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Child Care and Development Fund (CCDF) Plan
for
State/Territory Rhode Island

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Certified as of 2024-09-15 17:49:39 GMT

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

Table of Contents

Overview

Introduction

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

Completing the Plan

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

Review and Amendment Process

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

Appendix 1: Implementation Plan

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

1.1 CCDF Leadership

The governor of a State or Territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the State or Territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications.

1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

a. Lead Agency or Joint Interagency Office Information:

   i. Name of Lead Agency: **Department of Human Services**

   ii. Street Address: **25 Howard Ave, Building 57**

   iii. City: **Cranston**

   iv. State: **Rhode Island**

   v. ZIP Code: **02920**

   vi. Web Address for Lead Agency: **www.dhs.ri.gov**

b. Lead Agency or Joint Interagency Official contact information:

   i. Lead Agency Official First Name: **Ronald**

   ii. Lead Agency Official Last Name: **Racine**

   iii. Title: **Senior Associate Director**

   iv. Phone Number: **401-787-4042**

   v. Email Address: **ronald.racine@dhs.ri.gov**

1.1.2 CCDF Administrator

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the State's or Territory's CCDF program. The OCC will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

a. CCDF Administrator contact information:

   i. CCDF Administrator First Name: **Nicole**

ii. CCDF Administrator Last Name: **Chiello**

iii. Title of the CCDF Administrator: **Assistant Director, Office of Child Care, Department of Human Services**

iv. Phone Number: **401-487-6603**

v. Email Address: **Nicole.Chiello@dhs.ri.gov**

b. CCDF Co-Administrator contact information (if applicable):

i. CCDF Co-Administrator First Name:

ii. CCDF Co-Administrator Last Name:

iii. Title of the CCDF Co-Administrator:

iv. Phone Number:

v. Email Address:

vi. Description of the Role of the Co-Administrator:

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program. Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Entity establishing CCDF program rules

Which of the following CCDF program rules and policies are administered (i.e., set or established) at the State or Territory level or local level? Identify whether CCDF program rules and policies are established by the State or Territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards.

Check one of the following:

a. **[x]** All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)

b. **[ ]** Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:

i. Eligibility rules and policies (e.g., income limits) are set by the:

[ ] State or Territory.

[ ] Local entity (e.g., counties, workforce boards, early learning coalitions).

[ ] Other. Identify the entity and describe the policies the entity can set:

ii. Sliding-fee scale is set by the:

[ ] State or Territory.

[ ] Local entity (e.g., counties, workforce boards, early learning coalitions).

[ ] Other. Identify the entity and describe the policies the entity can set:

iii. Payment rates and payment policies are set by the:

[ ] State or Territory.

[ ] Local entity (e.g., counties, workforce boards, early learning coalitions).

[ ] Other. Identify the entity and describe the policies the entity can set:

iv. Licensing standards and processes are set by the:

[ ] State or Territory.

[ ] Local entity (e.g., counties, workforce boards, early learning coalitions).

[ ] Other. Identify the entity and describe the policies the entity can set:

v. Standards and monitoring processes for license-exempt providers are set by the:

[ ] State or Territory.

[ ] Local entity (e.g., counties, workforce boards, early learning coalitions).

[ ] Other. Identify the entity and describe the policies the entity can set:

vi. Quality improvement activities, including QIS, are set by the:

[ ] State or Territory.

[ ] Local entity (e.g., counties, workforce boards, early learning coalitions).

[ ] Other. Identify the entity and describe the policies the entity can set:

vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level:

1.2.2 Entities implementing CCDF services

The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility for CCDF. Complete the table below to identify which entity(ies) implements or performs CCDF services.

Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who assists parents in locating child care (consumer education)?	[x]	[ ]	[ ]	[x]	[ ] Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who issues payments?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who monitors licensed providers?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who monitors license-exempt providers?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who operates the quality improvement activities?	[x]	[ ]	[ ]	[x]	[ ] Describe:

1.2.3 Information systems availability

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include, at a minimum, the elements below.

a. Tasks to be performed.

[x] Yes. If yes, describe: **The Department of Human Services has dedicated staff charged with executing and monitoring contracts to oversee activities for all CCDF funding. Contracts include materials such as Scopes of Work with clear deliverables. Both monthly and quarterly reports are submitted to DHS for review and tracking of deliverables. Bi-Weekly meetings are conducted to monitor progress and mitigate any issues.**

[ ] No. If no, describe:

b. Schedule for completing tasks.

[x] Yes. If yes, describe: **In a contract's Scope of Work, all deliverables are outlined with the frequencies in which they will occur and the timeline for it to be completed. Our Bi-weekly meetings are used to track tasks and monitor any arising issues.**

[ ] No. If no, describe:

c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

[x] Yes. If yes, describe: **All contracts include a budget template detailing expenses which agencies seek reimbursement. These contracts are reviewed by the DHS program manager, DHS program assistant director and the DHS financial department, DHS legal and the Director. All vendors or subrecipients deliver monthly detailed invoicing on a DHS template (FM-1). The form includes a comparison to the amounts in the contract budget and a certification that expenses are accurate and are for the purposes and objectives set forth in the terms and conditions of the grant**

agreement and grant budget. Along with this form, vendors or subrecipients must also submit proof of expenditures.

[ ] No. If no, describe:

d. Indicators or measures to assess performance of those agencies.

[x] Yes. If yes, describe: **Before a contract is granted, a risk assessment is done and reviewed annually. DHS uses a standard contract template designed to meet UGG, state, and agency requirements. The contract includes sections on scope of work, payment terms and conditions and required audit reports for review. Monthly and quarterly reporting are reviewed to ensure that the agency is achieving the goals set forth in their contract and that the timelines are adhered to.**

[ ] No. If no, describe:

e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **A DHS program manager oversees the contract by monitoring the reports and ensuring accountability. Aside from the monthly invoicing the program manager tracks CCDF spending by line item to ensure the monies are accurately reported and the agency stays within budget requirements. In addition, invoices are reviewed on a monthly basis for allowable costs by both program and financial management.**

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

[x] Yes.

[ ] No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

[x] Yes.

[ ] No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **The State of Rhode Island convenes a Permanent Legislative Commission on Child Care (PLCC), a joint committee of the Rhode Island Legislature which supports recommendations on funding and policy initiatives that require action by the legislature and/or the Governor's Office. Rhode Island's CCDF Administrator is part of the PLCC and consistently provides updates at monthly meetings that specifically outline Lead Agency tasks that align with the work in the state plan. This commission is inclusive of city and state representatives, advocates and members of local government as well as state agency leaders. The state plan is specifically the work that the Lead Agency is doing with CCDBG funds in child care, and that work is highlighted monthly as part of agency updates at the meetings. In addition, per CCDF plan development requirements, notification of a public hearing was shared with the members of the commission on May 14th, and an outline of this plan was shared with the members as well. We will also be working on consulting with the RI League of Cities and towns to gather perspectives from local government about the availability and quality of child care on a more consistent basis.**

a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **Rhode Island has an Early Learning Council that was formed in 2010 according to guidelines for State Early Care and Education Advisory Councils outlined in federal law. Council members are appointed by the Governor and include key leaders representing all sectors of the early learning and development field serving children from birth through third grade. The Early Learning Council meets quarterly, and the agenda for the March 27, 2024 meeting was around two main topics of discussion. The first topic was a discussion around input on the CCDF plan, and the second topic was an update on the implementation of new rules for the CCDF plan.**

b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **The lead agency has engagement with two tribal organizations that are part of the State, the Narragansett and Aquinnah. The Narraganset**

tribe currently operates a center child care program in the state. This tribe is currently in a transitional period regarding a change to leadership who previously engaged and collaborated with the Lead Agency. The state is in regular communication with the tribe to determine the best point of contact moving forward to ensure that they can continue to be a part of these conversations. The Aquinnah are based in Massachusetts but do have children that attend child care in Rhode Island. The state has contacted this tribe via email as recently as 5/10 to begin conversations about further collaboration and to invite members to be part of a family advisory committee specific to CCAP benefits and child care programs in general. Representatives from the Narragansett tribe will also be invited to be a part of this board. Additionally, state plans and regulatory changes are sent to the contacts for both tribes during any revision. The state aims to improve communication with both tribal organizations over the course of this state plan. We have not heard back from tribes during this time, but will continue outreach.

c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **The CCDF plan was posted for public comment and an email was provided to every provider regarding how to access the draft plan, as well as how to provide feedback and comments. This email was also circulated through the RISES workforce registry system to the entire workforce so they were directly able to provide feedback. It was circulated through all state agencies, as well as any public open meetings that happened during the public comment period time.**

1.3.2 Public hearing process

Lead Agencies must hold at least one public hearing in the State or Territory, with sufficient Statewide or Territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan.

Describe the Statewide or Territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan.

i. Date of the public hearing: **6/3/2024**

Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).

ii. Date of notice of public hearing: **5/14/2024**

iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?

[x] Yes.

[ ] No. If no, describe:

iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice**The public comment period of the state plan was sent out via email in both English and Spanish to all providers, the workforce, lead agency contracted vendors and various advocacy groups. The information regarding the public comment period was posted on**

https://dhs.ri.gov/regulations/proposed-rules-regulations-hearings. During the public comment hearing the Lead Agency ensures that a Spanish speaking interpreter is on site to translate in real time.

v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **Rhode Island is a small state, and the Department of Human Services office is centrally located in Cranston, RI. We had a public hearing at the DHS office and allowed public comment to be submitted anytime during the public comment period via email or mail.**

vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **The plan was made available in both English and Spanish on the website: https://dhs.ri.gov/regulations/proposed-rules-regulations-hearings**

vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **The lead agency provided ample time at the end of public comment period to ensure that all comments were addressed in some format and responded to individually, to ensure all comments were read and considered. Information from all of the public comments that were provided were specifically addressed within the plan where applicable. and additional comments that were around other things we can do in the future were responded to individually. Rhode Island did make line edits to the state plan based on the feedback of the public comment process as there was information that rightfully should have been included or added in our plan responses.**

1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **https://dhs.ri.gov/regulations/state-plans**

b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.

i. **[x]** Working with advisory committees. Describe: **When we complete the plan or any changes to the plan, we provide the information to the Early Learning Council during quarterly updates.**

ii. **[x]** Working with child care resource and referral agencies. Describe: **Our child care resource and referral agency is on our list serve and receives all communication that is sent to the provider community and/or workforce, including when there is a change in the plan.**

iii. **[x]** Providing translation in other languages. Describe: **Beginning with this state plan, we will have all amendments and the state plan translated into Spanish as well as English.**

iv. **[x]** Sharing through social media (e.g., Facebook, Instagram, email). Describe: **The lead agency sends out emails to the provider community and the workforce when there are changes to the state plan. These emails speak to where the information can be found and highlight the specific changes that are taking place.**

v. **[x]** Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **The lead agency sends out emails to the provider community and the workforce when there are changes to the state plan. These emails speak to where the information can be found, also highlight the specific changes that are taking place.**

vi. **[ ]** Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe:

vii. **[x]** Direct communication with the child care workforce. Describe: **Our RISES workforce registry allows for direct notifications to go out to all registry participants.**

viii. **[ ]** Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent's ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent's work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency's eligibility and enrollment policies support access for eligible children and families.

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents' employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, Lead Agencies can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

2.1.1 Eligibility practices to reduce barriers to enrollment

a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.

i. [ ] Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is:

ii. [x] Leveraging eligibility from other public assistance programs. Describe: **Families who are approved and participating in the RI Works cash assistance program are eligible for CCAP benefits based on their RIW approved employment plan.**

iii. [ ] Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe:

iv. [x] Self-assessment screening tools for families. Describe: **Eligibility information is available for families to review prior to application. It can be found on the family benefit information page on the DHS website here: https://dhs.ri.gov/programs-and-services/child-care/child-care-assistance-program-ccap/ccap-family-eligibility-how**

v. [ ] Extended office hours (evenings and/or weekends).

vi. [x] Consultation available via phone.

vii. [x] Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **The Lead Agency tracks timeliness of all program application and recertification review and processing. This information is shared in bi-weekly all program leadership meetings for review and input from programs leads. Both CCAP applications and recertifications can be done one-line or via a paper application and do not require an interview in person or over the phone with an eligibility worker to be processed.**

viii. [ ] None.

b. Does the Lead Agency use an online subsidy application?

[x] Yes.

[ ] No. If no, describe why an online application is impracticable.

c. Does the Lead Agency use different policies for families receiving TANF assistance?

[x] Yes. If yes, describe the policies: **DHS has an integrated eligibility system where families can use one application to apply for RIWorks TANF cash assistance, SNAP, CCAP and medical benefits. Information about eligibility for each of these programs can be found on the DHS website at www.dhs.ri.gov or at the DHS field offices. Families receiving TANF assistance are eligible for child care benefits as a wraparound service to their RIWorks cash-assistance participation. Child Care benefits for RIW participating families is based on the approved work plan required as part of RIW eligibility. Families approved for CCAP benefits as part of RIWorks receive the same 12-month certificate for CCAP and the same CCAP benefits as applicants who apply for CCAP outside of RIW participation.**

[ ] No.

2.1.2 Preventing disruption of eligibility activities

a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

i. **[x]** Advance notice to parents of pending redetermination.

ii. **[x]** Advance notice to providers of pending redetermination.

iii. **[x]** Pre-populated subsidy renewal form.

iv. **[x]** Online documentation submission.

v. **[x]** Cross-program redeterminations.

vi. **[ ]** Extended office hours (evenings and/or weekends).

vii. **[x]** Consultation available via phone.

viii. **[x]** Leveraging eligibility from other public assistance programs.

ix. **[ ]** Other. Describe:

b. Does the Lead Agency use different policies for families receiving TANF assistance?

[x] Yes. If yes, describe the policies: **RI Works TANF assistance participants' CCAP eligibility is provided as a wraparound service to RIW families based on their RIW employment plan whereas income eligible applicants eligibility is based, in part, on meeting the employment, training or college activity requirements. RIW participating families do receive the same 12-month certification for CCAP.**

[ ] No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income (SMI) for a family of the same size and whose family assets do not exceed $1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

a. Does your Lead Agency serve the full federally allowable age range of children through age 12?

[x] Yes.

[ ] No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

[ ] No.

[x] Yes.

i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **Lead Agency regulations 218-RICR-20-00-4 section 4.3.1 A.1.2.(1) define disability as a documented physical or mental disability which makes the child incapable of self-care.**

c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

[x] No.

[ ] Yes. If yes, and the upper age is (may not equal or exceed age 19):

d. How does the Lead Agency define the following eligibility terms?

i. "residing with": **Lead Agency regulations 218-RICR-20-00-4 states the following as the definition: Dependent child must be living with a relative of acceptable degree of relationship in a home maintained by such relative. The establishment of relationship is either biologically, through marriage, or through legal guardianship. The home serves as the principal place of residence for the child i.e. where the child lives the majority of the time.**

ii. "in loco parentis": **Lead Agency regulations 218-RICR-20-00-4 section 2.A. 54 states: When the relative with whom the child lives is not the biological or adoptive parent the term in loco parentis (in place of the parent) is used.**

2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

a. Identify which of the following activities are included in your definition of "working" by checking the boxes below:

i. **[x]** An activity for which a wage or salary is paid.

ii. **[x]** Being self-employed.

iii. **[ ]** During a time of emergency or disaster, partnering in essential services.

iv. [ ] Participating in unpaid activities like student teaching, internships, or practicums.

v. [ ] Time for meals or breaks.

vi. [x] Time for travel.

vii. [ ] Seeking employment or job search.

viii. [ ] Other. Describe:

b. Identify which of the following activities are included in your definition of "attending job training" by checking the boxes below:

i. [x] Vocational/technical job skills training.

ii. [x] Apprenticeship or internship program or other on-the-job training.

iii. [x] English as a Second Language training.

iv. [x] Adult Basic Education preparation.

v. [ ] Participation in employment service activities.

vi. [ ] Time for meals and breaks.

vii. [x] Time for travel.

viii. [x] Hours required for associated activities such as study groups, lab experiences.

ix. [ ] Time for outside class study or completion of homework.

x. [x] Other. Describe: **The Lead Agency has both CCAP for training and CCAP for College. CCAP for Training provides child care benefits for participants enrolled in a minimum of 20 hours of a job readiness training approved through the Governor's Workforce Board or other approved job readiness activities such as apprenticeships. CCAP for College provides child care benefits for applicants enrolled in an Associate's or Bachelor's degree programs in state institutions of higher learning for a minimum of 7 credit hours per week or a combination of credit hours and work hours that meets the required 20 hour minimum approved activity requirement. For CCAP for College, hours required for study and completion of homework are factored in to the 1 credit = 3 need hours calculation. This calculation does not apply to CCAP for Training.**

c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of "attending an educational program" by checking the boxes below:

i. [x] Adult High School Diploma or GED.

ii. [ ] Certificate programs (12-18 credit hours).

iii. [ ] One-year diploma (36 credit hours).

iv. [x] Two-year degree.

v. [x] Four-year degree.

vi. [x] Travel to and from classrooms, labs, or study groups.

vii. [x] Study time.

viii. **[x]** Hours required for associated activities such as study groups, lab experiences.

ix. **[x]** Time for outside class study or completion of homework.

x. **[ ]** Applicable meal and break times.

xi. **[x]** Other. Describe: **The lead agency has both CCAP for Training and CCAP for College. CCAP for Training provides child care benefits for participants enrolled in a minimum of 20 hours of a job readiness training approved through the Governor's Workforce Board or other approved job readiness activities such as apprenticeships. CCAP for College provides child care benefits for applicants enrolled in an Associate's or Bachelor's degree program in a state institutions of higher learning for a minimum of 7 credit hours per week or a combination of credit hours that meets the required 20 hour minimum approved activity requirement. For CCAP for College, hours required for study and completion of homework are factored in to the 1 credit = 3 need hours calculation. This calculation does not apply to CCAP for Training.**

d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?

[ ] No.

[x] Yes.

If yes, describe any Lead Agency-imposed minimum requirement for the following:

[x] Work. Describe: **A minimum of 20 hours per week**

[x] Job training. Describe: **A minimum of 20 hours per week**

[x] Education. Describe: **A minimum of 20 hours per week (1 credit = 3 need hours).**

[x] Combination of allowable activities. Describe: **Work hours and CCAP for College hours can be combined to meet the minimum 20 hour per week requirement for approved activity.**

[ ] Other. Describe:

e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?

[x] Yes.

[ ] No. If no, describe the additional work requirements:

f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of "children who receive or need to receive protective services?"

Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency's protective services definition.

[x] No. If no, skip to question 2.2.3.

[ ] Yes. If yes, answer the questions below:

Provide the Lead Agency's definition of "protective services" by checking below the sub-populations of children that are included:

[ ] Children in foster care.

[ ] Children in kinship care.

[ ] Children who are in families under court supervision.

[ ] Children who are in families receiving supports or otherwise engaged with a child welfare agency.

[ ] Children participating in a Lead Agency's Early Head Start - Child Care Partnerships program.

[ ] Children whose family members are deemed essential workers under a governor-declared state of emergency.

[ ] Children experiencing homelessness.

[ ] Children whose family has been affected by a natural disaster.

[ ] Other. Describe:

g. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

[ ] No.

[ ] Yes.

h. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

[ ] No.

[ ] Yes.

i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

[ ] No.

[ ] Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

[x] There is a statewide limit with no local variation.

[ ] There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

[ ] Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

[ ] Other. Describe:

2.2.4 Initial eligibility: income limits

a. Complete the appropriate table to describe family income limits.

i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2	7102.92	47.93	3406.67
3	8772.96	49.05	4303.33
4	10444.00	49.79	5200.00
5	12115.04	50.32	6096.67

ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

[x] Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

[ ] Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

[ ] No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			
3			
4			
5			

ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			
3			
4			
5			

iii. Region/locality that is most populous:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			
3			
4			
5			

iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

[ ] Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

[ ] Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.

[ ] No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

c. How does the Lead Agency define "income" for the purposes of eligibility at the point of initial determination? Check all that apply:

i. **[x]** Gross wages or salary.

ii. **[x]** Disability or unemployment compensation.

iii. **[x]** Workers' compensation.

iv. **[x]** Spousal support, child support.

v. **[x]** Survivor and retirement benefits.

vi. **[x]** Rent for room within the family's residence.

vii. **[x]** Pensions or annuities.

viii. **[x]** Inheritance.

ix. **[x]** Public assistance.

x. **[x]** Other. Describe: **Dividends or interest on savings or bonds; Income from estates or trusts; Adjusted Gross Rental Income; Adjusted Gross Room and Board Income; Government civilian employee or military retirement; Cash payouts for waiving employer sponsored health insurance; Adoption subsidies; Regular contributions from persons not living in the household; Royalties; Strike Benefits; Trade Readjustment Allowance; VA Compensation Payments, VA Educational Benefits, Spousal/Dependent Allowances and Military Allotments; Payments to volunteers under AmeriCorps (payments to volunteers under AmeriCorps/VISTA are excluded); Foster care payments made by the Rhode Island Department of Children, Youth and Families (when the child is included in the assistance unit); In-Kind Assistance; Non-citizen Sponsor Income (includes income of the sponsor and sponsor's spouse**

d. What is the effective date for these income eligibility limits? **200% FPL was established as the income entry level for CCAP eligibility on July 1, 2022. The FPL chart is updated annually with the new FPL values and the newest values were effective on 2/18/24.**

e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits? **[x]** LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2024**

[x] Other. Describe: **The lead agency uses the Federal Poverty Limit to implement the program.**

f. Provide the direct URL/website link, if available, for the income eligibility limits. **https://dhs.ri.gov/programs-and-services/child-care/child-care-assistance-program-ccap/ccap-family-eligibility-how#:~:text=Families%20with%20incomes%20at%20or%20below%20200%20percent,when%20delivered%20by%20a%20CCAP-approved%20child%20care%20provider**

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

i. **[x]** Average the family's earnings over a period of time (e.g., 12 months).

Identify the period of time **Four weeks of paystubs/income statements**

ii. **[ ]** Request earning statements that are most representative of the family's monthly income.

iii. **[x]** Deduct temporary or irregular increases in wages from the family's standard income level.

iv. **[x]** Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings: **Prospective budgeting is used based on the knowledge and reasonable expectation of income throughout the eligibility period. Income is verified for the thirty (30) day period immediately preceding the date of application. This is used to project the household's anticipated income during the eligibility period. If the previous thirty (30) days are not representative of the household's future income, for example, when the employment is seasonal, income used to determine eligibility should be based upon the agency's knowledge of the applicant's anticipated future circumstances. For households with this type of income, the agency representative may use the most recent season that is comparable to the anticipated income.**

2.2.6 Family asset limit

a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed $1,000,000?

[x] Yes.

[ ] No. If no, describe:

b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

[x] No.

[ ] Yes. If yes, describe the policy or procedure:

2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

a. **[x]** Eligibility determination? If checked, describe: **Child must be under 13 years of age (up to 18 years of age with a documented disability that prevents self-care), must be a citizen or have legal immigration status, must have a legal relationship with the applicant parent/adult, must live with the applicant parent/adult, both must reside in the state of RI. Applicant parent/adult must meet minimum approved activity requirements for employment (minimum wage), training, college or RIW cash assistance. Applicant parent/adult must comply with the Office of Child Support with no active sanctions as relates to the applicant child. Household income must be at or below 200% of the Federal Poverty Limit.**

b. **[x]** Eligibility redetermination? If checked, describe: **Child must be under 13 years of age (up to 18 years of age with a documented disability that prevents self-care), must be a citizen or have legal immigration status, must have a legal relationship with the applicant parent/adult, must live with the applicant parent/adult, both must reside in the state of RI. Applicant parent/adult must meet minimum approved activity requirements for**

employment (minimum wage), training, college or RIW cash assistance. Applicant parent/adult must comply with the Office of Child Support with no active sanctions as relates to the applicant child. Household income cannot exceed the transitional child care income limit of 300% of the Federal Poverty Limit.

2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
[x]	**[x]**	Applicant identity. Describe how you verify: **Valid picture ID, Drivers License, School/Work ID, Immigration/Naturalization Documents, Birth Certificate, US Passport (Citizenship documents required for Child only)**
[x]	**[x]**	Applicant's relationship to the child. Describe how you verify: **Birth Certificate, Adoption papers or records, Hospital or public health records of birth or parentage, Child support paternity records, Marriage license/tribal marriage certificates, Divorce/custody papers, Guardianship papers or records**
[x]	**[x]**	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: **Birth Certificate, Adoption/Guardianship papers or records, Hospital or public health records of birth, Child support paternity records**
[x]	**[x]**	Work. Describe how you verify: **Paystubs, employer statement, Work Number, Self-Employment ledger**
[x]	**[x]**	Job training or educational program. Describe how you verify: **Enrollment verification form signed by Training Provider/Educational Program and verified through Governor's Workforce Board or WIOA (Workforce Innovation and Opportunity Act) training or Program Administrator. For CCAP for College, evidence of current enrollment in a degree program at a RI public institution of higher education including semester, total credits and schedule.**

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Family income. Describe how you verify: **Paystubs showing the last 30 days of income; Employer statement showing income before taxes, hourly work schedule and the number of hours worked for the past four weeks (if paid in cash or do not have your check stubs); Proof of receipt of unemployment insurance benefits, temporary disability benefits (TDI), Veteran's Administration (VA) benefits, Social Security, Supplemental Security Income, or Veteran's Benefits award letter; Proof of self-employment income i.e., self-employment ledger (includes rental income and freelance work); Retirement or disability benefit award letters; Child Support court order; Proof of alimony received**
[x]	[x]	Household composition. Describe how you verify: **Self reported.**
[x]	[x]	Applicant residence. Describe how you verify: **Rent or mortgage receipts showing address; Lease agreement or letter from landlord; Mail received with your home address (utility bills, bank statements); Voter registration card**
[ ]	[ ]	Other. Describe how you verify: **N/A**

2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

a. Identify the TANF agency that established these criteria or definitions: **Rhode Island Department of Human Services**

b. Provide the following definitions established by the TANF agency:

i. "Appropriate child care": **An individual or program that: (1) has met the requirements established by the Department of Human Services to participate in the CCAP; and (2) entered into a signed and valid agreement with the DHS specifying the terms and conditions for enrolling eligible children and receiving payment for CCAP allowable child care expenses.**

ii. "Reasonable distance": **The distance between the child care provider and the individual's residence and/or their job or work activity is not substantially greater than the distance that others living in the same town or city would travel for child care services and then to their work/activity.**

iii. "Unsuitability of informal child care": **Care that does not meet the criteria in the definition of appropriate child care would be considered unsuitable**

iv. "Affordable child care arrangements": **The Rhode Island TANF Program extends eligibility for the CCAP to Rhode Island Works Program (RIW) cash assistance recipients, including Teen and Family Development participants, who meet the need for services. All child care arrangements for Rhode Island Works/TANF recipients are deemed affordable, as these families are not required to pay a co-payment to RI DHS CCAP Rhode Island Approved Providers. In addition, providers are prohibited from charging families the difference between the maximum reimbursement rate and their private pay rate.**

c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?

i. **[x]** In writing

ii. **[x]** Verbally

iii. **[ ]** Other. Describe:

2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

CCDF defines "child experiencing homelessness" as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a).

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

d. "Children with special needs." **a child with disabilities who requires special education, specialized healthcare, or other functional needs or services, or a child receiving Early Intervention under Part C of the Individuals with Disabilities Education Act**

e. "Families with very low incomes." **Families with incomes at or below 100% of the Federal Poverty Limit based on the household size are considered very low income and are not required to make any co-payment or family share payment toward their child care services.**

2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

a. Complete the table below to indicate how the identified populations are prioritized.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	[ ]	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Families with very low incomes	[ ]	[x]	[x]	[ ]	[ ]	[ ] Describe:
Children experiencing homelessness, as defined by CCDF	[ ]	[x]	[x]	[ ]	[ ]	[ ] Describe:
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	[ ]	[x]	[x]	[ ]	[ ]	[ ] Describe:

a. Does the Lead Agency define any other priority groups?

[ ] No.

[x] Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **Teen parents participating in the Teen and Family Development Program that are employed, attending school or participating in education related activities for a minimum of twenty (20) hours per week on average, may be authorized for CCAP benefits. Families participating in RIWorks Cash Assistance/TANF are CCAP eligible based on their required work plan. The lead agency supports prioritization for children involved with the Department of Children, Youth and Families to identify quality child care placements for children. Children with DCYF involvement are prioritized for Head Start placements.**

2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **Families experiencing homelessness have 90 days after initial application to provide documents required to make an eligibility determination. Families experiencing homelessness are not responsible for a copay/family share contribution to child care benefits ($0 copy). Providers can immediately enroll children and receive payment for services during the 90-day period. Providers can enroll children without proof of immunization or other medical records and families have 90 days to provide these records.**

b. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.

   i. Provide the policy for a grace period for:

      Children experiencing homelessness: **90-day grace period for applicant to provide eligibility documents and child/ren's immunization/health documentation**

      Children who are in foster care: **90-day grace period to obtain child/ren's immunization and health record documentation**

   ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?

      [x] Yes.

      [ ] No. If no, describe:

c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **DHS has developed a relationship with the School and Adolescent Services Coordinator in the Office of Immunization at the Rhode Island Department of Health (RIDOH). Through this collaboration DHS is able to have direct access to this content expert as it relates to not only ensuring that the children are up to date on mandatory vaccines but also to support families in accessing immunization services through either clinics or direct referrals for any families who may be in that grace period. DHS is also able to access real time guidance for any instance in which a family is not willing to vaccinate a child. Additionally, DHS partners with this office to support a yearly immunization survey of child care centers that provides information to both DHS and RIDOH as to where there may be areas of the state where vaccine requirements are not being met consistently. This allows for both DHS and RIDOH to outreach providers to gather more information as to why this is occurring and assess if regulatory language or guidance within either Department should be updated to support this work.**

2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.

i. **[x]** Application in languages other than English (application and related documents, brochures, provider notices).

ii. **[x]** Informational materials in languages other than English.

iii. **[x]** Website in languages other than English.

iv. **[x]** Lead Agency accepts applications at local community-based locations.

v. **[x]** Bilingual caseworkers or translators available.

vi. **[x]** Bilingual outreach workers.

vii. **[x]** Partnerships with community-based organizations.

viii. **[x]** Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.

ix. **[x]** Home visiting programs.

x. **[ ]** Other. Describe:

b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.

i. **[ ]** Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.

ii. **[x]** Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).

iii. **[x]** Caseworkers with specialized training/experience in working with individuals with disabilities.

iv. **[ ]** Ensuring accessibility of environments and activities for all children.

v. **[x]** Partnerships with State and local programs and associations focused on disability- related topics and issues.

vi. **[x]** Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.

vii. **[x]** Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.

viii. **[x]** Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.

ix. **[x]** Other. Describe: **Through the Rhode Island Office of Rehabilitative Services (ORS), the lead agency administers The Vocational and Rehabilitation Program to assist individuals with disabilities to choose, prepare for, obtain, advance in, and**

maintain employment. Through ORS, the lead agency administers Services for the Blind and Visually Impaired (SBVI) providing services designed to help individuals of all ages achieve independence at home, in the community, and in the workplace. Through ORS, the lead agency provides the Adaptive Telephone Equipment Loan Program (ATEL) to provide landline and wireless devices on loan to individuals who are Deaf, Hard of Hearing, have a speech disability, or have neuromuscular damage or disease that hinders them from using a standard telephone. The ATEL Program also offers a Hearing and Speech Lab that provides iPad/iPhone training with devices available for short term loans. Also through ORS, the lead agency participates in the Assistive Technology Access Partnership (ATAP), a statewide partnership of organizations, each with a targeted assistive technology focus, working together to improve access to and acquisition of assistive technology for individuals with disabilities.

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.

i. **[x]** Lead Agency accepts applications at local community-based locations.

ii. **[x]** Partnerships with community-based organizations.

iii. **[ ]** Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.

iv. **[ ]** Other. Describe:

b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.

i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. The lead agency funds several initiatives to support professional development and technical assistance to providers who work with homeless families and children including: The Center for Early Learning Professionals offers a three-session professional development series for educators on the topic of trauma and young children. Included in the series is a focus on the relationship between homelessness and toxic stress and the adverse effects of homelessness on young children's development. The community has access to several online resources on the topic of serving children and families experiencing homelessness through the Center-ELP website. These resources, produced by reputable national organizations such as the federal Administration for Children and Families, provide relevant information to the ECE community on the following topics: the McKinney-Vento Act, the federal definition of homelessness, understanding the impact of homelessness on children and families and strategies for supporting these children and families.

ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing

homelessness. **Lead Agency operations staff has access to eligibility training that covers processing benefits for families experiencing homelessness including how to identify and assist families experiencing homelessness and how to process the 90-day grace period for these families. Additionally, field staff at the lead agency are trained on identifying and supporting children and families experiencing homelessness through the eligibility intake process. These staff members connect children and families experiencing homelessness with appropriate community resources and referrals and are trained on the myriad of programs the lead agency administers which enables them to effectively identify and support children and families during initial eligibility or at recertification.**

2.5 Promoting Continuity of Care

Lead Agencies must consider children's development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

2.5.1 Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. **Once approved for CCAP benefits, the family retains the benefits for a 12-month period during which the family can enroll their child/children with their choice of CCAP Approved Provider. The family's eligibility is not impacted during the 12-month certificate period by changes in approved activity or fluctuations in income (provided the income does not exceed 85% SMI). Authorized hours are not reduced, and family-share (copays) are not increased during the 12-month certification period. Providers can maintain continuous enrollment during the 12-month certificate period based on the child's authorized hours, disenrolling if the child is no longer attending. Families are notified ahead of time in writing that their recertification is pending, providing ample time to recertify. At recertification, if the family's income has increased beyond the 200% FPL threshold, the family retains transitional CCAP benefits provided their income does not exceed 300% FPL.**

2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.

a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

[ ] Yes.

[x] No. If no, describe: **The lead agency was cited for non-compliance in a preliminary notice issued by OCC on March 2, 2023. Currently the lead agency builds a 12-month certificate period from the date of application without prospective eligibility resulting, in**

some cases in less than a full 12-months of authorized benefits. In addition, a child added to an existing case is not receiving a full 12-month CCAP certificate. The lead agency is expanding the CCAP certificate period to be no less than 12-months and up to 24 months. In addition, the lead agency is updating policy and system function to extend the certification period of an existing case to ensure newly added children receive no less than 12 months and up to 24 months of benefits. Policy and system revisions are underway to ensure that all certificates for all children, including those added to a household during an existing certificate period, are authorized for a minimum of 12-months and up to 24 months. This change is slated for spring 2025.

b. Does the Lead Agency certify that its definition of "temporary change" includes each of the minimum required elements?

1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
7. Any changes in residency within the State or Territory.

[x] Yes.

[ ] No. If no, describe:

c. Are the policies different for redetermination?

[ ] No.

[x] Yes. If yes, provide the additional/varying policies for redetermination: **The lead agency was cited for non-compliance with the minimum 12-month eligibility period in a preliminary notice issued March 2, 2023. Existing practice authorized benefit start date at redetermination as of the initial redetermination date, or earlier, regardless of when the benefit was redetermined and authorized. The Lead Agency is revising the way CCAP certificates are recertified to rectify ACF Monitoring findings and follow ACF guidance that the 12-month CCAP certificate must start at authorization when a benefit is being recertified and must not be authorized prior to the end date of the initial benefit period. Policy and System revisions are underway to ensure that all renewals/recertifications provide a minimum 12-month benefit from the date of authorization or the end of the initial benefit period, whichever is later. We anticipate that this will be addressed in Spring of 2025.**

2.5.3 Job search and continued assistance

a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

i. **[x]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: **The Lead Agency policy considers active job search as an eligible activity at initial eligibility determination for up to 90 days. In that 90 period the applicant must meet, report and verify job/training/education and other eligibility requirements or their benefits terminate at 90 days.**

ii. **[ ]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe:

iii. **[ ]** No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

[x] Yes. The Lead Agency continues assistance.

[ ] No, the Lead Agency discontinues assistance.

i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change:

ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation:

iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)?

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

i. **[ ]** Not applicable.

ii. **[ ]** Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive:

iii. **[x]** A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **Families are required to report any change in address. 218-RICR-20-00-4 4.4.3. The applicant parent(s) and any applicant children in the financial unit shall be residents of the State of Rhode Island. 218-**

RICR-20-00-4 4.3.1 A.3. If a family address is not verified in state an application or recertification would be denied. If an address change to out of state occurs during a benefit period, a notification of termination for no longer meeting residency requirements is issued on a 10-day notice and benefits are terminated.

iv. **[x]** Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **Improper payments shall be classified as Intentional Program Violation (IPV) and/or fraud if the applicant/recipient or provider knowingly withheld or provided false information on matters affecting eligibility, benefits or a claim for services. Those individuals determined to have committed an intentional program violation and/or fraud will be subject to the following consequences: a. First (1st) offense disqualification from the CCAP program for a period of three (3) months; b. Second (2nd) offense disqualification from the CCAP program for a period of six (6) months; and c. Third (3rd) and any subsequent offense disqualification from the CCAP program for a period of twelve (12) months.**

2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

[x] Yes.

[ ] No. If no, describe:

2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

(i) 85 percent of SMI for a family of the same size; or,

(ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
   (A) Takes into account the typical household budget of a family with a low income
   (B) Provides justification that the second eligibility threshold is:
      (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family economic stability
      (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption

At redetermination, a child must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A child eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible children with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-payment amounts in proportion to a family's income growth for families whose children are determined eligible under a graduated phase-out. Lead Agencies may require additional reporting on changes in family income but must still ensure that any additional reporting requirements do not constitute an undue burden on families.

Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

a. **[ ]** Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)

b. **[ ]** The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures:

   i. **[ ]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

   ii. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

c. **[x]** The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:

   i. Provide the income level ($/month) and the percent of SMI for the second tier of eligibility for a family of three: **At recertification, the household income limit is 300% FPL. For a family of 3, 300% FPL is $6,455.00/month. This equals 73.58% SMI for a family of 3.**

ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family: **For a family of 3, the transitional income limit increase from 200% FPL to 300% FPL accommodates an increase in income from at or below $51,640 up to $77,460 or an additional $25,820 or 50% increase over starting income.**

iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability: **For a family of 3, the transitional limit increase from 200% FPL to 300% FPL accommodates an increase in income from at or below $51,640 up to $77,460 or an additional $25,820 or 50% increase over starting income.**

iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption: **For a family of 3, the transitional limit increase from 200% FPL to 300% FPL accommodates an increase in income from at or below $51,640 up to $77,460 or an additional $25,820 or 50% increase over starting income. These gains can be made over time allowing a family to retain child care benefits with a 7% copay cap as they continue to grow their income.**

v. **[ ]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

vi. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children's development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for to many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family's co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family's gross income, regardless of the number of children participating in CCDF.

a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **7%**

b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

[x] Yes.

[ ] No. If no, describe:

3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

a. Is the sliding fee scale set statewide?

[x] Yes.

[ ] No. If no, describe how the sliding fee scale is set:

b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	A	B	C	D	E	F
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than $0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1						
2	**1703.42**	**34.07**	**2.00**	**3406.67**	**238.47**	**7.00**
3	**2151.75**	**43.04**	**2.00**	**4303.33**	**301.23**	**7.00**
4	**2600.08**	**52.00**	**2.00**	**5200.00**	**364.00**	**7.00**
5	**3048.42**	**60.97**	**2.00**	**6096.67**	**426.77**	**7.00**

c. What is the effective date of the sliding-fee scale(s)? **The sliding scale fees are updated annually to reflect annual updates to the published Federal Poverty Limit. The current sliding scale and fees became effective on 2/18/24 and the 7% co-pay cap was implemented in January 2022.**

d. Provide the link(s) to the sliding-fee scale(s): **https://dhs.ri.gov/programs-and-services/child-care/child-care-assistance-program-ccap/ccap-family-eligibility-how#:~:text=Families%20with%20incomes%20at%20or%20below%20200%20percent,when%20delivered%20by%20a%20CCAP-approved%20child%20care%20provider**

e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?

[x] No.

[ ] Yes.

If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families:

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families:

3.2 Calculation of Co-Payment

Lead agencies must calculate a family's contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1 Family co-payment calculation

a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.

i. **[ ]** The fee is a dollar amount and (check all that apply):

[ ] The fee is per child, with the same fee for each child.

[ ] The fee is per child and is discounted for two or more children.

[ ] The fee is per child up to a maximum per family.

[ ]No additional fee is charged after a certain number of children.

[ ] The fee is per family.

[ ] The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

[ ]Other. Describe:

ii. **[x]** The fee is a percent of income and (check all that apply):

[ ]The fee is per child, with the same percentage applied for each child.

[ ]The fee is per child, and a discounted percentage is applied for two or more children.

[ ]The fee is per child up to a maximum per family.

[ ]No additional percentage is charged after a certain number of children.

[x] The fee is per family.

[ ]The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

[ ] Other. Describe:

b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).

[x] No.

[ ] Yes.

If yes, check and describe those additional factors below:

i. **[ ]** Number of hours the child is in care. Describe:

ii. **[ ]**Quality of care (as defined by the Lead Agency). Describe:

iii. **[ ]** Other. Describe:

c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

i. **[ ]** Base co-payments on only a portion of the family's income. For instance, only

consider the family income over the federal poverty level.

ii. [ ] Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.

iii. [ ]Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

Does the Lead Agency waive family contributions/co-payments?

[ ] No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

[x] Yes. If yes, identify and describe which family contributions/co-payments waived.

i. [x]Families with an income at or below 100% of the Federal Poverty Level for families of the same size.

ii. [ ]Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.

iii. [x]Families experiencing homelessness.

iv. [ ]Families with children with disabilities.

v. [x]Families enrolled in Head Start or Early Head Start.

vi. [x]Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **Section 4.5.4 B. states that families experiencing homelessness shall have a co-payment of zero ($0.0) Children who are placed by DCYF and receive CCAP benefits have a zero ($0) copay.**

vii. [x]Families meeting other criteria established by the Lead Agency. Describe the policy: **Section 4.5.4 A. 1. States RI Works recipients (RI's TANF program) who receive Child Care Assistance as a supportive service are provided assistance at a co-payment of zero ($0.00).**

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **All licensed and license exempt providers can apply to become CCAP Approved Providers. Providers have cited rates and the inability to charge families more than the designated reimbursement rate, payment delays related to enrollment and back billing issues and lack of CCAP participating families in their location as reasons for not applying to become CCAP providers.**

b. Does the Lead Agency offer child care assistance through vouchers or certificates?

[x] Yes.

[ ] No.

c. Does the Lead Agency offer child care assistance through grants or contracts?

[ ] Yes.

[x] No.

d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **Upon receipt of an application for CCAP benefits, the Lead Agency issues a Pending Certificate Notice which includes the certificate number, the names of the children for whom child care is being requested, next steps in the application process, and information on providing the certificate number to providers to enroll in care. The notice informs that licensed Family Child Care Providers and Center Based Providers who may not yet be CCAP approved providers can apply to become CCAP Approved Providers and shares contact information for resource and referral to assist in finding a provider that meets the family□s unique**

needs. It covers relative (license-exempt) care and how to request an application for approval for a relative to provide care. The Lead Agency provides information about family choice of provider on the Choosing Child Care page in the resource section on the DHS website for families participating in CCAP. https://dhs.ri.gov/programs-and-services/child-care/child-care-assistance-program-ccap/choosing-child-care Families have access to resource and referral assistance through DHS partnership with BrightStars. Information about selecting a Provider that meets the family's needs can be found on the website in the family resource section and staff is available to talk with families to guide them in their search for care. https://brightstars.org/family-resources/

e. Describe what information is included on the child care certificate: **A Benefit Decision Notice (BDN) is sent to the family when the application for child care assistance is either approved or denied. The BDN includes decisions on each benefit application submitted by a family, including the Child Care Assistance Program (CCAP). It includes instructions on accessing the applicant's online account at https://healthyrhode.ri.gov and CCAP benefit authorization information including the certificate number and instructions to provide this number to the child care provider, the eligibility period, the names of eligible/ineligible children, authorized time, copay information or denial reason if applicable.**

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

a. **[x]** Market rate survey.

   i. When were the data gathered (provide a date range; for instance, September – December 2023)? **The most recent market rate survey data was collected in July/August 2024.**

b. **[ ]** ACF pre-approved alternative methodology.

   i. **[ ]** The alternative methodology was completed.

   ii. **[ ]** The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

   iii. State Advisory Council or similar coordinating body: **The market rate survey work was part of a three-part process that included a compensation study and a cost of care survey as well. As part of this work, we engaged a large advisory group that consisted of over 25 members of the early childhood community, including workforce, providers, advocates, members of various committees and other state**

agencies. A number of these committee members were also representatives of the Early Learning Council. This advisory team was deeply involved in the entire process, and council leads and members were a part of this advisory team. We use Early Learning Council meetings to provide any updates on this work and to advise on a more general level about the plan, the players and the process.

iv. Local child care program administrators: The market rate survey work was part of a three-part process that included a compensation study and a cost of care survey. As part of this work, we engaged a large advisory group that consisted of over 25 members of the early childhood community, including workforce, providers, advocates, members of various committees and other state agencies. Local child care program administrators were a part of this team. This advisory team was deeply involved in the entire process including creating and tweaking questions that are most valuable to get the information we want to report on, reiterating the importance of the work to colleagues and other providers and ensuring they complete the survey, and evaluating the results.

v. Local child care resource and referral agencies: The market rate survey work was part of a three-part process that included a compensation study and a cost of care survey. As part of this work, we engaged a large advisory group that consisted of over 25 members of the early childhood community, including workforce, providers, advocates, members of various committees and other state agencies. Our local CCR&R was a part of this team. This advisory team was deeply involved in the entire process including creating and tweaking questions that are most valuable to get the information we want to report on, reiterating the importance of the work to colleagues and other providers and ensuring they complete the survey, and evaluating the results.

vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: The market rate survey work was part of a three-part process that included a compensation study and a cost of care survey. As part of this work, we engaged a large advisory group that consisted of over 25 members of the early childhood community, including workforce, providers, advocates, members of various committees and other state agencies. This team had representatives from multiple organizations that represent the child care community, including SEIU 1199 Union, Rhode Island Child Care Directors Association, and Business Owners of Child Care Association. This advisory team was deeply involved in the entire process including creating and tweaking questions that are most valuable to get the information we want to report on, reiterating the importance of the work to colleagues and other providers and ensuring they complete the survey, and evaluating the results.

vii. Other. Describe: The market rate survey work was part of a three-part process that included a compensation study and a cost of care survey as well. As part of this work, we engaged a large advisory group that consisted of over 25 members of the early childhood community, including workforce, providers, advocates, members of various committees and other state agencies. This advisory team was deeply involved in the entire process. There were regular meetings between the vendor, the advisory group, and DHS to go through every question, ensure we were asking the correct questions, and added and deleted questions accordingly.

Every question on this current survey was vetted by the entire advisory council as a pertinent question for the survey. The group was communicated with weekly to ensure they were getting out the word on the MRS and ensuring their partners and colleagues completed it.

d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

i. When was the market rate survey completed? **8/11/2024**

ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **The most recent market rate survey data was collected in July/August 2024.**

iii. Describe how it represented the child care market, including what types of providers were included in the survey: **We market the survey to every licensed child care provider in the state and encourage as many people to complete the information as possible.**

iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **Databases used in the survey include licensing, CCAP, and data from stabilization survey information.**

v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **Rhode Island uses a vendor to collect all of the raw data in every form and provide in both a raw and clean way. Our vendor asked the questions, either verbally or in writing, the same way and documented it the same way. It was all documented together on an excel document and then sorted from there. We utilized any and all sources to obtain the information, from the web-based survey to sending the survey out to providers in the mail, to calling providers and asking them the questions over the phone.**

vi. What is the percent of licensed or regulated child care centers responding to the survey? **47.00**

vii. What is the percent of licensed or regulated family child care homes responding to the survey? **39.00**

viii. Describe if the survey conducted in any languages other than English: **The survey is conducted in English and Spanish.**

ix. Describe if data were analyzed in a manner to determine price of care per child: **Questions intended to analyze cost to operate child care businesses (program expenses, employee wages, avg. enrollments and number of classrooms in operations, etc) were included in the survey. With these data we intend to provide an estimated weighted cost per child to the program by program type (center/family child care).**

x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **The survey was conducted via a census survey and all**

providers were invited to participate.

e. Price variations reflected.

The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **Child care prices can be examined either by Rhode Island county or urban core/non-urban core designations.**

ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **Rhode Island's two main provider types child care center and family child care homes, are examined entirely separately in the data.**

iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **Rates were collected for each key age group using questions in the survey infants (birth up to 18 months), toddlers (18 months up to 36 months), preschool (3-5 years old and not yet in Kindergarten) and school age (Kindergarten age and above).**

iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **Brightstars Quality level (1-5 stars) and participation in our Child Care Assistance Program are the two other key variations that will be examined.**

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child's age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **The Department conducted a narrow cost analysis as a limited cost survey to collect data to build a cost model. Detailed questions regarding the cost of operating child care programs were added in a separate section of the market rate survey, rather than a separate smaller survey, to boost the sample size for cost of care calculations.**

Important questions used to calculate the cost per child by program type and by QRIS level asked programs to provide their expenses around personnel costs, wages, and non-personnel expenses such as facility costs, utilities, transportation, and educational expenses. Average program expenses by program type and QRIS level were then compared to program enrollments and number of classrooms/teachers operated to calculate an estimated annual cost per child.

b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **Cost per child for center-based care and family child care homes show little difference between program type in terms of percentage of overall expenses. It is important to note that the cost of care, according to the most recent study, has drastically increased from the last study and while Rhode Island has increased rates pretty significantly since the last MRS, the cost of care is still outpacing the increased rates. Our base rates were at the 50th percentile until this survey, and that is only the case now for Family Child Care providers and SA children. In Rhode Island, because it is so small, there is no difference in geographic location. Cost per child by age also had a pretty significant difference, particularly in centers, where it costs about $10,000 more per child for an infant than a preschooler, and almost $13,000 more than a school age child.**

c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **QRIS / BrightStars rating was the primary variable in determining cost per child as it related to program quality. Teacher to child ratios (program enrollments compared to number of classrooms and teachers) and teacher compensation are secondary variables in these calculations.**

d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **The lead agency uses Rhode Island's Quality Rating and Improvement System, known as Brightstars, to define higher quality. Rhode Island has been defining high quality as meeting 4-star or 5-star rating levels. Key components of the QRIS include: educator credentials, program leadership credentials, facilities, curriculum, and CQI. In conducting the cost of care study, the vendor evaluated based on QRIS.**

e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **Rhode Island's 2024 Market Rate Survey has just completed and will be posted prior to October 1. The 2024 MRS did show a jump in cost of care from the last market rate survey, particularly in infant and preschool care. The Department will use the rates and percentiles to support putting forth a decision package that increases base rates to at least the 50th percentile. At that point, the decision package goes through a number of different channels within state government for approval/denial and once it does or does not get put into the governor's upcoming budget, the advocates and GA can then take the information and try to add it into the budget for the remainder of the session. The 2024 Market Rate Survey will be used to calculate any type of payment rate increases for the**

next three years for both center and family child care providers.
Initial findings in the 2024 survey are showing that the cost per child decreases as QRIS level increases, indicating higher-quality programs are more efficient in their operations or are better equipped to utilize economies of scale in serving children. This is different from what we have seen in past Market Rate Surveys, and also is the opposite of how we currently structure our tiered reimbursement for quality. We will use this analysis to think through our reimbursement system, and also the way we justify the higher rates for higher quality - as it would be more a financial incentive versus a a cost purpose. Cost per child for center-based care and family child care homes show little difference between program type in terms of percentage of overall expenses. It is important to note that the cost of care, according to the most recent study, has drastically increased from the last study and while Rhode Island has increased rates pretty significantly since the last MRS, the cost of care is still outpacing the increased rates. Our base rates were at the 50th percentile until this survey, and that is only the case now for Family Child Care providers and SA children. In Rhode Island, because it is so small, there is no difference in geographic location. Cost per child by age also had a pretty significant difference, particularly in centers, where it costs about $10,000 more per child for an infant than a preschooler, and almost $13,000 more than a school age child. While our average cost per child remains relatively stable at almost 10K a child - it drastically changes when you look at the age groups, which we will look at as we look at payment setting moving forward - we need to look at a stronger focus on infant and toddler age groups who have an 18K cost per child versus school age, where are rates are actually priced well for the school age market.
We will also have to look at our tiered reimbursement when it comes to market rate and recognize that the higher the quality, the lower the cost per child. We can still choose to look at tiered reimbursement, but with the understanding it would be more of a financial incentive for higher quality versus a need because it "cost more to provide higher quality" - which the data does not currently support.

4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

a. Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.

i. Provide the date the report was completed: **9/16/2024**

ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **9/30/2024**

iii. Provide a link to the website where the report is posted and describe any other

strategies the Lead Agency uses to make the detailed report widely available: **https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/market-rate-survey**

iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **After drafting the survey, the vendor at the Department worked with the MRS Advisory Group made up of active providers, other state agencies and provider advocacy groups to help shape the survey further to make it more accessible and meaningful for the reader. After receiving feedback, DHS and the Advisory Group worked to further identify the various strata of the survey that we would target and take into consideration in our analysis, including provider type (center or family child care provider), location (inside or outside urban core), language (English or Spanish), county within the state (Bristol, Kent, Newport, Providence, Washington), Child Care Assistance Program (CCAP) participation, underrepresented communities and BrightStars Participation and quality rating: 1-5.**
The advisory group also came together to inform next steps, as we didn't want the report to be the end of the analysis about cost of care. We talked about what to do with the information, how to continue the conversation and what steps the Department could take having the information they have.

4.3 Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates in accordance with the results of the current MRS or ACF pre-approved alternative methodology and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1 Payment rates

a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?

[x] Yes.

i. If yes, check if the Lead Agency:

[x] Sets the same payment rates for the entire State or Territory.

[ ] Sets different payment rates for different regions in the State or Territory.

[ ] No.

ii. If no, identify how many jurisdictions set their own payment rates:

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **7/1/2024**

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **N/A**

4.3.2 Base payment rates

a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	278.25 Per Week	34.36	278.25	15.00	312.50	325.00	355.50	0.00 Per Week	0.00
Family Child Care for Infants (6 months)	262.66 Per Week	56.46	262.66	50.00	260.00	265.00	275.00	0.00 Per Week	0.00
Center Care for Toddlers (18 months)	278.25 Per Week	34.36	278.25	33.00	298.05	315.00	342.00	0.00 Per Week	0.00
Family Child Care for Toddlers (18 months)	262.66 Per Week	56.46	262.66	60.00	256.00	260.00	267.75	0.00 Per Week	0.00
Center Care for Preschoolers (4 years)	236.25 Per Week	34.36	236.25	25.00	275.00	280.00	311.78	0.00 Per Week	0.00
Family Child Care for Preschoolers (4 years)	220.63 Per Week	56.46	220.63	50.00	220.00	225.50	250.00	0.00 Per Week	0.00
Center Care for School-Age (6 years)	210.00 Per Week	34.36	210.00	85.00	170.00	175.00	200.00	0.00 Per Week	0.00

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Family Child Care for School-Age (6 years)	194.37 Per Week	56.46	194.37	60.00	170.00	190.00	225.00	0.00 Per Week	0.00

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)									
Family Child Care for Infants (6 months)									
Center Care for Toddlers (18 months)									
Family Child Care for Toddlers (18 months)									
Center Care for Preschoolers (4 years)									
Family Child Care for Preschoolers (4 years)									

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for School-Age (6 years)									
Family Child Care for School-Age (6 years)									

b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

[x] Yes.

[ ] No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or ACF pre-approved alternative methodology? Describe:

4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

a. Does the Lead Agency provide any rate add-ons above the base rate?

[ ] Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid:

[x] No.

b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

[x] Yes.

[ ] No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

i. **[ ]** Differential rate for non-traditional hours. Describe:

ii. **[ ]** Differential rate for children with special needs, as defined by the Lead Agency.

Describe:

iii. **[ ]** Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:

iv. **[ ]** Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:

v. **[x]** Differential rate for higher quality, as defined by the Lead Agency. Describe: **Base rates increase as a program's quality increases. Per the tiered reimbursement structure if a Program's BrightStars rating (scale is 1 – 5) increases, the reimbursement rate increases.**

vi. **[ ]** Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe:

vii. If applicable, describe any additional add-on rates that you have besides those identified above.

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

[ ] Yes. If yes, describe:

[x] No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **The annual enacted state budget sets the rates for centers in statute and that collective bargaining sets the rates for family child care. The Lead Agency does not have the authority to set rates outside of these processes but can recommend rate changes to the Governor and can provide information to the legislature and advocates working to improve CCAP rates. DHS used the data from the 2021 Market Rate Survey to inform the budget and propose rates throughout the off-cycle MRS years. Rates were set on a tiered basis for quality, with 1 star programs set at the 50th percentile and the 5 star programs set at the 80th percentile of the market rate. The FY25 budget focused on moving the rates up 5% across tiers and we are currently in the middle of gathering data on our 2024 market rate survey, which will help inform our FY26 payment rates.**

b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **During the COVID-19 pandemic, all programs were reimbursed at the 5-star rate as a strategy to stabilize and support the child care sector to ensure that we were providing the maximum amount of money we were able to provide to our child care community at the time. When the state went back to tiered reimbursement, the new rates set all either met or exceeded the pandemic rate. As a result, this ensured that programs continued to have resources to meet health, safety, quality, and staffing requirements under CCDF. The annual enacted state budget**

sets the rates for centers in statute and that collective bargaining sets the rates for family child care. The Lead Agency does not have the authority to set rates outside of these processes but can recommend rate changes to the Governor and can provide information to the legislature and advocates working to improve CCAP rates.

c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **DHS will use the information from the 2024 Market Rate survey to inform future rate setting to promote the stabilization of child care. The Lead Agency does not have the authority to set rates outside of these processes but can recommend rate changes to the Governor and can provide information to the legislature and advocates working to improve CCAP rates. While Rhode Island has been fortunate to be able to put forth and receive rate increases twice in the last three years. However, the cost of care from the narrow coat analysis shows that while we have made progress, the cost of care is outpacing the increase in our rates and we need to keep going. Rhode Island will use this most recent cost analysis to look at the tiered reimbursement and decide how to prioritize the age groups that need it most - such as the infants and preschoolers in center-based care. Our cost of care did show that higher quality programs have lower cost per child, which shows economies of scale and how focusing on higher quality can lead to smarter business practices and overall stronger fiscal practices, which we will use to think about how to move forward with rate setting.**

d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **Rhode Island specifically looked at the rates throughout all of the quality ratings and the 2024 MRS clearly showed that higher quality programming resulted in lower cost per child. This does not mean that tiered reimbursement isn't instrumental, but shows that increasing rates for high quality is an even bigger incentive to providers to actually want to increase their quality. Getting involved in our quality rating and improvement system and truly engaging and moving up the quality continuum can also lead to stronger fiscal and business practices. Throughout the entire survey, in both centers and FCC, the cost of care was looked at through a quality lens.**

e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **N/A**

4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child's authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

[ ] Yes. If yes, describe:

[x] No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **The Lead Agency is updating payment practices to reflect prospective payment during the waiver period provided by ACF to come into compliance with this requirement.**

b. Does the Lead Agency pay based on authorized enrollment for all provider types?

[ ] Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

[x] No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs: **The Lead Agency is updating payment practices to reflect enrollment based payment during the waiver period provided by ACF to come into compliance with this requirement.**

[ ] It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:

4.4.2 Other payment practices

Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents, unless the Lead Agency

provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

[x] Yes.

[ ] No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:

b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

[x] Yes. If yes, identify the fees the Lead Agency pays for: **For Family Child Care Providers the Lead Agency pays registration fees where providers illustrate their policy requires all private-pay families to do the same. For Center Based Providers, the previous Market Rate Survey showed registration fees were not a generally-accepted practice across the majority of center-based providers. We are conducting a new market rate to confirm this is still accurate and will propose new rates accordingly.**

[ ] No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice:

c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **CCAP Approved providers execute an agreement with the Lead Agency where they agree to accept the published rates as full payment for providing care to CCAP participating children they enroll in their program. The agreement, signed by both the Provider and the DHS covers payment policies, rates, schedules of payment, enrollment and attendance reporting requirements, dispute resolution guidance and appeal information.**

d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **When a child's eligibility change has potential impact to provider payment, a system generated notice (through the RI Bridges eligibility system) is mailed as a paper notice to the Provider and loaded to the communication tab in the Provider's portal informing them of the change in eligibility including time authorization changes, eligibility changes and/or family co-payment amount. This notice is sent 10 days prior to any changes taking effect.**

e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **In situations where agreement is not reached between the Provider and CCAP Program administration on payment disputes or inaccuracies, the Provider submits a written Request for Hearing form to the Lead Agency (DHS) within 30 days of the notice of action being appealed. A discussion of the disputed issue(s) is usually arranged between and the appropriate agency representative in appeals and the program administration to clarify the issue and seek resolution. If the Provider is still unsatisfied, a date is then set for an Appeal Hearing. At the hearing, the appeals officer reviews the facts of the case against program policy. A decision letter is prepared by the hearing officer and a copy sent to the**

provider. If unsatisfied with the outcome, an individual has the right to appeal the decision of the hearing officer to the RI Superior Court.

f. Other. Describe any other payment practices established by the Lead Agency: **N/A**

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **Lead Agency payment practices are the same across all categories of care. Rates are applicable based on the type of provider, the quality rating and the age of the child enrolled. Payment schedules, attendance reporting schedules and enrollment requirements are the same across all categories of care. Families can choose any CCAP approved provider and any licensed provider can apply to become a CCAP approved provider at any time.**

4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF's core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

[ ] Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

[ ] Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

[x] No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **Rhode Island is planning on submitting a waiver for this final rule change and is currently working on operationalizing a pilot program for making child care services available through contracted slots.**

If no, skip to question 4.5.2.

i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

[ ] Children with disabilities. Number of slots allocated through grants or contracts:

[ ] Infants and toddlers. Number of slots allocated through grants or contracts:

[ ] Children in underserved geographic areas. Number of slots allocated through grants or contracts:

[ ] Children needing non-traditional hour care. Number of slots allocated through grants or contracts:

[ ] School-age children. Number of slots allocated through grants or contracts:

[ ] Children experiencing homelessness. Number of slots allocated through grants or contracts:

[ ] Children in urban areas. Percent of CCDF children served in an average month:

[ ] Children in rural areas. Percent of CCDF children served in an average month:

[ ] Other populations. If checked, describe:

ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency?

4.5.2 Care in the child's home (in-home care)

The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use.

Will the Lead Agency limit the use of in-home care in any way?

[x] Yes.

[ ] No.

If yes, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

i. **[ ]** Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:

ii. **[x]** Restricted based on the in-home provider meeting a minimum age requirement. Describe: **Lead Agency policy requires a license-exempt (relative, in-home) provider to be at least 21 years of age.**

iii. **[ ]** Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:

iv. **[x]** Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe: **License exempt care is limited to relatives of an acceptable degree defined as an eligible child's aunt, uncle, grandparent, great grandparent, great aunt, great uncle, or adult sibling age twenty-one (21) or older. The relative providing care, including a sibling, must live in a separate residence from the child receiving care.**

v. **[ ]** Restricted to care for children with special needs or a medical condition. Describe:

vi. **[ ]** Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:

vii. **[ ]** Other. Describe:

4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

a. In infant and toddler programs:

i. Data sources used to identify shortages: **The Lead Agency uses a number of data sources to identify shortages for infant toddler programs and are continuing to look for more ways to clearly identify the shortages, specifically at this level. As a baseline, DHS uses dynamic geographic maps that calculate estimated supply and estimated demand for child care across the state to identify shortages by capacity and by quality. On an ongoing basis, DHS uses the Early Childhood Care and Education Scorecard a key Preschool Development Grant investment for Rhode Island and a product of the EOHHS Ecosystem to identify shortages for infant/toddler care. The Scorecard utilizes subsidy data and child-level data to analyze utilization, enrollment, and other trends among children utilizing the CCAP program. A public dashboard of this data is available on the DHS website.**

ii. Method of tracking progress: **(1) Comparing the number of licensed infant/toddler seats to the estimated demand for infant/toddler care; (2) Percentage of infants/toddlers eligible for a CCAP voucher who are actively utilizing their CCAP voucher.**

iii. What is the plan to address the child care shortages using family child care homes **The Lead Agency strongly believes that Family Child Care homes are a key strategy to address child care capacity shortages, including for infants and toddlers. DHS utilized State Fiscal Recovery Funds from the American Rescue Plan Act to invest in FCC start-up grants. These grants yielded more than 100 newly licensed FCC providers for our state, a 10% increase in FCC capacity statewide to make up for the large number of retirements we have in an aging family child care workforce. We are continuing to strengthen the FCC portion of the mixed-delivery system by engaging FCCs in opportunities such as RI Pre-K, and we are implementing new technical assistance to meet FCC's unique needs. We partner closely with SEIU 1199 and ESF (Education and Support Fund) to provide support and resources to FCCs to ensure that we are sustaining and improving the quality of the current capacity in our system, as well as continuing to grow capacity. DHS is utilizing the PDG B-5 Planning grant to conduct a comprehensive infant/toddler child care capacity strategic plan. Our goal for this strategic planning process which commenced in Q2 2024 is to provide actionable recommendations and strategies to address infant/toddler child care shortages. This will inform our strategy with FCCs more broadly.**

iv. What is the plan to address the child care shortages using child care centers? **DHS is utilizing the PDG B-5 Planning grant to conduct a comprehensive infant/toddler child care capacity strategic plan. Our goal for this strategic planning process which commenced in Q2 2024 is to provide actionable recommendations and strategies to address infant/toddler child care shortages. This will inform our**

strategy with centers.

b. In different regions of the State or Territory:

i. Data sources used to identify shortages: **DHS uses a number of data sources to identify shortages by region. As a baseline, DHS uses dynamic geographic maps that calculate estimated supply and estimated demand for child care across the state to identify shortages by capacity and by quality. These maps are at the census block level, allowing DHS to review capacity shortages at a statewide, regional, municipal, and neighborhood level. On an ongoing basis, DHS uses the Early Childhood Care and Education Scorecard – a key Preschool Development Grant investment for Rhode Island and a product of the EOHHS Ecosystem – to identify shortages for care by region. The Scorecard utilizes subsidy data and child-level data to analyze supply and demand, and can provide heatmaps.**

ii. Method of tracking progress: **Heatmaps of supply and demand by region**

iii. What is the plan to address the child care shortages using family child care homes? **DHS strongly believes that Family Child Care homes are a key strategy to address child care capacity shortages. DHS utilized State Fiscal Recovery Funds from the American Rescue Plan Act to invest in FCC start-up grants. These grants yielded more than 100 newly licensed FCC providers for our state, a 10% increase in FCC capacity statewide. We are continuing to strengthen the FCC portion of the mixed-delivery system by engaging FCCs in opportunities such as RI Pre-K, and we are implementing new technical assistance to meet FCC's unique needs. We partner closely with SEIU 1199 and ESF (Education and Support Fund) to provide support and resources to FCCs to ensure that we are sustaining and improving the quality of the current capacity in our system, as well as continuing to grow capacity. Many FCC providers in RI are clustered in the urban core communities. DHS will continue to recruit new FCC providers statewide, especially in regions where workforce may require third shift or weekend care options**

iv. What is the plan to address the child care shortages using child care centers? **DHS has utilized Preschool Development Grant funding as well as Congressional Directed award funds to invest in facilities planning grants for centers, with a focus on areas that have demonstrated shortages. Rhode Island passed a $15M bond to support early learning facilities in 2021, and all of that funding is committed, creating a pipeline of new and improved facilities that will come online in the next few years. DHS will continue to provide targeted technical assistance to centers across the state, with a focus on regions that are experiencing shortages, to support new or expanding centers.**

c. In care for special populations:

i. Data sources used to identify shortages: **DHS uses a number of data sources to identify shortages for special populations. As a baseline, DHS uses dynamic geographic maps that calculate estimated supply and estimated demand for child care across the state to identify shortages by capacity and by quality. This map includes overlays of special populations, such as single-parent, multilingual learner households, and low-income households. On an ongoing basis, DHS uses the Early Childhood Care and Education Scorecard – a key Preschool Development Grant**

investment for Rhode Island and a product of the EOHHS Ecosystem to identify shortages for care for special populations. The Scorecard utilizes subsidy data and child-level data from a range of sources to analyze utilization, enrollment, and other trends among children who have different identities and life experiences. This allows for ongoing review of equitable access to child care by special population.

ii. Method of tracking progress: **Review of the ECCE Scorecard data, which can provide utilization of CCAP by special population.**

iii. What is the plan to address the child care shortages using family child care homes? **DHS strongly believes that Family Child Care homes are a key strategy to address child care capacity shortages for special populations, especially multilingual learners. DHS utilized State Fiscal Recovery Funds from the American Rescue Plan Act to invest in FCC start-up grants. These grants yielded more than 100 newly licensed FCC providers for our state, a 10% increase in FCC capacity statewide. We are continuing to strengthen the FCC portion of the mixed-delivery system by engaging FCCs in opportunities such as RI Pre-K, and we are implementing new technical assistance to meet FCC's unique needs. We partner closely with SEIU 1199 and ESF (Education and Support Fund) to provide support and resources to FCCs to ensure that we are sustaining and improving the quality of the current capacity in our system, as well as continuing to grow capacity.**

iv. What is the plan to address the child care shortages using child care centers? **DHS and partner agencies have invested strategically in technical assistance to ensure that centers are prepared to support the needs of special populations. This includes investments in the SUCCESS program to support mental health needs; investments in multilingual learner materials and training; and review of the Kids Connect program to better support children with disabilities in engaging in child care classrooms. There are ongoing conversations with the Department of Children, Youth, and Families regarding opportunities to better support children who are in child welfare.**

4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

a. Underserved geographic areas. Describe: **DHS uses a number of data sources to identify shortages by region. As a baseline, DHS uses dynamic geographic maps that calculate estimated supply and estimated demand for child care across the state to identify shortages by capacity and by quality. These maps are at the census block level, allowing DHS to review capacity shortages at a statewide, regional, municipal, and neighborhood level. On an ongoing basis, DHS uses the Early Childhood Care and Education Scorecard a key Preschool Development Grant investment for Rhode Island and a product of the EOHHS Ecosystem to identify shortages for care by region. The Scorecard utilizes subsidy**

data and child-level data to analyze supply and demand, and can provide heatmaps. The Lead Agency contracts with the SEIU Education and Support Fund to provide professional development and technical assistance to Family Child Care Providers. Part of this work includes Educator-Led Communities of Care (ELCC), an educator-led family child care network where peer leaders lead FCC cohorts in two urban zip codes identified as underserved areas. The cohorts' mission is to build community, advocacy skills and business capacity within the FCC Community in these areas.

b. Infants and toddlers. Describe: The Lead Agency is utilizing the PDG B-5 Planning grant to conduct a comprehensive infant/toddler child care capacity strategic plan. Our goal for this strategic planning process which commenced in Q2 2024 is to provide actionable recommendations and strategies to address infant/toddler child care shortages. Currently, we are doing more specific work related to supporting the supply and quality of infant and toddler programs including very specific technical assistance and LearnERS cohorts that are for infant and toddler teachers to work with them on increasing quality in their programming.

c. Children with disabilities. Describe: On an ongoing basis, DHS uses the Early Childhood Care and Education Scorecard a key Preschool Development Grant investment for Rhode Island and a product of the EOHHS Ecosystem to identify shortages for care for special populations. The Scorecard utilizes subsidy data and child-level data from a range of sources to analyze utilization, enrollment, and other trends among children who have different identities and life experiences. This allows for ongoing review of equitable access to child care by special population. DHS supports quality programming for children with disabilities through both the State s QRIS as well as contracted vendors. The QRIS, through various aspects of it s framework, assesses for quality programming related to children with disabilities. This includes gathering information and evidence of how programs share information with families regarding developmental screenings and services available as a result of these screenings. It also requests information on how programs are welcoming and supportive of both lead educational agencies and Early Intervention/behavioral supports providing direct services to children during their operating hours. Additionally, DHS contracts with the SUCCESS program through Bradley Hospital (a leader in childhood and adolescent mental health). SUCCESS is a free service that pairs early learning programs with Early Childhood Mental Health Consultants to support the social, emotional, and behavioral health needs of identified children. This collaboration ensures children have access to a safe and supportive learning environment

d. Children who receive care during non-traditional hours. Describe: On an ongoing basis, DHS uses the Early Childhood Care and Education Scorecard a key Preschool Development Grant investment for Rhode Island and a product of the EOHHS Ecosystem to identify shortages for care for special populations. The Scorecard utilizes subsidy data and child-level data from a range of sources to analyze utilization, enrollment, and other trends among children who have different identities and life experiences. This allows for ongoing review of equitable access to child care by special population, including non-traditional hours. We use this data to support funding new things to support the families that need it most. As an example of an activity we are doing to address the shortage of non-traditional hours, we are working with our FCC vendors and contractors and re-evaluating our FCC orientation and articulating the need for non-traditional hours of care for family child care, using the scorecard information to provide further context about

where the need is the highest and recruiting new FCC's from that market.

e. Other. Specify what population is being focused on to increase supply or improve quality. Describe:

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **In a March 2021 special election, Rhode Islanders overwhelmingly voted in support of the Early Childhood Care and Education (ECCE) Capital Fund, providing more than thirteen million dollars ($13,000,000) in grant funding for physical improvements to existing child care spaces and for the development of new licensed early childhood care and education facilities. During the first wave of the project, 51 applications were received, totaling over $25 million in requested funds. After a thorough decision-making process, $8,821,917.62 was awarded to 15 unique applicants. During wave 2, $4,279,582.38 was awarded ten (10) unique applicants, resulting in a total of $13,201,500 in awards for both waves. Requirements for receiving the grant funds included demonstrating a need for the project proposed, demonstrating how the project would benefit low-income children and the surrounding community, a financial need for assistance in the form of grant funding for the project to be feasible, and local support for the project. As of March 2024, nine (9) of the 25 total projects have been completed and the remaining projects are due to be completed by December, 2024.**

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to Lead Agencies to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures by the Lead Agency. CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, Lead Agencies set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

This section addresses CCDF health and safety requirements, Lead Agency licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

a. Identify the center-based provider types subject to child care licensing: **Child Care Centers are defined as any person, firm, corporation, associate, or agency who receives children for the purpose of care and/or supervision, not in a home or residence, apart from the parent for any part of a 24-hour period.**

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

[x] Yes. If yes, describe: **This does not apply to recreational camps or programs that operate in schools approved by the commissioner of elementary and secondary education.**

[ ] No.

b. Identify the family child care providers subject to licensing: **Family Child Care is defined as any home other than the child's home in which child care in lieu of parental care and/or supervision is offered at the same time for four or more children who are not relatives of the child care provider.**

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

[ ] Yes. If yes, describe:

[x] No.

c. Identify the in-home providers subject to licensing: **N/A**

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

[ ] Yes. If yes, describe:

[x] No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

a. License-exempt center-based child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **Rhode Island does not have license exempt center-based child care providers.**

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **N/A**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **N/A**

b. License-exempt family child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **Since October 2018, the only license exempt child care providers are family child care providers that are relatives.**

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **This provider type is limited to caring for six (6) related children if an acceptable degree of relationship to the provider can be proven. The provider's own children six years of age or younger are included in the maximum number of six related children. Care can be provided for up to 15 hours within a 24-hourperiod. The acceptable degree of relationship matches the ACF definition: grandparent, aunt/uncle, sibling (if not in the same household).**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **License exempt providers are those related to the child and are limited to number, age and length of time that care can be provided. Additionally, license exempt providers are required to complete the mandatory health and safety suite of trainings.**

c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.

i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **N/A**

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **N/A**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **N/A**

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

Describe how the Lead Agency defines the following age classifications (e.g., Infant: 0 – 18 months).

a. Infant. Describe: **6 weeks up to 18 months**

b. Toddler. Describe: **18 months up to 3 years**

c. Preschool. Describe: **3-6 years old (not eligible for kindergarten)**

d. School-Age. Describe: **5 years (eligible for kindergarten) - 16 years of age**

5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

a. Licensed CCDF center-based care:

i. Infant.

Ratio: **1:4**

Group size: **8**

ii. Toddler.

Ratio: **1:6**

Group size: **12**

iii. Preschool.

Ratio: **3-year-olds 1:9; 4□5-year-olds (not eligible for kindergarten) 1:10; 5-6 (not eligible for kindergarten 1:12)**

Group size: **3-year-olds 18; 4-5 (not eligible for kindergarten) 20; 5□6-year-old (not eligible for kindergarten) 24**

iv. School-Age.

Ratio: **1:13**

Group size: **26**

v. Mixed-Age Groups (if applicable).

Ratio: **Any mixed age groups must adhere to both the allowable age group**

combinations (outlined in regulation 218-RICR-70-00-1.11. B.6 and the ratio of the youngest age group in that combination.

Group size: **Any mixed age groups must adhere to both the allowable age group combinations (outlined in regulation 218-RICR-70-00-1.11. B.6 and the group size of the youngest age group in that combination.**

b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

i. **[x]** Not applicable. There are no differences in ratios and group size requirements.

ii. Infant:

iii. Toddler:

iv. Preschool:

v. School-Age:

vi. Mixed-Age Groups:

c. Licensed CCDF family child care home providers:

i. Infant (if applicable)

Ratio: **N/A**

Group size: **N/A**

ii. Toddler (if applicable)

Ratio: **N/A**

Group size: **N/A**

iii. Preschool (if applicable)

Ratio: **N/A**

Group size: **N/A**

iv. School-Age (if applicable)

Ratio: **N/A**

Group size: **N/A**

v. Mixed-Age Groups

Ratio: **All family child care homes are licensed as mixed age groups. Depending on the type of family child care home, Family or Group, the number of children and the assistants needed to operate vary. For Family Child Care homes the regulations state, "if a provider, who is caring for children without an assistant, cares for children under the age of eighteen (18) months, there shall be no more than four (4) children under the age of six (6) years, and of these four (4) children, no more than two (2) shall be under the age of eighteen (18) months. If the provider has an assistant, the regulations state, "A provider who has a full-time assistant shall care for no more than eight (8) children at any time. Of these eight (8) children,**

no more than four (4) shall be under the age of eighteen (18) months. 218-RICR-70-00-2.1.A-C

Group size: **All family child care homes are licensed as mixed age groups. Depending on the type of family child care home, Family or Group, the number of children and the assistants needed to operate vary. For Family Child Care homes the regulations state, "if a provider, who is caring for children without an assistant, cares for children under the age of eighteen (18) months, there shall be no more than four (4)children under the age of six (6) years, and of these four (4) children, no more than two (2) shall be under the age of eighteen (18) months. The maximum group size is 6 children, no more than 2 children under 18 months old. If the provider has an assistant, the regulations state, "A provider who has a full-time assistant shall care for no more than eight (8) children at any time. Of these eight (8) children, no more than four (4) shall be under the age of eighteen (18) months. 218-RICR-70-00-2.1.A-C**

d. Are any of the responses above different for license-exempt family child care homes?

[ ] No.

[x] Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **License exempt providers may only care for up to 6 related children. They serve mixed age groups similar to licensed family child care providers.**

[ ] Not applicable. The Lead Agency does not have license-exempt family child care homes.

e. Licensed in-home care (care in the child's own home):

i. Infant (if applicable)

Ratio: **N/A**

Group size: **N/A**

ii. Toddler (if applicable)

Ratio: **N/A**

Group size: **N/A**

iii. Preschool (if applicable)

Ratio: **N/A**

Group size: **N/A**

iv. School-Age (if applicable)

Ratio: **N/A**

Group size: **N/A**

v. Mixed-Age Groups (if applicable)

Ratio: **N/A**

Group size: **N/A**

f. Are any of the responses above different for license-exempt in-home care?

[x] No.

[ ] Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served.

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

Provide the teacher/caregiver qualifications for each category of care.

a. Licensed center-based care

i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **A person who meets all the qualifications in one (1) of the following options may assume the role of Teacher: (1) Option 1: The individual holds a High School Diploma with a vocational concentration in child care and has two (2) years supervised experience in a licensed/approved Early Childhood Program. (2) Option 2: The individual holds a high school diploma or a General Education Development (GED) certificate and has three (3) years supervised experience in a licensed/approved Early Childhood Program. (3) Option 3: The individual holds a Child Development Associate (CDA) and has one (1) year supervised experience in a licensed/approved Early Childhood Program. (4) Option 4: The individual has completed twelve (12) credits in Early Childhood Education or field related to Early Childhood Education from an accredited institution of higher education and has at least three (3) months supervised experience in a licensed/approved Early Childhood Program. (5) Option 5: The individual holds an Associate's degree or higher in a field related to Early Childhood Education, Child Development, Human Services or Recreation from an accredited institution of higher education**

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: **The lead agency currently refers to the director as the Administrator. The Administrator is responsible for the operation of the child care and/or School Age program to ensure compliance with these Regulations. b. A person who meets all the qualifications in one (1) of the following options may assume the role of Administrator: (1) Option 1: In conjunction with a full-time Education Coordinator, the program Administrator must have a High School diploma, and one (1) year of professional experience in administration and/or business management, and one (1) year of experience working in a licensed/approved early childhood program. (2) Option 2: In conjunction with a part-time Education Coordinator, the program Administrator must have successfully completed at least twelve (12) credits in early childhood education at the post-secondary level, and two (2) years of professional experience in administration and/or business management, and two (2) years of experience working in a licensed/approved early childhood program. (3) Option 3: (In School-age programs only), the Administrator must have a High School diploma, and one (1) year of professional experience working with school-age children.**

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **FCCH providers must be at least twenty-one (21) years of age. 2. Prior to initial licensure, FCCH provider must show evidence of having successfully completed the following: a. High school or GED (applicable for all providers initially licensed after the issuance of the 2007 Regulations); b. The Department's Orientation to Family Child Care; c. The Department's approved Pre-Service Training; d. Current certification under the most recent guidelines of the American Heart Association in: (1) Pediatric Cardiopulmonary Resuscitation (CPR) (AA) Initial CPR certification must be done in person. (BB) CPR recertification may be done either in person or online. (2) Pediatric First Aid Pediatric first aid training may be done in person or online. e. A comprehensive background check, as outlined in § 2.2.1(B) of this Part; and f. Completion of at least twenty-four (24) hours of Professional Development; and, g. Physician's reference and immunization information.**

c. Licensed, regulated, or registered in-home care (care in the child's own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **N/A**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

a. License-exempt center-based child care. **N/A**

b. License-exempt home-based child care. **Providers must demonstrate the approved relationship with the child/children they are providing care for as well as completion of the DHS required health and safety preservice trainings.**

c. License-exempt in-home care (care in the child's own home). **Providers must demonstrate the approved relationship with the child/children they are providing care for as well as completion of the DHS required health and safety preservice trainings.**

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers' standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **218-RICR-70-00-1.9.A & B - A. Medical Requirements 1. Child care programs adopt policies and procedures consistent with the Rhode Island Department of Health's Immunization and Communicable Disease in Preschool, School, Colleges or Universities, 216-RICR-30-05-3. a. Programs are not required to maintain immunization for children who attend public, private, or parochial schools approved by the Rhode Island Department of Education. b. If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the immunization documentation. 2.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. 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. b. If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the annual health examination documentation. B. Communicable Disease 1.In the event a child or staff member suffers from a communicable disease of public health significance, or in the event of an outbreak of any type, the facility must: a. Report the disease to Rhode Island Department of Health, Center for Acute Infectious Disease Epidemiology; b. Provide written notice to inform all parents/guardians to which communicable disease the child(ren) may have been exposed, without providing any identifying information regarding the source of the communicable disease. 2.In all matters of exclusion and readmission of children for reasons of illness, the decision of the Child Care or School Age Administrator applies. If applicable, due to communicable disease, this decision is made in consultation with a licensed physician, physician's assistant, or nurse practitioner, and Rhode Island Department of Health, Center for Acute Infectious Disease Epidemiology.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **218-RICR-70-00-2 2.3.2.A & B/218-RICR-70-00-7 7.3.2.A & B: A. Medical Requirements 1.FCCH providers must adopt policies and procedures consistent with the Rhode Island Department of Health's Rules and Regulations Pertaining to Immunization and Communicable Disease Testing in Preschool, School, Colleges or Universities, 216-RICR-30-05-3; a. Providers are required to maintain documentation of current immunizations for children in their care unless these children attend public, private, or parochial schools approved by the Rhode Island Department of Education. b. If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the immunization documentation, provided there is a plan upon enrollment to get immunizations documented and up to date as soon as possible. 2.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. b. If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the annual health examination documentation. B. Communicable Disease 1. In the event a child, provider, or assistant suffers from a communicable disease of public health significance, or in the event of an outbreak of any type, the provider must: a. Report the disease to Rhode Island Department of Health, Center for Acute Infectious Disease Epidemiology; as well as the Department of Human Services Licensing Unit. b. Provide written notice to inform all parents/guardians to which communicable disease the child(ren) may have been exposed, without providing any identifying information regarding the source of the communicable disease. 2.The provider decides on all matters of exclusion and readmission of children for reasons of illness; however, if the child absence is due to communicable disease, this decision must be made in consultation with a licensed physician, physician's assistant, or nurse practitioner, and Rhode Island Department of Health, Center for Acute Infectious Disease Epidemiology. a. Any child who has been placed on an antibiotic medication may not be admitted to the program for a period of at least twenty-four (24) hours. b. Any child exhibiting signs of a parasite infection, such as scabies or head lice, may not be admitted to the program until the child has been successfully treated. 3.If a parasite infection, such as scabies or head lice, is found within the residence, the provider must: a. Wash all linens, clothes, and other cloth materials with hot water and detergent, or dry clean; and b. Vacuum all rugs/carpeting and upholstery.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **218-RICR-70-00-1.9.A & B - A. Medical Requirements 1. Child care programs adopt policies and procedures consistent with the Rhode Island Department of Health's Immunization and Communicable Disease in Preschool, School, Colleges or Universities, 216-RICR-30-05-3. a. Programs are not required to maintain immunization for children who attend public, private, or parochial schools**

approved by the Rhode Island Department of Education. b. If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the immunization documentation. 2.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. 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. b. If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the annual health examination documentation. B. Communicable Disease 1.In the event a child or staff member suffers from a communicable disease of public health significance, or in the event of an outbreak of any type, the facility must: a. Report the disease to Rhode Island Department of Health, Center for Acute Infectious Disease Epidemiology; b. Provide written notice to inform all parents/guardians to which communicable disease the child(ren) may have been exposed, without providing any identifying information regarding the source of the communicable disease. 2.In all matters of exclusion and readmission of children for reasons of illness, the decision of the Child Care or School Age Administrator applies. If applicable, due to communicable disease, this decision is made in consultation with a licensed physician, physician's assistant, or nurse practitioner, and Rhode Island Department of Health, Center for Acute Infectious Disease Epidemiology.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: 218-RICR-70-00-2 2.3.2.A & B/218-RICR-70-00-7 7.3.2.A & B: A. Medical Requirements 1.FCCH providers must adopt policies and procedures consistent with the Rhode Island Department of Health's Rules and Regulations Pertaining to Immunization and Communicable Disease Testing in Preschool, School, Colleges or Universities, 216-RICR-30-05-3; a. Providers are required to maintain documentation of current immunizations for children in their care unless these children attend public, private, or parochial schools approved by the Rhode Island Department of Education. b. If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the immunization documentation, provided there is a plan upon enrollment to get immunizations documented and up to date as soon as possible. 2.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. b. If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the annual health examination documentation. B. Communicable Disease 1. In the event a child, provider, or assistant suffers from a communicable disease of public health significance, or in the event of an outbreak of any type, the provider must: a. Report the disease to Rhode Island Department of Health, Center for Acute Infectious Disease Epidemiology; as well as the

Department of Human Services Licensing Unit. b. Provide written notice to inform all parents/guardians to which communicable disease the child(ren) may have been exposed, without providing any identifying information regarding the source of the communicable disease. 2.The provider decides on all matters of exclusion and readmission of children for reasons of illness; however, if the child absence is due to communicable disease, this decision must be made in consultation with a licensed physician, physician's assistant, or nurse practitioner, and Rhode Island Department of Health, Center for Acute Infectious Disease Epidemiology. a. Any child who has been placed on an antibiotic medication may not be admitted to the program for a period of at least twenty-four (24) hours. b. Any child exhibiting signs of a parasite infection, such as scabies or head lice, may not be admitted to the program until the child has been successfully treated. 3.If a parasite infection, such as scabies or head lice, is found within the residence, the provider must: a. Wash all linens, clothes, and other cloth materials with hot water and detergent, or dry clean; and b. Vacuum all rugs/carpeting and upholstery.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **218-RICR-70-00-1.10.C**
Sleeping
1. Sleeping routines meet the individual needs of children in the program. 2. Staff do not force children to sleep or stay awake. 3. There is a sleep plan appropriate to the needs of each child. 4. Staff may encourage children to rest, but children are not forced to stay in cribs or on cots. 5. Lighting must allow for staff to view the color of the child's skin and to check for breathing. 6. Infants sleep in a safe sleep environment consistent with the American Academy of Pediatrics Safe Sleep Guidelines (incorporated at § 1.5 (D) of this Part). a. An Infant is placed on his/her back while sleeping. b. Monitors or positioning devices are not used. c. There are no restraining devices of any type, including swaddles. d. Modifications to an Infant's safe sleep environment, regarding positioning, are not permitted unless the Infant's physician, physician's assistant or nurse practitioner has completed a signed waiver indicating that the child requires an alternate sleeping

arrangement. 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. (1)Older Infants may sleep on a cot, at the discretion of the program. 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. g. If an Infant arrives at the facility asleep in a car safety seat, or falls asleep in comparable equipment, the Infant is immediately removed from the car seat or comparable equipment and placed in a safe sleep environment. h. Clothing designed for safe sleep, including sleep sacks, are permitted. i. No items are placed in the crib with an Infant except for a pacifier. j. A pacifier clip is not permitted for use in a crib. k. No additional items are placed on or above the crib or cot. l. Cribs are only used for rest or sleep.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **218-RICR-70-00-2 2.3.3.C/218-RICR-70-00-7 7.3.3.C:**
C. Sleeping
1. Sleeping routines meet the individual needs of children in the program interior or exterior. 2. Provider/substitute(s)/assistant(s) may encourage children to rest, but children cannot be forced to sleep or stay awake. 3. Infants sleep in a safe sleep environment consistent with the American Academy of Pediatrics Safe Sleep Guidelines (incorporated at § 2.1.3(D) of this Part). a. An Infant must be placed on his/her back while sleeping. b. Monitors or positioning devices cannot be used. c. There are no restraining devices of any type, including swaddles. d. Modifications to an Infant's safe sleep environment regarding positioning, are not permitted unless the Infant's physician, physician's assistant or nurse practitioner has completed a signed waiver indicating that the child requires an alternate sleeping arrangement. e. Infants must sleep in a crib or portable crib approved by the United States Consumer Product Safety Commission Standards (incorporated at § 2.1.3(C) of this Part), equipped with a firm crib mattress and a tight-fitting sheet. (1)The mattress must not be supplemented with additional foam materials or pads. f. Lighting must allow for provider/substitute(s)/assistant(s) to view the color of the child's skin and to check for breathing. g. Children cannot sleep in a car safety seat, bean bag chair, bouncy seat, infant seat, swing, jumping chair, highchair, infant inclined sleepers or in comparable equipment/furniture. h. If an Infant arrives at the home or residence asleep in a car safety seat, or falls asleep in comparable equipment, the Infant is immediately removed from the car seat or comparable equipment and placed in a safe sleep environment. i. Clothing designed for safe sleep, including sleep sacks, are permitted. k. No items can be placed in the crib/portable crib with an Infant except for a pacifier. l. A pacifier clip is not permitted for use in a crib/portable crib. m. No additional items are placed on or above the crib/portable crib. n. Cribs/portable cribs are only used for rest or sleep. 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. (1)During hours of operation, no child may rest/sleep behind a closed door. 4.Baby monitors, of any kind, are not permitted as a substitute for supervision.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **218-RICR-70-00-1.9.C. C. Medication Administration 1.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. (3)Non-prescription sunscreen, insect repellent and diaper cream always require parental consent but do not require instructions from each child's prescribing health professional. 2.The Child Care or School Age Administrator or designee dispenses all medications if a nurse or health care consultant is not on site (excluding school age children who self-carry). 3.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. 4.The medication log is transported with the child to the emergency treatment facility in the event of an emergency. 5.The first (1st) dose of a medication must be administered by the parent/guardian. 6.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).**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **218-RICR-**

70-00-2 2.3.2.D/218-RICR-70-00-7 7.3.2.D:
D. Administration of Medication 1.Prescribed and non-prescribed (over the counter) medication must not be 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. 2.The provider, assistant or substitute must dispense all medications. 3. 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. 4.The medication log is transported with the child to the emergency treatment facility in the event of an emergency. 5.The first (1st) dose of a medication must be administered by the parent/guardian. 6.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. 7.Refrigerated medications must be stores separate from food in a container or compartment in the refrigerator.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **218-RICR-70-00-1.9.C. C. Medication Administration 1.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.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **218-RICR-**

70-00-2 2.3.2.D/218-RICR-70-00-7 7.3.2.D:
D. Administration of Medication 1.Prescribed and non-prescribed (over the counter) medication must not be 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.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x]Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **218-RICR-70-00-1.9.N - N. Food Allergies 1.For each child with food allergies or special nutritional needs, the program requests that the parent/guardian obtains a care plan from the child's health care provider. 2.The program makes provisions for protecting children with food allergies from contact with the allergen(s). 3.The program asks the parent/guardian of a child with food allergies to give consent for posting information within the program about that child's food allergy. a. If consent for posting is provided, that information is posted in the food preparation area and in the areas of the program the child uses. b. If consent for posting is not provided, then this information is shared verbally with all relevant staff, including substitutes, and is documented in the child's file.**

1.9.A.2 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.
1.9.N.1 For each child with food allergies or special nutritional needs, the program requests that the parent/guardian obtains a care plan from the child's health care provider
1.9.N.2 The program makes provisions for protecting children with food allergies from contact with the allergen(s).
1.9.N.3 The program asks the parent/guardian of a child with food allergies to give consent

for posting information within the program about that child's food allergy. a. If consent for posting is provided, that information is posted in the food preparation area and in the areas of the program the child uses. b. If consent for posting is not provided, then this information is shared verbally with all relevant staff, including substitutes, and is documented in the child's file.

1.11.G.15 The program must have the consultant services of a licensed physician, physician's assistant, nurse practitioner, or other approved health consultant who is a licensed health professional with education and experience in child and community health, readily available.
a. The program has a written plan for accessing (via phone, virtual or in person) such consultation services at all times when children are in care;
b. Maintains a letter of understanding regarding consultation services between the program and the consultant;
1.12.E.3 Within ninety (90) days of hire, all new staff must complete Department approved health and safety preservice training modules.
1.12.F.2.a.4 The required Professional Development Training must be approved through a process as determined by the Department or on the approved list provided by the PDTA Hub. Four (4) of the required hours of training must be in one (1) of the following topics related to health and safety requirements: Prevention and response to emergencies due to food and allergic reactions
1.13.F. Records and Files
1. The program maintains program files, and individual files for children and staff that are available on-site at all times.
a. If these files are stored electronically, there must be someone on site at all times who can access these records in a timely fashion.
2. Provisions are made for the protection of files and reports, to ensure confidentiality.
3. Parents/guardians may access their child's file at any time during the program hours of operation.
4. All program, staff, or children's records are subject to review and/or reproduction by the Department or designee, or the Office of the Child Advocate upon request during the program hours of operation.
5. Information contained in a child's file is only released to an outside entity with written authorization from the child's parent/guardian.
6. When a child transfers to another program or school, the child's immunization record is released upon request of the parent/guardian.
7. 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;
b. Date of enrollment;
c. 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.
(2) If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the annual health examination

documentation.
d. Immunization record;
(1) Programs are not required to maintain immunization for children who attend public, private, or parochial schools approved by the Rhode Island Department of Education.
(2) If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the immunization documentation.
e. Written authorization from the parent/guardian for emergency medical treatment;
f. Written reports of injuries, accidents or illness occurring while the child is in the program and any treatment administered;
g. Information pertaining to the child's progress, growth and development, including IEP/IFSP information, if applicable;
h. Transition plans;
i. Written authorization from the parent/guardian for the child to participate in and be transported for field trips, special activities or events, and other activities that are not part of the program's daily routine;
j. Names of individuals to whom the child may be released;
k. A statement signed by the parent/guardian authorizing the program to act in an emergency;
l. A parental consent form which authorizes or prohibits the program to photograph or videotape a child and to use images in publications, websites and social networking sites; and
m. All other records or reports pertaining to the child.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: 218-RICR-70-00-2 2.3.2.K/218-RICR-70-00-7 7.3.2.K K. Food Allergies 1.For each child with food allergies or special nutritional needs, the provider requests that the parent/guardian obtains a care plan from the child's health care professional. 2.The provider must make provisions for protecting children with food allergies from contact with the allergen(s). 3.The provider must have the consent from the parent/guardian of a child with food allergies before posting information in the program about that child's food allergy. a. If consent for posting is provided, that information is posted in all areas of the program the child uses, including but not limited to the food preparation area. b. If consent for posting is not provided, then this information is shared verbally with all relevant staff, including substitutes and assistants, and is documented in the child's file.

2.3.2.A.2/7.3.2.A.2 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.
b. If a child is a foster child or is experiencing homelessness, a grace period of ninety (90) days can be granted to obtain the annual health examination

documentation.

2.3.2.K.1/7.3.2.K.1 For each child with food allergies or special nutritional needs, the provider requests that the parent/guardian obtains a care plan from the child's health care professional.

2.3.2.K.2/7.3.2.K.2 The provider must make provisions for protecting children with food allergies from contact with the allergen(s).

2.3.2.K.3/7.3.2.K.3 The provider must have the consent from the parent/guardian of a child with food allergies before posting information in the program about that child's food allergy.
a. If consent for posting is provided, that information is posted in all areas of the program the child uses, including but not limited to the food preparation area.
b. If consent for posting is not provided, then this information is shared verbally with all relevant staff, including substitutes and assistants, and is documented in the child's file.

2.3.5.C.3/7.3.5.C.3 Within ninety (90) days of initial licensure and/or hire, all providers/substitutes/assistants must complete Department approved mandatory health and safety training modules

2.3.5.D.3.a.4/ 7.3.5.D.3.a.4 The required Professional Development Training must be approved through a process as determined by the Department or on the approved list provided by the PDTA Hub.
a. Four (4) of the required hours of training must be in one (1) of the following topics related to health and safety requirements:
(4) Prevention and response to emergencies due to food and allergic reactions

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **1.9.L.4 All required emergency phone numbers are posted in a conspicuous place adjacent to the telephone.**

1.11.C.1 For all field trips, programs must:
a. Provide written notice to parents/guardians of any field trip at least three (3) days in advance;
b. Have a signed permission slip, prior to departing, for each child that states the date, time, location, means of transportation, and potential risks, specific to each individual trip;
c. Bring emergency information for each child on each individual trip; and
d. Adhere to the relevant precautionary staff/child ratios.
1.11.D.3 Every classroom has a copy of the emergency information for each child.
1.11.G.14 Every staff member must be trained under the most recent guidelines of the American Heart Association in:
a. Pediatric cardiopulmonary resuscitation (CPR) (online training is not accepted); and
b. Pediatric first aid (online training is accepted).
c. Renewal certification must occur within ninety (90) days of expiration for both Pediatric CPR and Pediatric First Aid.
(1) Renewal certification for both Pediatric CPR and Pediatric First Aid may be done either in person or online.
d. All new hires must be trained under the most recent guidelines of the American Heart Association in Pediatric cardiopulmonary resuscitation (CPR) and Pediatric first aid within ninety (90) days of employment.

1.13.A.3 The program is responsible for immediately notifying the Department in the event of an emergency situation, which includes:
a. Any death and/or serious injury while in care of the program; including on-site, during transport and/or on a field trip.
(1) After notifying emergency personnel, events of this nature should then be reported to the Rhode Island Department of Children, Youth and Families' Child Protective Services hotline (1-800-RI-CHILD/1-800-742-4453).
b. Activation of emergency personnel;
c. Occurrence of emergency or disaster that impacts the program's ability to operate; or
d. Failure of mechanical systems.

1.13.D.8 Attendance and emergency information on each child being transported must be available in the vehicle when transportation is being provided.

1.13.F.7.k Records and Files -A statement signed by the parent/guardian authorizing the program to act in an emergency;

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **2.3.2.C.1/ 7.3.2.C.1 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**

2.3.2.M.4/7.3.2.M.4 All required emergency phone numbers are posted in a

conspicuous place adjacent to the telephone or phone base.

2.3.2.M.5/7.3.2.M.5 The names and phone numbers of parents/guardians and emergency contact persons for each child in care must be readily available for all caregivers.

2.3.4.F.1/ 7.3.4.F.1 For all field trips, programs must:
a. Provide written notice to parents/guardians of any field trip at least three (3) days in advance;
b. Have a signed permission slip, prior to departing, for each child that states the date, time, location, means of transportation, and potential risks, specific to each individual trip;
c. Bring emergency information for each child on each individual trip; and
d. Adhere to the more stringent staffing pattern as stated in § 2.3.4 (B) of this Part.

2.3.5.A.2.d/ 7.3.5.A.2.d Current certification under the most recent guidelines of the American Heart Association in:
(1) Pediatric Cardiopulmonary Resuscitation (CPR)
(AA) Initial CPR certification must be done in person.
(BB) CPR recertification may be done either in person or online.
(2) Pediatric First Aid
Pediatric first aid training may be done in person or online.

2.3.6.A.2/7.3.6.A.2 The provider is responsible for immediately notifying the Department in the event of an emergency situation, which includes:
a. Any death and/or serious injury (defined as needing medical attention) occurring during the hours of child care, or in the residence outside of child caring hours;
(1) If occurring during child care, after notifying emergency personnel, events of this nature should then be reported to the Rhode Island Department of Children, Youth and Families' Child Protective Services hotline (1-800-RI-CHILD/1-800-742-4453).
b. Activation of emergency personnel;
c. Occurrence of emergency or disaster; or
d. Failure of mechanical systems

2.3.6.D.6/7.3.6.D.2 Attendance and emergency information foreach child being transported must be available in the vehicle when transportation is being provided.

iii. All CCDF-eligible licensed in-home care. Provide the standard::

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **218-RICR-70-00-1.8.C, G & H.**
C. Structural Requirements and Mechanical Systems 1.Each room, used by children, must be ventilated via a ventilation system or opened door or window. a. Any door or window that is used for ventilation must not inhibit the security of the program. b. All exterior windows that can open are securely screened. 2. Each Infant, Toddler, or Preschool classroom in an existing program, has natural light through a window, windowed door, or skylight (either directly into the classroom or from a shared space), enough to provide supervision of the entire classroom without the use of artificial lighting. 3.Each Infant, Toddler, Preschool, or School Age classroom, in a program licensed subsequent to the date of these Regulations, has natural light through a wall-level window, directly within each classroom space, enough to provide supervision of the entire classroom without the use of artificial lighting. a. Exceptions may be made for public, private, or parochial schools approved by the Rhode Island Department of Education. 4. Each classroom and activity space has artificial lighting that is intact and in good working order. 5.The temperature in all classrooms and other spaces used by children is maintained within a range of sixty-five degrees Fahrenheit and seventy-four degrees Fahrenheit (65° F – 74° F), at the children's height. a. In an infant classroom, the temperature should be minimum, sixty-eight degrees Fahrenheit (68° F) at the height of the crib. 6.Portable space heaters are prohibited. 7.All classroom and program exits/egresses are: a. Clearly identified; and b. Free of clutter around the area of the door. 8.Any unfamiliar individual requesting entry into the program must provide photo identification prior to admittance. 9. All entrances to the program are kept locked with mechanisms in place for 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. 10.All hand-washing sinks have running tempered water. 11.There is a telephone (landline or cellular), solely designated for program and business use, located within the program at all times and readily available for use in case of an emergency. 12.Facilities used by children are above grade, as defined by the Rhode Island Building Code.
G. Outdoor Requirements 1.Each program has an outdoor play area: a. With at

least seventy-five (75) square feet of usable outdoor space per child for at least fifty percent (50%) of the licensed capacity of the program; or b. With at least seventy-five (75) square feet of usable outdoor space per child, as designated by a schedule of use, subject to approval by the Department. 2.If the licensed facility does not have access to usable outdoor space the program must submit a plan for outdoor play, subject to approval by the Department. a. The Department will consider the following criteria when reviewing the plan: (1)Traffic patterns of vehicles and people in the area; (2)Ages of children enrolled; (3)Availability of age-appropriate equipment; (4)Usage of the location by other groups when the children would be most likely to use it; (5)Neighborhood circumstances, hazards, and risks, including the crime rate for the area; (6)Accessibility to children and caregivers by foot or the availability of push carts or other means of transporting infants and toddlers; (7)Reasonable accessibility of restroom facilities; and (8)Ability to obtain assistance, if needed, when injury or illness occurs. b. If approved, parents/guardians of children in care must be notified of the plan to use alternate outdoor space and have a way to contact the provider when the provider is off site. 3.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 4.In a program licensed subsequent to the date of these Regulations, fencing must: a. Include at least two (2) exits b. Be equipped with self-closing and self-latching closure mechanisms. 5.If equipment that requires children's feet to leave the ground is used, it must: a. Be anchored into the ground; b. Be maintained and in good repair; and c. Have safety surfacing that is maintained and in good repair. 6.Outdoor trampolines are prohibited. 7.If sandboxes are used, they must be covered when not in use and should be regularly cleaned of foreign matter. 8.School Age programs operating in a public, private, or parochial school approved by the Rhode Island Department of Education are subject to the Rhode Island Department of Education requirements for outdoor space. 9.Programs with a pool must comply with the Rhode Island Department of Health Rules and Regulations for Licensing of Aquatic Venues, 216-RICR-50-05-4. a. The pool license must be posted in a visible area. b. If a program's pool has been deemed by the Rhode Island Department of Health as a status of "voluntary close" it is not permitted for children's use, until such time that the Rhode Island Department of Health changes the status. c. The use of diving boards is not permitted.

H. Overall Facility Safety 1.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 and 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 entangle clothing or snag 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.In any event where weather or disaster compromises safety of the facility, the program ensures: a. Safe passage in and out of the program; and b. That all structural and mechanical

systems are fully functional. 3.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.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: 218-RICR-70-00-2 2.3.1.G 7 H /218-RICR-70-00-7 7.3.1.G & H - G.Outdoor Requirements 1.Each program has an outdoor play area that is safe, protected and free from hazards that include, but are not limited to: a.Access to the street; b.Debris, trash, broken glass; c.Animal waste; d.Peeling paint; e.Tools and construction materials; f.Holes that present a tripping hazard or contain still water; and g.Open drainage ditches, wells, or other bodies of water. 2.Outdoor activity space must: a.Be surrounded by a fence or clear physical obstacle that prevents movement or access to another area. b.Effective January 1, 2023, outdoor activity space must be surrounded by a permanent structure such as a fence, which is at least four feet (4') in height. 3.If a FCCH does not have access to an outdoor activity space onsite, they must submit a plan to the Department for approval that identifies a nearby park, schoolyard, or other alternative outdoor space. a. The Department will consider the following criteria when reviewing the plan: (1)Traffic patterns of vehicles and people in the area; (2)Ages of children enrolled; (3)Availability of age-appropriate equipment; (4)Usage of the location by other groups when the children would be most likely to use it; (5)Neighborhood circumstances, hazards, and risks, including the crime rate for the area; (6)Accessibility to children and caregivers by foot or the availability of push carts or other means of transporting infants and toddlers; (7)Reasonable accessibility of restroom facilities; and (8)Ability to obtain assistance, if needed, when injury or illness occurs. b. If approved, parents/guardians of children in care must be notified of the plan to use alternate outdoor space and have a way to contact the provider when the provider is off site. 4.Outdoor porches above the first (1st) floor cannot be used as play areas unless they are fully enclosed by a wooden framing covered with screen, glass or comparable material and structurally sound. 5.Outdoor porches and decks at the first (1st) floor level, used as play areas, must: a. Be enclosed with a minimum of a four foot (4') railing; b. Slats that are no more than three and one half inches (3 1/2") apart; c. Have a gate that is kept securely fastened at the entry to any steps or stairways. 6.If there is any playground equipment that requires children's feet to leave the ground, it must: a. Be anchored into the ground, in accordance with manufacturer's directions; b. Be maintained and in good repair in accordance with the United States Consumer Product Safety Commission Standards (incorporated at § 2.1.3(A) of this Part); and c. Have safety surfacing that is maintained and in good repair, in accordance with United States Consumer Product Safety Commission Standards (incorporated at § 2.1.3(A) of this Part). 7.Outdoor trampolines are prohibited. 8.If sandboxes are used, they must be covered when not in use. 9.If the residence has an in-ground pool, the provider must prevent children's access: a. The pool must be separated by a fence that is at least six feet (6')in height, with no openings or protrusions that a child could use to get over, under or through, and b. It must be equipped with a gate that opens out from the pool, and self-close and self-latch at a height where a child can't reach. 10.If the residence has an above ground pool, it must have a

four foot (4') fence extension along the outer rim of the pool, provided that the ladder leading to the pool folds up and locks into place and the height from the ground is at least six feet (6'). 11.Each swimming pool more than six feet (6') in width, length, or diameter must be equipped with at least two (2) life saving devices such as a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity. This equipment must be long enough to reach the center of the pool from the edge of the pool, kept in good repair, and stored safely and conveniently for immediate access. 12.Pools without a filtration system must be: a. Emptied and disinfected after each use; and b. Stored upside down or indoors when not in use. 13.Pools equipped with a filtration system must: a. Be maintained in accordance with any applicable city/town and State Rules regarding residential swimming pools, and b. Shall be cleaned and maintained in accordance with the manufacturer's or installer's printed instructions regarding cleaning, filtration, and chemical treatment. c. Has drain covers that are used in compliance with the Virginia Graeme Baker Pool and Spa Safety Act, 15 U.S.C.§§ 8001 through 8008. 14. All pool chemicals must be stored out of the reach of children. 15.Provider must obtain written permission from the parent/guardian prior to taking a child into a pool. 16.The use of diving boards is not permitted. H. Overall Safety of Residence 1.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 and 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. 2.In any event where weather or disaster compromises safety of the residence, the provider ensures: a. Safe passage in and out of the residence; and b. That all structural and mechanical systems are fully functional. 3.A monthly outdoor inspection report must be completed by provider and kept available for review by the department.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **218-RICR-70-00-1.11.B.13- Programs must adhere to a precautionary staff/child ratio for field trips, (other activities that may impose additional safety considerations), and swim activities (which include swimming, wading, or sitting in water) as described in the table.**

1.8.A.1h- Prior to receiving an initial license, the program must show compliance with current inspections or certifications regarding Public pools (as applicable for programs with a pool on program grounds);to be completed in accordance with Licensing Aquatic Venues, 216-RICR-50-05-4 issued by the Rhode Island Department of Health

1.8.A.3.f - To maintain licensure, upon renewal, the program must show compliance with current inspections or certifications regarding public pools (as applicable for programs with a pool on program grounds)

1.8.G.9 - 9.Programs with a pool must comply with the Rhode Island Department of Health Rules and Regulations for Licensing of Aquatic Venues, 216-RICR-50-05-4 a. The pool license must be posted in a visible area.
b. If a program's pool has been deemed by the Rhode Island Department of Health as a status of voluntary close it is not permitted for children's use, until such time that the Rhode Island Department of Health changes the status. c. The use of diving boards is not permitted.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **218-RICR-70-00-2 2.3.1.G.9-16/218-RICR-70-00-7 7.3.1.G.9-16 9.If the residence has an in-ground pool, the provider must prevent children's access: a. The pool must be separated by a fence that is at least six feet (6')in height, with no openings or protrusions that a child could use to get over, under or through, and b. It must be equipped with a gate that opens out from the pool, and self-close and self-latch at a height where a child can't reach. 10.If the residence has an above ground pool, it must have a four foot (4') fence extension along the outer rim of the pool, provided that the ladder leading to the pool folds up and locks into place and the height from the ground is at least six feet (6'). 11. Each swimming pool more than six feet (6') in width, length, or diameter must be equipped with at least two (2) life saving devices such as a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity. This equipment must be long enough to reach the center of the pool from the edge of the pool, kept in good repair, and stored safely and conveniently for immediate access. 12.Pools without a filtration system must be: a. Emptied and disinfected after each use; and b. stored upside down or indoors when not in use. 13.Pools equipped with a filtration system must: a. Be maintained in accordance with any applicable city/town and State Rules regarding residential swimming pools, and b. Shall be cleaned and maintained in accordance with the manufacturer's or installer's printed instructions regarding cleaning, filtration, and chemical treatment. c. Has drain covers that are used in compliance with the Virginia Graeme Baker Pool and Spa Safety Act, 15 U.S.C.§§ 8001 through 8008. 14. All pool chemicals must be**

stored out of the reach of children. 15. Provider must obtain written permission from the parent/guardian prior to taking a child into a pool. 16. The use of diving boards is not permitted.
2.3.4.B.7/ 7.3.4.B.7 - Programs must adhere to a more stringent staffing pattern of one (1) provider/substitute/assistant for every two (2) children for events such as field trips, (other activities that may impose additional safety considerations), and swimming activities. a. All provider/ substitute(s)/ assistant(s) supervising swim activities must be in or directly adjacent to the water.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **218-RICR-70-00-1.8.G.2 a.1 - If the licensed facility does not have access to usable outdoor space the program must submit a plan for outdoor play, subject to approval by the Department. A. The Department will consider the following criteria when reviewing the plan: (1)Traffic patterns of vehicles and people in the area/ 1.8.G.3 3.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**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **218-RICR-70-00-2 2.3.1.G.2/ 2.3.1.G.3 /218-RICR-70-00-7 7.3.1.G.2/ 7.3.1.G.3- 2.Outdoor activity space must: a.Be surrounded by a fence or clear physical obstacle that prevents movement or access to another area. b.Effective January 1, 2023, outdoor activity space must be surrounded by a permanent structure such as a fence, which is at least four feet (4') in height. 3.If a FCCH does not have access to an outdoor activity space onsite, they must submit a plan to the Department for approval that identifies a nearby park, schoolyard, or other alternative outdoor space. a.The Department will consider the following criteria when reviewing the plan: (1)Traffic patterns of vehicles and people in the area; (2)Ages of children enrolled; (3)Availability of age-appropriate equipment; (4)Usage of the location by other groups when the children would be most likely to use it; (5)Neighborhood circumstances, hazards, and risks, including the crime rate for the area; (6)Accessibility to children and caregivers by foot or the availability of push carts or other means of transporting infants and toddlers; (7)Reasonable accessibility of restroom facilities; and (8)Ability to obtain assistance, if needed, when injury or**

illness occurs. b. If approved, parents/guardians of children in care must be notified of the plan to use alternate outdoor space and have a way to contact the provider when the provider is off site.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **1.9.E.1 Any suspected case of child abuse and/or neglect is reported to the Rhode Island Department of Children, Youth and Families' Child Protective Services (CPS) hotline (1-800-RI-CHILD/1-800-742-4453) within twenty-four (24) hours in accordance with State law and Department policy.**

1.9.E.2 If the suspected case occurred at the program, the program must report to the Department's licensing unit immediately after reporting to the CPS hotline.

1.9.F.2 Corporal punishment is strictly prohibited. Corporal punishment includes, but is not limited to:
a. Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting a child;
1.9.J.1 A daily health check is conducted on each child as soon as possible after the child arrives at the program.
1.12.F.2.a.6 The required Professional Development Training must be approved through a process as determined by the Department or on the approved list provided by the PDTA Hub.
a. Four (4) of the required hours of training must be in one (1) of the following topics related to health and safety requirements: Prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment

1.14.C.1 Classroom staff are required to:
a. Implement the classroom level curriculum;
b. Actively engage with children;
c. Develop individual relationships with children by providing care that is responsive, attentive, consistent, comforting, supportive and culturally sensitive;

d. Serve as a positive role model for children;
e. Use positive methods in guiding and redirecting children;
f. Encourage appropriate behavior and set clear limits;
g. Match expectations with the children's developing abilities and capabilities;
h. Praise the children's accomplishments as well as their attempts at tasks;
i. Create a positive environment through their own behaviors such as frequent social conversations with children, joint laughter and affection, eye contact, pleasant tone of voice and smiles; and
j. Assist children who present challenging behaviors by:
(1) Identifying and documenting factors that may predict or contribute to the challenging behavior;
(2) Making adaptations to the child's environment as necessary;
(3) Supporting families by sharing documentation and information; and
(4) Providing connection to relevant services and outside resources, when necessary.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **218-RICR-70-00-2**

2.3.2.F.1/ 7.3.2.F.1 Any suspected case of child abuse and/or neglect is reported to the Rhode Island Department of Children, Youth and Families' Child Protective Services (CPS) hotline (1-800-RI-CHILD/1-800-742-4453) within twenty-four (24) hours in accordance with State law and Department policy.

2.3.2.F.2/7.3.2.F.2 If the suspected case occurred at the program, the program must report to the Department's licensing unit after reporting to the CPS hotline.

2.3.2.G.2/ 7.3.2.G.2 Corporal punishment is strictly prohibited. Corporal punishment includes, but is not limited to:
a. Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting a child;
b. Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures of a child;
c. Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances;
d. Exposing a child to extremes of temperature;
e. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where a child cannot be seen or supervised; and
f. Binding, tying, or taping to restrict movement.

2.3.5.D.3.a.6/2.3.5.D.3.a.6 The required Professional Development Training must be approved through a process as determined by the Department or on the approved list provided by the PDTA Hub.
a. Four (4) of the required hours of training must be in one (1) of the following topics related to health and safety requirements: Prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment;

2.3.7.C.1/7.3.7.C.1 Providers, substitutes and assistants are required to:

a. Implement developmentally appropriate, planned activities;
b. Actively engage with all children;
c. Develop individual, meaningful relationships with children by providing care that is responsive, attentive, consistent, comforting, supportive and culturally sensitive;
d. Serve as a positive role model for children;
e. Use positive methods in guiding and redirecting children;
f. Encourage age appropriate behavior and set clear limits;
g. Match expectations with the children's developing abilities and capabilities;
h. Praise the children's accomplishments as well as their attempts at tasks;
i. Create a positive environment through their own behaviors such as frequent social conversations with children, joint laughter and affection, eye contact, pleasant tone of voice and smiles;
j. Recognize and respect children for their uniqueness as individuals;
k. Ensure that children are treated with courtesy, respect, acceptance, and patience; and
l. Assist children who present challenging behaviors by:
(1) Identifying and documenting factors that may predict or contribute to the challenging behavior;
(2) Making adaptations to the child's environment as necessary;
(3) Supporting families by sharing documentation and information; and
(4) Providing connection to relevant services and outside resources, when necessary.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **218-RICR-70-00-1 1.9.E.1 Any suspected case of child abuse and/or neglect is reported to the Rhode Island Department of Children, Youth and Families' Child Protective Services (CPS) hotline (1-800-RI-CHILD/1-800-742-4453) within twenty-four (24) hours in accordance with State law and Department policy.**

1.9.E.2 Any suspected case of child abuse and/or neglect is reported to the Rhode Island Department of Children, Youth and Families' Child Protective Services (CPS)

hotline (1-800-RI-CHILD/1-800-742-4453) within twenty-four (24) hours in accordance with State law and Department policy.

1.9.F.2 Corporal punishment is strictly prohibited. Corporal punishment includes, but is not limited to:
a. Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting a child;
b. Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures of a child;
c. Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances;
d. Exposing a child to extremes of temperature;
e. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where a child cannot be seen or supervised; and
f. Binding, tying, or taping to restrict movement.

1.9.F.3 Other practices that are strictly prohibited include, but may not be limited to:
a. Using or withholding food as a punishment or reward;
b. Toilet training methods that punish, demean, or humiliate a child;
c. Rejecting, terrorizing, ignoring, isolating, or corrupting a child;
d. Using abusive, profane, sarcastic language, verbal abuse, threats, or derogatory remarks about the child or child's family;
e. Engaging in any form of public or private humiliation, including threats of physical punishment;
f. Taking away physical activity/outdoor time as punishment;
g. Smoking and the use of tobacco products in the program or on program grounds;
h. Smoking in any vehicle used by the program for transporting children;
i. Possessing, using, or being under the influence of illegal drugs and/or alcohol while in the program or on program grounds; and
j. Possessing or using firearms or weapons of any kind in the program or on program grounds.

1.1.2.E.2 The orientation includes information regarding:
a. The DHS Child Care Center and School Age Program Regulations for Licensure;
b. State law governing child abuse and neglect, and reporting procedures; and
c. Program policies, procedures, and operations, as documented in the Staff Handbook.
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.

1.12.F.2.a.11 The required Professional Development Training must be approved through a process as determined by the Department or on the approved list provided by the PDTA Hub.
a. Four (4) of the required hours of training must be in one (1) of the following topics related to health and safety requirements:
(11) Recognition and reporting of child abuse and neglect.

1.13.C.4 If an individual attempting to pick up a child from the program appears to be under the influence of drugs or alcohol, the program:
a. Does not release the child;
b. Contacts the local police; and
c. Contacts the Rhode Island Department of Children, Youth and Families' Child Protective Services (CPS) hotline (1-800-RI-CHILD/1-800-742-4453)

ii. All CCDF-eligible licensed family child care homes. Provide the standard: 218-RICR-70-00-2
2.3.2.F.1/7.3.2.F.1 Any suspected case of child abuse and/or neglect is reported to the Rhode Island Department of Children, Youth and Families' Child Protective Services (CPS) hotline (1-800-RI-CHILD/1-800-742-4453) within twenty-four (24) hours in accordance with State law and Department policy.

2.3.2.F.2/7.3.2.F.2 If the suspected case occurred at the program, the program must report to the Department's licensing unit after reporting to the CPS hotline.

2.3.2.G.2/ 7.3.2.G.2 Corporal punishment is strictly prohibited. Corporal punishment includes, but is not limited to:
a. Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting a child;
b. Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures of a child;
c. Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances;
d. Exposing a child to extremes of temperature;
e. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where a child cannot be seen or supervised; and
f. Binding, tying, or taping to restrict movement.

2.3.2.G.3/7.3.2.G.3 Other practices that are strictly prohibited include, but may not be limited to:
a. Using or withholding food as a punishment or reward;
b. Toilet training methods that punish, demean, or humiliate a child;
c. Rejecting, terrorizing, ignoring, isolating, or corrupting a child;
d. Using abusive, profane, sarcastic language, verbal abuse, threats, or derogatory remarks about the child or child's family;
e. Engaging in any form of public or private humiliation, including threats of physical punishment;
f. Withholding physical activity/outdoor time as punishment;
g. Smoking and the use of tobacco products in the residence or on grounds during child care operating hours;
h. Smoking in any vehicle used by the program for transporting children.

2.3.2.F.3/7.3.2.F.3 The provider is responsible for alerting the Department immediately of any DCYF investigation associated with themselves, a household

member, assistant or substitute.

2.3.5.C.1 & 2/ 7.3.5.C.1 & 2 All new assistants must be oriented by the provider during their first (1st) week in the program. 2. The orientation includes information regarding:
a. The Department's Family Child Care Home Regulations for Licensure;
b. State law governing child abuse and neglect, and reporting procedures; and

2.3.5.D.3.a.11/7.3.5.D.3.a.11 The required Professional Development Training must be approved through a process as determined by the Department or on the approved list provided by the PDTA Hub.
a. Four (4) of the required hours of training must be in one (1) of the following topics related to health and safety requirements: Recognition and reporting of child abuse and neglect.

2.3.6.C.4/7.3.6.C.4 If an individual attempting to pick up a child from the program appears to be under the influence of drugs or alcohol, the provider/substitute/assistant in charge of the program at the time:
a. Must not release the child;
b. Must contact the local police; and
c. Must contact the Rhode Island Department of Children, Youth and Families' Child Protective Services (CPS) hotline (1-800-RI-CHILD/1-800-742-4453).

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

i. **[x]** Evacuation

ii. **[x]** Relocation

iii. **[x]** Shelter-in-place

iv. **[x]** Lock down

v. Staff emergency preparedness

[x] Training

[x] Practice drills

vi. Volunteer emergency preparedness

[x] Training

[x] Practice drills

vii. **[x]** Communication with families

viii. **[x]** Reunification with families

ix. **[x]** Continuity of operations

x. Accommodation of

[x] Infants

[x] Toddlers

[x] Children with disabilities

[x] Children with chronic medical conditions

xi. If any of the above are not checked, describe: **N/A**

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **218-RICR-70-00-1**
1.9.G1 The facility, equipment, and materials are clean, free of hazards, and kept in good repair.
1.9.G.2 Any product used for cleaning, sanitizing and/or disinfecting is approved by the United States Environmental Protection Agency (incorporated at § 1.5(A) of this Part) and is used in accordance with the manufacturer's instructions.
1.9.G.3 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.
1.9.G.4 All preventive maintenance performed within the program must be performed at times when children are not in the area of the equipment or systems being serviced.
a. Tools, supplies, materials, parts, or debris must not be left at the job site, unless they are secured and stored in an area that is not accessible to children.
1.9.G.5 Garbage receptacles are covered in all areas that are accessible to children, lined and garbage is removed from the program daily.
1.9.G.6 Any rodent and insect infestation is promptly treated. Insecticides and rodenticides are used in accordance with the Rules and Regulations Relating to Pesticides, 250-RICR-40-15-2, issued by the Rhode Island Department of Environmental Management and used in accordance with manufacturer's

instructions.
1.9.H.2 Staff wash their hands with liquid soap and warm running water as needed and:
a. After each diaper change;
b. After personal toileting;
c. After assisting a child with toileting;
d. After wiping a runny nose;
e. After touching any bodily fluid;
f. Before and after using water, sand, or other sensory tables;
g. After messy play; and/or
h. Before any food preparation or service.

1.9.H.3 Staff ensure that children wash their hands with liquid soap and warm running water as needed and:
a. After each toileting;
b. Before each meal or snack;
c. After wiping or blowing their nose;
d. After touching any bodily fluid;
e. Before and after using water, sand, or other sensory tables;
f. After messy play; and/or
g. Upon entry from the outdoors.

1.12.F.2.a.8 The required Professional Development Training must be approved through a process as determined by the Department or on the approved list provided by the PDTA Hub.
a. Four (4) of the required hours of training must be in one (1) of the following topics related to health and safety requirements:
(8) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **218-RICR-70-00-2/7**

2.3.2.I.1/7.3.2.I.1 The residence, equipment, and materials are clean, free of hazards, and kept in good repair.

2.3.2.I.2/7.3.2.I.2 Any product used for cleaning, sanitizing and/or disinfecting is approved by the United States Environmental Protection Agency as indicated on the product label and is used in accordance with the manufacturer's instructions.

2.3.2.I.3/7.3.2.I.3 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.

2.3.2.I.4/7.3.2.I.4 All preventive maintenance within the residence must occur at times when children are not in the area of the equipment or systems being serviced.

a. Tools, supplies, materials, parts, or debris must not be left at the job site, unless they are secured and stored away from children.

2.3.2.I.6/7.3.2.I.6 Any rodent and insect infestation is promptly treated. Insecticides and rodenticides must be approved by the Rhode Island Department of Health and used in accordance with manufacturer's instructions. Guidelines and requirements are found in R.I. Gen. Laws § 23-25-38 and must be adhered to.

2.3.1.D.6/7.3.1.D.6 There must be a diaper changing area immediately near the bathroom sink and in a different room of the house from any space used for cooking, preparing, or eating

2.3.2.J.2/7.3.2.J.2 Provider/substitute(s)/assistant(s) wash their hands with liquid soap and warm running water as needed and:
a. After each diaper change;
b. After personal toileting;
c. After assisting a child with toileting;
d. After wiping a runny nose;
e. After touching any bodily fluid;
f. Before and after using water, sand, or other sensory tables;
g. After messy play;
h. After handling and/or feeding animals or pets; and
i. Before any food preparation or service.

2.3.2.J.3/7.3.2.J.3 Provider/substitute(s)/assistant(s) ensure that children wash their hands with liquid soap and warm running water as needed and:
a. After each toileting;
b. Before each meal or snack;
c. After wiping or blowing their nose;
d. After touching any bodily fluid;
e. Before and after using water, sand, or other sensory tables;
f. After messy play;
g. After handling and/or feeding pets; and
h. Upon entry from the outdoors.

2.3.5.D.3.a.8/7.3.5.D.3.a.8 The required Professional Development Training must be approved through a process as determined by the Department or on the approved list provided by the PDTA Hub.
a. Four (4) of the required hours of training must be in one (1) of the following topics related to health and safety requirements: (8) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **218-RICR-70-00-1 1.8A-B Required Inspections and Certifications 1. Prior to receiving an initial license, the program must show compliance with current inspections or certifications regarding: a. Building; b. Fire, from a State Fire Marshal; 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); d. Asbestos; to be completed in accordance with Asbestos Control, 216-RICR-50-15-1, issued by the Rhode Island Department of Health; e. Radon; to be completed in accordance with Radon Control, 216-RICR-50-15-2, issued by the Rhode Island Department of Health; f. Water potability (as applicable for programs with well-water); to be completed in accordance with Public Drinking Water Regulations, 216-RICR-50-05-1, and Private Drinking Water Systems Regulations, 216-RICR-50-05-2, both issued by the Rhode Island Department of Health; g. Food safety (as applicable for programs that prepare and serve meals); h. Public pools (as applicable for programs with a pool on program grounds);to be completed in accordance with Licensing Aquatic Venues, 216-RICR-50-05-4 issued by the Rhode Island Department of Health; and i. Playground Inspection for any new facilities applying for licensure subsequent to the date of these Regulations or any previously licensed program making structural changes to their playground/playground equipment subsequent to the date of these Regulations. 2. If you are a school age program operating in a public-school building, the program must show compliance with the current inspections or certifications below: a. Fire, from a city, town or State Fire Marshal; and b. Radon; to be completed in accordance with Radon Control, 216-RICR-50-15-2, issued by the Rhode Island Department of Health. 3. To maintain licensure, upon renewal, the program must show compliance with current inspections or certifications regarding: a. Fire b. Lead; every two (2) years unless deemed ?Full Lead Safe? by a certificate. c. Radon; every three (3) years d. Water potability (as applicable for programs with well-water); e. Food safety (as applicable for programs that prepare and serve meals); and f. Public pools (as applicable for programs with a pool on program grounds). B. Construction 1. The construction of new buildings or outdoor space for the use of children, or the renovation/modification of existing buildings or outdoor space used by children requires approval by the Department prior to the start of construction. 2. The program is responsible to obtain new inspections as necessitated by construction. a. Any construction at programs licensed prior to these Regulations will require the program to adhere to the most**

recent set of Regulations for the age group in which the construction is impacting. 3. Removal of lead paint must be done in accordance with the guidelines set for in the Removal of Lead Based Paint from Exterior Surfaces, 250-RICR-120-05-24, promulgated by the Rhode Island Department of Environmental Management. 218-RICR-70-00-1 1.9.G.4 4. All preventive maintenance performed within the program must be performed at times when children are not in the area of the equipment or systems being serviced. a. Tools, supplies, materials, parts, or debris must not be left at the job site, unless they are secured and stored in an area that is not accessible to children. 218-RICR-70-00-1 1.10.B.9 All soiled diapers are removed from the building daily. 1.10.B.10 If disposable diapers are used, they are placed in a covered receptacle that is: a. Lined with a plastic bag; b. Kept away from the children's activity and food service areas; c. Emptied as necessary to eliminate odors; and d. Cleaned and disinfected daily. 1.10.B.11 If cloth diapers are used, they are: a. Not rinsed or emptied at the child care program; b. Completely wrapped in a non-permeable material; c. Kept away from the children's activity and food service areas; and d. Given directly to the parent/guardian upon discharge of the child. 1.12.F.2.a.8 The required Professional Development Training must be approved through a process as determined by the Department or on the approved list provided by the PDTA Hub. a. Four (4) of the required hours of training must be in one (1) of the following topics related to health and safety requirements: (8) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants.

Center
1.9.H.2.a-e Staff wash their hands with liquid soap and warm running water as needed and:
a. After each diaper change;
b. After personal toileting;
c. After assisting a child with toileting;
d. After wiping a runny nose;
e. After touching any bodily fluid;

1.9.H.3 a,c & d Staff ensure that children wash their hands with liquid soap and warm running water as needed and:
a. After each toileting;
c. After wiping or blowing their nose;
d. After touching any bodily fluid;

1.9.J.4a.3 & 4 A first aid kit is available in each classroom and outdoor play areas.
a. The following first aid supplies should be in all first aid kits:
(3) Disposable powder-free, latex-free gloves
(4) Plastic bags (for disposing of blood and other bodily fluids)

1.13.D.4.c In addition, vehicles used to transport children must have:
c. c. First aid, emergency airway and bodily fluid spill kits;

ii. All CCDF-eligible licensed family child care homes. Provide the standard: 218-RICR-70-00-2/7 2.3.1.A-B/ 7.3.1.A-B A. Required Inspections and Certifications 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; b. Lead; to be completed every two (2) years unless lead-free certificate is obtained; (1) Provider shall comply 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 (Lead Poisoning Prevention Act). 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; d. Water potability; tests to be completed in accordance with the Rules and Regulations for Private Drinking Water Systems, 216-RICR-50-05-2 issued by the Rhode Island Department of Health. B. Construction 1. Any construction or large-scale modifications to the home (inside or outside) that changes the measurements, or quality of the space used by children, requires approval by the Department's Licensing Administrator prior to the start of construction. 2. The provider is responsible 218-70-00-2/7 2.3.2.I.4/7.3.2.I.4 All preventive maintenance within the residence must occur at times when children are not in the area of the equipment or systems being serviced. a. Tools, supplies, materials, parts, or debris must not be left at the job site, unless they are secured and stored away from children. 218-RICR-70-00-2/7 2.3.1.D.5/7.3.1.D.5 If a toilet training chair is used it must be: a. Emptied into the flush toilet and sanitized after each use in a sink that is not used for food preparation; b. Placed on a waterproof floor, without carpeting or rugs, and c. Next to a bathroom sink and in a different room from any space used for cooking, preparing or eating food; 2.3.1.D.6/7.3.1.D.6 There must be a diaper changing area immediately near the bathroom sink and in a different room of the house from any space used for cooking, preparing, or eating food 2.3.3.B.9/7.3.3.B.9 All soiled diapers are removed from the residence daily. 2.3.3.B.10/7.3.3.B.10 If disposable diapers are used, they are placed in a covered receptacle that is: a. Lined with a plastic bag; b. Kept away from the children's activity and food preparation and service areas; c. Emptied as necessary to eliminate odors; and d. Clean and disinfected daily. 2.3.3.B.11/7.3.3.B.11 If cloth diapers are used, they are: a. Not rinsed or emptied at the child care program; b. Completely wrapped in a non-permeable material; c. Kept away from the children's activity and food preparation and service areas; and d. Given directly to the parent/guardian at pickup at the end of the day. 2.3.5.D.3.a.8/7.3.5.D.3.a.8 The required Professional Development Training must be approved through a process as determined by the Department or on the approved list provided by the PDTA Hub. a. Four (4) of the required hours of training must be in one (1) of the following topics related to health and safety requirements: (8) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;

FCC
2.3.2.J.2 a-e/7.3.2.J.2.a-e Staff wash their hands with liquid soap and warm running water as needed and:
a. After each diaper change;
b. After personal toileting;
c. After assisting a child with toileting;

d. After wiping a runny nose;
e. After touching any bodily fluid;

2.3.2.J.3.a,c & d/7.3.2.J.3.a,c & e Staff ensure that children wash their hands with liquid soap and warm running water as needed and:
a. After each toileting;
c. After wiping or blowing their nose;
d. After touching any bodily fluid;

2.3.2.N.3.a.3-4/7.3.2.N.3.a.3-4. A first aid kit is available in each classroom and outdoor play areas.
a. The following first aid supplies should be in all first aid kits:
(3) Disposable powder-free, latex-free gloves
(4) Plastic bags (for disposing of blood and other bodily fluids)

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **218-RICR-70-00-1.13.D D. Transportation of Children 1.If the program chooses to provide transportation, a transportation policy must be written. 2.The program is required to adhere to State law and the Rules and Regulations of the Rhode Island Registry of Motor Vehicles and comply with State Regulations for vehicles that transport children as part of the program regarding: a. Registration; b. Inspections; and c. Insurance. 3.All individuals who provide transportation of children must: a. Hold a valid Rhode Island Chauffeur's License or equivalent from another State; and b .Have a completed background check on file. 4.In addition, vehicles used to transport children must have: a. Two-inch (2") lettering on the vehicle (unless leased and then a magnetized sign can be used), stating the program's name; b. A fire extinguisher; c. First aid, emergency airway and bodily fluid spill kits; and d. Audible door and back-up alarms (mountable or installed). 5.At least two (2) staff are in the vehicle while transportation is provided, unless all children being transported are School Age. If all children are School Age, one (1) staff may provide transportation. 6.Children must never be left alone in the vehicle. 7.A face-to-name attendance check of all children is completed upon entrance to and**

departure from the vehicle. 8.Attendance and emergency information on each child being transported must be available in the vehicle when transportation is being provided. 9.When being transported, children must be properly secured in the appropriate safety restraint or car seat for their age.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **218-RICR-70-00-2 2.3.6.D /218-RICR-70-00-7 7.3.6.D - D. Transportation of Children 1.If the provider chooses to provide transportation, a transportation policy must be written. 2.The program is required to adhere to State law and the Rules and Regulations of the Rhode Island Department of Motor Vehicles, and comply with State Regulations for vehicles that transport children as part of the program regarding: a. Registration; b. Inspections; and c. Insurance. 3.All individuals who provide transportation of children for the Family Child Care Home must: a. Hold a valid Rhode Island Chauffeur's License or equivalent from another state (see R.I. Gen. Laws Chapter 31-22 Miscellaneous Rules, R.I. Gen. Laws § 31-22-11.6 Child Care Vehicles and School Extra-Curricular Vehicles); and b. Have a completed Comprehensive Background Check on file. 4.Children can never be left alone in the vehicle. 5.A face-to-name attendance check of all children must be completed (and documented) upon entrance to and departure from the vehicle. 6.Attendance and emergency information foreach child being transported must be available in the vehicle when transportation is being provided. 7.When being transported, children must be properly secured in the appropriate safety restraint or car seat for their age. 8.At the discretion of the provider, and with adherence to the more stringent staffing patterns, public transportation may be used.**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **218-RICR-70-00-1.11.G.14 - 14.Every staff member must be trained under the most recent guidelines of the American Heart Association in: a. Pediatric cardiopulmonary resuscitation (CPR) (online training is not accepted); and b. Pediatric first aid (online training is accepted). c. Renewal certification must occur within ninety (90) days of expiration for both Pediatric CPR and Pediatric First Aid. (1) Renewal certification for both Pediatric CPR and Pediatric First Aid may be done either in person or online. d. All new hires must be trained under the most recent guidelines of the American Heart Association in Pediatric cardiopulmonary**

resuscitation (CPR) and Pediatric first aid within ninety (90) days of employment.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **218-RICR-70-00-2 2.3.5.A.2.d.2/ 218-RICR-70-00-7 2.3.5.A.2.d.2 A. Requirements for Family Child Care Home Providers d. Current certification under the most recent guidelines of the American Heart Association in: (1)Pediatric Cardiopulmonary Resuscitation (CPR) (AA)Initial CPR certification must be done in person. (BB)CPR recertification may be done either in person or online. (2) Pediatric First Aid (AA)Pediatric first aid training may be done in person or online. 2.3.5.B.2.a.2/7.3.5.A.2.d.2 - B. Requirements for Family Child Care Home assistants and substitutes b. Current certification under the most recent guidelines of the American Heart Association in: (1)Pediatric Cardiopulmonary Resuscitation (CPR) (AA)Initial CPR certification must be done in person. (BB)CPR recertification may be done in person or online. (2) Pediatric first aid (AA)Pediatric first aid training may be done in person or online. 2.3.5.D.3.10 // 7.3.5.D.3.10 - 3.The required Professional Development Training must be approved through a process as determined by the Department or on the approved list provided by the PDTA Hub. a. Four (4) of the required hours of training must be in one (1) of the following topics related to health and safety requirements (10) Pediatric First-Aid and CPR**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **218-RICR-70-00-1.11.G.14 - 14.Every staff member must be trained under the most recent guidelines of the American Heart Association in: a. Pediatric cardiopulmonary resuscitation (CPR) (online training is not accepted); and b. Pediatric first aid (online training is accepted). c. Renewal certification must occur within ninety (90) days of expiration for both Pediatric CPR and Pediatric First Aid. (1) Renewal certification for both Pediatric CPR and Pediatric First Aid may be done either in person or online. d. All new hires must be trained under the most recent guidelines of the American Heart Association in Pediatric cardiopulmonary resuscitation (CPR) and Pediatric first aid within ninety (90) days of employment.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **218-RICR-70-00-2 2.3.5.A.2.d.2/ 218-RICR-70-00-7 2.3.5.A.2.d.2 A. Requirements for Family Child Care Home Providers d. Current certification under the most recent**

guidelines of the American Heart Association in: (1)Pediatric Cardiopulmonary Resuscitation (CPR) (AA)Initial CPR certification must be done in person. (BB)CPR recertification may be done either in person or online. (2) Pediatric First Aid (AA)Pediatric first aid training may be done in person or online. 2.3.5.B.2.a.2/7.3.5.A.2.d.2 - B. Requirements for Family Child Care Home assistants and substitutes b. Current certification under the most recent guidelines of the American Heart Association in: (1)Pediatric Cardiopulmonary Resuscitation (CPR) (AA)Initial CPR certification must be done in person. (BB)CPR recertification may be done in person or online. (2) Pediatric first aid (AA)Pediatric first aid training may be done in person or online. 2.3.5.D.3.10 // 7.3.5.D.3.10 - 3.The required Professional Development Training must be approved through a process as determined by the Department or on the approved list provided by the PDTA Hub. a.Four (4) of the required hours of training must be in one (1) of the following topics related to health and safety requirements (10) Pediatric First-Aid and CPR

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **218-RICR-70-00-1 1.9.E.1 Any suspected case of child abuse and/or neglect is reported to the Rhode Island Department of Children, Youth and Families' Child Protective Services (CPS) hotline (1-800-RI-CHILD/1-800-742-4453) within twenty-four (24) hours in accordance with State law and Department policy.**

1.9.E.2 Any suspected case of child abuse and/or neglect is reported to the Rhode Island Department of Children, Youth and Families' Child Protective Services (CPS) hotline (1-800-RI-CHILD/1-800-742-4453) within twenty-four (24) hours in accordance with State law and Department policy.

1.9.J.1 A daily health check is conducted on each child as soon as possible after the child arrives at the program.
1.12.E.2 The orientation includes information regarding:
a. The DHS Child Care Center and School Age Program Regulations for Licensure;
b. State law governing child abuse and neglect, and reporting procedures; and

c. Program policies, procedures, and operations, as documented in the Staff Handbook.
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.

1.12.F.2.a.11 The required Professional Development Training must be approved through a process as determined by the Department or on the approved list provided by the PDTA Hub.
a. Four (4) of the required hours of training must be in one (1) of the following topics related to health and safety requirements:
(11) Recognition and reporting of child abuse and neglect.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: 218-RICR-70-00-2/7 2.3.2.F.1/7.3.2.F.1 Any suspected case of child abuse and/or neglect is reported to the Rhode Island Department of Children, Youth and Families' Child Protective Services (CPS) hotline (1-800-RI-CHILD/1-800-742-4453) within twenty-four (24) hours in accordance with State law and Department policy.

2.3.2.F.2/7.3.2.F.2 If the suspected case occurred at the program, the program must report to the Department's licensing unit after reporting to the CPS hotline.

2.3.5.C.1 & 2/7.3.5.C.1 & 2 All new assistants must be oriented by the provider during their first (1st) week in the program. 2. The orientation includes information regarding:
a. The Department's Family Child Care Home Regulations for Licensure;
b. State law governing child abuse and neglect, and reporting procedures; and

2.3.5.D.3.a.11/7.3.5.D.3.a.11 The required Professional Development Training must be approved through a process as determined by the Department or on the approved list provided by the PDTA Hub.
a. Four (4) of the required hours of training must be in one (1) of the following topics related to health and safety requirements: Recognition and reporting of child abuse and neglect.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **218-RICR-70-00-1.9.E -E. Child Abuse and Neglect 1.Any suspected case of child abuse and/or neglect is reported to the Rhode Island Department of Children, Youth and Families' Child Protective Services (CPS) hotline (1-800-RI-CHILD/1-800-742-4453) within twenty-four (24) hours in accordance with State law and Department policy. 2. If the suspected case occurred at the program, the program must report to the Department's licensing unit immediately after reporting to the CPS hotline.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **218-RICR-70-00-2 2.3.2.F/218-RICR-70-00-7 7.3.2.F - F.Child Abuse and Neglect 1.Any suspected case of child abuse and/or neglect is reported to the Rhode Island Department of Children, Youth and Families' Child Protective Services (CPS) hotline (1-800-RI-CHILD/1-800-742-4453) within twenty-four (24) hours in accordance with State law and Department policy. 2.If the suspected case occurred at the program, the program must report to the Department's licensing unit after reporting to the CPS hotline. 3.The provider is responsible for alerting the Department immediately of any DCYF investigation associated with themselves, a household member, assistant or substitute.**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

c. Confirm if child care providers must comply with the Lead Agency's procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

[x] Yes, confirmed.

[ ] No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

[x] Yes.

[ ] No. If no, skip to Section 5.4

If yes, describe the standard(s).

i. Nutrition. Describe: **The standard found in Child Care Center and School Age Program Regulations 218-RICR-70-00-1.9.M and Family Child Care/Group Family Child Care 218-RICR-70-00-2 2.3.2.L/218-RICR-70-00-7 7.3.2.L outlines nutrition standards aligned to national best practice and aligned to the United States Department of Agriculture (USDA) Child and Adult Care Food Program nutritional standards. The Rhode Island Department of Health also partners with the lead agency to provide additional feedback and input into these sections during the promulgation of updated regulations.**

ii. Access to physical activity. Describe: **The standard found in Child Care Center and School Age Program Regulations 218-RICR-70-00 1.14.B.3 and Family Child Care/Group Family Child Care 218-RICR-70-00-2 2.3.7.B.3/218-RICR-70-00-7 7.3.7.B outlines a required amount of daily physical activity for all provider types regulated by the Lead Agency.**

iii. Caring for children with special needs. Describe: **The standard found in Child Care Center and School Age Program Regulations 218-RICR-70-00 1.9.D & 1.14.E and Family Child Care/Group Family Child Care 218-RICR-70-00-2 2.3.2.E/218-RICR-70-00-7 7.3.2.E outlines specific documentation that providers are required to keep on site for children with special needs as well as ensuring that children with special needs are able to safely participate in the program**

iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: **The Lead Agency updated the regulations for all licensed child care provider types in the last year. These updates have all been aimed at ensuring the health and safety of children as well as promoting best practices related to child development. When updates occur, the proposed changes are sent to all other state agencies to ensure that the changes align with various other content experts in fields that also promote and support child development and health and safety.**

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF

health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	**Is the pre-service or orientation training on this standard appropriate to different settings and age groups?**	**Does the Lead Agency require staff to complete the training before caring for children unsupervised?**
a. Prevention and control of infectious diseases (including immunizations)	**[x]**	**[x]**	**[ ]**
b. SIDS prevention and use of safe sleep practices	**[x]**	**[x]**	**[ ]**
c. Administration of medication	**[x]**	**[x]**	**[ ]**
d. Prevention and response to food and allergic reactions	**[x]**	**[x]**	**[ ]**
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	**[x]**	**[x]**	**[ ]**
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	**[x]**	**[x]**	**[ ]**
g. Emergency preparedness and	**[x]**	**[x]**	**[ ]**

	response planning and procedures			
h.	Handling and storage of hazardous materials and disposal of biocontaminants	**[x]**	**[x]**	**[ ]**
i.	Appropriate Precautions in transporting children, if applicable	**[x]**	**[x]**	**[ ]**
j.	Pediatric first aid and pediatric CPR (age-appropriate)	**[x]**	**[x]**	**[ ]**
k.	Child abuse and neglect recognition and reporting	**[x]**	**[x]**	**[ ]**
l.	Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	**[x]**	**[x]**	**[ ]**

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **N/A**

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

[x] No

[ ] Yes. If yes, describe:

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

[x] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

[ ] Annually.

[x] More than once a year. If more than once a year, describe: **Newly licensed centers and school age programs are visited prior to licensure and then again within the first six months of operation. After that initial visit, they will be inspected two times a year. More frequent visits will occur during a probationary period, in response to a complaint or as a follow up to ensure that noncompliance from a previous visit has been rectified.**

[ ] Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No. If no, describe: **Once a program is licensed their inspections include the same monitoring approach and review of standards at each visit. A program on a Probationary status may only have specific health and safety standards reviewed during inspections occurring during the probationary period. However, a full monitoring visit is completed prior to removing the probationary status.**

iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **The lead agency - the Department of Human Services, completes the inspections.**

b. Licensed CCDF family child care providers

i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

[x] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

[ ] Annually.

[x] More than once a year. If more than once a year, describe: **Newly licensed family child care homes are visited prior to licensure and then again within the first six months of operation. After that initial visit, they will be inspected yearly. More frequent visits will occur during a probationary period, in response to a complaint or as a follow up to ensure that noncompliance from a previous visit has been rectified.**

[ ] Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No. If no, describe: **Once a program is licensed their inspections include the same monitoring approach and review of standards at each visit. A program on a Probationary status may only have specific health and safety standards reviewed during inspections occurring during the probationary period. However, a full monitoring visit is completed prior to removing the probationary status**

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **The lead agency is responsible for completing the inspections the Department of Human Services.**

c. Licensed in-home CCDF child care providers

i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

[x] No.

[ ] Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

[ ] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[x] Other. If other, describe: **N/A**

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **N/A**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

a. License-exempt CCDF center-based child care providers

i. Identify the frequency of inspections for compliance with health, safety, and fire

standards for license-exempt center-based providers:

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[x] Other. If other, describe: **The Lead Agency does not have license exempt center based providers.**

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **N/A**

b. License-exempt CCDF family child care providers

i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[x] Other. If other, describe: **N/A**

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **N/A**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **N/A**

b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **N/A**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary Lead Agency and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of monitoring and inspection reports.

a. Does the Lead Agency post:

   i. **[x]** Pre-licensing inspection reports for licensed programs.

   ii. **[x]** Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.

   iii. **[ ]** Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:

   iv. **[ ]** Other. Describe:

b. Check if the monitoring and inspection reports and any related plain language summaries include:

   i. **[x]** Date of inspection.

   ii. **[x]** Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **Health and Safety violations are prominently displayed in the inspection reports that are posted for the public. The risk level of each standard that was monitored for is also prominently displayed. There is an option for additional discussion topics that allows a narrative to be entered by the inspector into the report. This can include the reason for the visit, such as the result of a fatality or serious injury. These are routinely updated as providers make progress towards their correction action plan.**

   iii. **[x]** Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **The corrective action plan is currently built into the posted summary.**

   iv. **[x]** A minimum of 3 years of results, where available.

   v. If any of the components above are not selected, please explain:

c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.

   i. Provide the direct URL/website link to where the reports are posted:

https://earlylearningprograms.dhs.ri.gov/

ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **Inspections are typically posted within 72 hours of the visit being completed and are posted no more than 90 days after the visit was completed.**

d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?

[x] Yes.

[ ] No. If no, describe:

e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?

[x] Yes.

[ ] No. If no, describe:

f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?

[x] Yes.

[ ] No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **The Lead Agency developed a series of eight modules for the purpose of onboarding new licensing inspectors. Over the course of these modules, licensors (the term the lead agency uses to identify licensing inspectors) are trained on the following topics: foundations of licensing, regulations, general child care practices, monitoring systems, the technology used by the units, child abuse and neglect (identification and reporting process) as well as the system for handling complaints related to child care. Additionally, new licensors are required to view the same health and safety modules as required of new child care providers. In conjunction with viewing these modules, licensors are also teamed up to shadow seasoned staff. Supervisory staff complete reliability checks with licensors at a minimum of once every three months to ensure that licensed child care providers are being monitored effectively and accurately.**

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **The current average caseload for a licensing inspector is 135-140. The Lead Agency recently created new position within the unit that will be responsible for all new centers and family child care providers (up to the point of licensure) as well as all probationary visits. In 2019, when the licensing unit transitioned back to the lead agency, the State used a national consulting group to support that transition. Part of that process included assessing caseloads of inspectors. It was determined at that time that no additional staff were needed. The State completed an informal time study last year which found no significant gaps or issues regarding productivity. Caseloads and individual are tracked via inspector to ensure that all providers are being monitored in a timely fashion and aligned with state statute.**

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

a. Licensed child care centers: **All child care center staff, including substitutes, are required to complete the mandatory approved health and safety preservice training module within 90 days of hire. Continued ongoing training requirements are then broken down by program type or hours of employment. Staff in year-round programs must complete twenty-four (24) hours of professional development (2 hours a month). Staff in partial year programs are required to demonstrate that staff complete two (2) hours of training per month of operation. Staff members at any program type who work less than twenty hours a week or are listed as a substitute are required to complete twelve (12) hours of professional development per year. In any of these scenarios, four (4) hours of required training per year must be in the one of the following health and safety requirements: (1) Prevention and control of infectious diseases (including immunization) (2) Prevention of Sudden Infant Death Syndrome and use of safe sleep practices (3) Administration of medication, consistent with standards for parental consent (4) Prevention and response to emergencies due to food and allergic reactions (5) Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic (6) Prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment (7) Emergency preparedness and response planning for emergencies resulting from a natural disaster or a man-caused event (such as violence at a child care facility) (8) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants (9) Appropriate precautions in transporting children (if applicable) (10) Pediatric First-Aid and CPR (11) Recognition and reporting of child abuse and neglect. Additionally, all staff must maintain their pediatric first aid and CPR.**

b. License-exempt child care centers: **N/A**

c. Licensed family child care homes: **Family child care providers as well as any assistants or substitutes associated with their program are required to complete the mandatory approved health and safety preservice training module within 90 days of opening/hiring. Continued ongoing training for all family child care providers and full time assistants require them to complete twelve (12) hours of professional development training per calendar year. In partial year programs, Family child care providers and full time assistants are required to complete one (1) hour of professional development pre month of operations. Assistants and substitutes who work less than twenty (20) hours per week are required to complete six (6) professional development hours per year, regardless of the program's operating schedule. In any of these scenarios, four (4) hours of required training per year must be in the one of the following health and safety requirements: (1) Prevention and control of infectious diseases (including immunization) (2) Prevention of Sudden Infant Death Syndrome and use of safe sleep practices (3) Administration of medication, consistent with standards for parental consent (4) Prevention and response to emergencies due to food and allergic reactions (5) Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic (6) Prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment (7) Emergency preparedness and response planning for emergencies resulting from a natural disaster or a man-caused event (such as violence at a child care facility) (8) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants (9) Appropriate precautions in transporting children (if applicable) (10) Pediatric First-Aid and CPR (11) Recognition and reporting of child abuse and neglect. Additionally, all staff must maintain their pediatric first aid and CPR.**

d. License-exempt family child care homes: **N/A**

e. Regulated or registered in-home child care: **N/A**

f. Non-regulated or registered in-home child care: **N/A**

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.

c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[ ] Yes.

[x] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks. **The only license exempt providers that are eligible for CCDF participation in Rhode Island are family members who are required to provide evidence of a particular level of relation to the child. For that reason, background checks are not completed.**

c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[ ] Yes.

[x] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks. **The only license exempt providers that are eligible for CCDF participation in Rhode Island are family members who are required to provide evidence of a particular level of relation to the child. For that reason, background checks are not completed.**

c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[ ] Yes.

[x] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks. **The only license exempt providers that are eligible for CCDF participation in Rhode Island are family members who are required to provide evidence of a particular level of relation to the child. For that reason, background checks are not completed.**

c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[ ] Yes.

[x] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks. **The only license exempt providers that are eligible for CCDF participation in Rhode Island are family members who are required to provide evidence of a particular level of relation to the child. For that reason, background checks are not completed.**

c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of

licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[ ] Yes.

[x] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks. **The only license exempt providers that are eligible for CCDF participation in Rhode Island are family members who are required to provide evidence of a particular level of relation to the child. For that reason, background checks are not completed.**

c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

[x] Yes.

[ ] No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[ ] Yes.

[x] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks. **The only license exempt providers that are eligible for CCDF participation in Rhode Island are family members who are**

required to provide evidence of a particular level of relation to the child. For that reason, background checks are not completed.

c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[ ] Yes.

[x] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks. **The only license exempt providers that are eligible for CCDF participation in Rhode Island are family members who are required to provide evidence of a particular level of relation to the child. For that reason, background checks are not completed.**

c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.

- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

[x] Yes.

[ ] No. If no, describe the disqualifying criteria:

b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

[ ] Does not use them to disqualify employment.

[x] Uses them to disqualify employment. If checked, describe: **If the applicant is found to have any disqualifying information found on their in-state child abuse neglect and registry check, the applicant is not able to become employed or maintain employment until they are able to successfully appeal the indication that led to the disqualifier.**

d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

[ ] Does not use them to disqualify employment.

[x] Uses them to disqualify employment. If checked, describe: **The lead agency receives and reviews the interstate child abuse and neglect registry check results and compares any indications to the list of disqualifiers currently listed in state statute.**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

[x] Yes.

[ ] No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

[x] Yes.

[ ] No. Describe:

ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

[x] Yes.

[ ] No. Describe:

iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

[x] Yes.

[ ] No. Describe:

iv. Get completed in a timely manner.

[x] Yes.

[ ] No. Describe:

v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

[x] Yes.

[ ] No. Describe:

vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in

accordance with the Act.

[x] Yes.

[ ] No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

a. FBI criminal background check.

[x] Yes.

[ ] No. If no, describe:

b. In-state criminal background check with fingerprints.

[x] Yes.

[ ] No. If no, describe:

c. In-state Sex Offender Registry.

[x] Yes.

[ ] No. If no, describe:

d. In-state child abuse and neglect registry.

[x] Yes.

[ ] No. If no, describe:

e. Name-based national Sex Offender Registry (NCIC NSOR).

[x] Yes.

[ ] No. If no, describe:

f. Interstate criminal background check, as applicable.

[x] Yes.

[ ] No. If no, describe:

g. Interstate Sex Offender Registry check, as applicable.

[x] Yes.

[ ] No. If no, describe:

h. Interstate child abuse and neglect registry check, as applicable.

[ ] Yes.

[x] No. If no, describe: **While the results of the interstate child abuse and neglect registry check is not required for provisional hiring, the initiation of the request for the check must be completed by the lead agency before the employee can begin employment**

i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?

[ ] Yes.

[x] No. If no, describe: **Staff are allowed to work unsupervised once all comprehensive criminal checks have been completed as well as a state level CANS check. Employment is also contingent the State initiating any interstate child abuse and neglect registry checks. Programs are encouraged but not required for those staff to be supervised until those results are returned. The program is informed that continued employment is contingent upon those results being free of any disqualifiers.**

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

[x] Yes.

[ ] No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

[x] Yes.

[ ] No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

[ ] Yes.

[x] No.

b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **The RI Attorney General's Office as well as local and state police are identified as the state agencies responsible for all criminal background checks, including out of state requests. Individuals who live out of state currently but requesting a state criminal history**

check, regardless of which law enforcement agency they request from, are required to complete a form that includes information authorizing the release of the information to a specific individual. This prevents agencies from directly requesting the results of a background check but does allow other lead agencies in other states to be the receiving entity. For child abuse and neglect checks, DCYF has a page on their website dedicated specifically related to Rhode Island CPS History Search. This page is for child and family state agencies outside of Rhode Island to directly request these checks. The clearance result sent to the agency requesting the information would be similar to the one received by in state providers, indicating whether or not an indicated case was a disqualifier for employment. Any additional information would require the applicant to sign a release of information for the lead agency to receive additional information regarding the specifics of a case should there be a disqualifier.

c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

[ ] Yes. If yes, describe the current policy.

[x] No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: All out of state criminal background check requests are handled through the Rhode Island Attorney General. Their website can be accessed using the link below. When on this page, the information for anyone requesting an out of state check (meaning the individual now resides outside of Rhode Island but needs a background check completed, is found under the By Mail and Out of State Background Checks https://riag.ri.gov/i-want/get-background-check . Requests for Child Abuse and Neglect Checks are received and processed by Rhode Island's Department of Children, Youth and Families. Requests for those are accepted through the following website https://dcyf.ri.gov/records-requests/confidential-recordsclearances Both sites as well as language on how to access these sites can also be found on the following website run by the lead agency: https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/background-checks

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

b. Interstate criminal background check:

i. **[x]** Agency name

ii. **[x]** Address

iii. **[x]** Phone number

iv. **[x]** Email

v. **[x]** Website

vi. **[x]** Instructions

vii. **[x]** Forms

viii. **[x]** Fees

ix. **[ ]** Is the State a National Fingerprint File (NFF) State?

x. **[ ]** Is the State a National Crime Prevention and Privacy Compact State?

xi. If not all boxes above are checked, describe: **Rhode island is currently not a National Crime Prevention and Privacy Compact State or part of the National Fingerprint File. However, by the requirement that the fingerprint affidavit be completed and submitted as part of the criminal background check process, the lead agency is ensuring that all of the required checks are completed regardless of being a compact state or not.**

c. Interstate sex offender registry (SOR) check:

i. **[x]** Agency name

ii. **[x]** Address

iii. **[x]** Phone number

iv. **[x]** Email

v. **[x]** Website

vi. **[x]** Instructions

vii. **[x]** Forms

viii. **[x]** Fees

ix. If not all boxes above are checked, describe: **N/A**

d. Interstate child abuse and neglect (CAN) registry check:

i. **[x]** Agency name

ii. **[x]** Is the CAN check conducted through a county administered registry or centralized registry?

iii. **[x]** Address

iv. **[x]** Phone number

v. **[x]** Email

vi. **[x]** Website

vii. **[x]** Instructions

viii. **[x]** Forms

ix. **[x]** Fees

x. If not all boxes above are checked, describe: **N/A**

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

[x] Yes.

[ ] No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

[x] Yes.

[ ] No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

[ ] No.

[x] Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them? **The Lead Agency only approves license exempt providers aligned to the acceptable degree of relationship that matches the ACF definition: grandparent, aunt/uncle, sibling (if not in the same household.) The provider is limited to caring for six (6) related children of an acceptable degree of relationship to the provider that can be proven. The provider's children under six (6) years of age shall be included in the maximum number of six (6) related children. These providers can provide care for up to 15 hours within a 24-hour period. This provider type is exempt from all standards, training, inspections and background checks with the exception of the mandated preservice training.**

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor

benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:

i. **[ ]** Providing program-level grants to support investments in staff compensation.

ii. **[x]** Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.

iii. **[ ]** Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.

iv. **[ ]** Subsidizing family child care provider and center-based child care staff retirement benefits.

v. **[ ]** Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.

vi. **[ ]** Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.

vii. **[x]** Providing scholarships or tuition support for center-based child care staff and family child care providers.

viii. **[x]** Other. Describe: **Continuation of the Child Care Assistance Program for Child Care Educators to allow families with an FPL under 300% and a parent working in early childhood to quality for free child care.**

b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **The Governor's Workforce Board convened an Early Childhood Workforce Advisory Committee in October 2022 in response to the FY23 Budget that described the following: In furtherance of the goals set forth in this chapter,**

no later than January 1, 2023, the governor's workforce board shall convene a working group comprised of representatives from the department of elementary and secondary education, department of human services, office of the postsecondary commissioner, the RI early learning council, organized labor and early childhood education industry employers, whose purpose shall be to identify barriers to entry into the early childhood education workforce, and to design accessible and accelerated pathways into the workforce, including, but not limited to, registered apprenticeships and postsecondary credit for prior work experience. (2) No later than April 1, 2023, the working group shall provide the general assembly with recommendations for addressing the barriers to workforce entry and implementing the solutions identified by the working group; the recommendations shall outline any administrative and legislative action that would be required by participating agencies to implement the recommendations. These recommendations were created and circulated as a potential pathway for supporting the workforce. In addition, beginning In 2021, the Rhode Island Department of Human Services (DHS) was awarded $18.7 million dollars in funds through the American Rescue Plan Act (ARPA) State Fiscal Recovery Fund (SFRF), as appropriated by the Governor and the General Assembly, and Early Educator Pandemic Retention Bonuses were issued to eligible employees beginning in the Spring and Summer of 2022. This program was intended to invest in early educators by offering bonuses to direct care staff employed at DHS-licensed child care providers. In Spring 2022, additional funds were reauthorized to be dedicated from the ARPA SFRF to fund this grant program for Fiscal Year (FY)23 and FY24. Educators will be eligible to receive a maximum of 4 quarterly bonuses, depending on eligibility in each application window. These retention bonuses will supplement educators' compensation to support retention and recruitment in the early learning sector, as well as recognize the vital work that early educators do in supporting the State's littlest learners. The last window is slated to occur in July, 2024, as the pandemic funding has been liquidated.

c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **N/A**

d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **In addition to offering access to related professional development through the Center for Early Learning Professionals, the lead agency will continue to partner with the Emma Pendleton Bradley Hospital to operate and manage the SUCCESS program, (Supporting Children's Competencies in Emotional and Social Skills). This infant and early childhood mental health consultation (IECMHC) program is offered statewide. IECMHC promotes nurturing relationships and enhances the capacity of staff, families, programs, and systems to prevent, identify, and intervene with young children's social, emotional, and behavioral health needs (0-5 years). SUCCESS is staffed by early childhood clinicians at Bradley Hospital, who are contracted to provide, Child-focused IECMHC supports the needs of individual children whose development or behavior is of concern to families or early care and education staff. In this model, a SUCCESS consultant helps children's caregivers, and teachers, to understand, contextualize, and address the child's social and emotional needs by developing and implementing an individualized plan. Bradley offers Coordination of Care programming, providing IECHMC In this model, a SUCCESS consultant facilitates reflective discussion and problem-solving regarding the social, emotional, and behavioral needs within whole**

classrooms and programs. Early childcare Supervisors and managers can enroll in Reflective Supervision foundational training and a monthly workshop focused on enhancing supervisors' reflective supervision skills and competencies. In collaboration with the LA and community partners, Bradley IECMHC clinicians are engaging with the Family Home Care providers to offer Early Childhood Mental Health Workshop Series that includes didactic content, reflective discussion, and collaborative problem-solving focused on early childhood mental health topics. The long-term goal is to develop a Child Focused IECMHC services to meet the specific and unique needs of home care programs.

e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. Strategies to support recruitment and retention include continuation and expansion of the RI Teacher Education and Compensation Helps (TEACH) scholarship program. RI T.E.A.C.H provides several scholarships for educators employed in programs serving children aged B-5 in RI DHS-licensed and CCAP-approved early learning programs. In 2023, TEACH added several new scholarship models including a 3-6 credit pathway for educators in need a few credits to complete or begin a program of study, Master level pathways for administrators, accelerated BA pathways. Additionally, the lead agency, in partnership with RIAEYC, manages the Career Pathways Project; in this project, TEACH counselors partner with local high schools that offer career and technical programming in early childhood education to increase awareness of employment and scholarship opportunities, including linking students to internships, scheduling guest speakers and sponsoring field trips to the state institutions of higher education. The Lead Agency has implemented a one-year pilot providing child care benefits to early educators and staff working in a licensed Rhode Island child care program who meet certain income and other eligibility standards. The pilot is intended to support providers in recruiting and retaining a qualified workforce and to assist educators with child care costs so they can remain in the early childhood workforce. Using Preschool Development Grant funding, Rhode Island has also instituted a Step Up to WAGE$ pilot program that provides education-based salary supplements to center-based educators, directors and family child care providers working with children in an early childhood setting, which is designed to increase retention, education and compensation.

6.1.2 Strategies to support provider business practices

a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. The Center for Early Learning Professionals (CELP), provides access to professional development and technical assistance (PDTA) to support programs and prospective programs. PDTA is available in English and Spanish. New provider Orientation is completed by all prospective programs to ensure best business practices, fiscal management and marketing strategies. The Education Support Fund (ESF) offers specific business skills, management training and technical support.

b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:

i. **[x]** Fiscal management.

ii. **[x]** Budgeting.

iii. **[x]** Recordkeeping.

iv. **[x]** Hiring, developing, and retaining qualified staff.

v. **[ ]** Risk management.

vi. **[x]** Community relationships.

vii. **[x]** Marketing and public relations.

viii. **[x]** Parent-provider communications.

ix. **[x]** Use of technology in business administration.

x. **[ ]** Compliance with employment and labor laws.

xi. **[ ]** Other. Describe any other efforts to strengthen providers' administrative business:

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

a. Providers and staff with limited English proficiency: **All Provider communications including are provided in both English and Spanish. All Provider meetings and calls are presented in both English and Spanish. The Lead Agency requests preferred language option from Providers and uses that preference when communicating individually with the Provider. The Lead Agency has bi-lingual staff on the Provider Management and Licensing Teams and a phone-based translation service to use at any time. Professional Development and Technical Assistance including Provider Orientations from both the Center for Early Learning Professionals as well as the Education and Support Fund are offered in both English and Spanish.**

b. Providers and staff who have disabilities: **The Lead Agency would work to accommodate Providers and staff with disabilities and to facilitate participation as a CCAP Approved Provider by providing assistance with the application and orientation process as needed. The Lead Agency Provider Management staff is available to help providers with the application process, with enrollments and attendance submissions through a call-in number, over email or in person during regular business hours.**

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

[x] Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: **The State is transitioning to the updated 2023 Rhode Island Early Learning and Development Standards (RIELDS). RIDE, in partnership with the Department of Human Services, is pivoting away from using the Workforce Knowledge and Competencies (WKC's), and transitioning to the National Association for the Education of Young Children's (NAEYC) Professional Standards and Competencies for Early Childhood Educators. Rhode Island recognizes the importance of ongoing early care and education research and believes that by adopting the NAEYC Professional Standards and Competencies, we will ensure that our workforce will remain current on best practices. CELP has created a set of online self-assessment courses on the WKCs that have been used by the workforce dating back to 2013 to promote the development of young children and is working to realign these online courses with the NAEYC Standards. DHS (the Lead Agency) and RIDE are the co-leads of the Early Learning Council and use the quarterly meets to ensure members of the council and other stakeholders at council meetings understood what was happening and had the ability to provide feedback on the process.**

[ ]No.

b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

[x] Yes. If yes, identify the other key groups: **This work was a joint effort with the Lead Agency DHS and the Rhode Island Department of Education, as well as the two largest vendors that work in the early childhood field in Rhode Island – our vendor for our Quality Rating and Improvement System, RIAEYC BrightStars as well as out Professional Development and Technical Assistance hub, the Center for Early Learning Professionals (CELP).**

[ ] No.

6.2.2 Description of the professional development framework

a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **Center For Early Learning Professionals (CELP) organizes, categorizes, and offers Professional Development and Technical Assistance (PDTA) by provider type and aligned to the Workforce Knowledge and Competency Framework (WKC). Technical assistance is organized and categorized by tiered services aligned with program self-assessment of continuous quality improvement and licensing needs. The CELP collaborates with referral partners to document and track TA and its**

outcomes. CELP is working to re-align the PDTA from the WKCs to NAEYC.

ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. The CELP offers a series of self-paced and instructor-led lead classes to help early childhood educators use the WKC's and NAEYC standards to meet their Individual Development Plan (IPDP). The Lead Agency has designed stackable low and no-cost education and training pathways that appeal to adult learners from entry to advanced. The pathways are progressive and support career advancement. The RISES Workforce Registry launched on February 5, 2024. The launch of the registry introduced the early childhood workforce in Rhode Island to the opportunity to digitally track professional development, store professional information and link to their employer to share this information. The registry will make tracking progress toward career pathways more efficient and allow for more strategic technical assistance for educators. In the future, the registry intends to provide educators with clear information on career and education pathway opportunities to increase access to these opportunities for all educators.

iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. The RI Department of Human Services, Office of Child Care, is the state's lead agency overseeing the standards and competencies for Early Education and Workforce Development. The Lead Agency receives recommendations from community partners and collaborates with the RI Children's Cabinet and the RI Early Learning Council. The statewide hub for ECE workforce and development in Rhode Island, the Center for Early Learning Professionals (CELP) – a contract issued and actively managed by RI DHS, regularly attends and participates in the RI Children's Cabinet (in addition to RI DHS representation) and maintains an official voting seat on the RI Early Learning Council. The CELP develops new PD using experts and current science/research; curates and coordinates high-quality PD; and reviews and approves external PD to ensure all PD for the RI ECE workforce aligns with approved professional competencies. While the CELP scope is to lead this work, RI DHS is actively involved ensuring alignment of PD with advisories received from RI Children's Cabinet and the RI Early Learning Council. For the RI Children's Cabinet and the RI Early Learning Council, data shared and concerns elevated contribute towards informing priority of PD topics developed for asynchronous and synchronous needs. A specific example from the RI Children's Cabinet Objective 2 Equitable access to high quality, timely services and supports, under Early Childhood Care and Education, is the "Young Multilingual Learners Needs Assessment." A key finding from this assessment in 2023 was ECEs and site directors are interested in "having more learning opportunities to improve understanding of ways to support MLLs in the classroom." While the data validated the inclusivity courses/PD already on offer, the data was used to drive action to explore and expand PD opportunities focusing on MLLs in addition to inclusion practices in general. PD and TA supports range from early childhood through school age programming and out-of-school time. The RI Early Learning Council presents opportunities for EC experts from state agencies, vendors and community partners to weigh in on current ELC initiatives and vote on ELC

recommendations. The ELC presents an opportunity to identify issue that should be prioritized, based on data and research, to elevate to the state. A specific concern is ECE workforce recruitment and retention. This has guided PD revisions for business practices series including, recruitment and retention strategies; a pipeline for CELP TA to refer to quality initiatives (such as T.E.A.C.H and LearnERS); and CELP support of CTE and higher ed career pathway pipelines with CELP PD credit alignment work. RI DHS utilizes the CELP to serve as a hub in additional ways including but not limited to disseminating information learned via RI DHS that may have been shared between Children's Cabinet or ELC meetings for PD or other TA needs; technical assistance direct to providers (center- and home-based); and, information to other community partners that support ECEs and families with young learners. This is done in collaboration and coordination with leadership at RI DHS and the CELP. The CELP meets and reports data updates with the assigned RI DHS contract manager and RI DHS leadership regularly supporting a bidirectional approach: using data from PD advisories to implement PD to sharing feedback and other data from PD offerings which can then be reported back to RI Children's Cabinet and/or RI Early Learning Council.

iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. The Lead Agency participated in the RI Early Child Care Educator Career Pathways Project. Leveraging funding from the Preschool Development Birth through Five planning grant, faculty and staff from CCRI, RIC, and URI have been working to evaluate challenges for students traveling across the ECE pathway, spanning from The Early Childhood Certificate and Associate's Degree completion (CCRI) to Bachelor's Degree and Pre-K-2, Teaching Certification (RIC and URI). Through this cross-agency, collaborative work, the goal is to develop and implement solutions to remove barriers for students. The work centered on developing solutions to Strengthen the transferability of credits based on Credit for Prior Learning, identify the ideal curriculum pathway for transfer students, align communication of student opportunities, and strengthen collaboration across the three state higher-education instructions. The project will be finalized by the Fall of 2024.

v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. The RISES Workforce Registry, which launched on February 5, 2024, provides the Lead Agency accurate, real-time information about the current workforce demographics including workforce age, ethnicity, location, education, language spoken and years of experience. Though the data system is new and still enrolling participants, the demographic data collected to date provides the following demographic data: As of May, 2024, 2,794 educators have registered in the RISES Workforce Registry. This data is still considered incomplete; however, it provides us with a sample of the workforce to analyze. In the category of age-group served, the responses (966) indicated 21% serve all age-groups, 8% infants, 7% infants and toddlers, 11% toddlers, 45% preschool, and 7% school age children. In the category of race, the responses (2,335) indicate 5% Black or African American, 64% White, 19% Hispanic, 3% combined races, 5% other, and 4% prefer not to answer. In the category of

gender, the responses (2,325) indicate 96% female, 3% male, and 1% prefer not to answer. In the category of highest level of education, the responses (1,713) indicate 38% High School/GED, 5% CDA, 13% Associate's degree, 32% Bachelor's Degree, 10% Master's Degree, and less than 1% Doctorate. As a note the RISES system was launched 3 months prior to this data point and most programs are registering administrative roles first. Knowing this, we can assume this data is skewed in this direction, however, this will be corrected by next year when all educators are in the system and accounted for.

vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. The Lead Agency partners with the Rhode Island Association for the Education of Young Children (RIAEYC) to operate the RI Teacher Education and Compensation Helps scholarship program (T.E.A.C.H.) The early childhood workforce, with the support of their employer, may apply to receive a scholarship to obtain early childhood certificates, college credits, and degrees at the Community College of RI (CCRI), Rhode Island College (RIC), and the University of Rhode Island (URI). RI supports several models that vary per program of study but typically include tuition reimbursement (typically offering 90% of the cost of tuition), educator-paid time off, student stipends, textbooks, wage enhancements, and bonuses for the educator and sponsoring employer. In 2023, DHS received additional State Fiscal Recovery funds to expand scholarship models and increase the number of recipients. The new scholarship models include 3-6 college credits, two post-baccalaureate programs, and a Master's Degree. Programming will continue through 2026. The lead agency also sustained the Infant Toddler Registered Apprentice Program (RA), a formally Preschool Development Grant funded project. This program will continue to offer two options for the Infant Toddler workforce. In Level I, infant toddler assistants enroll in the ECETP CCRI CDA Infant Toddler (IT) training and earn the CDA credential. Lead Infant Toddler Teachers enroll in Registered Apprentice (RA) level II to earn the RIC 16-Credit B3 Certificate of Undergraduate Studies. All RAs complete on-the-job learning requirements, receive pre- and post- Infant Toddler Early Childhood Environment Rating Scale assessments, participate in coaching and mentoring, and complete on-the-job learning requirements to earn the CDA IT, RIC B3, and the RI DLT RA credentials at no cost. Employers who sponsor RAs are required to provide two 1.5% salary increases to participating employees. Employers are eligible to receive sign-on and completion bonuses for up to 4 sponsored employees

b. Does the Lead Agency use additional elements?

[x] Yes.

If yes, describe the element(s). Check all that apply.

i. **[x]** Continuing education unit trainings and credit-bearing professional development. Describe: As described above, the Lead Agency partners with the Rhode Island Association for the Education of Young Children (RIAEYC) to operate the RI Teacher Education and Compensation Helps scholarship program (T.E.A.C.H.) RIAEYC is the fiscal and programmatic intermediary for the DHS Infant Toddler Registered Apprentice Program (RA). The RA program offers two options

for the Infant Toddler workforce. In level I, infant toddler assistants enroll in the Infant Toddler (IT) training and earn the CDA credential. Lead Infant Toddler Teachers enroll in RA level II to earn the RIC 16-Credit B3 Certificate of Undergraduate Studies. All RAs complete on-the-job learning requirements, receive pre- and post-Infant Toddler Early Childhood Environment Rating Scale assessments, participate in coaching and mentoring, and complete on-the-job learning requirements to earn various credentials at no cost. Employers who sponsor RAs are required to provide two 1.5% salary increases to participating employees. Employers are eligible to receive sign-on and completion bonuses for up to 4 sponsored employees. For 2024-2025, RIAEYC-TEACH conducts ongoing recruitment to enroll students in each of the following models: CDA exam costs.; 3-6 credits at the Community College of RI; 16 credits- Infant Toddler -Certificate of Undergraduate Studies at Rhode Island College (RIC); THE CCRI 24- Credit Early Childhood Education Certificate; Early Childhood Associates Degree at the Community College of RI. Early Childhood Bachelor of Science Degree (Non-certification and RI PRE-K Certification options) at Rhode Island College or the University of RI(URI). Postbaccalaureate PRE-K Certification at URI. Postbaccalaureate PRE-K & Early Childhood Special Education Certificate of Graduate Studies at RIC. Master's degree in Early Childhood Education Leadership at RIC. The Lead Agency partners with the Community College of Rhode Island (CCRI) to operate the Rhode Island Early Childhood Education and Training Program (ECETP), a comprehensive and unique education and training program that strengthens the knowledge and skills of both seasoned and novice early childhood educators by providing supportive mentoring, coaching, cohort-based learning, and formal academic coursework. RIECETP offers three free-of-cost, stackable pathways for educators to achieve portable and stackable certificates and/or college credits that are integral to the DHS Sponsored Professional Development & Technical Assistance (PD/TA) Early Childhood Education Workforce Development Pathways Quality Continuum. The Lead Agency partners with Rhode Island College (RIC) to implement two pathways for educators to earn stackable college credits in infant toddler development, earning the RIC 16-credit birth to age three Certificate of Undergraduate Studies. Educators can choose to enroll in an English language learning Cohort, where the first 4 courses are delivered in Spanish, followed by a contextualized ELL course; the final course is delivered in English, or the non-ELL Cohort, where all courses are delivered in English.

ii. **[x]** Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **The Lead Agency partners with the state higher education institutions, the RI Department of Education, through a contracting process, participating in higher-ed advisory committees and think-tank sessions to identify and develop workforce pathways, training, and programming to meet the needs of the diverse workforce.**

iii. **[x]** Other. Describe: **The Lead agency partners with the Emma Pendleton Bradley Hospital to operate and manage the SUCCESS (Supporting Children's Competencies in Emotional and Social Skills) program, a statewide infant and early childhood mental health consultation (IECMHC) program for early care and**

education settings. IECMHC promotes nurturing relationships and enhances the capacity of staff, families, programs, and systems to prevent, identify, and intervene with the social, emotional, and behavioral health needs of young children (0-5 years). Child-focused IECMHC supports the needs of individual children whose development or behavior is of concern to families or early care and education staff. In this model, a SUCCESS consultant helps children's caregivers understand, contextualize, and address the child's social and emotional needs by developing and implementing an individualized plan. This service is available to DHS-licensed and RI PreK center-based programs. Classroom and program-focused IECMHC promotes classroom and program-wide social, emotional, and behavioral support via Coordination of Care teams. In this model, a SUCCESS consultant facilitates reflective discussion and problem-solving about the social, emotional, and behavioral needs within whole classrooms and programs. This service is offered to DHS-licensed and RI PreK center-based programs. The Early Childhood Mental Health Workshop Series includes didactic content, reflective discussion, and collaborative problem-solving focused on early childhood mental health topics. This series is offered to DHS-licensed Family Child Care Providers. Several times a year. Participants receive DHS approved professional development credit via The Center for Early Learning Professionals. Additional IECMHC services for the family child care community are under development. The Rhode Island Reflective Supervision Series includes foundational training and a monthly workshop focused on enhancing supervisors' reflective supervision skills and competencies. Supervising professionals within DHS-licensed early care and education programs are eligible to participate. Professional development credit via The Center for Early Learning Professionals. The Lead Agency, in partnership with RIAEYC, manages the Career Pathways Project; in this project, TEACH counselors partner with local high schools that offer career and technical programming in early childhood education to increase awareness of employment and scholarship opportunities, including linking students to internships, scheduling guest speakers and sponsoring field trips to the state institutions of higher education.

[ ] No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? The Lead Agency and the Rhode Island Department of Education reviews systems and identifies areas of need regarding all early care and education programming and supports. Rhode Island requires all state-approved professional development offerings to be aligned with the Rhode Island Workforce Knowledge and Competencies Frameworks for the early care and education workforce and the Rhode Island Early Learning and Development Standards (RIDE). The RI WKCs were developed to accommodate and be inclusive of all professional roles including Teachers, Teacher Assistants, Family Child Care Providers and Administration/Coordinator/Leadership roles

to acknowledge the unique needs and goals for professionals in these roles. These are each parsed out by domain and benchmark levels for career pathways for the unique learning needs for each EC professional. The domains for all WKCs (except Admin/Coord/Leadership) include Physical and Mental Health, Safety, and Wellness; Family Engagement' Development and Learning; Curriculum; Child Assessment; and Professionalism and the career pathway benchmarks (domain competency) range from Level 1 to Level 4. The Leadership WKC domains include Leadership, Program Management, Continuous Quality Improvement, Staff Support, Community Partnerships, Family Engagement, Development and Learning, Curriculum, and Child Assessment with varying levels broken down for either: Administrators or Education Coordinators. School age and OST professionals are also supported by a School age and OST expert TA and PD developer at the Center for Early Learning Professionals to ensure all early childhood professionals are supported in their roles caring for children from birth through out of school time/school age programming. PD is available synchronous or asynchronous and in virtual, in-person or hybrid modalities. Additionally, WKCs, guidance documents, workforce communication and PD support are available in English and Spanish which are the two primary languages spoken by EC professionals in RI. The CELP also has support available to translate and interpret other languages as needed so the EC workforce can have their needs met. Providers can view PD available through the Center for Early Learning Professionals and filter by WKC or topic they are most interested in and, if seeking PD elsewhere, can seek approval through the Center and share which WKC(s) the PD supports (along with other PD of interest based on the professional's IPDP assessment. Each EC professional in RI can ask questions or seek support in their PD support needs from the Center for Early Learning Professionals team (in addition to RI DHS staff as needed). The Lead Agency is currently in the process of transitioning from the RI WKCs to the NAEYC Professional Standards. This process will ensure the continuation of support for all child care settings and ages served. In addition, this opportunity allows an added time to identify gaps with this transition and how to solve them continuing to increase inclusivity and meeting the changing and diverse needs of EC workforce. The working group addressing this transition have sought guidance and support from NAEYC to confirm alignment work and solution options for inclusion of Leadership WKC with this alignment along with school age/OST professionals. The Center for Early Learning Professionals administers the early childhood education and training approval process for all state supported and mandated PDTA. This process ensures access to high-quality professional development and technical assistance is available to all CCDF providers at all levels and sectors of the workforce and career pathways. The Lead Agency utilizes workforce enrollment data, QRIS data, and data gathered from formal and informal assessments. Going forward, the Lead Agency will utilize the RISES database as another tool to identify workforce gaps and needs. The RISES system automatically stores and tracks all professional development completed by each educator, including a count of completed professional development hours on their main profile page. The registry also allows for storage of the Individual Professional Development Plan (IPDP) to encourage educators to align coursework to their plans. The Center for Early Learning Professionals will use information obtained through data from RISES to determine the needs of the workforce in order to plan for future professional development offerings along with the current methods for determining need, including surveys and requests from providers and educators.

b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **The Lead Agency does not have a defined or regulated wage ladder but does offer TEACH scholarships with embedded financial support and guaranteed wage increases. Additionally, DHS offers an Infant Toddler the opportunity to enroll in the DHS Infant Toddler Registered Apprenticeship programs that also offer grounded wage increases and other financial incentives. DHS has made initial progress on developing a wage ladder through the state's PDG B-5 Planning Grant. This funding allowed DHS to commission a report that analyzed the current compensation for early educators as well as develop a potential wage scale for consideration based on both experience and credentials, and applicable for both center-based and FCC educators in a variety of roles (FCC assistant/classroom aide, teacher assistant, lead teacher/FCC, master teacher, program director). As described in the report: PCG proposed a wage scale that drives towards the Power to the Profession Unifying Framework credentials, established as ECE I, ECE II, and ECE III. Doing so would align Rhode Island to a growing trend in states aligning to this national framework and establish benchmarks both for education levels and tenure. This framework further promotes equity across teaching roles, regardless of the age of children. In addition, the Governor's Workforce Board convened an Early Childhood Workforce Advisory Committee in October 2022 in response to the FY23 Budget. The Working Group worked to identify recommendations and strategies to address workforce challenges including meeting the demand for ECE workers, increasing CCAP reimbursement rates, increasing wages and benefits for ECE workers and improving quality for ECE Programs.**

c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **The Lead Agency has utilized PDG B-5 Grant funds as well as State Fiscal Recovery Funding from the American Rescue Plan Act to invest in compensation for early childhood educators. This has included a pilot WAGE$ program (impacting more than 300 unique educators) and a universal Pandemic Retention Bonus Program (impacting more than 6,000 unique educators). Both programs were informed by the State Advisory Council (known as the Early Learning Council), which had developed and adopted compensation targets and recommendations. In addition, the Governor's Workforce Board convened an Early Childhood Workforce Advisory Committee in October 2022 in response to the FY23 Budget. The Working Group worked to identify recommendations and strategies to address workforce challenges including meeting the demand for ECE workers, increasing CCAP reimbursement rates, increasing wages and benefits for ECE workers and improving quality for ECE Programs.**

d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **The Lead Agency participated in the RI Early Child Care Educator Career Pathways Project. Leveraging funding from the Preschool Development Birth through Five planning grant, faculty and staff from CCRI, RIC, and URI have been working to evaluate challenges for students traveling across the ECE pathway, spanning from The Early Childhood Certificate and Associate's Degree completion (CCRI)**

to Bachelor's Degree and Pre-K-2, Teaching Certification (RIC and URI). Through this cross-agency, collaborative work, the goal is to develop and implement solutions to remove barriers for students. The work centered on developing solutions to Strengthen the transferability of credits based on Credit for Prior Learning, identify the ideal curriculum pathway for transfer students, align communication of student opportunities, and strengthen collaboration across the three state higher-education instructions. The project will be finalized by the Fall of 2024.

e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **The Lead Agency does have data on the existing wages and benefits available to the child care workforce and has invested in both from point-in-time studies as well as workforce registry that will allow for ongoing analysis. With Preschool Development Grant funding, in late 2023, the lead agency conducted a mixed-methods Early Childhood educator compensation study to gather comprehensive data pertaining to the compensation of educators teaching in licensed child care facilities. Key questions driving the study included (1) the current state of compensation and benefits for early educators, (2) the compensation levels needed to sustainably attract and retain early educators and (3) the potential strategies and costs for achieving that compensation. This study disaggregated data by role, gender, race/ethnicity, and years in the field, allowing the lead agency to better understand compensation equity across the early learning sector. Also with PDG funding, the Lead Agency conducted a Step up to WAGE$ pilot based on the national Child Care WAGE$ program, meant to increase retention, education and compensation of early childhood professionals. DHS awarded 271 applicants based on funding available and as part of the application process, received data about their wages and educational attainment. This provides an additional point in time comparison to understand wages in the field. On an ongoing basis, DHS will be able to utilize the RISES data system to monitor compensation. The RISES data system includes a workforce registry module, which went live in February 2024. This system requests that educators input their compensation information, allowing the lead agency to run reports on a regular basis regarding the state of compensation in the field. The system will allow DHS to disaggregate this information by race/ethnicity, gender, age-group served, and more key factors. This will inform DHS workforce strategies around addressing disparities.**

f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **Beginning in the Spring of 2022, the State of Rhode Island has provided Pandemic Retention Bonuses (grants) to all early educators in RI working directly with children in licensed child care centers or family child care homes. Educators apply in quarterly windows, attesting that they have worked at their current employer for the past three (3) months and ensuring their continued employment for the following**

three (3) months. This information is verified by the employer before funds are distributed to the educator. Windows one (1) and two (2) of the program were each 6 months in length with bonuses of $1,500.00 awarded to educators each window. Windows three (3) through nine (9) were 3 months in length with bonuses of $750.00 awarded to educators in each window. Window ten (10), the final window of the program, is due to open for applications on July 1, 2024. To date, $29,400,000.00 in bonus funds have been awarded to 6574 unique applicants.

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

a. Licensed child care centers: **All Child care center staff, including substitutes, are required to complete the mandatory approved health and safety preservice training module within 90 days of hire. Continued ongoing training requirements are then broken down by program type or hours of employment. Staff in year-round programs must complete twenty-four (24) hours of professional development (2 hours a month). Staff in partial year programs are required to demonstrate that staff complete two (2) hours of training per month of operation. Staff members at any program type who work less than twenty hours a week or are listed as a substitute are required to complete twelve (12) hours of professional development per year. In any of these scenarios, four (4) hours of required training per year must be in the one of the following health and safety requirements: (1) Prevention and control of infectious diseases (including immunization) (2) Prevention of Sudden Infant Death Syndrome and use of safe sleep practices (3) Administration of medication, consistent with standards for parental consent (4) Prevention and response to emergencies due to food and allergic reactions (5) Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic (6) Prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment (7) Emergency preparedness and response planning for emergencies resulting from a natural disaster or a man-caused event (such as violence at a child care facility) (8) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants (9) Appropriate precautions in transporting children (if applicable) (10) Pediatric First-Aid and CPR (11) Recognition and reporting of child abuse and neglect. Additionally, all staff must maintain their pediatric first aid and CPR.**

b. License-exempt child care centers: **N/A**

c. Licensed family child care homes: **Family child care providers as well as any assistants or substitutes associated with their program are required to complete the mandatory approved health and safety preservice training module within 90 days of opening/hiring. Continued ongoing training for all family child care providers and full time assistants require them to complete twelve (12) hours of professional development training per calendar year. In partial year programs, Family child care providers and full time assistants are required to complete one (1) hour of professional development pre month of operations. Assistants and substitutes who work less than twenty(20) hours per week are required to complete six (6) professional development hours per year, regardless of the program's operating schedule. In any of these scenarios, four (4) hours of required**

training per year must be in the one of the following health and safety requirements: (1) Prevention and control of infectious diseases (including immunization) (2) Prevention of Sudden Infant Death Syndrome and use of safe sleep practices (3) Administration of medication, consistent with standards for parental consent (4) Prevention and response to emergencies due to food and allergic reactions (5) Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic (6) Prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment (7) Emergency preparedness and response planning for emergencies resulting from a natural disaster or a man-caused event (such as violence at a child care facility) (8) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants (9) Appropriate precautions in transporting children (if applicable) (10) Pediatric First-Aid and CPR (11) Recognition and reporting of child abuse and neglect. Additionally, all staff must maintain their pediatric first aid and CPR.

d. License-exempt family child care homes: **N/A**

e. Regulated or registered in-home child care: **N/A**

f. Non-regulated or registered in-home child care: **N/A**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable).
Training and professional development are accessible in person in an ADA compliant facility and online/virtual in either instructor-led or asynchronous modalities. In addition, the PD & TA hub can bring PD to communities as a cluster PD offering which is available to all communities to request including our Indian Tribes or Tribal organizations. At anytime, a participant can call or email the Infoline for additional support to access PD they need or want.

6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians?
Professional development requirements range from regulation driven topics through topics that are developed in response to feedback from early childhood professionals in the state. The PD offered via the state's PD & TA hub is aligned with higher ed efforts and work towards a credentialing pathway opportunity for ECE professionals and those PD are indicated and promoted widely. For trainings that ECE professionals take that result in a credential (such as CPR and/or food safety), these will include PD hours that go towards the approved PD hours required and enumerated in the regulations. The primary languages PD is offered in are English and Spanish however, if a participant needs a different language and/or translation support this would be addressed timely and with cultural competency. Some key topics to highlight include: family involvement and engagement, supporting multilingual learners, inclusion practices, EDI topics

(including implicit bias and anti-bias curriculum practices), transition to Kindergarten topics, importance of screening and community resources, wellbeing and SEL needs, and many more.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **Rhode Island child care providers receive training and professional development through a variety of modalities to support developmental screenings and evaluations of young children. Child care providers have access to a series of professional development and on-going supports which utilizes the Rhode Island Early Learning Development Standards (RIELDS) to outline early learning expectations at key benchmarks, from birth to 60 months of age. While presented in a stand-alone document with dedicated professional development, these standards are not considered in isolation. The RIELDS comprise one key element of the state's early learning system and have been strategically designed to work in conjunction with other parts of the system curriculum, assessment, professional development, program quality, and workforce competencies. RIELDS training is required for an increasing percentage teachers and administrators as providers move along the state's QRIS. The RIELDS are designed to promote high-quality care and education for all children birth through five years, with universal design considerations for multilingual learners, students with disabilities, and those at risk for entering kindergarten without adequate foundations for success. As part of trainings and professional development, the RIELDS include information about referral when providers have concerns about a child's development. Rhode Island currently uses Child Outreach Screening as the primary child find method for children ages 3-5. Rhode Island child care providers can request trained screeners come to their program and, with parent permission, screen children across five developmental domains. This valid and reliable screening tool determination of referral across the screening domains. If referred, families and providers can work with the child's school district to determine eligibility and services. For infants and toddlers, child care providers can support a similar referral process to Early Intervention. Rhode Island DHS works closely with IDEA Part C and IDEA Part B Section 619 teams to support screenings, referrals, and providing inclusive services for young children with disabilities. Many children receiving early childhood special education services through Section 619 are receiving those services embedded in their early childhood programs through the Itinerant Service model. In addition, local school districts are responsible for screening every child age 3 through K entry every year. Child care programs are supported to refer families to pediatric health care providers and local school districts to ensure all young children receive timely developmental screenings. According to the most recent Factbook data, 72% of all children under age 3 with Medicaid insurance received a developmental screening in SFY22 while only 36% of children ages 3-K entry received a developmental screening in the 2022-2023 school year.**

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:

i. **[x]** Research-based.

ii. **[x]** Developmentally appropriate.

iii. **[x]** Culturally and linguistically appropriate.

iv. **[x]** Aligned with kindergarten entry.

v. **[x]** Appropriate for all children from birth to kindergarten entry.

vi. **[x]** Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.

vii. If any components above are not checked, describe: **N/A**

b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.

i. **[x]** Cognition, including language arts and mathematics.

ii. **[x]** Social development.

iii. **[x]** Emotional development.

iv. **[x]** Physical development.

v. **[x]** Approaches toward learning.

vi. **[x]** Other optional domains. Describe any optional domains: **Literacy Development, Science, Social Studies, Creative Arts**

vii. If any components above are not checked, describe: **N/A**

c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **In 2022, RIDE opened up the 2013 RIELDS for revision. Approaching 10 years since its release, the revision of the 2013 RIELDS was a necessary step in an effort to reflect the latest research on child development and learning, meet or exceed nationally recognized criteria, reflect the needs of all children and families in the state, strengthen developmentally appropriate experience for young children in programs, and support the development of high-quality and standards-aligned curriculum, instruction and assessment. The 2023 RIELDS reshape the Science and Social Studies domains for topical alignment with the K-12 Next Generation Science Standards, and the Rhode Island Social Studies Standards. Additionally, the 2023 RIELDS reflect a universal design and is inclusive of all children, with special consideration for multilingual learners**

and children with disabilities.

d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. **https://rields.com/wp-content/uploads/2023/04/RIELDS_standards_2023_0329.pdf [rields.com]**

6.4.2 Use of early learning and developmental guidelines

a. Describe how the Lead Agency uses its early learning and developmental guidelines. **The RI Early Learning and Development Standards are to be used for the purposes of: understanding the integrated nature of early childhood development, guiding educators in the development of curriculum, informing families about learning milestones, providing a framework for implementing high quality early childhood programs, and supporting children's smooth and coordinated transition to Kindergarten. There are 8 professional learning courses that deepen educators' knowledge of standards-aligned, high quality educational practices. These professional learning courses are embedded within the state's Quality Rating and Improvement System, BrightStars. Furthermore, the RI Department of Education evaluates and endorses high quality early learning curriculum against the RIELDS and other metrics of a high quality curriculum.**

b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:

i. **[x]** Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.

ii. **[x]** Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.

iii. **[x]** Will be used as the primary or sole method for assessing program effectiveness.

iv. **[x]** Will be used to deny children eligibility to participate in CCDF.

v. If any components above are not checked, describe: **N/A**

7 Quality Improvement Activities

The quality of child care directly affects children's safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.

3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: **With its Preschool Development Grant Birth through Age Five (PDG B-5) grant, Rhode Island (RI) is executed a variety of activities, including several focused needs assessments, and developing a data-informed comprehensive plan of action for achieving the state's vision: that all children prenatal through age five (B-5) have access to quality services and programs that sets them on the path for long-term success to inform the state's Early Childhood Care and Education Strategic Plan. We have conducted a number of needs assessments, including workforce, family, and overall program - the cadence of these needs assessments run about every three years, with strategic planning sessions based on the assessments on a quarterly cadence. The Family Needs Assessment was designed to provide a better understanding of the needs of families with young children and the extent to which families know about, access, and experience different B-5 services and programs. B5 services explored in the needs assessment included Early Intervention services, Family Home Visiting, Early Head Start, Head Start, child care and State Pre-K. The assessment updated and filled in gaps from prior needs assessments and shed light on the current and future challenges and opportunities faced by families of young children and the B-5 system. To address the findings of the Needs Assessment the Lead conducted several activities to ensure a systemic approach to meeting the ECCE strategic plans five core objectives to ensure that all children are on a path to reading proficiently in third grade. Objective 1: Rhode Island's early childhood programs meet high-quality standards for care and education as defined by our Quality Rating and Improvement System Objective 2: Children and families can equitably access and participate in the early childhood care, services, and supports that will help them reach their potential and enter school healthy and ready to succeed. Objective 3: All four-year olds in Rhode Island have access to high-quality Pre-K, inclusive of parental choice and student needs. Objective 4: Secure the quality and delivery of ECCE through increased and sustainable funding and operational improvements. Objective 5: Expand the depth and quality of family and child-level data accessible to and used by agencies, programs, and partners to drive decisions. The Lead Agency is responsible for Objective 1 and has been great progress in strategies identified through our needs assessment towards it. We are slated to conduct a new needs assessment at the end of 2024, beginning of 2025 to inform future CCDF spending, particularly as we look to the SFY26 budget as well as the official end of all liquidation of**

COVID relief funding.

b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: Key findings of the PDG funded Family Needs Assessment included: The highest priority for families was access to affordable child care and child care close to home are the top needs identified by families, regardless of age of child, vulnerability or geography. The next most common need is information about available programs for families and children. The ways that Rhode Island families learn about available services and supports vary for different subgroups of families. Non-English-speaking families and low-income families are more likely to rely "only on family and friends" to get information. They are also less likely to use the Internet as a source of information on programs. Non-English-speaking families have lower participation rates in family visiting, Early Head Start, and Early Intervention services, compared to other vulnerable groups. This gap in access among non-English-speaking families is especially prevalent among families with infants and toddlers. Vulnerable families are nearly twice as likely as less-vulnerable families to report one or more barriers to accessing services and nearly three times as likely to report multiple barriers. Families who are non-English-speaking, as well as families with special needs children or foster children, cite cultural barriers in accessing services. More than half of families report that their participation in early childhood programs provides "a lot" of benefits related to child development, parenting skills, and parent self-confidence. Families of children with special needs are less likely to indicate "a lot" of benefit to their program participation. Non-English-speaking families and families of 3- to 5-year-olds are the subgroups that are most likely to report "a lot" of benefit to their program participation, across all three types of benefits. Among families with preschool children in care, 70% use center-based care. The pattern is reversed for children 0 -3, where the majority of children in care (57%) are in home-based care. There appears to be a strong preference among families with preschool children for center care: 70% of preschool children in care are in centers, and parents care most about kindergarten readiness and full day care. Affordability and convenience are also important to them. Among families with children ages 0-3, the most preferred features for child care are warmth and that the provider shares the family's values. However, most families who are currently using home-based care for their child under age 3 report that they use it because there are no slots available in centers or no centers close by (60% of families) or because it is less expensive (55% of families). Half of vulnerable families using child care say that it was hard or very hard for them to find, with the primary reasons being there were no available slots in programs they liked or could afford. Half of the parents of preschoolers also said that accessibility was a barrier. Among preschool children, all of the subgroups of vulnerable families had difficulty finding child care, but more than 75% of families of foster children and non-English-speaking families said it was hard or very hard to find care. Families with children ages 3-5, just over half (56%) of vulnerable families say they have heard of the State pre-K lottery; highest among children with special needs (74%) and those in foster care (69%). Among vulnerable families, just over half who are aware of the lottery applied for a slot; 70% of these were offered a slot and just over half accepted a slot. Relatively few of the less-vulnerable families applied for the program, only one (14%) was offered a slot and that family accepted. To address the needs and build on the identified state action steps, the state enhanced the kids.ri.gov webpage to ensure it included a comprehensive overview of services available to children and families.

Other work informed by family needed completed by the Lead Agency included: Progress meeting the equal access standard for CCAP rates, with increasing CCAP rates to the 50th percentile of the market rate for 1 star programs and up to the 85th percentile for 5 star programs; Expansion of CCAP eligibility to families up to 200% of the Federal Poverty Level and to income-eligible full time students at public higher education institutions; Implementation of the $15M Early Childhood Care and Education Facilities Bond, passed in 2021, to expand and improve quality early learning spaces across the state; Implementation the Family Child Care start-up grants to support increased capacity in an important part of the mixed-delivery system. In addition, the lead agency used this information for the expansion of career pathways supports and pipelines for early educators, including funding to double the number of TEACH Scholarships; Implementation of the Pandemic Retention Bonus program to address compensation and support retention in the field during the pandemic.
The results of the findings created the strategic plan and a team to help create and implement a systemic approach to meeting the ECCE strategic plans five core objectives, which otherwise help define our overarching goals for quality improvements within the system. Objective 1: Rhode Island's early childhood programs meet high-quality standards for care and education as defined by our Quality Rating and Improvement System Objective 2: Children and families can equitably access and participate in the early childhood care, services, and supports that will help them reach their potential and enter school healthy and ready to succeed. Objective 3: All four-year olds in Rhode Island have access to high-quality Pre-K, inclusive of parental choice and student needs. Objective 4: Secure the quality and delivery of ECCE through increased and sustainable funding and operational improvements. Objective 5: Expand the depth and quality of family and child-level data accessible to and used by agencies, programs, and partners to drive decisions.

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available.
https://dhs.ri.gov/regulations/state-plans

b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked "yes", describe the Lead Agency's current and/or future plans for this activity.

i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The Lead Agency partners with the Rhode Island Association for the Education of Young Children (RIAEYC) to**

operate the RI Teacher Education and Compensation Helps scholarship program (T.E.A.C.H.) The early childhood workforce, with the support of their employer, may apply to receive a scholarship to obtain early childhood certificates, college credits, and degrees at the Community College of RI (CCRI), Rhode Island College (RIC), and the University of Rhode Island (URI). RI supports several models that vary per program of study but typically include tuition reimbursement (typically offering 90% of the cost of tuition), educator-paid time off, student stipends, textbooks, wage enhancements, and bonuses for the educator and sponsoring employer. In 2023, DHS received additional funds to expand scholarship models and increase the number of recipients. The new scholarship models include 3-6 college credits, two post-baccalaureate programs, and a Master's Degree. RIAEYC is also the fiscal and programmatic intermediary for the DHS Infant Toddler Registered Apprentice Program (RA). The RA program offers two options for the Infant Toddler workforce. In level I, infant toddler assistants enroll in the Infant Toddler (IT) training and earn the CDA credential. Lead Infant Toddler Teachers enroll in RA level II to earn the RIC 16-Credit Birth through age 3 Certificate of Undergraduate Studies. All RAs complete on-the-job learning requirements, receive pre- and post-Infant Toddler Early Childhood Environment Rating Scale assessments, participate in coaching and mentoring, and complete on-the-job learning requirements. RIAEYC will enroll both level 1 RAs and Level II RAs for the Fall of 2024. Additionally, the lead agency partners with the Community College of Rhode Island (CCRI) to operate the Rhode Island Early Childhood Education and Training Program (ECETP). The ECETP is a comprehensive education and training program that strengthens the knowledge and skills of both seasoned and novice early childhood educators by providing supportive mentoring, coaching, cohort-based learning, and formal academic coursework. RIECETP offers three free-of-cost, stackable pathways for educators to achieve portable and stackable certificates and/or college credits that are integral to the DHS Sponsored Professional Development & Technical Assistance (PD/TA) Early Childhood Education Workforce Development Pathways Quality Continuum. CCRI will recruit new educators to facilitate Infant Toddler, Family Home Care (Spanish), and Preschool CDA training in the Fall of 2024 and Spring of 2025. The lead agency partners with Rhode Island College (RIC) to implement two pathways for educators to earn stackable college credits in infant toddler development, earning the RIC 16-credit B3 Certificate of Undergraduate Studies. Educators can choose to enroll in an English language learning Cohort 1E, where the first 4 courses are delivered in Spanish, followed by a contextualized ELL course; the final course is delivered in English, or the non-ELL Cohort, where all courses are delivered in English. RIC will recruit and enroll a minimum of 12 students per cohort for the Fall 2024 semester. lead agency partners with the Emma Pendleton Bradley Hospital to operate and manage the SUCCESS (Supporting Children's Competencies in Emotional and Social Skills), which is a statewide infant and early childhood mental health consultation (IECMHC) program for early care and education settings. IECMHC promotes nurturing relationships and enhances the capacity of staff, families, programs, and systems to prevent, identify, and intervene with the social, emotional, and behavioral health needs of young children (0-5 years). It is expected that 120 educators will benefit from this service.

ii. Developing, maintaining, or implementing early learning and developmental guidelines.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **RIDE launched the revised, 2023 RI Early Learning and Development Standards in Spring, 2023. Utilizing funding from the Preschool Development Grant (PDG), the RIELDS PD Training coursework across Summer, Fall, and Winter 2023/2024 were revised. RIDE offers and provides access for registration to asynchronous online RIELDS Foundations Training Modules (Guiding Principles and 9-Domains) in both English and Spanish throughout the year. A variety of professional development trainings of various levels of difficulty to early learning professionals were facilitated including: The Guiding Principles, The 9-Domains, Infant/Toddler Instructional Cycle, Preschool Instructional Cycle, Infant/Toddler Curriculum and Planning, Preschool Curriculum and Planning, Implementing a Standards-Based Program for Education Coordinators, and Implementing a Standards-Based Program for Administrators. The course content of the Preschool Instructional Cycle course was translated into Spanish to increase accessibility, and a new trainer to facilitate the Preschool Instructional Cycle course in Spanish was trained. RIDE trained 3 new high school Career and Technical Education teachers to facilitate foundational RIELDS courses (Guiding Principles and 9-Domains) RIDE built out a Curriculum Frameworks webpage series on the https://www.rields.com [rields.com] to communicate high quality, RIELDS-aligned curriculum, instruction, and assessment practices to the early learning community. Each webpage includes a section-specific, animated introduction video followed by narrative content and resources for further research, presented in a user friendly way.**

iii. Developing, implementing, or enhancing a quality improvement system.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **RIAEYC will continue the implementation of Rhode Island's Quality Rating & Improvement System (QRIS) for child care programs (BrightStars). RIAEYC will ensure that BrightStars remains aligned with other statewide program standards; They will participate in the review and potential revision of BrightStars standards, practices and policies, as well as the overall system structure and/or model; They will ensure the provision of child care referral services. RIAEYC will also continue to measure and improve quality by maintaining the QRIS data system, providing reliable data to determine internal efficiency, program participation and quality. RIAEYC will continue to collaborate with other identified state systems, to share, support and develop compatible platforms.**

iv. Improving the supply and quality of child care services for infants and toddlers.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **LearnERS is a series of modules and professional development for educators to address quality improvement within the lens of the classroom learning environment. LearnERS will provide pre and post ERS Assessments for programs providing child care who**

also demonstrate a desire to move up the quality continuum. ERS scores are directly tied to improved quality interactions and environment for children, while also increasing reimbursement rates for participating programs. RIAEYC will facilitate the purchase of quality materials and/or participation supplements for programs to achieve a higher quality rating in BrightStars through grants. These grants will be awarded through an application process created by RIAEYC (and approved by DHS) to programs who participated in low-stakes program assessments (ERS), with priority given to programs serving infant and toddlers. RIAEYC will purchase materials for participating LearnERS cohorts based on identified need in programs.

v. Establishing or expanding a statewide system of CCR&R services.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. The Lead Agency is currently partnering with an external vendor to prop up a child care data system (RISES)that will include the development of a new consumer website. This website will provide additional information for anyone looking for care, including the ability for providers to enter real time availability. This consumer website is directly related to the CCR&R system as this site is used by the CCR&R to support those looking for care. The updated site will also streamline for families a one stop space to learn all things child care while also being able to search for care in their area.

vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

[ ] No plans to spend in this category of activities at this time.

[x]Yes. If yes, describe current and future investments. The new child care data system (RISES) mentioned previously will also include a new licensing system of record. Currently, the Lead Agency utilizes a child welfare data system to license, monitor and inspect child care programs. The licensing system of record found in RISES will be built specifically for child care. This will streamline the process of becoming licensed to one location while also interfacing with other various data systems in the state used by our child care workforce and owners/operators. This includes the Center for Early Learning Professionals, the state's QRIS system and the CCAP data system (BRIDGES) used for CCAP enrollment and payment. Future development phases also include an updated consumer website where monitoring and inspection reports will be posted. RISES will allow these reports to be posted in even clearer language than they are currently while also allowing for clear indicators such as the reason for the visit, complaints etc.

vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. The new child care data system (RISES) will, as previously mentioned, include a new licensing system of record as well as a new consumer website. The ability for these two scopes of work to be housed in the same system allows for improvement in real time data

accessibility regarding basic health and safety as well as quality in the state while also ensuring that families have accurate information on child care programs throughout the state.

viii. Accreditation support.

[x] No plans to spend in this category of activities at this time.

[ ] Yes. If yes, describe current and future investments.

ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The Lead Agency is continuing to reopen the regulations every other year based on provider type. During this process, the Lead Agency works closely with other various content experts such as the Rhode Island Department of Health (RIDOH), and Bradely Hospital to ensure that the most up to date national best practice standards related to these topics are phased into regulation when appropriate. In addition, the Lead Agency has consistent collaboration meetings with other state agencies to discuss standards in this category that may be high priority at the time lead testing and water testing for example.**

x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The Lead Agency continues to invest in quality improvement through various vendors who support these topics. For example, the Lead Agency is developing an orientation and preservice training specifically for new center owners and operators. This will be modeled after the system currently in place for family child care providers. The goal of this is to ensure that there is a systematic way to train new owners on the requirements not only needed to initiate the licensing process but also to build a foundation of compliance and quality when opening a new program.**

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and

referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The Rhode Island Early Learning Council (ELC), established by the Head Start Act, is the primary advisory committee on early childhood programs, goals, and strategies. The ELC reports its activities and recommendations to the Children's Cabinet, the body established in statute consisting of all Department Directors, which reports to the Governor. The Early Learning Council membership include early childhood leaders, practitioners, child development experts and community representatives from the public and private sectors across Rhode Island. DHS engages in dialogue and reviews recommendations in partnership with the other state departments. These departments include the Rhode Island Department of Health (RIDOH), the Department of Education (RIDE), and the Department of Children, Youth and Families (DCYF). Given this governance structure the lead agency regularly participates in ELC meetings and has previewed and discussed various components of the plan throughout the year during presentations to the ELC. The members received a draft of the CCDF plan prior to the public hearing, as required. The CCDF administrator will distribute the final plan to the ELC at the upcoming June meeting. Article 10 of the FY23 Enacted State Budget required the assemblance of an Early Childhood Governance Working Group tasked with the development of a report to the Governor, Speaker of the House and the Senate President and the chairs of the Senate and House Finance and Education Committees including recommendations for the Governance of Early Childhood in Rhode Island. The legislation required the report to address the (1) Coordination and administration of early childhood programs and services; (2) The governance and organizational structure of early childhood programs and services, including whether, and under what circumstances, the state should consider unifying early childhood programs under one state agency; (3) The fiscal structure of proposed recommendations; and (4) The implementation of early childhood data systems, for strategic planning, program implementation and program evaluation. The Early Learning Council was a named Advisory Body to the Working Group. The final report can be located on the Children's Cabinet website at kids.ri.gov/cabinet.**

b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal

organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **Historically, the Department has engaged the Tribal community through outreach and consultation led by the Child Care Administrator. Local Tribes are included in all communications to Interested Parties consistent with APA guidelines for rulemaking. In addition, tribal members' ideas and concerns can be addressed through the Early Learning Council and internally with leadership at DHS, as appropriate. The tribe is licensed by and receives regular communication from the lead agency to ensure they are well informed about the various opportunities, resources and support available to them.**

[ ] Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **The Executive Office of Human Services (EOHHS) oversees the state's early intervention programs. EOHHS operates as the umbrella agency for DHS. The organizational structure facilitates strong collaboration among departments. The Office of Child Care Administrator and Head Start Collaboration Director meet monthly, or as needed, with the IDEA Part C Coordinator, the Department of Education's 619 Coordinator and DOH's First Connections Administrator to ensure all children deemed "at risk," or, with special needs, are linked to services at birth. This group also monitors the strength of the connections among agencies to better streamline services to provide comprehensive supports to families across multiple departments. The Department of Human Services (Lead Agency) holds membership with the Department of Health's (DOH) Successful Start Early Care and Education Systems Initiative. This initiative was funded through DOH's Maternal and Child Health division. An early strategic plan became the initial framework for the approach RI was to take to strengthen the overall system in the State. With the advent of the Early Learning Council, the Successful Start leadership team has turned its attention to a primary focus on infants, toddlers, and pregnant women, including providing oversight for the Family Home Visiting program and the support of developmental and mental health screenings through pediatric practices and supports for infants and toddlers in child care. Rhode Island Family home visiting programs include First Connections, Healthy Families America, Nurse Family Partnership and Parents as Teachers. Additional home visiting programs include Early Head Start. As a result of the COVID-19 Pandemic and workforce challenges that have arisen as a result. The FY23 state budget included a 45% Medicaid rate increase for Early Intervention services. Despite this increase, a waiting list for services has persisted. The Rhode Island Department of Education oversees the state's early childhood special education services providing free, appropriate, public education to all eligible children ages three to five with developmental delays and disabilities, partially funded through a preschool formula grant under Part B, Section 619 of IDEA. Almost forty percent (40%) of children ages three to kindergarten entry who were referred to a school district with developmental concerns were not evaluated to determine eligibility for special education. Referrals for EI and Outreach screenings are largely made through pediatricians and licensed child care programs. The Lead Agency supports in supporting children and families with diagnosed or suspected disabilities to access screenings and receive services as needed.**

d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The Head Start Collaboration Director is housed at the Office of Child Care at DHS and is a key participant in all departmental and cross departmental planning bodies. The Rhode Island Head Start Collaboration Office Director (HSCO) closely coordinates with other State Agencies. The HSCO is responsible for assisting in building early childhood systems; providing access to comprehensive services and support for all low-income children; encourage widespread collaboration between Head Start and other appropriate programs, services and initiatives; Augment Head Start's capacity to be a partner in state initiatives on behalf of children and their families; and Facilitate the involvement of Head Start in state policies, plans, processes and decisions affecting target populations and other low-income families. As an example, the Head Start Collaboration Office Director has been a key participant in the development of the RI Pre K Expansion plan and will be supporting in the PDG funded Infant Toddler Strategic Planning. The HSCO works closely with OCC team around workforce development initiatives and supports in the communication and recruitment of educators for participation in workforce development pathways. The HSCO presents annually the RI Works Advisory Committee, the Refugee Support Services Committee and the Department of Children Youth and Families in service trainings program to ensure the community at large is informed about Head Start services and how to support children and families in accessing them.**

e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **The Director of DHS (Lead Agency) sits on the Rhode Island Children's Cabinet with the Director of the Department of Health and Secretary of the EOHHS (Executive Office of Health and Human Services,) where at the highest level of state government, state agencies collaborate on a policy level to ensure all children are health and ready to learn. This group regularly receives and analyzes data on immunization rates and other key indicators of child health. Additionally, the Lead Agency works in close coordination with the RI Department of Health (DOH) to ensure that child care licensing regulations adopt the RIDOH's Immunization and Communicable Disease in Preschool, School Colleges, or Universities regulations. Additionally, the Lead Agency consults with DOH on all initiatives related to children's health as they pertain to licensed child care programming such as lead and radon testing requirements. DHS also collaborates with DOH to support in communication around their family visiting programs to ensure children and families not engaged in licensed child care are still receiving information about other family supports available, including DOH's Family Visiting Programs.**

f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **The Governor's Workforce Board convened an Early Childhood Workforce Advisory Committee in October 2022 in response to the FY23 Budget Article 10 board shall convene a working group comprised of representatives from the department of elementary and secondary education, department of human services, office of the postsecondary commissioner, the RI early learning council, organized labor and early childhood education industry employers, whose purpose shall be to identify barriers to entry into the early childhood education workforce, and to design accessible and accelerated pathways into the workforce, including, but not limited to, registered apprenticeships and postsecondary credit for prior work experience. The Working Group worked to identify recommendations and strategies**

to address workforce challenges including meeting the demand for ECE workers, increasing CCAP reimbursement rates, increasing wages and benefits for ECE workers and improving quality for ECE Programs. The Lead Agency has utilized Preschool Development Grant funding to carry out activities designed to meet the recommendations including the development of new ECE workforce pathways including the adoption of the previously piloted Infant Toddler Registered Apprenticeship Model and the addition of new T.E.A.C.H models including a postbaccalaureate Early Childhood PK-2 Dual General and Special Education Certification. Building on the Pandemic Retention Bonus program which was launched post-covid to retain early childhood educators and made available to all RI ECE providers, the Lead Agency has also utilized PDG funding to pilot the Step up to WAGE$ Model. This model provides education-based salary supplements to center-based educators, directors, and family child care providers working with children in an early childhood setting. The program is designed to increase retention, education, and compensation. Lastly, PDG funding the Lead Agency conducted an expert review of the QRIS system, BrightStars to be utilized to enhance the current system.

g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: The Commissioner of Education and Director of DHS serve as co-chairs of the Early Learning Council. In addition, the RI PreK Administrator also sits on the Council as is an active participant along with the CCDF Director and Head Start Collaboration Director. These bodyworks to ensure that children receive the benefits from PreK, child care and Head Start. It also ensures that these three entities come together to meet the community needs in an effective and coordinated manner. The Lead Agency closely coordinates with the RI Department of Education which also not only responsible for K-12 education but also administers the state's public preschool program, known as RI Pre-K. Through the state's Preschool Development Grant work the need for greater cross agency collaboration resulted in the development of the Early Childhood Care and Education cross agency workgroup. The CCDF Administrator and the Head Start Collaboration Office Director participate in bi-weekly cross agency calls including the RI Pre K team, the 619 Coordinator Governor's Office and as needed the IDEA Part C Coordinator and Department of Children Youth and Families Early Childhood Education Resource Specialist. The Lead Agency is responsible for the licensure of RI Pre K programs operating in community-based settings and closely coordinates with the RI Pre K Team in regards to all aspects of the delivery of high quality care and education to children in licensed child care and State Pre-K seats. The ECCE Group worked to pilot and then adopt new RI Pre K service models that include braiding funding to support families with a CCAP subsidy who are enrolled at RI Pre K program providers to maintain placement through matriculating into an RI Pre K classroom rather than entering the RI Pre K lottery. Families will be able to utilize their voucher to ensure full day full year care. Additionally, RI Pre K programs are required to participate in the Lead Agency's Tiered Quality Rating and Improvement System and serve children and families with a CCAP subsidy. Through the Preschool Development Grant the state was able to conduct a number of Needs Assessments and develop and Early Childhood Care and Education Strategic Plan. Leadership at DHS and RIDE both support in the leadership of activities in service of the strategic plan which can be found on the children's cabinet website at kids.ri.gov. As part of the Enacted FY 2023 State Budget Article 10, Section 4, the Department of Education (RIDE), in collaboration with the Department of Human Services (DHS) and the Children's Cabinet, were charged with developing a planning report related

to the expansion of RI's state prekindergarten program, known as RI Pre-K. The statute called for a growth plan with annual targets and projected funding needs to achieve the expansion of RI Pre-K to 5,000 seats, including children ages three and four, with recommendations regarding: equitable investment in the mixed-delivery system, preparing, recruiting, and retaining a highly-qualified workforce, building capacity among new and existing providers, considerations related to facilities, and ensuring that access to infant and toddler care is not at risk during the expansion. The expansion report can be found on the children's cabinet website at www.kids.ri.gov/cabinet .

h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: The Child Care Licensing Unit is housed in the Office of Child Care and the Administrator of Child Care Licensing directly reports to the CCDF Administrator. Licensing is a key focus and one of the pillars of the office of child care. New Child Care Center and School Age Program Regulations were promulgated in November 2023 to ensure policies and procedures align with best practice and ACF guidance, and family child care regulations are in the process of promulgation. Additionally, the Child Care Licensing Unit works collaboratively with all other vendors and state agencies who are a touchpoint in a family and child's life to ensure that the work being prioritized within the unit aligns to both national best practice as well as other priorities related to children. This collaboration has created various workgroups/case management opportunities that allow the unit and Its members to be a voice in both family and provider experiences and update/create regulatory language and guidance to support both.

i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: Rhode Island Department of Education (RIDE) manages and administers CACFP. Through internal coordination, the two departments work together on behalf of children and families to ensure these services are effectively provided to eligible children and child care providers. The Lead Agency's Child Care Licensing regulations have adopted and incorporated the USDA Child and Adult Care Food Program nutritional standards requirements for meals for programs. Meals and snacks provided at programs must meet this criteria, as well as the programs food supply. Staff who participate in the preparation and service of meals are required to complete eight hours of training per year relevant to their position, including food safety and CACFP nutrition standards.

j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: The state strives to ensure the support of our state's children experiencing homeless from birth-age 5 through Head Start. The Head Start Collaboration Office Director coordinates with the McKinney-Vento coordinator to ensure that public schools are aware of Head Start and making referrals when children identified as experiencing homelessness have younger siblings. Additionally, the department actively strives to spread public awareness about Head Start services and the categorical eligibility for enrollment through press releases, written communications and through the department's website. When a family experiencing homelessness applies for child care subsidy the family has up to 90 days to provide documentation so the department can make an eligibility determination which aligns with licensing and Head Start policies around enrollment of children and families

experiencing homelessness. The department will also. The DHS child care subsidy system is preparing to serve this at-risk population more effectively by facilitating a streamlined eligibility process which then leads to prompt, immediate enrollment. This enables our licensing body to prioritize homeless children by fast-tracking certain key licensing considerations to ensure at-risk families are appropriately supported at a time when they clearly need it the most. The Office of Child Care DHS does not have a waitlist for families seeking child care assistance. As such, the Department can prioritize the enrollment of homeless children into care immediately. The McKinney Vento Coordinator sits at the Department of Education and participates on the Early Learning Council. Discussions occur regularly between the McKinney Vento Coordinator, TANF Administrator and RI Coalition for the Homeless, to inform the need for services for this population and to provide policy guidance to the lead agency. Apriority of the Children's Cabinet is to ensure all children experiencing homelessness have access to high quality early care.

k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **The Department of Human Services serves as the lead agency for TANF and administers the RI Works (RIW) program to more than 5,000 Rhode Islanders yearly. The program administrators for RIW and CCAP meet regularly to ensure the goals, processes, and results of each program are well coordinated and meet the needs of the program participants. Additionally, the Head Start Collaboration Office Director presents annually to the RI Works Advisory Committee to help ensure that RI Works eligible children and families and the community partners that serve them are aware of Head Start services, the categorical eligibility of children and families receiving TANF subsidy and how to support them in applying for services. The TANF administrator and Head Start Collaboration Office Director meet on an as needed basis to ensure that families are supported across programs and community partners are supporting in the referrals of families to Head Start programs.**

l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **The Executive Office of Health and Human Services (EOHHS) administers the Medicaid program known in RI as Rite Care. This coordination ensures seamless eligibility for children in both programs. As Medicaid renewals have reconvened EOHHS has launched a campaign and website dedicated to spreading the word about Medicaid renewals called Stay Covered RI. The website can be found at https://staycovered.ri.gov/. DHS in partnership with EOHHS has been working collaboratively to ensure that RI children and families Stay Covered. Children and families have received ongoing communications from the Department about the Medicaid eligibility renewal process. The CCDF Administrator and Head Start Collaboration Office Director have supported the work by ensuring that all relevant partners that work with families and children are aware and supporting in outreach and ongoing communication to families. This coordination is also monitored as part of the Early Learning Council and Children's Cabinet.**

m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **The Executive Office of Health and Human Services (EOHHS) serves as the umbrella agency for the Department of Human Services (DHS-Lead Agency), The Department of Children Youth and Families (DCYF) and the Department of Health (DOH). Children and family mental health services is multifaceted. There are several different initiatives across agencies to address mental health services. The Lead**

Agency subcontracts with the Emma Pendleton Bradley Hospital to operate and manage the SUCCESS program, (Supporting Children's Competencies in Emotional and Social Skills; this infant and early childhood mental health consultation (IECMHC) program is offered statewide. IECMHC promotes nurturing relationships and enhances the capacity of staff, families, programs, and systems to prevent, identify, and intervene with young children's social, emotional, and behavioral health needs (0-5 years). SUCCESS is staffed by early childhood clinicians at Bradley Hospital, who are contracted to provide, Child-focused IECMHC supports to address the social emotional needs of individual children whose development or behavior is of concern to families or early care and education staff. In this model, an IECMHC consultant works with caregivers, and teachers, to understand, contextualize, and address the child's identified needs, though observations, consultation, and implementing an individualized plan and referral for families to access additional support as identified. IECMHC clinicians, facilitate Coordination of Care programming, providing a whole classroom and/or whole program approach by engaging in reflective discussion and problem-solving regarding the social, emotional, and behavioral needs and approaches for supporting young children. Mental health is a key theme included in the Lead Agency's Professional Development Training and Technical Assistance Hub for Early Childhood Educators and staff as well as a theme embedded in our funded workforce development pathways at our institutes of higher education for our early childhood workforce. With funding from the Home and Community-Based Services Project, EOHHS, RIDOH, and DCYF have been able to support the following programs, to help implement the Infant/Early Childhood Mental Health Plan: 1) Pedi-PRN is a telephonic consultation program that encourages pediatric primary care providers (PPCPs) to consult with mental health specialists, thus improving access to and delivery of high-quality pediatric mental health services. The free service is offered to all PPCPs in Rhode Island and any child or adolescent in Rhode Island who comes to a pediatric primary care practitioner with evidence of a possible, or likely, mental health disorder is eligible for the free service. 2) Moms-PRN EOHHS is support the Rhode Island Maternal Psychiatry Resource Network (RI Moms PRN), which is a free psychiatric telephone consultation service for health care providers who treat pregnant and postpartum people in Rhode Island. RI Moms PRN is a collaborative project between RIDOH and Women & Infants Center for Women's Behavioral Health, established to build the capacity of providers to screen for behavioral health and substance use disorders in their pregnant and postpartum patients, and respond with appropriate treatment and referral. Additionally, EOHHS received a SAMSHA System of Care (SOC) Expansion and Sustainability Grant to fund the following initiatives: 1) Mobile Response and Stabilization Services which offer rapid crisis intervention, support and stabilization for children experiencing mental health crises in their own environment. 2) Community Based Intensive Care Program, which is an intensive, home-based program for children facing complex health struggles, exceeding the current capabilities of home and community-based services. 3) Family Engagement Organization which includes a statewide Family Engagement Organization which will be procured, providing a Lead Family Coordinator to collaborate at an all-decision-making levels for system of care development and implementation. This work will include full time staff to oversee, and the impacts will be captured and reported in the state's Data Ecosystem for use to inform future work.

n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development.

Describe the coordination and results of the coordination: **Rhode Island's quality rating improvement system (QRIS) serves as the child care referral agency for Rhode Island. All CCDF subsidized families are directed Brightstars (QRIS) to assist in locating child care. DHS contracts with RIAEYC to oversee the day-to-day operations Brightstars, which provides consumer education and marketing to families around choosing quality child care. In February 2021, Rhode Island launched a new Consumer Website to serve as the centralized source for consumer education. This new site allows families to search for a child care program by multiple factors, including, but not limited to, program type, quality level, geography, hours of operation and languages spoken by staff and children. The new website (www.earlylearningprograms.dhs.ri.gov) can be accessed through http://kids.ri.gov. Future work is focusing on blending the comprehensive information on both websites into one as part of our larger Early Childhood Data system referred to as RISES (Rhode Island Start Early System). The state contracts to support a number of early childhoods training initiatives, including with BrightStars to implement the TEACH Program, the Community College of Rhode Island (CCRI) and Rhode Island College (RIC) to support higher education workforce education and training opportunities. In addition to higher education, the Lead Agency contracts with the Education Development Corporation to operate the state's Hub which works closely and is housed in the same office building as BrightStars to deliver high quality professional development to support the workforce in increasing credentials and moving along the quality continuum. Additional initiatives funded include the Child Care Health Consultation Model, the LISC Child Care Facilities Fund and Registered Apprenticeship. Information about these initiatives can also be found on the Lead Agency's website.**

o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The statewide afterschool network advocates on both the Early Learning Council and PLCC. This advocacy has led to the development and refinement of policies pertaining to school age children eligible for CCDF funding. In addition, the QRIS BrightStars' system, includes after school programming in their quality rating improvement system. Additionally, United Way RI is currently coordinating the program design and strategic planning of school-age care across the state.**

p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **The Lead Agency, recognizing that child care is not immune to the risks of natural and manmade disasters, worked collaboratively with several state agencies to develop an emergency preparedness plan to ensure that continuity of care during such disasters while also establishing a cadence for response to disaster during the operating hours of child care. This plan, known as the Rhode Island Child Care Emergency Preparedness Plan, is available for review on the RI DHS website. Several state agencies are identified as partners in the development and implementation of the plan including the Rhode Island Department of Health (RIDOH), the Rhode Island Department of Education (RIDE) and the Rhode Island Emergency Management Agency (RIEMA). Key sections to the plan include communication strategies (who, when how), plans for reunifying children with families should a disaster occur during operating hours, recovery-based steps that are aligned to the National Disaster Recovery Framework, and the continuation of both child care and child care subsidies in the event of a disaster or emergency. Additionally, this plan was updated in 2021 to reflect the lead agency's response to COVID-19. The plan also contains resources for licensed child care providers**

to review when developing their own emergency preparedness plan, which is a requirement to become and maintain a child care license. The goal of this plan continues to be to ensure that the lead agency and providers are prepared and have safe measures in place before, during, and after an emergency or disaster. This plan is reviewed annually by the Lead Agency to ensure that recommendations and goals are aligned with the broader state wide emergency plans outlined on the Rhode Island Emergency Management Agency website http://www.riema.ri.gov/.

q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.

i. **[x]** State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: The RI Early Head Start Child Care Partnerships Grant Recipient in RI is a key partner in early care and education initiatives at the state level. All Head Start programs (including Early Head Start Child Care Partnerships) in RI are licensed by the Lead Agencies Child Care Licensing Unit. They are required to participate in the Tiered Quality Rating and Improvement System and all accept the DHS Child Care Subsidy CCAP. With the Preschool Development Grant funding the state launched a pilot initiative to enhance Early Head Start Child Care Partnerships (EHS-CCP) Slots. While this initiative did not meet the department's vision due to challenges with recruitment of partners as result of workforce and quality challenges exacerbated by the COVID-19 pandemic and a lack of federal funding to support expansion. A success of this work is that in an effort to support the pipeline of prospective partners for this work DHS partnered with the EHS CCP Grant Recipient and it's QRIS vendor, BrightStars to pilot the LearnERS program. LearnERS is personalized professional development that utilizes easy-to-use, fun, online sessions that align with the Environmental Rating Scales (ERS) program assessment tools. The program utilizes coaching and peer learning to inspire teachers to implement meaningful changes in the classroom environment and educational practices to improve the quality of care and education children receive. This pilot program proved to be successful and resulted in the permanency of the LearnERS program as a critical program quality improvement tool at a systems level. It also supported in the successful improvement of program quality at several child care programs post pandemic and resulted in a few new EHS-CCP partners.

ii. **[x]** State/Territory institutions for higher education, including community colleges. Describe: The Lead Agency contracts with all state institutes for higher education to offer a plethora of workforce development opportunities informed by the Preschool Development funded Workforce Needs Assessment, the previously mentioned Workforce Development Advisory Committee. For many years the Lead Agency has contracted with the Community College of Rhode Island to offer free CDA and college credit training programs to support workforce qualifications and meet the federal Head Start Program Performance Standards for Early Head Start educator employment requirements.

iii. **[x]** Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: The Lead Agency is responsible for the licensure of early childhood and school-age/youth-serving

developmental services that occur in a group setting for more than two hours at a time. The Department works closely to monitor programs serving youth and provide access to professional development and technical assistance to support program quality.

iv. **[x]** State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **The Head Start Collaboration Office Director works closely with the Department of Health which is responsible for implementing the MIECHV programs grant. They serve as a member of the family visiting council and on the successful start committee to ensure cross agency collaboration around programs serving pregnant women and children through age three outside of licensed child care programming.**

v. **[x]** Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: **EOHHS is the umbrella agency for DHS and responsible for the Early and Periodic Screening, Diagnostic and Treatment Program. The CCDF Administrator and Head Start Collaboration Office Director sit on a cross agency workgroup with the IDEA Part C coordinator and on the family visiting and successful start committees to ensure services for children and families are streamlined and collaboratively addressed across state agencies.**

vi. **[x]** State/Territory agency responsible for child welfare. Describe: **The Office of Child Care Team including the CCDF Admin, CCLU Administrator, Head Start Collaboration Office Director and CCAP Administrator all work in close coordination with the child welfare agency to ensure children in families receiving preventative services or enrolled in the foster care system are equitably accessing the child care system and additional family support services they may be eligible.**

vii. **[x]** Child care provider groups or associations. Describe: **The Lead Agency has several strong partnerships with various groups and associations within the state. Key partners that provide input at a systems level across all ECE related initiatives requiring public input include but are not limited to the Rhode Island Head Start Association, Rhode Island Kids Count, Business Owners of Child Care Association (BOCA) and RI Child Care Directors Association (RICCDA), the Rhode Island Association for the Education of Young Children. Partners play a key role in providing both formal and informal feedback about the successes and challenges experienced by children and families at a systems level so that the Lead Agency can ensure continuous quality improvement for RI children and families.**

viii. **[x]** Parent groups or organizations. Describe: **The Parents Leading for Education Equity and RI Parent Information Network are a few of our key partners that provide input both formally and informally at a systems level to ensure the Lead Agency is aware of success and challenges experienced by children and families to drive continuous quality improvement for RI children and families.**

ix. **[x]** Title IV B 21st Century Community Learning Center Coordinators. Describe: **The CCDF Administrator meets consistently with the 21st century learning center coordinator to touch base on programming and information sharing across agencies.**

x. **[ ]** Other. Describe:

8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

[ ] No. (If no, skip to question 8.2.2)

[x] Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

[x] Title XX (Social Services Block Grant, SSBG)

[ ] Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

[x] State- or Territory-only child care funds

[x] TANF direct funds for child care not transferred into CCDF

[ ] Title IV-B funds (Social Security Act)

[ ] Title IV-E funds (Social Security Act)

[x] Other. Describe: **ARPA and PDG**

ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing

and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? **State and federal funds for subsidized childcare are blended at the lead agency level. This results in a seamless process for families applying for services. In other programs or activities, funds are combined at the state level, where CCDF is used to supplement or support quality improvement activities within the early care and education system. CCDF is also used to provide wrap around care for both Head Start and Pre-K programs.**

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

[ ] Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

[x] Yes. If yes, describe which funds are used: **State general revenue funds are used to meet the CCDF matching fund requirement.**

[ ] No.

b. Does the Lead Agency use donated funds to meet match requirements?

[ ] Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. **[ ]** Donated directly to the state.

ii. **[ ]** Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

[x] No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

[ ] Yes.

[x] No. If no, describe: **State expenditures for pre-Kindergarten programs are not used to meet the MOE requirement.**

8.3 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the Lead Agency, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the Lead Agency.
- Work to establish partnerships with public agencies and private entities, including faith- based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

[ ] No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

[ ] No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

[x] Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: The lead agency funds a CCR&R that is responsible for some, but not all, of the activities listed above. This is due to the size of the state and shared responsibilities between the CCR&R and other quality vendors. The lead agency's CCR&R currently falls under the responsibility of the state's QRIS system (BrightStars). Families looking for child care are referred to BrightStars for support in finding care. BrightStars helps families in the state to access quality child care, early learning and school-aged programs. They have resource guides online to help families determine what type of care would be the best fit for their family. The Lead Agency also outreaches BrightStars when a program is closing. The BrightStars team will then contact other local providers in that area to gauge availability and openings. Additionally, families that are struggling to find care for children with a specific need such as a special healthcare or developmental need, are referred to BrightStars who in turn outreaches providers in the families catch area. They support the family by asking about openings and the program's ability to meet the needs of the child. This information is then shared with the family, with BrightStars offering to be a connection between the provider and family if needed. BrightStars is not solely responsible for several other activities listed above such as tracking supply and demand and facilitating partnerships with public and private entities. While they support this work, other vendors as well as the Lead Agency all collaborate in these activities. Our CCR&R also collects data and provides information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act, by partnering with The Center for Early Learning Professionals and other TA partners to collect data on rated programs' engagement in TA and PD by tracking referrals to services and supports, and resultant increases in quality star ratings. BrightStars, CELP and DHS meet monthly in a Case Management meeting to review engagement and troubleshoot programs that are struggling to maintain licensing regulation compliance and quality. Data is captured in these meetings, and information is reported out to DHS on a quarterly basis. Quarterly reports to DHS contain information on referrals to families as well as any identified information regarding supply and demand by families. For example, need for school age care is higher at the end of the summer; infant and toddler need remains high; care for children with special needs, etc. BrightStars also attempts to capture anecdotal information when speaking with programs about waitlists and teacher vacancies and closed classrooms to evaluate the demand for care. Brightstars also works to establish partnerships with public agencies and private entities, including faith- based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF. All programs are assigned a BrightStars Navigator whose role it is to support programs in achieving their highest level of quality in the rating system. Programs are strongly encouraged to participate in TA, PD and any other resources available to them (CDA training, TEACH Early Childhood Program, Registered Apprenticeship) to allow them to increase their rating, thus increasing the supply and quality of highly rated programs. BrightStars also coordinates with DHS and RIDE to identify programs that could

qualify for additional funding for curriculum supports, access to funds for facilities and preparedness for participation in RI PreK.

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **Rhode Island has a long history of collaborative planning across the early childhood/childcare system. The lead agency provides data and information on a regular basis to partners to support their efforts. The RIght from the Start Campaign is led by Kids Count, a key partner with a rich history of data collection around health, education and social policy impacting RI children and their families. The annual Kids Count Factbook is compiled in coordination with state and community partners to ensure the state has an accurate snap shot of the key indicators for health and wellbeing. Kids Count is also a co-founder and member of the Steering Committee for the RIght From the Start Campaign which is a legislative and budget advocacy campaign to advance state policies for young children and their families in RI. The Lead Agency engages in multiple public-private partnerships to support initiatives at the local level. For example, the Lead Agency is part of the steering committee on early childhood for the Central Providence Opportunities Health Equity Zone and participates in the grant-making review committees for the City of Providence. The Lead Agency partners regularly with the Local Initiatives Support Corporation (LISC) on facilities grants for early childhood, including directly funding through the recent bond or providing guidance for the existing facilities fund.**

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? **The lead agency Child Care Disaster Plan was originally created in 2018 with a revision taking place in 2021. The lead agency intends to review this plan and update over the next two years.**

b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.

i. The plan was developed in collaboration with the following required entities:

[x] State human services agency.

[x] State emergency management agency.

[x] State licensing agency.

[x] State health department or public health department.

[x] Local and State child care resource and referral agencies.

[x] State Advisory Council on Early Childhood Education and Care or similar coordinating body.

ii. **[x]** The plan includes guidelines for the continuation of child care subsidies.

iii. **[x]** The plan includes guidelines for the continuation of child care services.

iv. **[x]** The plan includes procedures for the coordination of post-disaster recovery of child care services.

v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

[x] Procedures for evacuation.

[x] Procedures for relocation.

[x] Procedures for shelter-in-place.

[x] Procedures for communication and reunification with families.

[x] Procedures for continuity of operations.

[x] Procedures for accommodations of infants and toddlers.

[x] Procedures for accommodations of children with disabilities.

[x] Procedures for accommodations of children with chronic medical conditions.

vi. **[x]** The plan contains procedures for staff and volunteer emergency preparedness training.

vii. **[x]** The plan contains procedures for staff and volunteer practice drills.

viii. If any of the above are not checked, describe: **N/A**

ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: **https://dhs.ri.gov/programs-and-services/child-care/child-care-providers-staff-resources/handbooks-forms**

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when

appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **There are a number of different ways where parents can submit complaints about child care providers to the Lead Agency. All persons in Rhode Island are required by law (RIGL 40-11-3) to report known or suspected cases of child abuse and/or neglect to the Department of Children, Youth, and Families within 24 hours of becoming aware of such abuse/neglect through their child abuse hotline (1-800-RI-CHILD). This hotline is operated 24 hours a day,365 days a year. Reports of suspected abuse and/or neglect related to both licensed and license exempt child care providers are filtered through the hotline. If the complaint rises to the level of DCYF investigation, the Department of Children, Youth and Families will investigate and coordinate with Lead Agency on their findings and potential next steps. If the complaint does not rise to the level of suspected abuse or neglect, and is more regulatory in nature, it will be directed back to the lead agency for follow up. At that time, the lead agency will conduct a complaint or unannounced monitoring visit, depending on the situation. Additionally, anyone can file a complaint regarding both licensed and licensed exempt providers directly with the lead agency. Complaints related to licensed providers are directed to the main child care licensing email (DHS.ChildCareLicensing@dhs.ri.gov). Complaints related to license exempt providers are directed to the CCAP email (DHS.ChildCare@dhs.ri.gov). Complaints received by the lead agency may be called into the DCYF hotline by the lead agency if the complaint seems to include suspected abuse and/or neglect. Regardless of the access point for the complaint, all complaints are logged in the states provider data system and addressed on an individualized basis.**

b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The lead agency supports both English and Spanish speakers. Additional translation services are available through various vendors if needed.**

c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **Complaints can be logged via phone call or in writing. In the circumstance that there is a disability that prevents either of these from being accessible to the person, DHS is able to access the services of the Rhode Island Office of Rehabilitative Services (ORS). The ORS Associate Director is also the Associate Director of the Office of Child Care and is incorporated into the Lead Agency's governance structure.**

d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

[x] Yes. If yes, describe: **Complaints received by DCYF's child abuse hotline regarding both licensed and licensed exempt providers are reviewed internally by DCYF to determine if the report meets investigatory criteria. If an investigatory criterion is met, the timeline for this investigation is determined by DCYF's internal operating procedures as it pertains to Child Abuse Neglect Investigations (http://www.dcyf.ri.gov/policies/) Any complaint received by DCYF that does not meet investigatory criteria is documented in the state's child welfare and licensing system using the licensed child care providers unique provider identification number. A report being entered in RICHIST automatically sends a notice to the lead agency that the complaint was received. This notification includes specific information related to the complaint. These redirected reports, as well as any complaint regarding a licensed provider received by the lead agency, are responded to by the lead agency within three (3) to five (5) business days depending on the severity of the complaint. This response may be in the form either a visit, phone call or email to the provider requesting follow up documentation related to the complaint. If the complaint presents a risk to children's health or safety (that is not imminent), a visit is conducted to the provider within those 3-5 business days. During the visit, the licensing staff will inform the provider about the nature of the visit (while maintaining anonymity of the person who made the complaint), and the applicable regulations associated with the complaint. This visit is documented on the lead agencies licensing monitoring report. This report outlines all observations from the visit, including any noncompliance to regulations that was observed. These observations are used to determine if the complaint should be substantiated. If either the substantiated complaint or the observations made during the visit are severe or reflect a history of serious noncompliance, licensing action maybe initiated by the lead agency.**

[ ] No.

e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **For licensed child care providers, both substantiated abuse and/or neglect allegations received by DCYF and substantiated parental complaints received by the Lead Agency are documented in the shared data system used for both child welfare and child care provider data (RICHIST). In addition, the Lead Agency has its own database for documenting complaints that are provided to the Licensing Unit. Documenting it in both places attaches specific complaints and correspondences to a provider in our RICHIST system and provides the Lead Agency with the ability run comprehensive reports on the complaints received for ongoing monitoring. Both methods are documented as such, regardless of how the complaint was substantiated. If the complaint resulted in a visit to the provider by the Lead Agency, the monitoring visit report is posted to the lead agency's consumer website and shared electronically with the provider. These are in plain**

language to ensure families searching for care can identify and understand the outcome of the complaint. License exempt providers are not part of this system as the lead agency only approves particular relatives to be approved for this service type. Parental complaints for license exempt providers would be managed by DCYF as a family matter, not a child care matter.

f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **Substantiated parent complaints that result in a visit by the Lead Agency produce a monitoring visit report that is then posted on the consumer website.**

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

i. Provide the URL for the Lead Agency's consumer education website homepage: **earlylearningprograms.dhs.ri.gov or https://brightstars.org/#**

ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?

[x] Yes.

[ ] No. If no, describe:

iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?

[x] Yes.

[ ] No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: **https://dhs.ri.gov/programs-and-services/child-care Aggregate data and Consumer Statement can be found here.**

ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers:: **https://dhs.ri.gov/programs-and-services/child-care**

iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: **https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/background-checks**

iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: **https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/background-checks**

9.2.3 Searchable list of providers

a. The consumer education website must include a list of all licensed providers searchable by ZIP code.

i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

[x] Yes.

[ ] No. If no, describe:

ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: **earlylearningprograms.dhs.ri.gov.**

iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:

[ ] License-exempt center-based CCDF providers.

[ ] License-exempt family child care CCDF providers.

[ ] License-exempt non-CCDF providers.

[ ] Relative CCDF child care providers.

[x] Other (e.g., summer camps, public pre-Kindergarten). Describe: **Rhode Island State Pre-K programs that are overseen by the Rhode Island Department of Education are able to be listed on the consumer website.**

b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results

	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Enrollment capacity	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Hours, days, and months of operation	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Provider education and training	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Languages spoken by the caregiver	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Quality information	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Monitoring reports	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Willingness to accept CCDF certificates	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Ages of children served	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Specialization or training for certain populations	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Care provided during nontraditional hours	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**

c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

i. **[x]** All licensed providers. Describe: **Licensed child care providers are able to include current availability for each license capacity as well as upload photos in addition to the items checked above.**

ii. **[ ]** License-exempt CCDF center-based providers. Describe:

iii. **[ ]** License-exempt CCDF family child care providers. Describe:

iv. **[ ]** License-exempt, non-CCDF providers. Describe:

v. **[ ]** Relative CCDF providers. Describe:

vi. **[ ]** Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

a. What specific quality information does the Lead Agency provide on the website?

i. **[x]** Quality improvement system.

ii. **[x]** National accreditation.

iii. **[ ]** Enhanced licensing system.

iv. **[ ]** Meeting Head Start/Early Head Start Program Performance Standards.

v. **[ ]** Meeting pre-Kindergarten quality requirements.

vi. **[ ]** School-age standards.

vii. **[ ]** Quality framework or quality improvement system.

viii. **[ ]** Other. Describe:

b. For what types of child care providers is quality information available?

i. **[x]** Licensed CCDF providers. Describe the quality information: **All licensed child care providers whether they accept CCAP or not have their quality rating posted on the consumer website. This is updated monthly**

ii. **[x]** Licensed non-CCDF providers. Describe the quality information: **All licensed child care providers whether they accept CCAP or not have their quality rating posted on the consumer website. This is updated monthly**

iii. **[ ]** License-exempt center-based CCDF providers. Describe the quality information:

iv. **[ ]** License-exempt FCC CCDF providers. Describe the quality information:

v. **[ ]** License-exempt non-CCDF providers. Describe the quality information:

vi. **[ ]** Relative child care providers. Describe the quality information:

vii. **[ ]** Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

a. Certify by checking below that the required elements are included in the Aggregate Data

Report on serious incident data that have occurred in child care settings each year.

i. **[x]** The total number of serious injuries of children in care by provider category and licensing status.

ii. **[x]** The total number of deaths of children in care by provider category and licensing status.

iii. **[x]** The total number of substantiated instances of child abuse in child care settings.

iv. **[x]** The total number of children in care by provider category and licensing status.

v. If any of the above elements are not included, describe: **N/A**

b. Certify by providing:

i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **Any serious injury or death is to be immediately reported to the DCYF child abuse hotline and the Lead Agency. This data is available both in the shared child care/child welfare database as well as other data collection tools that allow for the Lead Agency to extract data as it relates to these reports**

ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement: **Substantiated child abuse is any suspected abuse that resulted in an indicated child abuse investigation completed by DCYF.**

iii. The definition of "serious injury" used by the Lead Agency for this requirement: **Serious injury is defined as any injury sustained at the licensed child care program that required outside medical attention.**

c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted: **https://dhs.ri.gov/programs-and-services/child-care**

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

[x] Yes.

[ ] No.

[ ] Not applicable. The Lead Agency does not have local CCR&R organizations.

b. Provide the direct URL/website link to this information: **earlylearningprograms.dhs.ri.gov**

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

[x] Yes.

[ ] No.

b. Provide the direct URL/website link to this information: **https://dhs.ri.gov/programs-and-services/child-care**

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

[x] Yes.

[ ] No.

b. Provide the direct URL/website link to the sliding fee scale. **https://dhs.ri.gov/programs-and-services/child-care/child-care-assistance-program-ccap/ccap-family-eligibility-how**

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **Currently, www.kids.ri.gov serves as the landing page for families looking to learn more about services available to all Rhode Island families. It has links dedicated to providers, families, professionals and programs and serves as an entry point to the current consumer website, earlylearningprograms.dhs.ri.gov. The Program Search feature found on earlylearningprograms.ri.gov allows families to search for a program in various ways, including by program type, QRIS rating, location, hours of operation and whether the provider accepts CCAP. This website provides a list of Pre-K's and Head Start programs listed by city and town. By October, 2024, this consumer site provides a link directly back to kids.ri.gov as well as to the Lead Agency family specific page and the QRIS website www.brightstars.org Additionally, kids.ri.gov contains**

information related to all facets of child development and related milestones, provider quality, and best practices. There are clear links to finding quality care, affordable or low/no cost care, and developmental resources. These links provide website materials and links to phone numbers. Some of the materials are available in print form and are distributed around the state. Licensing regulations have requirements around community resources and family engagement, with the intent that providers are another distribution stream for information and resources. Plain language is used for readability and comprehension (maximum 5th grade reading level).

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children's Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

[x] Yes.

[ ] No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

[x] Yes.

[ ] No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **Kids.ri.gov currently serves as the landing page for families looking to gain information on development as well as supports available should they have concerns about their child's development. This page includes links to national resources such as the Center for Disease Control (CDC) and the American Academy of Pediatrics as well as local resources such as the Rhode Island Early Learning and Development Standards (RIELDS). This site also includes a link to the Rhode Island Parent Support Network (RIPIN) which is the state leader in advocacy services for families who have children with special medical and developmental needs.**

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

[x] Yes.

[ ] No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **As mentioned above, kids.ri.gov serves as the landing page for families in Rhode Island looking for care and information regarding their children. This page includes a link to Lifespan, a not-for-profit health system based in Providence, RI comprised of multiple hospitals across the state including Bradley Hospital, Hasbro Children's Hospital and Women and Infants Hospital, all three of which focus on children's health and mental health from infancy through adulthood. Additionally, Bradely is a contracted vendor with the Lead Agency on the Success program which supports child care providers in accessing supports for children with mental health or behavioral needs. A link for this program is also found on this page.**

9.3.7 Policies on the prevention of the suspension and expulsion of children

a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the

general public: **The Lead Agency has posted the CCAP Suspension and Expulsion policy on the Lead Agency website, in the family section. This document includes clearly identified parameters around limitations on suspension as well as prohibited practices regarding expulsion. This includes specific steps to support maintaining program placement of children who have a diagnosed disability and/or behavior and receive outside supports. This is also available on the provider page of the Lead Agency's website.**

b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: **The Suspension and Expulsion policy listed above applies to school-age children. The Lead Agency does not license other youth care settings.**

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

[x] Yes.

[ ] No. If no, describe:

b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

[x] Yes.

[ ] No. If no, describe:

c. Developmental screenings to parents receiving a subsidy as part of the intake process.

[x] Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **The kids.ri.gov website provides all available resources for developmental screenings as well as any other resources for families, and is connected to our other family friend websites. It is provided in the consumer statement, which is provided with every CCAP approval letter.**

[ ] No. If no, describe:

d. How families receiving CCDF services or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for children at risk for cognitive or other developmental delays.

[x] Yes.

[ ] No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **The Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability by including multiple departments in the program integrity work. A bi-weekly program quality and compliance meeting brings together cross program administrators, IT and operations leads, legal, and financial management who have authority and responsibility for program integrity activities within their departments. Delegation of duties resides with each lead. For example, the Assistant Director for the Office of Child Care and the CCAP Administrator assign integrity related tasks within program staff, including CCAP case review, provider monitoring and systems incident reporting and solutioning. Fiscal and program staff meet continuously with formal meetings scheduled weekly at the leadership level and at the implementation level. Provider Management's focus is on enrollment and provider data accuracy. Financial management's focus in on billing and payment accuracy. The two teams review bi-weekly batch payment reports to solution children reported ineligible and to ensure accurate provider**

payments including number of records processed, amounts for Union, PAC, and family co-share amounts. This information is validated across an average of the last ten batches. Program and IT meet weekly to identify and solution systems issues related to accurate eligibility determinations and accurate reimbursement rate application and payment. Operations and financial team members and the newly appointed administrator for program quality attend this meeting as well. In terms of checks and balances within the child care system, we have two very specific divisions within the office, program and finance, that work together on all things finance. The two teams collaborate on a Provider Monitoring project where program collects parent-providers agreements and attendance documentation from providers and reviews enrollments, and financial management reviews payments for specified batch periods for accuracy based on documentation and enrollment. In this process, the program and financial management leads conduct randomized internal audits of approximately a dozen CCAP provider monthly, asking for attendance records for specific batch periods for 40% of the CCAP children. The Department uses this information to provide mandatory technical assistance and training and will work with providers to streamline procedures to ensure accurate payment records. This monitoring is looked at from both a program lens and a financial management lens separately and then together. Results are provided to the child care program and the goal is to get to every provider through a 3-year cycle. For grants and contracts, invoice approvals occur in both finance and program as well. Program staff will check invoices for allowable costs, while finance will check invoices for alignment to budget. Additionally, the Office of Internal Audits (OIA) is a partner is collaborating on effectiveness of both financial and operational controls. As required by ACF, the Lead Agency conducts case reviews to identify improper payments on a three-year cycle. The Lead Agency has implemented ongoing reviews beyond the end of the current cycle to continue through June 2025 to ensure continued identification of errors and to inform ongoing accuracy in eligibility and payments. The Provider monitoring results are reviewed at two levels as a check and balance on determination of compliance with policies or potential for fraud risk. The provider management team and the financial management team review the information provided from a program and fiscal lens.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **The Grants Management Office is responsible for managing applications for federal funding, providing administrative support to state agencies regarding reporting requirements, providing**

technical assistance related to the Grants Management System and approving agreements with federal agencies. The Grants Management office has implemented a Grants Management System (GMS) which programs are required to use to execute contracts, process invoices and track spending. This system has standardized and streamlined processes around the federal award process. The Department employs Programming Services Officers overseen by the Assistant Director to manage contract development, deployment, and compliance. The PSO maintains continuous performance and fiscal oversight of the contracted partner from initial scope development through final deliverables and end of contract term. They monitor to ensure contracts comply with CCDF regulations, that partners adhere to approved budgets and that measurable outcomes are met and reported. PSOs work with fiscal staff to ensure costs align with deliverables and invoices reflect allowable expenses per the terms of the contract and regulatory requirements. Fiscal staff is responsible for sub-recipient monitoring as well as monitoring all grant expenditures. Fiscal staff also submit financial quarterly reporting, which ties to the State financial systems. In terms of CCDF funding not expended through grants and contract, the Department issues certificates for child care subsidies to eligible families based on our CCAP regulations. At that time, a CCAP-approved provider will enroll a child based on the certificate number provided by the family. Our Bridges system generates attendance records, and the providers are required to fill out the record based on the service dates that the child was in attendance. The submitted attendance records are approved and reviewed by the data clerks at the Child Care Payment office. Upon approval, bi-weekly payments are generated based on a cross check of child care eligibility to the attendance reports that are submitted.

b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: With the newly deployed Grants Management System, invoices are submitted electronically by the vendor or sub-recipient directly to the GMS. Programming Services Officers then review for accuracy against the approved budget and scope of work and either reject the invoice for correction by the vendor or submit to the Assistant Director for approval and submission for payment through the GMS. Fiscal staff review invoices to ensure all expenditures are reasonable and allowable and are charged to the state accounting system general ledger line sequence number that correlates to the CFDA and FAIN of the grant. To ensure tracking of funds adequately, the CCAP financial management team conducts analysis of the data generated for biweekly payment. This information includes status of eligibility, number of records processed, and amounts for union, PAC, copay and net benefit. This information is validated across an average of the last ten batches and provides the Department with additional information to ensure payment integrity.

c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: State and federal fiscal reporting is performed by the financial management office utilizing data from the State's accounting system. Data is analyzed dependent on the reporting requirements and compiled to meet the requirements of the report. The financial management team prepares and submits the reports in the federal reporting system.

d. Other. Describe: Financial Management takes additional steps to ensure compliance with uniform grant guidance such as review of single audits and completion for risk

assessments.

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

a. How the Lead Agency defines effective fiscal management practices. Describe: **The Lead Agency promotes the financial integrity and accountability of state government through sound administrative and accounting controls and procedures, including continued analysis and management of fiscal resources ensuring quality results while adhering to both federal and state rules, regulations and procedures.**

b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **The Lead Agency monitors fiscal procedures to ensure control and accountability. Fiscal management practices include having standard operating procedures and internal controls for accounting, financial reporting, budgeting, cash management and other financial related activities. The Lead Agency makes payments to child care providers through an integrated eligibility system (RIBridges). The Office of Child Care and the Office of Financial Management meet each week with the State's technology vendor, Deloitte, to review metrics on recertification progress, enrollment data, and supplemental payroll analysis. These metrics provide the Department with information to adopt procedures to ensure CCAP is operating efficiently and effectively and measure performance to provide context for improvement. The agency provides regular reviews of cost items recorded to CCDF and budget to actual trends. Continuous monitoring, control activities, and communication promote and support program integrity and accountability.**

c. How the results inform implementation. Describe: **The Lead Agency develops and implements coordinated strategies that strengthen fiscal management practices. Monthly grant management meetings, which include communication between fiscal and program staff, are held to establish coordination of activities. Bi-weekly provider payment reviews result in identifying eligibility issues related to specific children which triggers Provider Management review of the case prior to authorizing or denying payment. This also results in coordinating with field operations staff to review the processing of these cases to determine/re-determine eligibility before payments are made. Identifying the root cause for the eligibility issue then informs additional staff training needs, such as the use of circumstances change dates, case merges, wrap up steps. Provider Management also works with providers who need assistance enrolling children timely and/or submitting attendance records timely as part of ensuring accurate and timely payments. Staff training, technical assistance to child care providers and subrecipients is a continuous process.**

d. Other. Describe: **N/A**

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **Prior to contract review/approval and annually thereafter, a Risk Assessment - Pre-Contract Uniform Grant Guidance Compliance is completed for the sub-recipient. Assessment using a numerical grade is completed in**

areas including SAM.GOV, Audit and Fiscal Statements, Invoicing, Staffing, Legal Risk, Experience with Grant, Data/Reporting, System Changes, Licensing and Safety. In Rhode Island, the Office of Internal Audit (OIA) performs the auditing function for the Executive Branch of State Government. It provides an independent appraisal and evaluation of the effectiveness of financial and operational controls through objective analyses, evaluations, and recommendations on operations, systems, and contracted services of state government. The OIA's mission is to enhance and protect organizational value by providing risk-based and objective assurance, advice, and insight. In addition, CCDF is audited annually by the Office of the Auditor General as a major program following risk-based criteria established in the federal Uniform Guidance.
Our risk assessment forms guide our grants and contracts, and also specifically help with program coordination. We have multiple vendors doing work with multiple projects both in child care as well as other pieces of the agency, and these risk assessments help to identify where that is happening and assign a risk value based on that. In addition, our internal provider monitoring assess risk through monthly audits to ensure providers are tracking how they should be tracking attendance, as well as ensuring families are utilizing their care correctly. Creating and implementing internal processes for risk management has been a key strategy over the last year in order to ensure we are utilizing our funding sources effectively. Program and fiscal departments within the agency work together on systems on checks and balances to assess risk from both a policy and programmatic perspective as well as a financial perspective.

b. The frequency of each risk assessment. Describe: Risk Assessment for grants and contracts areis done prior to contract approval and annually thereafter for the duration of the contract. Programming Services Officers conduct bi-weekly contracting meeting with their vendors/sub-recipients to ensure ongoing compliance with contract terms and to address any concerns or changes proactively to minimize risk. The Office of Child Care has bi-monthly quality contract meetings where PSOs and Program Staff review contracting processes, ongoing contracts deliverables and solution any potential issues or risks. Annually, a single state audit is conducted by the Office of the Auditor General in accordance with federal requirements. Our internal risk assessments through provider monitoring are done on a monthly basis to ensure we monitor every provider within a three year period. In addition, more informal risk assessments of CCDF funding between program and fiscal happen on a weekly basis through program finance meetings.

c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: The Lead Agency develops and implements coordinated strategies that strengthen risk assessment practices. Results are utilized to drive process design, enhance system controls, and assure alignment with department priorities and strategic goals . For grants and contracts risk assessment, we can either choose to not contract with them or make the determination to monitor them more closely. With provider monitoring risk assessment, we have specialized technical assistance that we are providing for centers or family child care homes that do not hit certain benchmarks and allow for increased future monitoring. Our weekly meetings go through assessments of all types and inform more larger scale decision making.

d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: There are specific key metrics for both the program risk assessment as well as the financial risk assessment that are used for every contract that is written regardless of

funding source. This is important because the risk is being looked at from both lens with different questions on each assessment. The criteria is objectively answered using a scoring system that determines risk. Based on the objective result, increased monitoring of sub-recipients would be done based on DHS procedures. The Department sees the data that supports that the risk assessments, monitoring, and meetings are working because the documented issues are decreasing and being triaged far more proactively.

e. Other. Describe: **Meetings attended to by program and fiscal staff to ensure potential risks are mitigated and audit recommendations are implemented are held quarterly.**

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.

i. Describe the training provided to staff members around CCDF program requirements and program integrity: **Contracting staff including Programming Services Officers and Financial Management staff attend required GMS training prior to accessing the Grants Management System and ongoing topic specific training and office hours. There is a library of instructional documents accessible to all GMS users. Vendors/sub-recipients submitting invoices through GMS also attend a required training prior to GMS access and have similar documentation and office hours for ongoing support Eligibility technicians who are responsible for processing customer eligibility have a learning management system course re: recognizing and preventing fraud that, while through a SNAP lens, provides an overview of fraud and program integrity topics relevant to case processing in general. ETs are required to take CCAP specific trainings that cover the importance of accuracy in case processing including both the importance of providing the customer with accurate benefit determinations and preventing improper payments.. Beyond the mandatory trainings, supervisors have the discretion to recommend or require additional trainings to assist staff with specific programs, topics or errors. CSDL tracks and report training completion for operations staff. The policy team, in consultation with CCDF Program leads drafts and delivers policy briefs/transmittals for all staff highlighting policy updates and works closely with program and training teams to ensure materials accurately reflect state and federal policy, rules and regulations.**

ii. Describe how staff training is evaluated for effectiveness: **GMS training is deemed effective when Programming Services Officers, Financial Management Staff and Vendors/Sub-recipients effectively use the system to process, track, invoice and complete contracts with minimal delay or disruption resulting in faster and more accurate processing and efficiencies in reporting. Provider training is deemed effective when, post orientation, Providers accurately enroll children and submit attendance records timely. Trainings for the CCAP benefits operations staff are evaluated based on the Improper Payment error rate as it relates to worker/staff**

error or omission. Trainings are revised and updated as needed to address repeat errors. CSDL collects post-training survey data and tracks completion by participant for supervisors.

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **Trainings for the operations staff, who determine eligibility and process benefits including CCAP, are evaluated based on the Improper Payment error rate as it relates to worker/staff error or omission. Trainings are revised and updated as needed to address repeat errors. The Center for Staff Development and Learning (CSDL) collects post-training survey data and tracks completion by participant. The error rate results inform in person training, development of additional LMS (Learning Management System) modules for shorter, more targeted topics, implementation of CCAP specific processing labs and scenario-based learning. The error rate informs topics covered in monthly CCAP office hours meetings where operations staff join Program and Policy staff for Q & A sessions.**

b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

i. Describe the training for providers around CCDF program requirements and program integrity: **CCAP Providers take a mandatory CCAP Orientation training which covers the background and importance of the CCDF program, the state and federal regulations as relates to enrollment, attendance and payment practices, and the importance of accuracy in both reporting and record keeping. There is a knowledge check question they are required to answer correctly around this topic. In addition, program integrity topics related to accuracy in reporting and record keeping are highlighted in provider all-calls and all-emails. A one-page resource on this was shared with all providers and is part of the resource library on the Lead Agency website. The orientation provides detailed instruction on how to use the CCAP Provider Portal to accurately enroll children and track or change enrollment, how to submit attendance and the schedule to adhere to for timely and accurate payment. It covers rules and expectations around reimbursement rates, authorized hours and billing. The CCAP Provider Agreement, signed by all approved CCAP providers outlines Provider responsibilities related to enrollment and attendance submission, reimbursement/payment rates, authorized hours and includes addenda related to state and federal regulations and requirements. A CCAP Provider Handbook detailing provider responsibility is available to all Providers on the DHS website. All Provider meetings are held quarterly, and topics related to CCDF program requirements are included as reminders or updated as policy changes occur. All Provider emails are used to share any policy changes, to remind providers of CCDF program requirements as needed and to highlight trends or concerns related to program requirements.**

ii. Describe how provider training is evaluated for effectiveness: **The CCAP Provider Orientation has been revised to include interactive quizzes to engage participants in learning and to assess comprehension. A pass rate of 80% is required to obtain a certificate. Incoming questions from Providers are scanned for trends and for points of clarification that are then added to provider communication and flagged for updates in documentation or in the Bridges system.**

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **Documentation collected from Providers as part of the Provider Monitoring process is reviewed for completeness and accuracy. Trends in missing documentation or inaccuracies in tracking attendance are clarified in the Orientation training, the Provider Handbook and the CCAP Provider Agreement Terms and Conditions. Technical Assistance is provided for individual providers and added to all-provider emails or calls. TA and follow-up to ensure compliance is required for individual providers with non-compliances.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Triennial error rate reports are shared with the Center for Staff Development and Learning (CSDL) to include error-related topics in their trainings for operations staff. Results are shared with IT Systems to address potential system changes that would improve accuracy. Results are shared with a cross program team in regular program quality meetings for input and triage where errors and/or proposed changes impact multiple programs. Results are shared with Operations leadership for awareness in supervising processing staff, adding case review labs and monitoring CCAP case processing accuracy.**

b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Audit results are shared with the Center for Staff Development and Learning (CSDL) to include error-related topics in their trainings for operations staff. Results are shared with IT Systems to address potential system changes that would improve accuracy and compliance. Results are shared with a cross program team in regular program quality meetings for input and triage where findings and/or proposed changes/solutions could impact multiple programs. Results are shared with Operations leadership for awareness in supervising processing staff, adding case review labs, monitoring CCAP case processing accuracy and input on system enhancements that would help processing accuracy.**

c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **N/A**

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

a. **[ ]** No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.

b. **[x]** Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **Case reviews, error rate findings and fraud findings by Office of Internal Audit (OIA) indicated the need for strengthening internal controls. This information was used to inform targeted training for providers through updated CCAP Orientation training and communication including a revised Provider Handbook.**

Operations staff trainings have been revised, targeted topics have been added, processing labs have been conducted, monthly office hours have been scheduled ongoing. This information is continually used to identify Bridges systems issues related to eligibility determination, and child enrollment and attendance reporting. This information was used to develop and launch CCAP Provider monitoring beginning February 2024 to ensure Providers adhere to the state's regulations on maintaining Parent Provider agreements and child attendance/sign-in/out documentation to support Portal attendance submissions that inform provider payments.

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

a. **[x]** Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

   i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Office of Internal Audit (OIA) investigates potential fraud and program violations. When a case crosses multiple programs, all programs including CCDF funded CCAP becomes part of that investigation. Currently OIA requests input from DHS Office of Child Care on payment information related to Criminal cases. DHS CCAP Regulations provide for penalties related to intentional program violation at both the civil and criminal level. OIA investigations result in civil penalties or criminal prosecution. Findings inform implementation and adjustment to provider monitoring processes and customer verification processes.**

   ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Unintentional program violations by a Provider resulting in an overpayment are reviewed by financial management and flagged for recoupment. Post the COVID pandemic, the lead agency has not yet implemented a recoupment process for overpayments. This was paused during the pandemic and post-pandemic recovery period and is under review to implement recoupment of UPV resulting in Provider overpayments through the Financial Management team. UPV violations by customers resulting in over issuance of benefits are reviewed and recouped by the Customer Claims and Recovery Unit. This practice was also paused during the pandemic and post-**

pandemic recovery period and is under review for reinstatement. Review of unintentional program violations by providers informs implementation and adjustment to requirements for provider monitoring and informs training needs for providers. Unintentional violations by customers in their application process informs case processing training updates and system enhancements as needed.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:: **Agency errors that result in an overpayment to providers are flagged for recoupment by the DHS Financial Management team. Post the COVID pandemic, the lead agency has not yet implemented a recoupment process for overpayments related to agency errors. This was paused during the pandemic and post-pandemic recovery period and is under review to re-implement. Agency errors are reviewed by financial management and program to determine root cause and course of correction: process and procedure, training for staff and/or providers, and system enhancement are addressed. Agency errors related to case processing and customer eligibility determination are shared with field ops teams for review, correction and to inform training needs for individual staff. As a result, CCAP specific training was launched in July 2024 as a mandatory course for field staff who work on CCAP eligibility. Utilization of system interfaces and inclusion of data from the interface in the CCAP case is included in this training. There is also a training specific to interfaces available to all field staff. In addition, a CCAP Payment Accuracy course was launched as a follow-up to the full CCAP training, also mandatory for field staff who work on CCAP eligibility. Agency errors related to provider payment practices are reviewed in provider management/financial management weekly touch points to determine cause, how to correct and how to adjust processes to prevent reoccurrence.**

b. **[x]** Run system reports that flag errors (include types).

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Office of Child Care runs a weekly Active Provider Report that shows the number of CCAP participating children enrolled in every CCAP approved program. Tracking flags programs with high CCAP enrollments for review to ensure compliance with licensing capacity and attendance submissions related to payments. This information is used to inform provider training and communication and the Provider Monitoring process where providers are required to provide documentation supporting enrollments including parent-provider agreements and attendance documentation for children. Review of this report results in provider outreach to acquire additional information on enrollments and to flag licensing or monitoring visits where there are questionable results.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Bi-weekly payroll reports for two week batch payments are reviewed by program and financial management and Deloitte prior to payroll runs to flag any ineligible children (resolved before payment is issued) and to review co-payments, number of records and payment details prior to issuance. This information is used to ensure accurate payment including family co-payments. When this report shows a potentially ineligible child enrolled with a provider submitting for payment, the provider management team**

reviews the case and refers to field operations for corrections/clarification and makes a determination based on case review to pay or withhold payment for that provider, for that child, for the current pay period until eligibility can be resolved. Review of these cases informs ops training needs to ensure cases are processed completely and correctly and informs provider management team of potential system issues that require additional review, report and resolution. These follow up activities are handled in weekly systems review meetings with internal IT team and Deloitte.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Bi-weekly payroll reports for two week batch payments noted above are reviewed by program and financial management and Deloitte prior to payroll runs to flag any ineligible children (resolved before payment is issued) and to review co-payments, number of records and payment details prior to issuance. As identified through systems testing, provider report or program review, reports specific to the potential errors are run to determine if an error is case specific or is a systems issue affecting more than one provider/family and appropriate action taken to address the case or the system. For example, if case review or payment review showed a copay issue or a closure issue specific to a child/family a report to identify any additional cases with the same issue is requested from IT/Deloitte. Then appropriate action is taken to correct case specific issues with the provider and/or field operations and to address systems issues related to the error, if any.Bi-weekly payroll reports for two week batch payments noted above are reviewed by program and financial management and Deloitte prior to payroll runs to flag any ineligible children (resolved before payment is issued) and to review co-payments, number of records and payment details prior to issuance. As identified through systems testing, provider report or program review, reports specific to the potential errors are run to determine if an error is case specific or is a systems issue affecting more than one provider/family and appropriate action taken to address the case or the system. For example, if case review or payment review showed a copay issue or a closure issue specific to a child/family a report to identify any additional cases with the same issue is requested from IT/Deloitte. Then appropriate action is taken to correct case specific issues with the provider and/or field operations and to address systems issues related to the error, if any. For example, when review of a specific case showed an incorrect closure prior to a recertification date, a report showing all closures prior to recertification was requested and reviewed to ensure correct case closures. One additional incorrect closure was identified and the remaining closures were reviewed and confirmed to be accurate. Field review of the incorrect closure informs training and/or system needs and are reviewed by cross functional team meeting that occur weekly and include program, operations, policy and IT input.**

c. **[x]** Review enrollment documents and attendance or billing records.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **CCAP Providers submit child attendance using the Provider Portal on a defined bi-weekly schedule and payments are based on child's attendance during the batch weeks. If a child has**

not been enrolled through the Provider Portal and/or attendance has not been submitted, payment is not issued. Absent notices uploaded by Providers (required for payment if a child is absent for 5 consecutive days) are reviewed by Financial Management prior to payment. Providers are required to maintain a Parent-Provider agreement detailing the hours a family is requesting care and to maintain attendance records, sign in/out sheets for each CCAP participating child for a minimum of three years. As part of Provider Monitoring initiated in February 2024, providers are required to provide proof of parent-provider agreements and attendance records that show daily sign-in/out for CCAP enrolled children If monitoring results show a lack of documentation to support the attendance as submitted and payment as issued, the Lead Agency is requesting additional documentation and scheduling further monitoring to ensure compliance. If monitoring reveals potential intentional program violations, the case would be referred to the Lead Agency fraud investigation department for evaluation. Since the monitoring program was launched in February 2024, DHS has requested enrollment and attendance documentation from 80 providers including both center-based providers and family child care providers. Technical assistance is provided to all providers around record keeping requirements in their orientation and in ongoing provider communications. Requirements and resources are shared with all programs as part of monitoring. The Lead Agency is conducting additional monitoring for programs with higher TA needs and has not yet had to refer a monitored program to the fraud unit for further investigation.

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Unintentional program violations would be flagged in the same way as intentional violations noted above. In addition, Providers are required to enroll a CCAP participating child in their program through the Provider Portal before or during the first week of providing care. If they are unable to do so, they are to contact the Provider Management team for assistance within the first week of care to ensure payment. In cases where Providers have not enrolled timely, provider management will deny payment or work with the provider to submit documentation to support back billing. Unintentional program violations such as failure to enroll timely, or to complete and retain required enrollment and attendance documentation are addressed with technical assistance and continued monitoring.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Agency errors related to accepting enrollments and/or attendance submission due to systems issues that prevent a Provider from enrolling a child timely or submitting attendance or absent forms through the portal are triaged through Provider Management, Financial Management and the IT/Deloitte team to troubleshoot, resolve the immediate payment issue and rectify related system issues. These errors inform additional reporting needs, system enhancement requirements and internal training requirements. For example, a system issue preventing providers from uploading absent notices correctly in certain circumstances was identified by financial management review of payment records and solutioned during the cross-functional weekly meeting. A minor system update and provider communication re: uploads were implemented to resolve the issue.**

d. **[x]** Conduct supervisory staff reviews or quality assurance reviews.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Monthly case reviews are conducted as part of the triennial improper payment process and continue to be implemented at the same rate of 20+ reviews a month beyond the current review period. The lead agency has formed an internal program integrity team that joined in this work to further integrate regular case reviews with the field operations department, the training department, and the program and policy teams. Results are shared with operations and program integrity leads to review and share with operations teams. The Operations team has a layered staff and QI review process that includes: Monthly leadership updates including email updates, quarterly refreshed and trainings; Daily Morning Staff Huddles, where supervisors share QI updates, identify areas for improvement and review available tools and supports; Bi-weekly supervisor One-on-ones where supervisors meet with each direct report to review cases and areas for improvement and Bi-weekly all-supervisor meetings where supervisors share QI findings, best practices and techniques to improve accuracy and reduce errors. Findings that indicate an intentional program violation would be referred to the internal fraud investigation department.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The activities related to unintentional program violations mirror those noted above for Intentional program violations. In addition, the training and operations teams have a defined and required training schedule for eligibility workers processing all program benefits, including CCDF funded programs, CCAP. CCAP training is mandatory for all new Eligibility Staff within their 6-month probationary period CCAP Training is offered every other month It encompasses both low income CCAP and Categorical CCAP and includes Policy, Systems, and Business Operation Procedure. All Eligibility Staff can enroll in the course as needed. An additional refresher course is accessible to all staff as of June 2024. When there is an update to Policy, the System Knowledge Transfers are released to supervisors and staff. Supervisory review prior to Benefit Authorization is required for new employees for at least the first 6-months of their probationary period. Supervisor reviews take place every two months for eligibility workers and are designed to review performance and identify additional learning needs. These processes are to ensure accurate case processing and reduction of common errors.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The activities related to agency errors include monthly case reviews with program, review team, operations and program integrity, Policy Transmittals outlining changes are shared with all program staff by the Policy team, knowledge transfers trainings are assigned for completion (mandatory) by eligibility teams on a monthly basis. Eligibility training tools developed by the training team are covered with operations staff through weekly operations review calls, and updates to training and office hours materials. Findings from audits and case reviews are shared with operations supervisors and staff through program team quality meetings, program office hours and training updates. The training and operations teams have a defined and required training**

schedule for eligibility workers processing all program benefits, including CCDF funded programs, CCAP. CCAP training is mandatory for all new Eligibility Staff within their 6-month probationary period CCAP Training is offered every other month It encompasses both low income CCAP and Categorical CCAP and includes Policy, Systems, and Business Operation Procedure. All Eligibility Staff can enroll in the course as needed. An additional refresher course is accessible to all staff as of June 2024. When there is an update to Policy, the System Knowledge Transfers are released to supervisors and staff. Supervisory review prior to Benefit Authorization is required for new employees for at least the first 6-months of their probationary period. Supervisor reviews take place every two months for eligibility workers and are designed to review performance and identify additional learning needs. Trainings, QI reviews, supervisor huddles, one-on-one meetings are all used to ensure accurate processing and reduction of unintentional case processing errors.

e. **[x]** Audit provider records.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Beginning February 2024, the Lead Agency implemented a Provider Monitoring program to request Parent-Provider Agreements and attendance documentation from Providers on a monthly basis to ensure monitoring of all CCAP Approved providers over a three-year period. The goal of Monitoring is to ensure accurate record usage and retention, accurate reporting of attendance through the Provider Portal and accurate enrollment hours that result in accurate provider payments. If a monitoring result indicates an intentional program violation, the results would be shared with internal fraud investigation department. Since the monitoring program was launched in February 2024, DHS has requested enrollment and attendance documentation from 80 providers including both center-based providers and family child care providers. Technical assistance is provided to all providers around record keeping requirements in their orientation and in ongoing provider communications. Requirements and resources are shared with all programs as part of monitoring. The Lead Agency is conducting additional monitoring for programs with higher TA needs and has not yet had to refer a monitored program to the fraud unit for further investigation.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Unintentional program violations activities are similar to those noted above for Intentional program violations, including the introduction of a provider monitoring process where providers are required to submit documentation of enrollment and attendance. In addition, whenever a provider requests back billing or payment adjustments, these same attendance/absent records are required for provider management review of the request prior to approving payment. Unintentional program violations such as failure to enroll timely, or to retain complete and consistent enrollment and attendance documentation are addressed with technical assistance and continued monitoring to ensure Providers are aware of the requirements and how to comply.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how

they inform better practice: **The Lead Agency processes Provider Applications for providers who want to become approved to enroll and care for children receiving the CCAP subsidy. These agreements are reviewed by the provider management supervisor for completeness and accurracyaccuracy. In the event of an agency error in processing, such as missing documentation, the supervisor or assigned worker will outreach to the Provider to obtain the documentation and update the file. In the event the missing documentation, or documentation submitted is incomplete or inadequate the Provider would be denied or would be notified of the termination of their CCAP approval.**

f. **[x]** Train staff on policy and/or audits.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **CCAP policy is reviewed regularly with OCC staff in bi-weekly staff meetings. Updates are formalized through Policy Transmittals shared with all program staff by the Policy team, knowledge transfers trainings (mandatory) and reviewed with OCC staff. Policy updates and associated training tools are covered with operations staff through weekly operations review calls, policy transmittals, new training tools such as TMTs (two minute tips) QRGs (quick reference guides) and updates to regular training and office hours materials. Findings from audits and case reviews are shared with operations supervisors and staff through program team quality meetings, program office hours and training updates. As a result of these combined activities, staff are trained and have access to training materials on policy updates, policy implementation at the case level and knowledge of common errors uncovered through case reviews and QI activities.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **CCAP policy is reviewed regularly with OCC staff in bi-weekly staff meetings. Updates are formalized through Policy Transmittals shared with all program staff by the Policy team, knowledge transfers trainings (mandatory) and reviewed with OCC staff. Policy updates and associated training tools are covered with operations staff through weekly operations review calls, policy transmittals, new training tools such as TMTs (two minute tips) QRGs (quick reference guides) and updates to regular training and office hours materials. Findings from audits and case reviews are shared with operations supervisors and staff through program team quality meetings, program office hours and training updates. As a result of these combined activities, staff are trained and have access to training materials on policy updates, policy implementation at the case level and knowledge of common errors uncovered through case reviews and QI activities.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **CCAP policy is reviewed regularly with OCC staff in bi-weekly staff meetings. Updates are formalized through Policy Transmittals shared with all program staff by the Policy team, knowledge transfers trainings (mandatory) and reviewed with OCC staff. Policy updates and associated training tools are covered with operations staff through weekly operations review calls, policy transmittals, new training tools such as TMTs (two minute tips) QRGs (quick reference guides) and updates to regular training and office hours materials.**

Findings from audits and case reviews are shared with operations supervisors and staff through program team quality meetings, program office hours and training updates. As a result of these combined activities, staff are trained and have access to training materials on program policy updates, policy implementation at the case level and knowledge of common errors uncovered through case reviews and QI activities. Through the Improper Payment case reviews, agency errors related to processing eligibility and case management are identified through independent case audits. A cross-agency team that includes program, operations, training, policy and IT now reviews these findings to address errors from multiple angles including system updates, training updates and requirements and policy revisions. A program integrity administrator is part of that review team to provide additional case review and accurate audit results.

g. **[ ]** Other. Describe the activity(ies):

i. **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

ii. **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **The Office of Internal Audit (OIA) investigates fraud and determines related overpayments. The Claims, Collections and Recover Unit is responsible for pursuing fraud overpayments. The DHS office of Financial Management is responsible for pursuing recoupment of overpayments resulting from provider or agency error.**

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

i. **[ ]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **Fraudulent overpayments in excess of $10k (total for all DHS Program overpayments, not just CCDF related overpayments) is referred to the AG for criminal prosecution.**

Overpayments related to a fraud finding under $10k are referred to DHS CCRU for recoupment. This process has been on hold during post pandemic recovery with plans to reinstate in 2024. The Department currently has an internal process for monitoring providers that is level-based. A level 3 provider with a number of egregious errors is forwarded to CCRU for continued follow-up and communication for recoupment process. The Department works alongside any agency that we provide information to to ensure we recoup the correct amount and goes to the correct place.

iii. **[ ]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:

iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **For recoupment of overpaid funds, Providers have an option to pay in full with a one-time payment or to establish a repayment plan over time. Repayment plans are established and tracked by Financial Management and we have a workflow established for not only tracking payments, but documented the need for repayment plans and establishing a cadence for reduction of funds.**

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[ ]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The Rhode Island Department of Administration's Office of Internal Audits, when necessary, will conduct fraud investigations on the Lead Agency's behalf for DHS families using a tip line. They will follow up on any information they received and alert the Department to their findings, which will then result in one of the other activities.**

viii. **[x]** Other. Describe the activities and the results of these activities: **Rhode Island investigates and recovers payments of potential fraud by contractors and partner staff using subrecipient monitoring for all contracts utilizing federal funding. Contractors are required to complete a risk assessment and provide us with annual audited financial statements. In addition, programming services staff audit invoicing and meet with contractors a minimum of monthly to go over expenses to deliverables. Any questionable invoices are reviewed and asked for follow up information, and not paid if appropriate.**

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

[x] No.

[ ] Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper

payments due to unintentional program violations. Include a description of the results of such activity.

i. **[ ]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

ii. **[ ]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

iii. **[ ]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:

iv. **[ ]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[ ]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. **[ ]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii. **[ ]** Other. Describe the activities and the results of these activities:

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

[x] No.

[ ] Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. **[ ]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

ii. **[ ]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

iii. **[ ]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:

iv. **[ ]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[ ]**Recover through other means. Describe the activities and the results of these

activities based on the most recent analysis:

vii. **[ ]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii. **[ ]** Other. Describe the activities and the results of these activities:

e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:

i. **[x]** Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **DHS CCAP Regulations define administrative penalties for clients who commit an intentional program violation and/or fraud. These sanctions include: First offense disqualification from the CCAP program for 3 months. Second offense disqualification from the CCAP program for 6 months. Third offense disqualification form the CCAP program for 12 months. If a benefit recipient chooses to appeal or contest the determination, they are entitled to a hearing as outlined Title 218 section 10-00-1.6. Upon completion of the investigation, the fraud unit determines whether an overpayment has occurred and if so, whether it is classified as fraud, agency error or household error. If such claim is determined to be fraud, the fraud unit shall pursue administrative penalties set forth by the Federal and State Regulations. A recipient has the right to an administrative disqualification hearing. If such recipient waives the hearing and chooses to sign the waiver agreement, the waiver shall be returned to the fraud unit within ten (10) days. At its discretion the fraud unit may refer any case that is determined to be of a criminal nature to the Rhode Island State Police or the Office of the Attorney General. In the past year, the Lead Agency has not made any referrals to the fraud unit related to client fraud.**

ii. **[x]**Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **DHS CCAP Regulations define administrative penalties for Providers who commit an intentional program violation and/or Fraud. These sanctions include: First offense disqualification from the CCAP program for 3 months. Second offense disqualification from the CCAP program for 6 months. Third offense disqualification form the CCAP program for 12 months. If a provider chooses to appeal or contest the determination, they are entitled to a hearing as outlined Title 218 section 10-00-1.6. Upon completion of the investigation, the fraud unit determines whether an overpayment has occurred and if so, whether it is classified as fraud, agency error or provider error. If determined to be fraud, the fraud unit shall pursue administrative penalties set forth by the Federal and State Regulations. A provider has the right to an administrative disqualification hearing. If such provider waives the hearing and chooses to sign the waiver agreement, the waiver shall be returned to the fraud unit within ten (10) days. At its discretion the fraud unit may refer any case that is determined to be of a criminal nature to the**

Rhode Island State Police or the Office of the Attorney General. In the past year, the Lead Agency has not made any referrals to the fraud unit related to provider fraud.

iii. **[x]** Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **When the Office of Internal Audit determines an Intentional Program Violation committed by a benefit recipient or a CCAP Provider meets the criteria for a criminal investigation, the case is referred to the State police and/or to the Office of the Attorney General of Rhode Island. The results would vary based on the facts and circumstances of each case. In the past year, the Lead Agency has not made any referrals to the fraud unit related to criminal prosecution.**

iv. **[ ]** Other. Describe the activities and the results of these activities based on the most recent analysis:

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
    - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
    - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		