

Indiana Child Care Proposed Rules Analysis

June 10, 2026



Indiana Association for the
Education of Young Children

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Agenda

- Review National Landscape
- Review summaries of proposed changes
 - Centers
 - Homes
- Practical Next Steps
- Writing Effective Public Comment
- Q&A

National Landscape

Workforce

- Expanding qualification pathways and reducing barriers to entry

Technology

- Allowing electronic attendance, records, and training systems

Health and Safety

- Strengthening safe sleep, allergy, and emergency preparedness requirements

Family Engagement

- Requiring suspension/expulsion policies and promoting family choice

Oversight/Reducing Risk

- Removing outdated regulations while increasing risk-based enforcement

Key Drivers of Change

Federal CCDF
compliance
requirements

Child care
workforce
shortages

Increased use of
technology and
CCMS systems

Alignment with
current health
and safety best
practices

Reduction of
unnecessary
administrative
burden

Greater
consistency
across provider
types

Indiana Child Care Rule Changes (LSA #26-159)

- **Rulemaking:** LSA Document #26-159 - Child Care Centers; Emergency or Temporary Closure
- **Agency:** Indiana Family & Social Services Administration (FSSA), Division of Family Resources (DFR) / Office of Early Childhood & Out-of-School Learning
- **Citations affected:** 470 IAC 3-4.7; 470 IAC 3-4.8
- **Purpose/Context:** Update rules to modern practices and federal requirements, provide clarification, and reduce regulatory burden on providers; clarify emergency/temporary closure requirements

Indiana Child Care Rule Changes (LSA #26-159)

- **Status:** Notice of First Public Comment Period and Proposed Rule, posted June 3, 2026
- **Comment deadline:** Comments must be postmarked or time-stamped no later than July 6, 2026
- **How to comment:** Mail: Amanda DeRoss, FSSA Office of General Counsel, 402 W. Washington St., Room W451, Indianapolis, IN 46204. Email: fssarulecomments@fssa.in.gov (reference LSA Document #26-159). A public hearing is also scheduled (notice 20260603-IR-470260159PHA).
- **Scope of changes:** 91 sections amended, 3 new sections added (9.5, 82.5, 96.5), 54 sections readopted unchanged, 14 sections repealed

Indiana Child Care Rule Changes (LSA #26-159)

Highlighted Revisions

- Director hours cut.
- Education requirements eased.
- New mandatory safe-sleep rule (new Sec. 96.5).
- New food-allergy rule (new Sec. 82.5).
- New 90-day orientation through the state LMS.
- Infant and toddler redefined.
- New active-shooter/intruder drills.
- New fire provisions (Sec. 102).
- New enforcement structure.
- Staff health records relaxed.
- Playground standards repealed.
- Meals restructured.



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Definitions - Sec 1

Current Rule	Proposed Change	What It Means for Your Center
Infant = at least 6 weeks until walking unassisted.	Infant = birth to 12 months.	Re-anchors infant classrooms to a clear age band; review which children are 'infants' for room and ratio purposes.
Toddler = under 30 months and walking unassisted.	Toddler = 12 to 23 months.	Narrows 'toddler'; 24–29 month children now read against the next band on the ratio chart.
Caregiver defined generically.	Caregiver = early childhood professional / qualified staff person providing direct care and education.	Mostly terminology, but signals the professionalization framing used throughout the rule.
No definitions for several modern terms.	Adds: child care management software (CCMS), group size, hazardous materials, biocontaminant, play yard, touch supervision, locked, child care area.	New defined terms drive new operational rules (e.g., touch supervision for water; CCMS for records).

Definitions - Sec 1

Current Rule	Proposed Change	What It Means for Your Center
Agency names: ISDH, DFBS.	Renamed to IDOH (Indiana Dept. of Health) and IDHS (Indiana Dept. of Homeland Security) throughout.	Update references in your policies, plan releases, and inspection paperwork.
'Conspicuous place' = physical posting.	May be read or viewed physically or electronically.	Allows electronic posting/parent communication to satisfy posting rules.
'Room' = enclosed floor-to-ceiling walls.	May be separated by partitions or visual barriers.	More flexibility in how space is divided.

Workforce - Sec 21,22,23,24,25,26,29

Current Rule	Proposed Change	What It Means for Your Center
Director: 30 hrs/week or 50% on site, whichever is less.	Director: 20 hrs/week or 40% on site, whichever is less.	More flexibility for multi-site or teaching-director models.
No formal director-vacancy provision.	Name a designee within 5 business days; hire a qualified director within 60 days.	Gives a clear, lawful runway to cover a director departure.
Director qualifications listed with degree-first emphasis.	Restructured pathways (e.g., CDA + 2 yrs; associate+; any BA/BS with 15 relevant credits or 2 yrs experience or a CDA).	Broadens who can qualify as director; revisit your director job posting.
Caregiver (counted in ratio) must have a high school diploma/equivalency.	High school diploma requirement removed; 18+, reading and writing skills retained; pre-1985 staff grandfathered.	Lowers the floor to hire ratio-counted caregivers.



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Workforce - Sec 21,22,23,24,25,26,29

Current Rule	Proposed Change	What It Means for Your Center
Lead caregiver needs a CDA or degree (with remediation track).	Lead caregiver needs only a high school diploma or equivalency.	Substantially eases lead-caregiver staffing; the 6-credit-hours-per-year remediation rule is removed.
Lead responsibilities = classroom mgmt + daily planning.	Expanded to supervision of all children, a hazard-free environment with clear safety expectations.	Document leads' safety/supervision duties in your role descriptions.

Training- Sec 32,34,35

Current Rule	Proposed Change	What It Means for Your Center
Orientation topics listed; universal-precautions annual training.	Adds a 90-day division-approved orientation via the state LMS covering 11 topics (infectious disease, medication, premises safety, emergency preparedness, hazmat/biocontaminants, food allergies, transportation, pediatric CPR, pediatric first aid, child development, nutrition).	Build a 90-day onboarding tracker tied to the state LMS for every child-facing hire.
No specific infant safe-sleep/SIDS training mandate in orientation.	Infant caregivers (and director/administrator) must take division SIDS / shaken-baby / abusive-head-trauma / safe-sleep training; safe sleep reviewed in annual staff training.	Add this to infant-room onboarding and your annual training calendar.
No distinct school-age training requirement.	Caregivers of school-age children must complete division school-age training within 90 days.	Track separately for school-age/summer-camp staff.
In-service: 12 annual clock hours.	Retained at 12 hours; clarifies the 12 hours may include CPR, first aid, child-abuse, and safe-sleep training.	Lets required certifications count toward annual hours — update how you log training.



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Ratios & Grouping- Sec 47,48,49,52

Current Rule	Proposed Change	What It Means for Your Center
Director posts a fixed ratio chart in each classroom and at sign-in.	Ratios are set by statute (IC 12-17.2-4-14.5) and posted on the FSSA website; the in-rule chart and classroom-posting mandate are removed.	The ratio numbers themselves are unchanged by this rule; the change is where they live and the posting duty. Confirm posting expectations with your consultant.
Mixed 6-week-to-36-month room: max 3 children under 12 months.	Max 5 children under 12 months (ratio 1:5, group size 12 retained).	Slightly more flexibility for continuity-of-care rooms.
Pre-rule centers could elect max group size 15 for two-year-olds.	That election is removed.	Plan two-year-old groups to standard group-size limits.
Combine 3-year-through-school-age only during first 2 hours and last hour.	Language retained/clarified for opening and closing blends within group-size limits.	Keep open/close blending within the youngest child's group-size cap.

Safe sleep - NEW Sec. 96.5

New section.

Codifies detailed safe-sleep practice for children birth to 12 months.

- Infants must sleep on their backs in approved cribs or play yards free of soft or loose items preventing suffocation risks.
- Prohibited Sleep Accessories
- Remove clothing or accessories that may cause strangulation; no crib gyms, toys, mobiles, or monitoring devices allowed.
- Medical Waiver and Exceptions
- Any deviation from back-sleeping requires a signed medical waiver, ensuring exceptions are documented and approved.
- Operational Implementation
- Centers must update policies, provide staff training annually, and conduct regular audits for compliance and safety.



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Food, Medication, Nutrition & Meals Rule Changes- Sec 82, 82.5, 88, 77, 78, 79, 83

Area	Current Rule	Proposed Change	What It Means for Your Center
Emergency Allergy Planning (NEW Sec. 82.5)	Not specified as its own section.	Written allergy + action plan required; epinephrine auto-injector must be carried by staff when leaving classroom; stored in classroom, inaccessible to children.	Create formal allergy plans, ensure epi is portable, and store safely but accessible for staff.
Allergy Awareness (Sec. 82)	Special-diet handling addressed generally.	All staff must know each child's allergies and action plan and show it immediately to a regulator.	Post allergy lists and ensure staff can quickly produce plans on demand.
Sleep Aids / Medication (Sec. 88)	No melatonin/sleep-aid provision.	Melatonin or sleep aids require written parental approval and must follow label directions.	Update medication policies and parent consent forms.
On-site Medications	Pain/fever/cough/antihistamines allowed with consultant list.	Retained; consultant must specify medications by name and renew instructions every 2 years.	Keep consultant-approved medication list updated on a 2-year cycle.

Food, Medication, Nutrition & Meals Rule Changes- Sec 82, 82.5, 88, 77, 78, 79, 83

Area	Current Rule	Proposed Change	What It Means for Your Center
Meal Requirements (Secs. 77, 78)	Must serve at least breakfast and lunch.	Must serve morning snack, lunch, and mid-afternoon snack, plus additional snacks based on hours.	Revisit daily meal schedule and CACFP participation if applicable.
Meal Components	General dietary-guideline requirement.	Defines components (milk/dairy, grain, fruit/veg, protein, 100% juice); breakfast = 3 components, snack = 2, lunch/dinner = 4.	Map menus to required component counts.
Milk & Juice Rules	Prohibits reconstituted dry/fat-free milk; requires vitamin-C-fortified juice.	Removes those specifics; still requires whole milk under age 2 and 100% juice with no added sugar.	Simplifies beverage rules but maintain key practices (whole milk under 2, 100% juice).
Food Service Options (Sec. 79)	Center/vendor-centered service.	Allows parent-provided meals, vendor use, or on-site prep; meals may not be shared between children.	Consider offering parent-provided meal option; enforce no-sharing rule.
Food Code Reference	410 IAC 7-24.	Updated to 410 IAC 7-26 (plus related vendor temperature rules).	Update kitchen procedures and posted food code references.



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Health, Diapering, Toileting, Infant & Toddler Care Rule Changes- Sec 86, 87, 89, 94, 97, 121-143

Area	Current Rule	Proposed Change	What It Means for Your Center
Immunizations (Sec. 86)	Immunization/exemption details spelled out in rule.	Refers to statute (IC 12-17.2-4-18.1) for immunizations and exemptions.	Follow statutory requirements; maintain exemption documentation on file.
Illness Policies (Sec. 87)	Ill-child procedures include director-approved readmission.	Streamlined: do not admit ill children; isolate, notify parent, supervise until pickup; maintain written exclusion policy.	Simplifies process—ensure you have a clear written exclusion policy.
Disease Control (Sec. 89)	Uses “bodily discharge” terminology.	Updates to “biocontaminants” with revised disposal language.	Align terminology and update sanitation/cleaning SOPs.
Diapering Setup (Sec. 94)	Detailed “changing table” requirements.	Uses sanitizable “changing surface”; allows portable surfaces (stored away); standing diapering allowed for 2+ under conditions.	Review diapering stations for compliance (surface + sink within 10 feet).
Toilet Training (Sec. 97)	Potty chairs generally allowed.	Potty chairs prohibited under age 2; not counted toward toilet/sink capacity; must be sanitized after each use.	Adjust capacity counts and ensure sanitizing procedures are followed.



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Health, Diapering, Toileting, Infant & Toddler Care Rule Changes- Sec 86, 87, 89, 94, 97, 121-143

Area	Current Rule	Proposed Change	What It Means for Your Center
Infant Feeding (Sec. 134)	General bottle-feeding guidance.	Must hold infants during feeding until they can sit independently and hold bottle; then only in high chair/table; no bottle propping.	Train staff on strict no-propping and proper feeding transitions.
Formula Preparation (Sec. 135)	General guidance for formula prep.	Powdered formula prepared per package unless physician note states otherwise.	Post and follow formula-prep instructions in infant rooms.
Infant Sleep Equipment (Sec. 141)	Allows back/side sleeping; lists crib types.	Aligns with safe sleep: infants under 12 months must sleep in crib, port-a-crib, or commercial play yard; updated equipment standards.	Standardize approved sleep equipment and align with Safe Sleep (Sec. 96.5).



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Physical Plant, Safety, Fire, Records & Reporting Rule Changes- Sec 99-119, 11, 39, 41, 42, 45

Area	Current Rule	Proposed Change	What It Means for Your Center
Fire Safety Equipment (Sec. 102)	Fire safety addressed via combustible-materials rules.	Adds fire alarm/suppression per FPBSC; requires 2.5-lb+ ABC extinguisher on each floor plus one in kitchen; limits flammable liquids to 5 gallons.	Inventory extinguishers and confirm alarm/suppression systems and flammable-liquid storage compliance.
Emergency Drills (Sec. 103)	Fire/disaster drills required; no active-shooter mandate.	Adds active-shooter/intruder drills every 6 months; all drills must be conducted with children present; tornado monthly and flood/earthquake every 6 months retained.	Add intruder drills to schedule and document all drills with children present.
Lighting Standards (Sec. 106)	Higher lighting minimums (e.g., 70 fc food service; 50 fc desks).	Lowers several minimums (e.g., food service to 50 fc; desks/reading/art/med storage to 30 fc).	Less stringent lighting requirements; no action unless previously set to higher standards.



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Physical Plant, Safety, Fire, Records & Reporting Rule Changes- Sec 99-119, 11, 39, 41, 42, 45)

Area	Current Rule	Proposed Change	What It Means for Your Center
Exits (Sec. 107)	Exit requirements reference FPBSC only.	Adds explicit two-exit requirement per IC 12-17.2-3.5-10(a).	Ensure each licensed space has two compliant exits.
Bathroom Door Locks (Sec. 108)	Locks broadly prohibited.	Clarifies prohibition applies to stalls/partitions only; main bathroom door may lock; school-age stalls may latch.	Adjust doors if unnecessary hardware was removed.
Bathroom Fixtures (Sec. 113)	1 sink + 1 toilet per 15 children (age 2+).	Retains ratio; adds sealing requirements and sanitizable surfaces; requires steps/platforms if fixtures aren't child-sized.	Check sealing and accessibility in all restrooms.
Kitchen Standards (Sec. 116)	Food code: 410 IAC 7-24.	Updates to 410 IAC 7-26; requires 3 floor-to-ceiling walls and a fourth wall/door at least 3 ft.	Update references and verify kitchen wall setup.

Physical Plant, Safety, Fire, Records & Reporting Rule Changes- Sec 99-119, 11, 39, 41, 42, 45)

Area	Current Rule	Proposed Change	What It Means for Your Center
Telephone Access (Sec. 119)	On-site telephone required.	Allows working phone or cellular device; must notify division of number changes.	Cell phones can meet requirement; track/report number changes.
Reporting Requirements (Sec. 11)	Notify division within 24 hours of listed changes.	Retains 24-hour rule but tightens triggers (e.g., utility outages ≥ 2 hours; change in site director).	Update incident reporting SOP to reflect new triggers.
Staff Records (Sec. 41)	Staff files must include physical exam and TB verification.	Removes requirement for physical exams and TB screening (Sec. 85 repealed).	May remove from files; but verify accreditation or local requirements first.
Attendance & Recordkeeping (Sec. 45)	Written attendance records kept 1 year.	Allows electronic records/CCMS; requires weekly parent signature/initials; child records kept 3 years, staff schedules 1 year.	Ensure your system captures weekly parent sign-off and meets new retention timelines.



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Special Needs, Family Choice, Emergency & Closure Rule Changes- Sec 148, 3-4.8-1

Area	Current Rule	Proposed Change	What It Means for Your Center
Special Needs / Inclusion (Sec. 148)	Center forms a “resource team,” implements recommendations, and reviews twice yearly.	Reframed to family choice: parents choose provider and whether to share information; provider and parent may jointly develop support strategies; participation cannot be required for enrollment except for health/safety.	Shift to a parent-driven, voluntary model; update inclusion policies and language to reflect family choice.
Closure Conditions (Sec. 3-4.8-1)	Closure list focused mainly on building/utility hazards.	Adds: lead contamination, asbestos damage, lack of supervision causing death/serious injury, prohibited individual/no background checks, accessible weapons/ammunition, failure to report abuse/neglect.	Expanded closure triggers—strengthen policies on supervision, background checks, weapons storage, and mandated reporting.

Special Needs, Family Choice, Emergency & Closure Rule Changes- Sec 148, 3-4.8-1

Area	Current Rule	Proposed Change	What It Means for Your Center
Utility Outage Thresholds	Thresholds varied.	Water, electricity, or heat outages over 2 hours trigger closure.	Update emergency plans and reporting procedures to align with 2-hour threshold.
Division Enforcement Action	General authority to act on violations.	Requires formal emergency/temporary stop-operation order; mandates notifying all enrolled families with reason for closure.	Be prepared for formal closure notices and required parent communication if an order is issued.

Enrollment & Parent Communication- Sec 16,17,18

Current Rule	Proposed Change	What It Means for Your Center
Enrollment disclosures listed; no suspension/expulsion policy.	Adds required suspension-and-expulsion policy: must be shared before enrollment, support social-emotional growth, and include a defined process; expulsion for behavior not allowed unless steps are followed.	Draft and implement a compliant suspension/expulsion policy and share it with families at enrollment.
Parent communication and access provisions.	Streamlined; absent a court order, a parent may not be denied access to their child; periodic interview language removed.	Keep court orders on file; otherwise minimal changes—just clean up policies and procedures.

Repealed & Readopted Sections

- The following sections are fully repealed:
- Licensing enforcement (Revocation, Civil penalties)
- Grouping under 30 months
- Written program plans
- Coping with separation
- Playground & outdoor environment
- Food & health program sections
- Adult health requirements
- Facility-specific rules (furnace room, decorations)
- Infant & toddler equipment
- Existing licensed centers provisions

Repealed & Readopted Sections

- Some content moved into updated sections
- Others represent deregulation
- Key removals: playground standards & written program plans

NOTE:

- Accreditation may still require these practices
- → Maintain internal standards even if not required in rule

Sections Readopted (Sec. 94)

The following sections are readopted with NO changes:

- Licensing basics, staffing, records, ratios, discipline
- Program operations and safety sections
- Includes numerous sections across rule 4.7 and 3-4.8-2

Impact:

- No action needed for these areas
- Continue current compliance practices

Indiana Child Care Rule Analysis

Child Care Home Rule Changes (LSA #26-158)



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Indiana Child Care Rule Changes (LSA #26-158)

- **Rulemaking:** LSA Document #26-158 – Family Child Care Homes
- **Agency:** Indiana Family & Social Services Administration (FSSA), Division of Family Resources (DFR) / Office of Early Childhood & Out-of-School Learning
- **Citations Affected:** 470 IAC 3-1
- **Purpose/Context:** Update rules to modern practices and federal requirements, provide clarification, and reduce regulatory burden on providers

Definitions, Technology & Records

Area	Current Rule	Proposed Change	What It Means for Your Program
Terminology	Provider-focused terminology varies throughout rule.	Updates and standardizes terms to align with CCDF and modern licensing practices.	Policies, forms, and training materials may need terminology updates.
Child Care Management Software (CCMS)	Not specifically defined in rule.	Adds definition and recognizes CCMS as an approved recordkeeping tool.	Greater flexibility to use electronic systems for attendance and records.
Attendance Records	Paper attendance commonly used.	Electronic attendance records allowed.	Reduces paperwork and improves record accuracy.
Parent Verification	Not clearly defined.	Weekly parent verification required.	Programs should ensure electronic systems can capture parent acknowledgement.
Record Retention	Existing retention requirements vary.	Child records retained for 3 years.	Review record retention practices and electronic storage capacity.



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Workforce and Background Checks

Area	Current Rule	Proposed Change	What It Means for Your Program
Medical & TB Documentation	Providers maintain health and TB documentation.	Removes medical exam and TB documentation requirements.	Reduces administrative burden and onboarding requirements.
Background Checks	Existing criminal history requirements apply.	Clarifies national background checks and establishes 3-year expiration.	Programs should develop a process to track renewal deadlines.
Definitions of Eligible Caregivers	Existing definitions less detailed.	Adds updated workforce definitions.	Clarifies who may provide care and meet licensing requirements.

Emergency Preparedness, Training & Health

Area	Current Rule	Proposed Change	What It Means for Your Program
Emergency Preparedness Plans	General emergency procedures required.	Requires written emergency preparedness plans.	Programs should review and update emergency planning documentation.
Emergency Drills	Existing drill requirements apply.	Monthly and semiannual drill requirements clarified.	Increased documentation and scheduling responsibilities.
Reporting Requirements	Reporting requirements exist but are less prescriptive.	Requires reporting within 24 hours for injuries, outages, arrests, and other incidents.	Programs should establish internal reporting procedures.
Disease Notifications	Disease response requirements vary.	Requires notification when two or more cases occur.	Creates a more standardized outbreak response process.
Infant Safety Training	Training requirements less specific.	Safe sleep, SIDS, and shaken baby syndrome training required.	Additional onboarding and annual training requirements.



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Family Engagement, Inclusion and Discipline

Area	Current Rule	Proposed Change	What It Means for Your Program
Discipline Practices	Existing discipline requirements apply.	Emphasizes guidance and social-emotional support.	Programs may need to revise discipline policies and staff training.
Suspension & Expulsion	No comprehensive written policy requirement.	Written suspension and expulsion policies required.	Programs must develop and distribute compliant policies.
Family Communication	Existing communication expectations apply.	Greater emphasis on family engagement and transparency.	Review enrollment and parent communication materials.

Operations & Ratios

Area	Current Rule	Proposed Change	What It Means for Your Program
Student Assistants	Requirements less explicit.	Must be supervised and cannot be left alone with children.	Clarifies supervision expectations and staffing practices.
Ratio Participation	Student assistants may assist with care.	Student assistants may count in ratio under specified conditions.	Programs should review staffing plans and supervision requirements.
Toddler Definition	Toddler defined as 12–24 months.	Toddler defined as 12–36 months.	May affect planning, grouping, curriculum, and supervision expectations.

Practical Steps to Get Ahead of the Proposal

- Submit a public comment by July 6, 2026 if any change concerns you (email fssarulecomments@fssa.in.gov, referencing LSA #26-159).
- Write or refresh a suspension-and-expulsion policy - it becomes a required enrollment disclosure (Sec. 16).
- Build written allergy action plans and an epinephrine medical-bag protocol for leaving the classroom (Sec. 82.5).
- Adopt the detailed safe-sleep policy, train staff on it annually, and obtain medical waivers (State Form 56619) where needed (Sec. 96.5).

Practical Steps to Get Ahead of the Proposal

- Schedule active-shooter/intruder drills every 6 months and document them with children present (Sec. 103).
- Verify a compliant ABC fire extinguisher on each floor and in the kitchen; and check alarm/suppression status (Sec. 102).
- Enroll child-facing staff in the 90-day state LMS orientation; track infant safe-sleep and school-age trainings (Sec. 32).
- Update job descriptions and hiring criteria to the revised director, caregiver, and lead-caregiver qualifications (Secs. 21, 24, 25).

Practical Steps to Get Ahead of the Proposal

- Page 2 Proposed Child Care Center Rule Changes - LSA #26-159
- Confirm your attendance system supports weekly parent sign-off and retention of 3 years (children) / 1 year (staff) - CCMS is now expressly allowed (Sec. 45).
- Before relaxing any internal practice (staff TB checks, posted ratio chart, playground standards), confirm NAEYC/NECPA accreditation does not still require it.

Writing Effective and Impactful Public Comment

What to Do	Why It Matters
Be specific about the rule section.	Regulators evaluate comments section-by-section.
Lead with your experience - Explain the operational impact	Decision-makers need to understand how a change affects providers, families, staffing, and costs.
Use examples and data.	Real-world examples carry more weight than opinions alone.
Suggest alternatives.	Agencies are more likely to consider comments that offer solutions.
Focus on outcomes.	Explain how the change affects child safety, quality, workforce recruitment, affordability, or access.
Be professional and respectful.	Constructive feedback is more persuasive than criticism alone.

Questions Policymakers Consider

When reviewing a proposal, agencies often ask:

- Does this improve child safety?
- Does this increase or decrease access to care?
- What is the cost to providers?
- Will it worsen workforce shortages?
- Is the requirement practical to implement?
- Are there unintended consequences?

The most persuasive comments answer these questions.

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Example

Strong comments explain "why" and "what happens next"

Instead of:

"I don't like this rule/policy..."

Try:

"This requirement would increase operating costs by \$XX for my program, potentially reducing infant enrollment capacity and limiting access for families."

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Any Questions?



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