to have a complete IPDP on file. **Revise the Professional Development regulations to promote/incentivize attainment of post-secondary credentials and degrees which is documented in the IPDP.** We recommend requiring or incentivizing that annual PD clock hours be focused on the attainment of a national credential or state credential (CDA, Rhode Island PK-Grade 2 Certification), completion of college coursework in Early Childhood Education/Related Field, completion of college coursework toward a degree (general education coursework required for a degree should also count). It would also make sense to reduce the number of required annual clock hours for individuals who have attained certain credentials which is how the RI Department of Education structures continuing education since highly-qualified staff need some continuing education, but not as much as staff who have not earned any credentials.**

Thank you for your commitment to ensuring the regulations and monitoring and enforcement practices ensure the health, safety, development and learning of Rhode Island children. Please don't hesitate to contact me with any questions at lbarrett@rikidscount.org or 401-742-2772.