

Child Care and Development Fund (CCDF) Plan For Rhode Island FFY 2019-2021

1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. In this section respondents are asked to identify how match and maintenance-of-effort (MOE) funds are identified. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems, and outline the work they have done on their disaster preparedness and response plans.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency 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 appended hereto. (658D, 658E(c)(1)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Rhode Island Department of Human Services

Street Address: 57 Howard Avenue

City: Cranston

State: RI

ZIP Code: 02920

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

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Courtney

Lead Agency Official Last Name: Hawkins

Title: Director

Phone Number: (401) 462-6865

Email Address: Courtney.Hawkins@dhs.ri.gov

1.1.2 Who is the 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. ACF 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, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Caitlin

CCDF Administrator Last Name: Molina

Title of the CCDF Administrator: Assistant Director of Child Care

Phone Number: (401) 258-7109

Email Address: Caitlin.Molina@dhs.ri.gov

Address for the CCDF Administrator (if different from the Lead Agency):

Street Address: N/A

City:

State:

ZIP Code:

b) CCDF Co-Administrator Contact Information (if applicable):

CCDF Co-Administrator First Name: N/A

CCDF Co-Administrator Last Name:

Title of the CCDF Co-Administrator:

Description of the role of the Co-Administrator:

Phone Number:

Email Address:

Address for the CCDF Co-Administrator (if different from the Lead Agency):

Street Address: N/A

City:

State:

ZIP Code:

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 it retains overall responsibility for the administration of the program (658D(b)). 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 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 (98.16(i)(3)). Check one.

- All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

1. 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).

If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

- Other.

Describe:

2. Sliding-fee scale is set by the:

- State or territory
- Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

Other.

Describe:

3. Payment rates are set by the:

- State or territory
- Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

Other.

Describe:

4. Other. List and describe other program rules and policies and describe (e.g., quality rating and improvement systems [QRIS], payment practices):

1.2.2 How is the CCDF program operated? In other words, which entity(ies) implement or perform these CCDF services? Check all that apply

a) Who conducts eligibility determinations?

- CCDF Lead Agency
- Temporary Assistance for Needy Families (TANF) agency
- Other state or territory agency
- Local government agencies, such as county welfare or social services departments

- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe

b) Who assists parents in locating child care (consumer education)?

- CCDF Lead Agency
- TANF agency
- Other state or territory agency
- Local government agencies, such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe

Rhode Island does not have an "official" CCR&R as defined by ACF. Rhode Island's quality rating improvement system (QRIS) serves as the child care referral agency for Rhode Island. All CCDF subsidized families are directed to BrightStars (QRIS) to assist in locating child care. DHS contracts with Rhode Island AEYC to oversee the day to day operations of BrightStars, which provides consumer education and marketing to families around choosing quality child care. RIAEYC subcontracts with United Way 211 to provide referrals to parents 24 hours a day, 7 days a week in multiple languages.

Rhode Island's Early Care and Education Data System (ECEDS) serves as a centralized source for consumer education and 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.

c) Who issues payments?

- CCDF Lead Agency
- TANF agency
- Other state or territory agency

- Local government agencies, such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe

1.2.3 Describe the processes the Lead Agency uses to monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.2, including written agreements, monitoring and auditing procedures, and indicators or measures to assess performance of those agencies (98.16(b)). 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, tasks to be performed, schedule for completing tasks, budget which itemizes categorical expenditures in accordance with CCDF requirements, and indicators or measures to assess performance (98.11(a)(3)).

The Department of Human Services (Lead Agency) has dedicated staff charged with executing and monitoring contractual agreements with other state entities such as the Departments of Education, Health and Children, Youth and Families and with institutes of higher education such as Rhode Island College (RIC), Community College of Rhode Island (CCRI) and Roger Williams University. DHS also contracts with community based organizations such as the Local Initiative Support Corporation, the Center for Early Learning Professionals and RIAEYC who administers the state's quality rating improvement system (QRIS.) DHS has strong contracting systems that have been developed and made uniform over time to ensure accountability, adherence to the terms of each contract and the achievement of desired outcomes. All contracts receive a careful internal review by eight DHS employees who hold expertise in areas such as budgeting, programmatic operations and evaluation. The Executive Office of Human Services also reviews these contracts. All contracts are reviewed and signed by the Director of DHS. Once executed, the contract manager provides an initial orientation to the contractor to ensure full disclosure and understanding of the terms of the agreement. The orientation is followed by a monthly or quarterly review of written reports submitted by the contractor. Regular on-site meetings occur monthly to assess, progress and mitigate any emerging issues.

1.2.4 Lead Agencies must assure 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 must be made available on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a)(11)).

Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate.

Rhode Island has along history of strong collaboration with other states, particularly those five states that comprise Region 1. We are a full participant in all networking opportunities made available at both a regional and national level, including conferences, webinars and forums for electronic communication. This networking has resulted in strong collegial relationships which lend itself to an understanding that collaborative decision-making and the sharing of expertise is of benefit to children and families universally. As a result, DHS has a willingness and desire to share information on data systems with other states for mutual benefit. The Office of Child Care will continue to respond to any outside inquiries regarding information systems in a complete and timely manner.

1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)).

Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.

Beginning in 2017, DHS launched a comprehensive data system for all child care information known as UHIP, which when fully implemented, will provide a state-of-the-art platform for data entry and data retrieval to facilitate prompt and accurate decision-making. This system

is designed to safeguard our existing policies and ensure that only parents/primary caregivers have access to the information regarding their child's status within the system and can monitor the progress of their application. This system is designed to provide the Department with comprehensive quantitative data to drive our efforts toward continuous quality improvement.

DHS forms data sharing agreements, and terms within its existing contracts with other state agencies and partners, to ensure safe and effective protocols for protecting the privacy of families and providers who coordinate services with the Department.

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at

https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.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) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation

involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program in question 1.4.1.

1.3.1 Describe the Lead Agency's consultation in the development of the CCDF plan.

a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.

The State of Rhode Island convenes a Permanent Legislative Commission on Child Care (PLCC), a joint committee of the RI Legislature which supports recommendations on funding and policy initiatives that require action by the legislature and Governor. An outline of this plan was shared with the members of the Commission who provided consultation. Feedback was then incorporated into the final version prior to submission.

b) Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

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 then reports to the Governor. The Early Learning Council membership includes early childhood leaders, practitioners, child development experts, consumer input 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 Department of Health (DOH), the Department of Education (RIDE), and the Department of Children, Youth and Families (DCYF.) During the development of the CCDF plan, the Lead Agency (DHS) presented quarterly on the plan's progress and solicited feedback from key stakeholders on its development. The members received a draft of the CCDF plan prior to the public hearing, as required. Public comments were gathered during an Advisory Meeting, and responses were submitted by the Lead Agency (in writing) to the Council.

c) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for States to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many States and Tribes have consultation policies and procedures in place.

The Department engages 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 rule-making. In addition, tribal members' ideas and concerns can be addressed through the Early Learning Council and internally with leadership at DHS, DCYF and DOH, as appropriate.

The Lead Agency visited the Tribal community's child care organization, Hand in Hand Center, in August to share the CCDF Plan and resources available to their staff.

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.

A draft of the State Plan was distributed for public feedback via a listserv established by the lead agency, which includes contacts from all state agencies and CCAP providers. In addition, the CCDF Plan was sent to the Part C and Section 619 coordinators for feedback.

1.3.2 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 (658D(b)(1)(C); 98.16(f)).

Reminder:

Lead Agencies are required to 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. At a minimum, this description must include:

a) Date of the public hearing. 06/13/2018

Reminder: Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g. the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in (a)). 05/25/2018

Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If

more than one public hearing was held, enter one date of notice (e.g. the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).

c) How was the public notified about the public hearing? Please include specific website links if used to provide notice.

Notice to Interested Parties was sent via email as well as posted to the State website. Interested parties include provider groups and individual representatives, state and national early childhood organizations, legal service organizations, institutions of higher education, RI early childhood advocates, local news organizations, the Narragansett tribe and all vendors contracted to provide CCDF funded quality improvement services. The following language is included in the Notice of Public Hearing: The Louis Pasteur Building is accessible to the handicapped. Individuals with hearing impairments may request an interpreter's presence by calling 711 or Relay RI 1-800-745-6575 (voice) and 1-800-745-5555 (TDD.) Requests for this service must be made at least 72 hours in advance of the meeting date.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. DHS selects its Administrative building to hold its public hearing. This location was used in the past with success. RI Department of Human Services, Louis Pasteur Building, West Wing Conference Room, 57 Howard Ave, Cranston RI.

e) 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.)

A copy of CCDF State Plan Draft was attached to the email notification and was made available on the lead agency website: <http://www.dhs.ri.gov/Regulations/Proposed.php> and Secretary of State websites for download and review.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? All input gathered from the public hearing was recorded by a stenographer. This information, along with written testimony received as part of the public hearing process and responses from all other input/feedback mechanisms will be reviewed and considered prior to submitting the final version of the Plan. A Response to Public Comment document was then shared on the DHS website as well as emailed directly those Interested Parties who submitted comment.

1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program.

(Additional information may be found here: <https://www.acf.hhs.gov/occ/resource/pi-2009-01>)

a) Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

DHS ensures that the draft CCDF plan is posted on a number of active websites for the community to review and provide comment. DHS website link:

<http://www.dhs.ri.gov/Regulations/Proposed.php>. Feedback is considered during the plan's development stage. In addition to the website maintained by the Department of Human Services

b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

Working with advisory committees.

Describe:

The draft CCDF plan is made available to the Permanent Legislative Commission on Child Care (PLCC,) the Rhode Island Children's Cabinet and the Early Learning Council. (Please see above for descriptions of these advisory committees.)

Working with child care resource and referral agencies.

Describe:

The draft CCDF plan is provided to RIAEYC, our contracted agency which operates as the child care resource and referral agency through their management of BrightStars, the state's QRIS. RIAEYC posted a draft of the CCDF plan, attended the public hearing and submitted public comment. Their public comment was addressed in the Department's Response to Public Comment document posted on the DHS website (and emailed) to all Interested Parties.

Providing translation in other languages.

Describe:

An interpreter was made available by the Lead Agency during the Public Hearing for community partners or providers who required assistance in a language other than English.

Sharing through social media (e.g., Twitter, Facebook, Instagram, email).

Describe:

Providing notification to stakeholders (e.g., provider groups, parent groups).

Describe:

The Lead Agency made the CCDF State Plan available to all providers at an All Provider Meeting. Additionally, the State Plan was sent to all CCDF providers via a listserv.

Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs 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 (658E(c)(2)(O); 98.12(a); 98.14(a)).

This list includes agencies or programs required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions the goals of this coordination, such as:

- extending the day or year of services for families;
- smoothing transitions for children between programs or as they age into school;
- enhancing and aligning the quality of services for infants and toddlers through school-age children;
- linking comprehensive services to children in child care or school age settings; or
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

- (REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns.

Describe the coordination goals and process:

The Permanent Legislative Commission on Child Care (PLCC) and the Early Learning Council are two collaborative bodies that have representation from school districts, town government and state elected officials. The PLCC annually sponsors forums to raise awareness about child care, including Child Care Awareness Day. DHS' leadership role on the Early Learning Council increases the Lead Agency's responsiveness to community needs and develops a state-local partnership to address key child care issues such as workforce development, facilities, regulation updates and ongoing development of QRIS and other quality initiatives. The goal of the PLCC is similar and provides a mechanism for engaging state legislatures in child care policy. This year, advocates within local government and community organizations rallied together to support the Governor's proposed budget allocation of \$1.5M to support tiered-reimbursement rates for center-based child care providers. Although this funding did not remain in the FY2019 budget, it facilitated strong community activism on the importance of increased access to high quality child care for all Rhode Island children. The Campaign for Quality Child Care is jointly coordinated by RI KIDS COUNT, the Economic Progress Institute and the RI Association for the Education of Young Children. RI KIDS COUNT hosted an event at the RI State House, Strolling Thunder, on May 18th to advocate for increased access to high-quality child care for low-income families. This advocacy event contributed to several leaders in the field speaking directly to House and Senate members on the chamber floors.

- (REQUIRED) State Advisory Council on Early Childhood Education and Care (or similar coordinating body) (pursuant to 642B(b)(1)(A)(i) of the Head Start Act).

Describe the coordination goals and process:

The Lead Agency has representation, and a decision-making role, on the RI Early Learning Council and RI Children's Cabinet. DHS collaborates on planning for early care and education on both advisory councils.

The RI Early Learning Council meets quarterly to provide ongoing coordination, and support, for CCDF activities and supports. The Council's Strategic Plan names CCDF as an instrumental component to the state's early childhood system.

- Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.

- (REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes.

Describe the coordination goals and process, including which tribe(s) was consulted:

The Hand in Hand Child Care Center, operated by the Narragansett Indian Tribe, is licensed by the Rhode Island Department of Children, Youth and Families, and is approved by the lead agency to participate in the Child Care Assistance Program (CCAP.) The Lead Agency has reached out to the Narragansett Indian Tribe to begin the process of more international inclusion and collaboration efforts. The Lead Agency will continue to coordinate with the Narragansett tribe to better understand the needs of this population, as well as to ensure the Tribe is well informed about the various opportunities, resources and supports available to them.

- N/A-There are no Indian tribes and/or tribal organizations in the State.

- (REQUIRED) State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and and Part B, Section 619 for preschool).

Describe the coordination goals and process:

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 Director of Early Intervention, the Department of Education's 619

Administrator 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. Successful Start was originally created to lead the state's early childhood systems. 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 Project Launch, which supports developmental and mental health screenings through pediatric practices and supports for infants and toddlers in child care.

The Lead Agency is currently participating in a state-wide strategic planning process with all state departments to better coordinate early childhood care, particularly as it pertains to the Family Home Visiting network. The Department of Health is lead on supporting the facilitation of these strategic planning sessions. These sessions will support the state's efforts to better coordinate care for families in Rhode Island seeking support for their children during their critical brain development years.

 (REQUIRED) [State/territory office/director for Head Start state collaboration.](#)

[Describe the coordination goals and process:](#)

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 role of the Collaboration Director is to ensure cooperation and coordinations between federally funded Head Start agencies and state child care. This collaboration also ensures that Head Start is fully represented in current and future state initiatives and that federal and state regulations are complimentary and logical to local agencies administering these programs. As an example, the Collaboration Director actively engaged in developing a seamless system between Family Home Visiting programs administered through the Department of Health and Early Head Start.

- (REQUIRED) State agency responsible for public health, including the agency responsible for immunizations.

Describe the coordination goals and process:

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 healthy and ready to learn. This group regularly receives and analyzes data on immunization rates and other key indicators of child health.

- (REQUIRED) State/territory agency responsible for employment services/workforce development.

Describe the coordination goals and process:

The Director of the Department of Labor sits on the Children's Cabinet and has representation on the Early Learning Council. This Director is a full participant in the development of policies and goals for DHS' Office of Child Care. The purpose of this important collaboration is to work towards improving the quality and supply of the child care workforce. The Child Care Administrator completes the bi-annual wage and salary study that provides data for decision-making. The Lead Agency also coordinates with the state's Office of Post-Secondary Education to prioritize the pipelines necessary to secure a highly trained, and effective, early learning workforce.

- (REQUIRED) State/territory agency responsible for public education, including prekindergarten (preK).

Describe the coordination goals and process:

The Commissioner of Education serves as the co-chair of the Early Learning Council. In addition, the Department's Director of Preschool Services also sits on the Council as is an active participant along with the Child Care Director and Head Start Collaboration Director. This body works 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. On a more operational level, the PreK administrator meets regularly with the Collaboration Director to review enrollment information to ensure that children are connected with the programs best suited to meet their needs.

(REQUIRED) State/territory agency responsible for child care licensing.

Describe the coordination goals and process:

DHS (Lead Agency) has strong collaboration with the Department of Children, Youth and Families (DCYF,) the agency which holds the responsibility for child care licensing. This partnership is critical in achieving the state's goal for creating and maintaining high quality child care settings for all children. The Department of Children, Youth and Families sits on the Children's Cabinet and Early Learning Council. DCYF has a contractual relationship with DHS to administer subsidies to at-risk, eligible families in foster care. DHS partners with DCYF to maintain a leadership role in the development and updating of licensing regulations to achieve the state's goal of creating a system that fosters the highest quality environments for children served in child care.

(REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs.

Describe the coordination goals and process:

Rhode Island Department of Education (RIDE) manages and administers CACFP. Through internal coordination, the two departments work together on behalf of children and families. As a result of this coordination, RI has overhauled the CACFP application system to streamline the application process for families applying for multiple services within DHS.

(REQUIRED) 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 goals and process:

Many of our state's homeless children are served through Head Start. The DHS child care subsidy system is preparing to more effectively serve this at-risk population 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 Lead Agency (DHS) also has ongoing discussions with the Head Start Collaboration Office to develop strategies which will address the ongoing child care needs of these families for comprehensive services in ways that will support these children and families in

securing self-sufficiency and out of homeless status. The Office of Child Care at DHS does not have a wait-list for families seeking child care assistance. As such, the Department is able to 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. A priority of the Children's Cabinet is to ensure all children experiencing homelessness have access to high quality early care.

(REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program.

Describe the coordination goals and process:

The Rhode Island Department of Labor and Training (DLT) collaborates with the Lead Agency on the Child Care for Training Program which extends CCDF eligibility to families participating in eligible job readiness activities. In addition, the Lead Agency collaborates with DLT on the design and implementation of the Child Care Market Rate Survey.

(REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program.

Describe the coordination goals and process:

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. This coordination is also monitored as part of the Early Learning Council and Children's Cabinet.

(REQUIRED) State/territory agency responsible for mental health

Describe the coordination goals and process:

The state agency responsible for mental health, MHRH, is managed by our umbrella agency, EOHHS, facilitating internal coordination of mental health and child care services to ensure that children with potential or realized mental health issues receive the services they need to successfully participate in community-based child care whenever feasible. The Lead Agency has a contractual relationship with Bradley

Hospital, our community-based mental health expert, and Brown University, to administer a recognized program that provides mental health consultation to child care programs, as well as individual children and families.

- (REQUIRED) [Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development.](#)

[Describe the coordination goals and process:](#)

Rhode Island does not have an "official" CCR&R as defined by ACF; however, Rhode Island's QRIS also serves as a Child Care Referral Agency for Rhode Island. All CCDF subsidized families are directed to the QRIS (BrightStars,) to assist in locating child care. Rhode Island AEYC, who is contracted by DHS to oversee the day-to-day operations of BrightStars, provides consumer education and marketing to families and the public around choosing quality child care and subcontracts with United Way 211 to provide referrals to parents 24 hours a day, 7 days a week, in multiple languages. Information on CCDF programs, their BrightStars rating and geographic location, is located on the Exceed website, exceed.ri.gov.

- (REQUIRED) [Statewide afterschool network or other coordinating entity for out-of-school time care \(if applicable\).](#)

[Describe the coordination goals and process:](#)

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, now includes after school programming in their quality rating improvement system.

- (REQUIRED) [Agency responsible for emergency management and response.](#)

[Describe the coordination goals and process:](#)

In accordance with 214-RCR-40-00-1.8.L, all licensed child care centers must develop an individualized, written plan to prepare for and respond to potential emergency/disaster situations. The emergency and disaster plan must be appropriate to support the needs of all children in the program and must be approved by the Department of Children, Youth and Families. An approved plan would include, but would not be limited to, provision for maintaining child safety, locations and routes to

alternate locations, communication methods with children, staff and families. If an emergency arises, the program is expected to abide by these policies and procedures. The regulations also state other requirements for information posted around the program such as evacuation routes and emergency phone numbers. A series of safety drills, including both obstructed and unobstructed evacuation, as well as shelter-in-place, are required. Guidance (and template) for developing such a Plan, "Rhode Island Child Care Emergency Planning: Preparedness, Response and Recovery Resources and Toolkit for Programs," was shared with all licensed child care senters by the Department of Children, Youth and Families. Similar language will be implemented when the Family Child Care Home regulations are promulgated. In the coming year, the Department of Children, Youth and Families and DHS will be developing a series of supporting documents, which include a template for emergency/disaster situations.

The Lead Agency, Department of Human Services, has a statewide plan (COOP) for emergencies/disasters which incorporates a plan to ensure the department maintains enrollment for CCAP families, as well as other benefits processed through the Department. A supplemental plan, "Rhode Island Child Care Emergency Prep Plan," was developed in collaboration with other key stakeholders to communicate the plan for continuation of subsidies for families in the event of an emergency.

The following are examples of optional partners a state might coordinate with to provide services. Check all that apply.

[State/territory/local agencies with Early Head Start - Child Care Partnership grants.](#)

[Describe](#)

The Department of Human Services' Office of Child Care sits on the Head Start-Child Care Partnership leadership team. This team includes the active participation of the Head Start Collaboration Director and other key personel from state agencies which deliver, or advise on, services to children and families in RI. The Head Start-Child Care Partnership aims to meet the needs of both systems more efficiently. For example, the Department of Human Services is drafting policies and financial projections which will support the continuous eligibility of child care partnership enrollees to age 3, regardless of their parents'/caregivers' employment status. This is a core expectation of the Office of Head Start and a fundemental change in child care

policy.

[State/territory institutions for higher education, including community colleges](#)

[Describe](#)

The Department of Human Services is strongly inclusive of all Higher Education Institutions in Rhode Island, soliciting their input and ideas through the Early Learning Council, the Infant/Toddler Credential Work Group, Quarterly Workforce Development Meetings and Permanent Legislative Commission on Child Care, to which they hold memberships. The Office of the Post-Secondary Commissioner also sits on the RI Children's Cabinet. The Department of Human Services (Lead Agency) also enters into contractual relationships with the Community College of Rhode Island, Rhode Island College and Roger Williams University to provide credit bearing coursework and training critical for a well-trained, quality workforce. DHS also contracts with the Rhode Island Association for the Education of Young Children (RIAEYC) to implement the T.E.A.C.H. scholarship program, providing scholarships and supports to child care providers who pursue early childhood coursework.

[Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services.](#)

[Describe](#)

Through partnerships with the Rhode Island Department of Education's Child Outreach Program and the Department of Health's Successful Start Initiative, all children in Rhode Island are eligible to be screened for developmental concerns. They are then referred for appropriate follow-up services, if needed.

Children birth-three can be screened by Early Intervention, many agencies offering these services are located throughout the state. Children are required to complete screening by the Child Outreach Office prior to beginning PreK or Kindergarten at their local school department.

[State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.](#)

[Describe](#)

The Department of Health manages MCHV programs. A combination of state and federal investments has supported the growth of the Family Home Visiting network to

serve over 1,000 children and families. First Connections, a program in Rhode Island which identifies and coordinates the services for the state's at-risk children at birth, then refers these children to the appropriate resources such as child care, Early Head Start, Pre-K or Early Intervention. A cross departmental leadership/coordinating team provides oversight and input to DOH, identifying service gaps and potential opportunities. Enhanced rapid response approaches are in development to respond to the urgent needs of homeless and foster children for child care services.

[Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.](#)

[Describe](#)

The Office of Child Care is committed to ensuring all eligible children in RI receive EPSDT services in accordance with the state EPSDT plan. DHS supports the DOH initiative to ensure comprehensive child health care screening assessment and treatment through training of medical practices and their utilization and access to KIDSNET, the State Child Health Data System. The Office of Child Care strongly supports a comprehensive services model and maintains a close relationship with Head Start which provides a model for the early care system.

[State/territory agency responsible for child welfare.](#)

[Describe](#)

The Department of Children Youth and Families has statutory responsibility for child welfare including administering the DHS subsidy program for the children and families in their care. DCYF contracts with community agencies to support a variety of child care strategic investments. For example, the "Getting to Kindergarden" initiative at DCYF, funded through the Kellogg Foundation, seeks to ensure all foster child have access to high quality child care by removing barriers and supporting enrollment. This goal will be prioritized in coordination with the Office of Child Care, Bright Stars and the RI QRIS.

[State/territory liaison for military child care programs.](#)

[Describe](#)

The State of Rhode Island has a large Naval Base located in Newport that houses a highly-respected military child care program. The Child Care Administrator serves as liaison to this program. In addition, the military child care program director is a part of

our listserv and participates, with her staff, in trainings and events offered by BrightStars and the Center for Early Learning Professionals. This provides many networking opportunities between our two systems and their staffs.

[Provider groups or associations.](#)

[Describe](#)

The Office of Child Care is in regular communication with key organizations which represent entities who provide, and organize, child care services. The Child Care Directors Association, the Head Start Association, the Family Child Care Union, the Rhode Island Association for the Education of Young Children (RIAEYC,) Rhode Island KIDS COUNT and the R.I. Economic Progress Institute.

[Parent groups or organizations.](#)

[Describe](#)

The Office of Child Care has ongoing contact with a variety of parent networks in Rhode Island. These networks include the Rhode Island Parent Information Network (RIPIN) and the Rhode Island Head Start Parents' Association. These groups promote parent engagement in committees and work groups bringing the parent voice to our departmental work. For example, the Head Start Association and the Collaboration office, in consultation with the Child Care Administrator, support an annual School Readiness Conference which brings together parents, state and federal officials, unique to Rhode Island. RIPIN has historically facilitated a process which contributes parent voice to weigh in on the DHS subsidy system. In doing so, various focus groups have been conducted to assess the effectiveness of services and propose changes for improvement.

[Other.](#)

[Describe](#)

1.5 Optional Use of Combined Funds, CCDF Matching and Maintenance-of-Effort Funds

Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together 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, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory 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 prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start ' Child Care Partnerships:

https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf
).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any required early childhood program (98.14(a)(3))?

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

State and federal funds for subsidized child care 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.

b) Which funds you will combine

DHS combines state, TANF, SSBG and CCDF funds to provide subsidized child care at the state level for seamless service delivery to families. CCDF is used to provide wrap around care for both Head Start and Pre-K programs.

c) Your purpose and expected outcomes for combining funds, 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

The goal for combining funds is to increase access to services, extend the services available and increase capacity for quality services through combined support for child care educators and programs.

d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?

Funds are combined at the agency or state level.

e) How are the funds tracked and method of oversight

Subsidized child care expenditures are tracked at the state level. Expenditures for CCDF contracted activities are tracked each month, and DHS monitors contractors for adherence to contract terms and measures.

1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)?

Note:

The Lead Agency must check at least public and/or private funds as matching, even if preK funds also will be used.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

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 do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

- N/A - The territory is not required to meet CCDF matching and MOE requirements
- Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

-- If checked, identify the source of funds:

State Appropriation

-- If known, identify the estimated amount of public funds that the Lead Agency will receive: \$ 4,405,307.00

- Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

-- If checked, are those funds:

- donated directly to the State?
- donated to a separate entity(ies) designated to receive private donated funds?

-- If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

-- If known, identify the estimated amount of private donated funds that the Lead Agency will receive: \$

State expenditures for preK programs are used to meet the CCDF matching funds requirement.

If checked, provide the estimated percentage of the matching fund requirement that will be met with preK expenditures (not to exceed 30 percent):

-- If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the matching funds requirement: \$

-- Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

State expenditures for preK programs are used to meet the CCDF maintenance-of-effort requirements. If checked,
-- The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).

No

Yes

-- Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

-- Estimated percentage of the MOE Fund requirement that will be met with preK expenditures (not to exceed 20 percent):

-- If the percentage is more than 10 percent of the MOE requirement, describe how the State will coordinate its preK and child care services to expand the availability of child care:

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the MOE Fund requirement: \$

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private 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) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships 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, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1 Identify and describe the entities with which and the levels at which the state/territory is partnering (level-state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)).

Rhode Island has a long history of collaborative planning across the early childhood/child care system. The Legislative Commission on Child Care originated in 1985 and was made permanent in 1989. The PLCCC acts as an advisory body to the Rhode Island State Legislature and relevant government bodies to adequately plan and advocate for the state's current and future child care and early education needs. Originally launched in 1991, Governor Gina M. Raimondo reconvened The Rhode Island Children's Cabinet in July 2015, after working with the General Assembly to revise the statute establishing the Cabinet as a decision-making entity for children. The Cabinet is charged with engaging in interagency agreements and appropriate data-sharing to improve services and outcomes for children and youth, and membership consists of directors of all state agencies having programs impacting children 0-24. The Cabinet recently completed its 5-year strategic plan and launched a new cross-agency effort- ***Getting to Kindergarten*** -focused on continuously improving the delivery of early childhood services to vulnerable young children who become involved with the State's child welfare system.

Successful Start, implemented in 2005, was established to facilitate interagency policies and approaches to serving vulnerable young children. Currently, the steering committee is focused on coordination with Project Launch, providing developmental and mental health screenings through pediatric practices, and supports for infants and toddlers in child care. The Rhode Island Early Learning Council was created in June 2010 according to the guidelines for State Early Care and Education Advisory Councils outlined in the federal 2007 Head Start Reauthorization Act. The Council facilitates the development of high-quality systems of early childhood education and care, from birth to age 8, with the goal of improving school readiness and success in school and serves as an advisory body to the RI Children's Cabinet. In addition to holding membership on the above groups, the lead agency continues to coordinate a significant portion of work with other agencies as outlined in 1.4. For example, DHS partners with Local Initiatives Support Corporation, Rhode Island (LISC) to administer the Child Care Facilities Fund with the mission of working to improve the quality and availability of RI child care facilities. LISC RI has collaborated with public and private partners to secure sufficient funding to create and maintain a statewide facilities fund offering low interest loans, zero-interest pre-development loans and planning grants, and targeted mini-grants in order to expand supply and create quality environments for children in child care.

In 2005, Rhode Island began developing a statewide Quality Rating and Improvement System - Rhode Island known as BrightStars -- to help guide and support quality improvement for child care programs. The design process was funded by the United Way of Rhode Island and led by a 30-member Steering Committee that included for-profit and non-profit providers, advocates, professional development consultants, and higher education. In 2007, BrightStars launched statewide with funding from CCDF Quality setaside, in addition to United Way of Rhode Island. In addition to the public-private partnerships formed as part of Rhode Island's quality improvement efforts (see section 1.4), DHS is an active and engaged partner on other boards, committees and councils providing information to state partners about early care and education services, child, family, and provider needs, and available services. By working with programs and agencies, partners can work collaboratively, seeking solutions based on best practices, with the goal of maximizing service delivery across the system.

The Department of Human Services has made concerted effort, and progress, to prioritize the collaboration of public and private organizations to strengthen policy, and

implementation, of the state's child care plan. Over the past several months, a group of stakeholders across the state have come together to prioritize the redesign, or strengthening, of the state's QRIS. These think tank sessions were facilitated across departmental agencies and community partners to prioritize the engagement of providers to understand, and support, the state's efforts to identify and prioritize high-quality child care. Additionally, quarterly provider meetings are held by the Department to gauge input and develop supports for implementing policy changes in child care settings. RI KIDS COUNT, an organization committed to supporting the implementation of the state's child care plan, works extensively with the Department to convene diverse audiences for in-person discussions related to policy. As the Department advocated for Tiered Reimbursement Rates in the General Assembly (tying reimbursement rates for CCAP families to a provider's quality rating,) both public and private organizations came together across the state to advocate for improved rates.

Recently, the Lead Agency has turned its focus to professional organizations such as Chambers of Commerce to develop partnerships that promote the continued progress towards a high-quality and stable workforce, calling attention to the disparity of wages in comparison to the private sector. Faith-based organizations actively support the school readiness goals, specifically third grade reading readiness and are actively engaged in the Early Learning Council. Brown University lends its expertise to the Lead agency in our efforts to identify and use accurate and meaningful data to guide our continuous improvement efforts. This partnership will be expanded during the coming year when the department will work with the Hassenfeld Institute to utilize state birth cohort data and begin to evaluate the effects of CCDF funded child care services on future learning outcomes. Additionally, Brown University offer various lectures series on topics such as brain development in the early years and toxic stress and its impact on children and families. These lectures provide opportunities to inform the Office of Child Care, as well as the community, to issues critical to the oversight of the child care system. Our partnership with the University of Rhode Island allows us to design and collect information essential to our market rate study with assurance that we are using state-of-the-art methodologies and that the conclusions we draw are sound.

Quarterly, DHS (Lead Agency) convenes all of its partners in Workforce Development Design Sessions, to coordinate and align the professional development opportunities for the early learning workforce.

1.7 Coordination With Local or Regional Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, 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) (658E(c)(3)(B)(iii); 98.52).

- 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 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 State;
- 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 state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

Nothing in the statute or rule prohibits States from using CCR&R agencies to conduct or provide additional services beyond those required by statute or rule.

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, what services are provided and how it is structured and use section 7.6.1 to address the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

1.7.1 Does the Lead Agency fund a system of local or regional CCR&R organizations?

No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.

Yes. The state/territory funds a CCR&R system. If yes, describe the following:

a) What services are provided through the CCR&R organization?

BrightStars, the state's QRIS and CCR&R agency, has developed a parent-friendly website that provides transparent information on the availability and quality of all child care centers and family child care providers in their community so that parents/caregivers can make informed decisions. Parents/caregivers can access information about providers' BrightStars ratings (QRIS,) ages served, location, hours of operation, capacity, and more. This system also allows us to identify gaps in service areas to inform the community of where to target increased capacity and to focus energy on quality improvements. Website, exceed.ri.gov.

b) How are CCR&R services organized, include how many agencies, if there is a statewide network and if the system is coordinated?

Due to the small size of Rhode Island, the Lead Agency elected to fund one statewide resource and referral program through the RI Association for the Education of Young Children known as RI AEYC that also manages the BrightStars QRIS system. This allows for a fully coordinated system which delivers consistent, high-quality services to Rhode Island families. BrightStars, Rhode Island's QRIS and the Center for Early Learning Professionals (the state's accredited Professional Development and Technical Assistance support) all operates in the same building and work closely to provide coordinated and convenient services for families and providers across the state of Rhode Island.

1.8 Disaster Preparedness and Response Plan

Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must 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 that, for a State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(1)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

1.8.1 Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body:

The RI Department of Human Services' Statewide Child Care Disaster Plan was coordinated in consultation with the Rhode Island State Emergency Agency, the Emergency Management Agency (EMA), The Early Learning Council, (the State Advisory Council on Early Childhood Education) and The R.I Children's Cabinet. The Early Learning Council and the Governor's Children's Cabinet both have Departmental Directors, from the Departments of Health, Human Services, Children, Youth and Families, the Executive Office of Human services, (EOHHS) and the Commissioner of Education. Present at the Early Learning Council are the DCYF Licensing Representative, the Resource and Referral Agency Director who also manages the Quality Rating System, Higher Education, School Superintendents, TA providers, and members of the Head Start, Pre-K and Child Care communities. Rhode Island Emergency Management Agency assisted in the development and review of the Disaster Plan.

1.8.2 Describe how the Statewide Disaster Plan includes the Lead Agency's guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a disaster:

The Resource and Referral Agency (BrightStars,) a contractor funded by DHS, is responsible for maintaining an updated list of all providers who receive CCDF subsidies, as well as a virtual backup system. The DHS Office of Child Care also retains this data in its RI Bridges information system. DCYF's Office of Child Care Licensing, retains its own system. All systems, in different buildings, are accessible by administrators and managers, even if our central offices were unable to provide this data.

The Department of Children, Youth and Families, the state department which oversees child care licensing for the state, stipulates the following policy for disaster planning.

In accordance with 214-RICR-40-00-1.8.L, all licensed child care centers must develop an individualized, written plan to prepare for and respond to potential emergency/disaster situations. The emergency and disaster plan must be appropriate to support the needs of all children in the program and must be approved by the Department of Children, Youth and Families. An approved plan would include but would not be limited to provisions for maintaining child safety, locations and routes to alternate locations, communication methods with children, staff, and families. If an emergency arises, the program is expected to abide by these policies and procedures. The regulations also state other requirements for information posted around the program such as evacuation routes and emergency phone numbers. A series of safety drills, including both obstructed and unobstructed evacuation, as well as shelter-in-place, are required. Similar language will be implemented in the upcoming Family Child Care Home regulations, to be promulgated within the calendar year.

Each licensee is required to have an emergency/disaster preparedness plan approved at licensure by the licensing authority (DCYF,) which are to include communication, reunification, procedures and protocols for shelter-in-place and emergency escape. This plan must support the needs of all children and requires escape and shelter-in-place drills throughout the year. Any programs offering night-time care must conduct different drills for nighttime and daytime programs.

Template and toolkit for licensed centers to complete a plan is available on the Lead Agency's website:

<http://www.dhs.ri.gov/Programs/CCAPProviderResourceNewPageLAC.php>

1.8.3 Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services:

The Rhode Island Governor's Office and the Rhode Island Department of Emergency Management has the overarching responsibility for formulating and updating state-wide emergency preparedness procedures, arrangements, agreements and for coordinating all emergency and disaster relief efforts. The Lead Agency (DHS) worked with various state departments to develop an Emergency, Response and Recovery Plan specific to the post-disaster recovery of child care services. The Child Care Emergency, Response and Recovery Plan (available at <http://www.dhs.ri.gov/Programs/CCAPProviderResourceNewPageLAC.php>) is intended to merely supplement the robust preparedness materials and plans that exist in the state of Rhode Island. To learn more about Rhode Island's Emergency Preparedness division, visit www.riema.ri.gov.

Specifically outlined in the Child Care Emergency, Response and Recovery Plan are policies pertaining to reunification of children with families, recovery protocols, the continuation of child care services and the continuation of child care subsidies. Rhode Island recognizes that child care is an essential service. In the event of an individual center or large scale emergency, when temporary locations may need to be identified for continuity of care, the RI Department of Children, Youth and Families will work individually with facilities to obtain temporary site approvals. RI Department of Children, Youth and Families, the Lead Agency's regulatory body for child care licensing, may waive some rules temporarily in the event of an emergency; however, all critical health and safety requirements (including background check requirements) will be maintained. In terms of wide-scale regional or state-wide emergency, Rhode Island recognizes that temporary child care solutions (such as those offered at shelters,) may be needed. In the event this becomes necessary, coordination efforts will take place between the Red Cross, the RIEMA and DCYF.

Subsidies follow the child in Rhode Island. Therefore, if needed, families may move to programs/providers who are better equipped to accommodate their needs in time of emergency. Child care subsidies are portable and the parent/guardian can select any CCAP provider, including a provider who may be operating at an emergency location, so long as

they are approved by licensing and certified by DHS to accept subsidies. The state's consumer website, www.EXCEED.ri.gov provides information on all available programs in Rhode Island.

The DHS and DCYF Continuity of Operations Plan (COOPs) have business continuity mechanisms in place to ensure continued payment for services to providers during times of an emergency.

1.8.4 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place-evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions:

All licensed child care programs are required to have a written plan, reviewed and approved by the Department of Children, Youth and Families, to ensure procedures are in place in the event of an emergency. These plans are reviewed at DCYF's annual monitoring visits to programs. The Lead Agency (DHS) funds two technical assistance bodies which will support the materials, and on-site training, for staff and volunteers. The Center for Early Learning Professionals and Ready to Learn Providence, a program of Roger Williams University, will provide materials and trainings in the native language of the personnel to be served. The following online module, developed by FEMA (Emergency Management Institute) will be added to the health and safety trainings available (and required) by all providers on the Center for Early Learning Professional's website by October 1, 2018:

<https://training.fema.gov/is/courseoverview.aspx?code=is-36>.

An agreement with the Local Initiative Support Corporation, (LISC) which also has expertise in facility assessment and support to child care is an excellent resource available to the Department and child care practitioners. Child Care providers should complete emergency preparedness training within 45 days of licensure with updated training review annually. Family child care providers should complete a plan each calendar year and can receive on- site TA as necessary. Practice drills as required by state and/or local requirements should be retained by the programs and be available to DHS and DCYF personnel.

1.8.5 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers-emergency preparedness training and practice drills as required in 98.41(a)(1)(vii):

All licensed child care programs are required to have a written plan, reviewed and approved by the Department of Children, Youth and Families, to ensure procedures are in place in the event of an emergency. These plans are reviewed at DCYF's annual monitoring visits to programs. The Lead Agency (DHS) funds two technical assistance bodies which will support the materials, and on-site training, for staff and volunteers. The Center for Early Learning Professionals and Ready to Learn Providence, a program of Roger Williams University, will provide materials and trainings in the native language of the personnel to be served. The following online module, developed by FEMA (Emergency Management Institute) will be added to the health and safety trainings available (and required) by all providers on the Center for Early Learning Professional's website by October 1, 2018:

<https://training.fema.gov/is/courseoverview.aspx?code=is-36>

1.8.6 Provide the link to the website where the statewide child care disaster plan is available:

<http://www.dhs.ri.gov/Programs/CCAPPProviderResourceNewPageLAC.php>

2 Promote Family Engagement through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to 'promote involvement by parents and family members in the development of their children in child care settings' (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. In this section, Lead Agencies will address how information is made available to families to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

In this section, Lead Agencies will delineate the consumer and provider education information related to child care, as well as other services, including developmental screenings, that is made available to parents, providers, and the general public and the ways that it is made available. This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency and the manner in which it links to the national website and hotline. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

2.1 Outreach to Families With Limited English Proficiency and Persons With Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and disabilities in the CCDF

program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Bilingual outreach workers
- Partnerships with community-based organizations
- Other.

Describe:

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

- Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- Caseworkers with specialized training/experience in working with individuals with disabilities
- Ensuring accessibility of environments and activities for all children
- Partnerships with state and local programs and associations focused on disability-related topics and issues
- 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

- Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- Other.

Describe:

The Rhode Island Office of Rehabilitative Services (ORS,) which administers Vocational Rehabilitation Services for the Blind and Visually Impaired and Disability Determination is integrated directly into DHS. The OSR Associate Director reports to the DHS Director and is incorporated into the DHS governance structure. To be eligible for CCAP a child must be 1 week-13 years of age. If a family has a child age 13-18 years with a documented physical or mental disability which makes the child incapable of self-care, this child can be found eligible for child care if the family meets all other CCAP eligibility requirements.

Short Term Special Approval for Child Care provides for the continuation of CCAP authorized services despite the temporary reduction in employment or Rhode Island Works (TANF) employment plan participation as a result of a documented serious health condition or related circumstance in the family that creates an immediate need to continue CCAP authorized child care services on a temporary basis. The option may be approved for instances where there is documented evidence indicating that either the child (child-based SSAC) or the parent (parent-based SSAC) has a serious health condition that constitutes a temporary "special" need for services based on the inability of the parent to provide the necessary level or kind of child care.

2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). 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 (98.16; 98.32).

2.2.1 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:

Complaints regarding licensed child care providers are handled by the state's Child Care Licensing Unit at Department of Children Youth and Families (DCYF.) The RI DCYF Licensing Unit maintains information regarding all complaints received, investigative action taken and resolutions.

Complaints against license-exempt relative providers that have been approved by DHS for participation in the CCAP program are handled by DHS. A record of parental complaint and their resolutions are recorded on the provider's computerized record within DHS. Any cases of suspected child abuse and or neglect are referred to DCYF, as required by state law RIGL 40-11-3.

A substantiated parental complaint is one that is investigated by the licensing unit and/or the Child Protective Services at DCYF and validated as a regulatory violation and/or child protective finding of abuse or neglect.

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 (1-800-RI-CHILD). If an individual has a concern that is regulatory in nature that person should call the DCYF Licensing Unit.

2.2.2 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring:

Any complaint that rises to the level of child abuse and/or neglect is referred to the RI DCYF Child Abuse and Neglect Hotline (1-800-RI-CHILD). Otherwise, the lead agency contracts with RI DCYF to regulate licensed CCDF providers. These complaints are referred to the DCYF Child Care Licensing Unit. This unit then reviews the details of each complaint, in accordance with applicable regulations and the licensing structure of the provider. If the complaint presents a risk to children's health or safety, a visit is conducted to the provider.

During the visit, and dependent on the type of complaint, Licensing staff may conduct observation, document review, and interview to determine if the complaint should be substantiated.

Providers receive information regarding the nature of the visit (while maintaining anonymity of the person who made the complaint), and the applicable regulations. If the issue reflects a history of noncompliance, the provider is often required to attend a supervisory meeting to review the issues, which is a precursor to progressive disciplinary action.

2.2.3 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring:

Any complaint that rises to the level of child abuse and/or neglect is referred to the RI DCYF Child Abuse and Neglect Hotline (1-800-RI-CHILD). Otherwise, the lead agency contracts with RI DCYF to regulate licensed CCDF providers. These complaints are referred to the DCYF Child Care Licensing Unit. This unit then reviews the details of each complaint, in accordance with applicable regulations and the licensing structure of the provider. If the complaint presents a risk to children's health or safety, a visit is conducted to the provider. During the visit, and dependent on the type of complaint, Licensing staff may conduct observation, document review and interview to determine if the complaint should be substantiated.

Providers receive information regarding the nature of the visit (while maintaining anonymity of the person who made the complaint), and the applicable regulations. If the issue reflects a history of noncompliance, the provider is often required to attend a supervisory meeting to review the issues, which is a precursor to progressive disciplinary action.

2.2.4 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints:

Complaints regarding licensed child care providers are handled by the state's Child Care Licensing Unit at the Department of Children, Youth and Families. The RI DCYF Licensing

Unit maintains information regarding all complaints received, investigative actions, and resolutions.

Complaints against license-exempt relative providers that have been approved by DHS for participation in the CCAP program are handled by DHS. A record of parental complaint and their resolutions are recorded on the provider's computerized record within DHS. Any cases of suspected child abuse and or neglect are referred to DCYF, as required by state law RIGL 40-11-3.

2.2.5 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:

Information regarding substantiated complaints against licensed child care providers are available to the public from the Department of Children, Youth and Families upon request. A person requesting information must complete a Public Records Form #205 and submit it to the contact person for public records at DCYF.

A substantiated parental complaint would result in an on-site licensing report. These reports are accessible on the DCYF website effective 10/1/18 and can be located through a direct link on the Exceed website.

http://www.dcyf.ri.gov/child_care_listing.php?prvdlid=33172&qryType=6f9dd6d51c745db8f75f68be39c69f46&searchType=homes

http://www.dcyf.ri.gov/child_care_listing.php?prvdlid=22860&qryType=6f9dd6d51c745db8f75f68be39c69f46&searchType=centers

2.2.6 Provide the citation to the Lead Agency's policy and process related to parental complaints:

The RI Department of Children, Youth and Families provides numerous pathways to contact the Department with questions, comments and concerns. Currently in development, are a variety of contact FAQs to be posted on the Exceed website, and direct links to the new RI DCYF website.

The formal policy citation, outlining the information above, for parental complaints of entities as licensed by the Department is Department Operating Procedures 300.0020 under section 12 of the Department of Children, Youth and Families' formal Policy Manual, which includes all formal Department Operating Procedures. When completed, the formal citation will be added into this plan. There are plans to post the Operating Procedures online by January 1, 2019 to the DCYF website.

2.3 Consumer Education Website

States and Territories are required to provide information to parents, the general public, and when applicable, child care providers through a State website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III)). The website must include information to assist families in understanding the policies and procedures for licensing child care providers. The website information must also include provider-specific information, monitoring and inspection reports for the provider, the quality of each provider (if such information is available for the provider), and the availability of the provider (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To assist families with any additional questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link in 2.3.11. If the Lead Agency has not fully implemented the Consumer Education website elements identified in Section 2.3, then respond to question 2.3.12. Please note that any changes made to the web links provided below in this section after

the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible:

The Exceed website is organized for the user and includes tabs for "Professionals," "Programs" and "Families." The tabs are located across the top of the browser to help with navigation of the site. There are also multiple access points on the site to connect with this content using buttons, accordions and drop downs. There is a phone number, email address and website for consumers and families to contact a child care referral specialist and an Info-line for providers who have questions. The child care referral specialist would transfer consumers to 211 if additional resources were needed. The 211 Helpline is also listed on the website as a resource. The website is colorful and attractive, easy to navigate and information is clearly marked. Consumers can access the website on their phones, iPad etc.

2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):

Currently the full website is only available in English but will be available in Spanish and Portuguese by October 1, 2018.

In the BrightStars section of the Exceed website (<https://exceed.ri.gov>) there is a statement: "Necesita ayuda en Español? Marque el 1-855-398-7605 para hablar con un especialista de referencia." This telephone number is the hotline for BrightStars who contracts with 211 to provide this service. There are staff available who speak English and Spanish and will use the tele-interpreter line for other languages. This telephone number will provide the assistance of a child care referral specialist and will transfer families to the 211 Helpline if additional resources are needed.

Located under the "Finding Care Tab" in the family section on of the Exceed website is the telephone number of the child care referral specialist who will assist families in search of quality child care, (1-855-398-7605.) There are specialists available who speak Spanish and access the tele-interpreter line for other languages.

The 211 Helpline is listed on the Exceed website under the family tab as "one call gives you access to resources across your community." By clicking on the "Learn More" tab, the

consumer is brought to the 211 website and can search for resources in English, Spanish or Portuguese. The consumer can also chat online, text or call 211 directly and speak to a person in English or Spanish. Consumers can utilize the tele-interpreter for other languages. 211 employs a number of staff that speak languages other than Spanish and Portuguese. 211 can support persons with disabilities to utilize, and understand, the website, if needed.

2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities:

Anyone with a disability who contacts the child care referral specialist at the phone number provided on the Exceed website, 1-855-398-7605, is transferred to the 211 Helpline. The 211 Helpline, also listed on the Exceed website, can access hearing relays. The 211 Helpline and the child care specialist would refer the person with the disability to The Point, which manages The Center for Disabilities, which is under the 211 umbrella.

2.3.4 Lead Agency processes related to child care.

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

a) Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6:

www.dcyf.ri.gov/licensing

As of October 1, 2018 the only license exempt providers approved by DHS for participation in the subsidy program will consist of only relative providers. These

providers are exempt from DCYF licensing regulations.

b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2:

<http://www.dcyf.ri.gov/licensing.php>

c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.11:

<http://www.dcyf.ri.gov/docs/214-RICR-40-00->

1_Child_Care_and_School_Age_Program_Regulations_for_Licensure.pdf

<http://www.dhs.ri.gov/Regulations/218-RICR-20-00-04ChildCareAssistanceProgram.pdf>

<http://www.riag.ri.gov/BCI/forms.php>

2.3.5 List of providers

The consumer education website must include a list of all licensed providers and, at the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a) Provide the website link to the searchable list of child care providers:

<https://exceed.ri.gov>

b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are included in the Lead Agency's searchable list of child care providers (please check all that apply):

- License-exempt center-based CCDF providers
- License-exempt family child care (FCC) CCDF providers
- License-exempt non-CCDF providers

- Relative CCDF child care providers
- Other.

Describe

Lead Agency's license-exempt providers consist of only relative care and are not listed in the searchable provider list.

c) Identify what informational elements, if any, are available in the searchable results.

Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

Licensed Providers

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

Setting, additional classroom types, night and weekend hours, financial assistance, meals served, hours of operation, availability and private pay rates.

License-Exempt, non-CCDF Providers

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

N/A

License-Exempt CCDF Center Based Providers

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

N/A

License-Exempt CCDF Family Child Care

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

N/A

Relative CCDF Providers

- Contact Information
- Enrollment Capacity

- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

N/A

Other.

Describe:

N/A

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

N/A

2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

a) How does the Lead Agency determine quality ratings or other quality information to include on the website?

- Quality rating and improvement system
- National accreditation
- Enhanced licensing system
- Meeting Head Start/Early Head Start requirements
- Meeting prekindergarten quality requirements
- School-age standards, where applicable
- Other.

Describe

Rhode Island Early Learning Development Standards, Comprehensive Early Childhood Education (CECE-these are programs licensed by DCYF, approved by DHS as meeting the CCAP program requirements, who participate in QRIS and are approved by the RI Department of Education to operate half day preschool programs,) Environmental Rating Scales, early childhood education college credits, CDA and parent engagement.

b) For what types of providers are quality ratings or other indicators of quality available?

- Licensed CCDF providers.

Describe the quality information:

Providers are rated on a set of 10 QRIS Standards, at 5 different star levels. The indicators of quality for CCDF providers are: NAEYC accreditation, Head Start Performance Standards, RI Early Learning and Development Standards, Environmental Rating Scales, Basic Educational Program Compliance which is the set of regulations for the RI public education system, CECE program, early childhood education college credits, CDA, and parent engagement.

- Licensed non-CCDF providers.

Describe the quality information:

Providers are rated on a set of 10 QRIS Standards, at 5 different star levels. Other indicators of quality for non-CCDF providers are: NAEYC accreditation, Head Start Performance Standards, RI Early Learning and Development Standards,

Environmental Rating Scales, Basic Educational Program Compliance which is the set of regulations for the R I public education system, CECE program, early childhood education college credits, CDA and parent engagement.

License-exempt center-based CCDF providers.

Describe the quality information:

N/A

License-exempt FCC CCDF providers.

Describe the quality information:

Relative-only, these providers are not eligible to participate in the state's QRIS.

License-exempt non-CCDF providers.

Describe the quality information:

N/A

Relative child care providers.

Describe the quality information:

These providers are not eligible to participate in the state's QRIS.

Other.

Describe

N/A

2.3.7 Lead Agencies are required to post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services on the consumer education website. These reports must include 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. The reports must be in plain language 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 reports when available, going forward (not retrospectively), beginning October 1, 2018.

Certify by responding to the questions below:

a) What is the Lead Agency's definition of plain language and describe the process for receiving feedback from parents and the public about readability of reports.

The DCYF regulations were developed with all consumers in mind, to include providers, families and the general public. Therefore, the regulations have been reviewed as plain language. Through the development of the system to post the reports, DCYF will be requesting that some outside entities review the postings and ask specific questions about the experience. ("What did this report indicate to you?" etc.) As DCYF rolls out the monitoring reports online, DCYF plans to track any questions that come in regarding the content of the regulation. As necessary we will use that data to inform the need to provide clarifying information on any individual regulation.

The State defines plain language as language accessible to individuals who read at a third grade reading level or above. The monitoring reports list categories within each regulation where violations are summarized in plain language, using brief, bulleted sentences.

b) Are monitoring and inspection reports in plain language?

If yes,

include a website link to a sample monitoring report.

<https://exceed.ri.gov>

A direct link to the DCYF monitoring reports will be posted on the Exceed website by October 1, 2018.

A sample monitoring report is available on the DCYF website at:

http://www.dcyf.ri.gov/child_care_listing.php?prvdId=33172&qryType=6f9dd6d51c745db8f75f68be39c69f46&searchType=homes

If no,

describe how plain language summaries are used to meet the regulatory requirements and include a link to a sample summary.

N/A

c) Check to certify what the monitoring and inspection reports and/or their plain language summaries include:

Date of inspection

Health and safety violations, including those violations that resulted in fatalities or serious injuries.

Describe how these health and safety violations are prominently displayed.

Consumers would go the Exceed website, click on the provider and then click on a link to the DCYF website which would bring the consumer to the provider's monitoring reports and any corrective action plan that was indicated. If during a monitoring visit, there was a violation that resulted in a serious injury or fatality, it will be noted directly on the monitoring form. Additionally, aggregate data regarding fatalities or serious injuries is in development to be posted on the Exceed website.

Corrective action plans taken by the State and/or child care provider.

Describe

The Department of Children, Youth, and Families intends to use the newly developed website mechanism to also indicate the current corrective remedies in progress with providers to ensure that the public knows that non-compliances are being addressed.

d) The process for correcting inaccuracies in reports.

There is currently a DCYF policy change in development regarding the online posting of reports. This policy will state that providers have the right within 90 days of the visit to contact the Child Care Licensing Unit regarding inaccuracies. The provider should provide the specific reference, with a description of why the posting is inaccurate. This request will be reviewed with the Licensing Specialist who conducted the visit and unit leadership. The unit will need to make a determination by making the changes or responding in writing within 30 days.

e) The process for providers to appeal the findings in reports, including the time requirements, timeframes for filing the appeal, for the investigation, and for removal of any violations from the website determined on appeal to be unfounded.

RI DCYF as well as the Lead Agency (DHS,) work under the larger umbrella of the Executive Office of Health and Human Services. EOHHS provides the oversight, rule setting and implementation for Administrative Hearings. Any individual who has been the recipient of an adverse decision by the Department has the right to appeal and are afforded these rights in writing. Additionally, RI DCYF policies regarding Access to Information Contained in Licensing Records is being amended to allow for a 30-day window from the time of posting for providers to review the content, before the need for a formal appeal. Through the supervisory process to review monitoring reports, we anticipate that the requests for amended reports should be limited to clerical errors. If it is determined that any changes are indicated to reports they will be made within 30 days of the decision.

f) How reports are posted in a timely manner. Specifically, provide the Lead Agency's definition of 'timely' and describe how it ensures that reports are posted within its timeframe. Note: While Lead Agencies define 'timely,' we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken

The DCYF Licensing unit intends to have postings completed within 30 days of the visit, based on current turnaround times.

Batches will be run nightly to the Exceed website to provide direct links to the DCYF licensing reports.

g) Describe the process for maintaining monitoring reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).

The DCYF Licensing Unit intends to maintain the reports for a minimum of three years, and a minimum of six reports for centers and four reports for Family Child Care Homes posted at any one time. Given the new structure, the DCYF policy will first include number of reports and time frame for posting; however, the removal policy after the minimum have been met will be formed over the first three-year period. This will be impacted by the automation and data capacity. If the integrity of any report is compromised for any reason, the policy will allow for a manual removal by administration.

h) Any additional providers on which the Lead Agency chooses to include reports. Note - Licensed providers and CCDF providers must have monitoring and inspection reports posted on their consumer education website.

License-exempt non-CCDF providers

Relative child care providers

Other.

Describe

N/A, the license-exempt providers are relatives so inspections will not be conducted on these providers.

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. This aggregate information on serious injuries and deaths must be organized by category of care (e.g., center, FCC, etc.) and licensing status for all eligible CCDF provider categories in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. The aggregate report should not list individual provider-specific information or names.

Certify by providing:

a) The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

The RI Department of Children, Youth and Families is the child welfare authority responsible for receiving and investigating incidences of this nature. The Child Care Licensing Unit within DCYF utilizes this data to aggregate instances of serious injuries or fatalities and will post it to the consumer website at: <https://exceed.ri.gov>

b) The definition of "substantiated child abuse" used by the Lead Agency for this requirement.

A substantiated parental complaint is one that is investigated by the licensing unit and/or the Child Protective Services at DCYF and validated as a regulatory violation and/or child protective finding of abuse or neglect. Substantiated child abuse and/or neglect is defined as an instance of child abuse and/or neglect, where there exists a preponderance of the evidence that such abuse and/or neglect occurred. Specific indications as well as Child Protective Services policies regarding the processing of investigations can be found at: <https://exceed.ri.gov>.

c) The definition of "serious injury" used by the Lead Agency for this requirement.

A serious injury requires hospitalization or professional medical attention other than basic first aid.

d) The website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

<https://exceed.ri.gov/Docs/Death%20and%20Serious%20Injuries%20and%20Substantiated%20Child%20abuse%20and%20Neglect.pdf>

2.3.9 The consumer education website should include contact information on referrals to local child care resource and referral organizations. How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

The consumer website, <https://exceed.ri.gov>, provides access to Rhode Island's QRIS, BrightStars. BrightStars assists consumers in searching for an early learning program either online or by contacting a child care referral specialist to discuss.

2.3.10 The consumer education website should include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website. Describe and include a website link to this information:

<https://exceed.ri.gov>. Consumers can call the child care referral specialist at 1-855-398-7605

or the 211 Helpline for assistance. Providers can access the Info-line with any of their program questions.

2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.

<https://exceed.ri.gov>

2.3.12 Other. Identify and describe the components that are still pending per the instructions on

CCDF Plan Response Options for Areas where Implementation is Still in Progress in the Introduction.

N/A

2.4 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state preK, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

Information is made available via the “Exceed” website <https://exceed.ri.gov>. The website has pages dedicated to providers, families, professionals and programs and serves as the entry point to the RI Early Learning Data Systems (ECEDS). The Program Search feature allows families to search for a program in various ways, including by program type, QRIS rating, location, hours of operation and languages spoken by staff and children. This website provides a list of Pre-K’s and Head Start programs listed by city and town. The website also contains information related to all facets of child development and related milestones, provider quality, and best practices, as well as links to information on other programs available to families, such as developmental screening. Select information is also available on the lead agency website (www.dhs.ri.gov) and on the Dept. of Children, Youth and Families website (www.dcyf.ri.gov) and the QRIS website (www.brightstars.org).

The consumer website has a clearly marked section designated to family information: <https://www.exceed.ri.gov/Pages/Families/FamiliesDefault.aspx>

There are clear links to finding quality care, affordable or low/no cost care, and developmental resources. These links provided website materials, as well as links to phone numbers. Some of the materials are available in print form and are distributed around the state. Licensing regulations also have requirements around community resources and family engagement, with the intent that the provider is another distribution stream for available resources. The language is written directed for families and aimed at a third-grade reading level.

2.4.2 The partnerships formed to make information about the availability of child care services available to families.

The following partnerships assist the Lead Agency to ensure information is made available to families on the availability of child care services: RI Department of Education, RI Department of Children, Youth and Families, RI Department of Health, RI Association of Young Children (BrightStars), United Way 211 Helpline, RI Department of Labor and Training, Head Start and Early Head Start, Economic Progress Institute, RI KIDS COUNT, RI community partners and agencies.

2.4.3 How the Lead Agency provides the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers. In the description include, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners who assist in providing this information.

Temporary Assistance for Needy Families program:

DHS has a coordinated application process where parents can apply for cash assistance, SNAP benefits, child care and medical benefits. Information about and the application for these programs may be found on the DHS website or at DHS field offices. The Exceed RI website provides links to the DHS website so that parents can access information about other programs that may be of interest to them, including TANF. Information is available through the lead agency's public website, www.dhs.ri.gov. The Exceed website <https://exceed.ri.gov>, also provides links to DHS, where families, providers and the public can learn about programs available to them. DHS is a member of the WIOA collaboration. DHS provides funding for the 211 Helpline to provide statewide information and referrals on DHS services.

Head Start and Early Head Start programs:

The Exceed RI website provides links to information on all Head Start programs in the State. Physicians, mental health agencies, programs serving the homeless and other

state and community agencies make referrals to Head Start and Early Head Start. DHS provides a list of age eligible TANF children to the local Head Start/Early Head Start agencies to assist with their recruiting. When RIDE advertises for their Pre-K program they also provided information on the local Head Start programs. Child Outreach and Early Intervention make appropriate referrals to the local Head Start /Early Head Start agencies. The 211 Helpline would provide statewide information on these programs.

Low Income Home Energy Assistance Program (LIHEAP):

Information is available through the lead agency's public website, www.dhs.ri.gov listed under Energy Assistance Programs. The Exceed RI website provides links to the DHS website, where families, providers and the general public can learn more about LIHEAP. DHS has partnered with the Community Action Agencies and they are responsible for the management of this program. DHS provides funding for the 211 Helpline to provide statewide information and referrals on DHS services.

Supplemental Nutrition Assistance Programs (SNAP) Program:

DHS has a coordinated application process where parents can apply for cash assistance, SNAP benefits, child care and medical benefits. Information about, and the application for these programs, may be found on the DHS website or at DHS field offices. The Exceed RI website provides links to the DHS website, so that parents, providers and the general public can learn about other programs available to families, including SNAP. DHS has partnered with the University of Rhode Island's Feinstein Center on Hunger to provide outreach on SNAP. DHS provides funding for the 211 Helpline to provide statewide information and referrals on DHS services. DHS is a member of the Workforce Innovation Opportunity Act partnership.

Women, Infants, and Children Program (WIC) program:

The Exceed RI website provides links to the RI Department of Health's website, so that parents, providers and the general public can access information about the WIC program.

Child and Adult Care Food Program(CACFP):

The Department of Education provides a link to information on the CACFP program on their website. The Exceed RI website provides links to the RI Department of Education website, where families, providers and the general public can access information about the CACFP program.

[Medicaid and Children's Health Insurance Program \(CHIP\):](#)

DHS has a coordinated application process where parents can apply for cash assistance, SNAP benefits, child care and medical benefits. Information about these and the application for these programs may be found on the DHS website or at DHS field offices. In addition, Rhode Island is operating a State-based Marketplace, known as HealthSource RI. The Exceed RI website provides links to the DHS website, so that parents, providers and the general public can access information about the programs that may be of interest to them. DHS provides funding to the 211 Helpline to provide statewide information and referral services on DHS services.

[Programs carried out under IDEA Part B, Section 619 and Part C:](#)

The Exceed RI website provides a link to the RI Department of Education website where parents, providers and the general public can access information about IDEA services. The 211 Helpline provides statewide information and referrals.

2.4.4 Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information.

Information is provided to parents, providers, and the general public through the Exceed RI website. The website includes information on identifying a quality program, links to assistance in affording care, developmental milestones and screenings, and ways to support learning and development at home. In addition to the website, Exceed also utilizes newsletters, Facebook and a twitter account to communicate to families, providers, and the

public. In addition, The Center for Early Learning Professionals serves as the central professional development hub for RI and incorporates research and best practices into provider training.

The Lead agency includes the Exceed website URL in the CCAP Pending Certificate Notice which allows parents to access the resources listed on this website, see below. This notice also provides a telephone number to a child care referral specialist to assist with locating quality child care.

Information is disseminated via websites and written materials about:

- Identifying high quality learning programs
- Assistance on affording high quality care
- Low and no cost quality programs
- Developmental milestones and developmental screening
- Supporting your child's learning and development at home, including social/emotional development
- Healthy eating, and physical activity
- RI's Workforce Knowledge Competencies and Frameworks
- Professional development opportunities
- Credential and degree programs for early childhood professionals
- DCYF licensing
- BrightStars (RI's QRIS)
- Resources to help providers improve quality
- Information on facility-related quality issues
- Information on low-interest loans and/or grants to child care providers.

2.4.5 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and early childhood 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, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences and include any partners in providing this information.

Information is available on the "Exceed" website, (<https://exceed.ri.gov>), which has pages dedicated to providers, families, professionals and programs. The family page has information on developmental milestones and social-emotional development which can be downloaded.

SUCCESS, (**S**upporting **C**hildren's **C**ompetencies in **E**motional and **S**ocial **S**kills,) a state-wide Early Childhood Mental Health Consultation (ECMHC) program is designed to support early learning programs who have identified a child in need of child-focused consultation services. SUCCESS communicates primarily with early learning programs prior to initiating a consult. Written descriptions of the program (e.g., brochure), steps for completing the intake process and strategies for talking with families about challenging behavior are provided to programs. Direct communication via telephone and in person is available to answer questions about the scope of services and provide support to programs as they initiate consultation. Programs are also provided a written document that informs the larger program community that a consultant will be working with their early learning program and programs are encouraged to distribute this to staff and families. SUCCESS staff will provide on-site supports to the early learning program where the identified child is enrolled and to the family. Information on SUCCESS can be found on the Exceed website. Bradley Hospital, the oldest children's psychiatric hospital in the country provides the clinical staff for this program. RIDE has recently awarded a contract to Bradley Hospital for SUCCESS ECMHC supports for their Pre-K classrooms. There are 60 Pre-K classrooms.

RIELDS covers the essential domains of early childhood development including social/emotional development and is integrated into BrightStars.

DHS partners with Rhode Island Department of Education, Rhode Island Department of Health, Bradley Children's Hospital, the Center for Early Learning Professionals and Ready to Learn Providence to support mental health needs/concerns in child care programs across the state.

2.4.6 Describe the Lead Agency's 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 (98.16(ee)), including how those policies are shared with families, providers, and the general public.

Suspension and expulsion are practices which are not supported by the Department of Human Services, Office of Child Care, unless all other options have been exhausted.

Suspension and expulsion are generally not considered to be in the best interest of children and families. In general, when child care providers have a child they are concerned about,

they must first work with the child's teacher, family and community supports, such as the child's pediatrician, Early Intervention for children birth to 3 years and Child Outreach for children 3-5 years old, to formulate a plan for supporting the child in the classroom. Bradley Hospital partners with The Center for Professional Development to offer professional development opportunities to prevent this issue. Programs are encouraged to articulate suspension and expulsion policies in their Family handbooks. This policy is posted on the Exceed website.

The Department of Children, Youth and Families has policies pertaining to suspension and expulsion articulated in the licensing regulations:

The regulations for center-based care require that programs meet the requirements for special needs (health care, etc.) for all children. In addition to the basic expectations around interactions with children and communications, the regulations state: 214-RICR-40-00-01.11-C. Curriculum: Teaching and Facilitation 214-RICR-40-00-01.13-C.1. j

1. Classroom staff are required to:

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.

E. Child Assessment 214-RICR-40-00-01.13. E.

1. Staff work to connect families of Infants and Toddlers to Early Intervention services if a developmental concern arises.
2. Staff work collaboratively with local school districts to ensure that Preschool children have the opportunity to participate in child outreach screening.
3. Screening is not used to label a child, determine a child's placement in the program, deny a child's entrance into the program, or to infer a child's readiness.
4. If the child has an IFSP, the program works with the Early Intervention provider to support the child's IFSP.
5. If the child has an IEP, the program works with the school district to support the child's IEP.

F. Family Engagement 214-40-00-01.13. F

1. Programs conduct and document a pre-admission family conference for all children to be enrolled in the program.
2. Families are kept informed through communication including the Family Handbook, periodic newsletters, and ongoing contact with program and classroom staff.
3. Programs must be able to communicate with families, of children who are enrolled, whose primary language is not English, or require alternative methods of communication.
4. If a program chooses to suspend or terminate a child for any reason the program must provide written documentation to the parent/guardian, which includes the specific reasons for the proposed suspension or termination of the child, and the circumstances under which the child may return, if any.
5. There is a means of written/electronic daily communication between staff and families in Infant/Toddler programs, which includes information about the child's routine care.
6. The program is open to families for observations and visits whenever the program is in operation.
7. Families are given the opportunity to engage in their child's learning experience and development.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the 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, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies must also include 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 (658E(c)(2)(E)(ii)). Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)).

2.5.1 Certify by describing:

a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

The Exceed website, <https://exceed.ri.gov>, provides information on developmental screenings and who to contact to schedule this screening.

The new DCYF center regulations, promulgated in September 2017, state that licensed child care staff are to connect families of infants and toddlers to Early Intervention services if a developmental concern arises. The new family child care regulations are to be promulgated in 2018 and will require these providers to do the same. Child care staff are to work collaboratively with school districts to ensure that preschool children can participate in Child Outreach screenings (for children 3-5 years of age.) Developmental screening information is provided to families through their early learning programs and often on-site Child Outreach screening is conducted by the local school department at the child care program.

RI Department of Health (DOH) can access a current address for all 3, 4 and 5 year olds through KidsNet, DOH's children's health database. DOH partnered with RIDE and provides them with a current address annually for every 3, 4 and 5 year old. RIDE then sends a letter to the parents informing them of their child's eligibility for a Child Outreach screening and information on how to obtain this screening.

BrightStars, the state's quality rating improvement system, also requires providers to provide developmental screening information to families.

b) The procedures for providing information on and referring families and child care providers to the 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 Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

As outlined in DCYF's child care licensing regulations, providers are expected to post Early Intervention for children birth - 3 years old and Child Outreach (for children 3-5 years of age) materials in their child care settings to inform families about the importance of completing developmental screenings and places they can complete these screenings.

More detailed information on this process is outlined in section d (see below)

The new DCYF center regulations, promulgated in September 2017, state that licensed child care staff are to connect families of Infants and Toddlers to Early Intervention services if a developmental concern arises. Also, staff are to work collaboratively with school districts to ensure that preschool children can participate in Child Outreach screenings. The new family child care regulations are to be promulgated in 2018 and will require these providers to do the same.

All programs participating in BrightStars are required to provide families information on developmental screening.

c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

When parents receive their DHS CCAP Pending Certificate Notice it includes the Exceed URL, <https://exceed.ri.gov> as a resource for families. Information on developmental screenings is available on the Exceed website under the family tab. There is a section "*Finding out more about developmental milestones and developmental screening*" that provides this information.

d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.

If there are concerns with a child age birth-3 then the parent can contact their pediatrician to discuss, and potentially refer to Early Intervention. Pediatricians routinely screen their patients at 9,12,18 and 30 months or whenever there is a concern. The pediatrician can refer the child, if indicated, to Early Intervention. If the parent has concerns they can also contact Early Intervention independent of a pediatrician's referral, who will then assess the child to see if services are indicated.

Families with concerns about their child's development should contact their pediatrician or contact the Child Outreach office located at their local school department. For all children between 3 and 5 years old, whether they have cognitive or developmental delay the Child Outreach program conducts free annual developmental screenings. Child Outreach is a universal developmental screening system designed to screen all children and is conducted by the local school districts. Screenings are made available in Early Care and Education Centers, private pre-schools, center-based child care centers, Head

Start programs, public pre-school classrooms, ELL classrooms, licensed family child care homes and neighborhood sites such as libraries which are convenient and familiar to diverse (culturally linguistically, low-resources, hard-to-access) populations within the community).

Information about general child development, and specifically the development of the family's child, is provided by Child Outreach and Early Intervention. Both programs provide families with information regarding referrals to agencies and programs within their community as well as opportunities for family involvement in their child's development and education. Child Outreach screenings are also scheduled individually upon the family, pediatrician or educator's request. Screenings must be conducted in each of the following areas:

- Vision
- Hearing
- Speech/Language Skills
- Social/Emotional Development
 - General development including, but not limited to, gross and fine motor skills, language and cognition.

Screenings are provided by local school districts and are typically offered during the school year. The Child Outreach screening system has been designed to ensure children that may require support are identified early and connected to the necessary services.

In 2015, a web page for parents and providers, linked to <http://exceed.ri.gov>, was made available with information regarding developmental milestones and screening.

The new DCYF center regulations, promulgated in September 2017, state that staff are to connect families of Infants and Toddlers to Early Intervention services if a developmental concern arises. Also, staff are to work collaboratively with school districts to ensure that preschool children can participate in Child Outreach screenings. The new family child care regulations are to be promulgated in 2018 and will require these providers to do the same.

[e\) How child care providers receive this information through training and professional development.](#)

Early childhood programs are contacted annually by the local school department's Child

Outreach Program. The Child Outreach program coordinates with child care programs regarding developmental screening and rescreening dates, location of screenings, parent consent forms, results of screening as well as any necessary follow-up. Child care providers do not administer the developmental screenings. It is the responsibility of the local school departments or the pediatricians to do so.

Many child care providers take advantage of the on-site developmental screening offered by the local Child Outreach office. As a result, providers become knowledgeable about developmental screening.

Professional development opportunities exist for providers on topics such as assessment which addresses developmental and behavioral health screenings.

The Health and Safety modules are being expanded for October 1, 2018 and will include the topic of developmental screening.

In Rhode Island, unlike many other states, Developmental Screening with a standardized tool is required. Therefore, it would be a duplication of effort for child care providers to do it as well. If providers do screen, and notice a result that is out of the normal range, they would be advised to have the parent contact the pediatrician for an appropriate referral.

f) [Provide the citation for this policy and procedure related to providing information on developmental screenings.](#)

214-RICR-40-00-1.13-E.2

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select. This information about the child care provider selected by the parent includes health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements, and any voluntary quality standards met by the provider. It must also describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline, and how to contact local resource and referral agencies or other community-based supports that assist parents in finding and enrolling in quality child care (98.33(d)). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to

parents and that parents have a way to contact someone to address questions they have.

2.6.1 Certify by describing:

a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement.

A CCAP Pending Certificate is sent to families who have applied for CCAP, but when an eligibility decision has not yet been made. This DHS notice provides the Exceed URL and a telephone number and email address to contact BrightStars to assist with locating a quality child care provider. The Exceed website provides all the required consumer statement requirements.

TANF families must meet with their TANF worker regarding their employment plan and sign the necessary paperwork. At this meeting child care is discussed and the BrightStars resource is provided to parents.

The Lead Agency (DHS) is currently in the process of redesigning the Benefit Decision Notice with an estimated release date of March 2019 to provide better guidance to applicant families to select a provider. In the meantime, the Lead Agency will work to develop an interim solution for notifying families prior to March 2019.

b) What is included in the statement, including when the consumer statement is provided to families.

A CCAP Pending Certificate is sent to families who applied for CCAP when an eligibility decision has not yet been determined. This notice states: "For a list of CCAP approved child care providers in your community, please contact BrightStars by phone at 1-855-398-7605 or (401) 739-6100, by email at info@BrightStars.org, or go to the Exceed RI website at <https://exceed.ri.gov>."

c) Provide a link to a sample consumer statement or a description if a link is not available.

The CCAP Pending Certificate Notice includes the following information: "For a list of CCAP approved child care providers in your community, please contact BrightStars by phone at 1-855-398-7605 or (401) 739-6100, by email at info@BrightStars.org, or go to the Exceed RI website at <https://exceed.ri.gov>."

3 Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination periods, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of not fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. Also, procedures for the enrollment of homeless children and children in foster care, if served, pending the completion of documentation, are required.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local prekindergarten, and other collaborative programs to finish the program year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, 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 for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)).

3.1.1 Eligibility criteria based on a child's age

a) The CCDF program serves children

from 1 week

(weeks/months/years)

through 12

years (under age 13). . Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care?(658E(c)(3)(B), 658P(3))

No

Yes,

and the upper age is 18 years

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity: A documented physical or mental disability which makes the child incapable of self-care

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))

No.

Yes

and the upper age is

(may not equal or exceed age 19)

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

"residing with":

In general, the CCAP household is the parent's home which serves as the principal place of residence of the applicant child - i.e. where the child lives the majority of the

time.

"in loco parentis":

"Relationship, acceptable degree" means 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.

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.

3.1.2 Eligibility criteria based on reason for care

a) How does the Lead Agency define "working or attending a job training and educational program" for the purposes of CCDF eligibility at the time of determination? Provide the definitions below for:

"Working":

For income eligible families: Paid employment for a minimum of an average of twenty (20) hours per week in a month, earning per hour an average of the greater of either the state or federal minimum wage. Self-employment is included in this definition, except for those self-employed as child care providers. Travel time is calculated by adding 1 hour per day to account for ½ hour travel between work and child care provider. Families may request additional travel time with justification.

For categorically eligible families (RI Works families who meet CCDF requirements and receiving CCAP services): work consists of any combination of education and work-related activities contained in a parent's written Employment Plan, as approved by their RI Works caseworker. Volunteer activities or time spent in any capacity in which no wages are earned, paid, or expected, shall not count toward the hours required to meet an acceptable need for services unless expressly approved as a component of an unemployment plan. Travel time is calculated by adding 1 hour per work day (to account for ½ hour to/from job activity and child care provider.)

"Job training":

For income eligible families: Families with income below one hundred eighty percent

(180%) of the federal poverty level who are involved in training, apprenticeship, internship, on-the-job training, work experience, work immersion, or other jobreadiness/job attachment programs sponsored or funded by the RI Governor's WorkforceBoard or state agencies that are part of the coordinated program system. Training must be 20 hours per week or more and less than one year in duration. For categorically eligible families: RIWorks families who meet CCDF requirements are authorized to receive CCAP services while attending job training or education-related activities. Any and all such activities must be approved by their DHS caseworker as part of their written Employment Plan.

"Education":

For income eligible families: Families with income below one hundred eighty percent (180%) of the federal poverty level who are involved in training, apprenticeship, internship, on-the-job training, work experience, work immersion, or other job readiness/job attachment programs sponsored or funded by the RI Governor's WorkforceBoard or state agencies that are part of the coordinated program system. Training must be 20 hours per week or more and less than one year in duration. For categorically eligible families: RIWorks families who meet CCDF requirements are authorized to receive CCAP services while attending job training or education-related activities. Any and all such activities must be approved by their DHS caseworker as part of their written Employment Plan.

"Attending job training or education" (e.g. number of hours, travel time):

For income eligible families: Training must be 20 hours per week or more and less than one year in duration. Travel time is calculated by adding 1 hour per day to account for ½ hour travel between work and child care provider. Families may request additional travel time with justification.

For categorically eligible families: RIWorks families who meet CCDF requirements are authorized to receive CCAP services while attending job training or education-related activities. Any and all such activities must be approved by their DHS caseworker as part of their written Employment Plan. Travel time is calculated by adding 1 hour per work day (to account for ½ hour travel to/from job activity and child care provider.) Families may request additional travel time with justification.

3.1.2 Eligibility criteria based on reason for care

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

No.

If no, describe the additional work requirements:

N/A

Yes.

If yes, describe the policy or procedure:

Lead Agency's Child Care for Training program became permanent as of July 1, 2015. In order to be eligible for this program and receive CCAP benefits, applicants must have an income below one hundred eighty percent (180%) of the federal poverty level and be enrolled in an approved education and training program. An approved education and training program is:

1. Funded by the Governor's Workforce Board or state agencies that are part of the coordinated program system pursuant to 42-102-9 and 42-102-11. Example: RI Department of Education, Department of Labor and Training (WIOA, Trade Act, Real Jobs RI, Real Pathways), Department of Human Services (SNAP E&T)
2. Twenty hours per week or more; and
3. No longer than one year in duration.

Families that are eligible for Child Care for Training shall be certified for a twelve (12) month period.

3.1.2 Eligibility criteria based on reason for care

c) Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search)

No.

Yes.

If yes, describe the policy or procedure. (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

N/A

3.1.2 Eligibility criteria based on reason for care

d) Does the Lead Agency provide child care to children in protective services?

No.

Yes. If yes:

i. Please provide the Lead Agency's definition of "protective services":

N/A

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. 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 protective services definition above.

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

No

Yes

iii. 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 (658E(c)(5))?

No

Yes

iv. Does the Lead Agency provide respite care to custodial parents of children in protective services?

No

Yes

3.1.3 Eligibility criteria based on family income. Note: The question in 3.1.3 relates to initial determination. Redetermination is addressed in 3.1.7.

a) How does the Lead Agency define "income" for the purposes of eligibility at the point of determination?

Any money, goods or services available to the financial unit used to calculate eligibility for the CCAP. For the purposes of the CCAP, countable income includes, but is not limited to, any of the following:

- Monetary compensation for services, including gross wages, salary, commissions, and any work-based fees, stipends, tips or bonuses;
- Adjusted gross income from self-employment;
- Social Security Benefits -Retirement, Survivors and Disability Insurance (RSDI)
- Supplemental Security Income (SSI);
- Dividends or interest on savings or bonds;
- Income from estates or trusts;
- Adjusted Gross Rental Income;
- Adjusted Gross Room and Board Income;
- Public assistance or RIW cash assistance payments;
- Unemployment Compensation;
- Temporary Disability Insurance (TDI);
- Workers' Compensation;
- Government civilian employee or military retirement;
- Cash payouts for waiving employer sponsored health insurance;
- Private pensions or annuities;
- Adoption subsidies;
- Alimony;
- Child support payments;
- Regular contributions from persons not living in the household;
- Royalties;
- Strike Benefits;
- Trade Readjustment Allowance;
- VA Compensation Payments;
- VA Educational Benefits;
- Spousal/Dependent Allowances;
- 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; and
- Non-citizen Sponsor Income (includes income of the sponsor and sponsor's spouse)

b) Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children). If the income eligibility limits are not statewide, please respond to c) below the table.

	(a)	(b)	(c)	(d)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	N/A	N/A	N/A	N/A
2	\$5,281.48	\$4,489.26	\$2,469.00	47
3	\$6,524.25	\$5,545.61	\$3,117.00	48
4	\$7,766.88	\$6,601.85	\$3,765.00	48
5	\$9,009.65	\$7,658.20	\$4,413.00	49

c) If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)).

N/A

Income eligibility limits are statewide.

Reminder: 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 (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: <https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03>.

d) SMI source and year. FY 2018 LIHEAP State Median Income

e) Identify the most populous area of the State used to complete the chart above.

N/A

Numbers are statewide.

f) What was the date (mm/dd/yyyy) that these eligibility limits in column (c) became effective? 04/01/2018

g) Provide the citation or link, if available, for the income eligibility limits.
<http://www.dhs.ri.gov/Regulations/218-RICR-20-00-04ChildCareAssistanceProgram.pdf>

3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).

a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application).

The applicant/recipient's statement is acceptable for verification of resources unless the household is near the resource maximum limit, or the information given is inconsistent or questionable from information known to the Department. The same procedures employed at certification are used at recertification.

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?

No.

Yes.

If yes, describe the policy or procedure and provide citation:

N/A

3.1.5 Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)).

There are no additional requirements.

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

- Coordinating with Head Start, prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules
- Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- Establishing minimum eligibility periods greater than 12 months
- Using cross-enrollment or referrals to other public benefits
- Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- Providing more intensive case management for families with children with multiple risk factors;
- Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- Other.

Describe:

N/A

3.1.7 Policies and processes for graduated phase-out of assistance at redetermination.

Lead Agencies are required to provide for a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income. Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as

income increases, and supports long-term self-sufficiency for families.

- i. 85 percent of SMI for a family of the same size
- 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 low-income family

(B) Provides justification that the second eligibility threshold is:

(1) Sufficient to accommodate increases in family income over time that are typical for low-income workers 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 shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

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

N/A - 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.

N/A - The Lead Agency sets its exit eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.

The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

Describe the policies and procedures.

N/A

Provide the citation for this policy or procedure.

N/A

- 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.

Provide the second tier of eligibility for a family of three.

In order to be initially eligible for low-income child care in Rhode Island, a household must have an income at or below 180% FPL. The Lead Agency offers graduated phase out for families who begin to earn above this eligibility threshold, but whose increase income does not cover the additional cost of a loss in subsidy (up to 225% FPL.)

Describe how the second eligibility threshold:

i. Takes into account the typical household budget of a low-income family:

The Lead Agency recognizes the cliff effect for families who experience a slight increase in income and how without graduated phase-out this could serve as a disincentive to advance in the workplace.

For example, for a household of three, 180% FPL in 2018 is \$37, 404. This household's weekly CCAP subsidy would be 8% of the family's income. If that household earned one dollar more annually and then needed to pay for child care without a subsidy, that family would have to pay 33% of their gross income for care (according to the state's most recent Market Rate Survey.) To mitigate this cliff effect, RI has established a second tier of subsidies. For households with incomes between 180-200% FPL, whose income increased while having CCAP, a household may continue to receive assistance with their weekly copay increasing to 10% of their gross income. For those incomes between 200-225%, they may continue to receive care with copays of 14% of gross income. This graduated phase out for child care assistance allows a family to maintain affordable care for their child, while gradually adjusting their contribution.

ii. 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:

A family active on child care, who experiences an increase in income that exceeds the 180% FPL shall remain active on child care as long as the income is still below 225% FPL. This graduated phase-out provides a transition period for families to become acclimated to contributing additional income to their subsidy. Copays are gradually increased to support the family transitioning off of child care assistance.

iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

A family active on child care who experiences an increase in income that exceeds 180% FPL shall remain active on child care as long as the income is still below 225% FPL. The gradual increase in copays allows a family to continue receiving support while also incrementally adjusting their contribution to support self-sufficiency.

iv. Provide the citation for this policy or procedure:

<http://www.dhs.ri.gov/Regulations/218-RICR-20-00-04ChildCareAssistanceProgram.pdf>

4.6.1-A.1.a (describes Transitional Child Care)

Other.

Identify and describe the components that are still pending per the instructions on *CCDF Plan Response Options for Areas where Implementation is Still in Progress* in the Introduction.

N/A

3.1.7 b) To help families transition from assistance, does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

No

Yes

i. If yes, describe how the Lead Agency gradually adjusts copays for families under a graduated phase-out.

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.3.3 of the plan.)*

No.

Yes.

Describe:

N/A

3.1.8 Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family copayments (98.21(c)). Check the processes, if applicable, that the Lead Agency uses to take into account irregular fluctuations in earnings and describe, at a minimum, how temporary increases that result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) do not affect eligibility or family copayments.

Average the family's earnings over a period of time (i.e. 12 months).

Describe:

N/A

Request earning statements that are most representative of the family's monthly income.

Describe:

N/A

Deduct temporary or irregular increases in wages from the family's standard income level.

Describe:

N/A

 Other.

Describe:

In the process of determining eligibility for CCAP, prospective budgeting is used. Eligibility is established based on the knowledge and reasonable expectation of what income and circumstances will exist in the month for which a payment is authorized. The lead agency representative must determine all factors of eligibility prospectively for all payment months. The prospective budgeting method is used to determine the income which will exist during the period of eligibility.

Prospective budgeting is when the agency representative projects the future earned and unearned income anticipated to be received in the period for which a household is applying for or receiving benefits. This projection is based on both the household's current and anticipated income.

The household's income should be verified for the thirty (30) day period immediately preceding the date of application. This date is used to project the household's anticipated income during the period for which eligibility is being determined. If the previous thirty (30) days are not representative of the household's future income (for example, when a pay raise is expected or the employment is seasonal, then the amount of income used should be based upon the agency's knowledge of the applicant's anticipated future circumstances. If the household's income fluctuates to the point that the thirty (30) day period cannot provide an accurate indication of anticipated income, the agency representative should use a longer time frame in order to provide an accurate indicated of anticipated income. Income may also fluctuate on a seasonal basis. For households with this type of income, the agency representative may use the most recent season that is comparable to the anticipated income.

Income should be entered in the Integrated Eligibility System (RIBridges) in the month in which it is expected to be received. RIBridges converts any income received in weekly increments to a monthly amount once the agency representative enters the required number of pay stubs and corresponding amounts onto the Earned Income Details Screen in Data Collection. RIBridges multiplies the figure by 4.333.

The guidelines mentioned above contain several methods by which a prospective budget may be calculated. The agency representative chooses the method of calculation based upon both the type and frequency of income received by the household. The following steps should be taken before deciding upon the method of calculation:

Step 1: Determine whether or not the household has any current income.

Step 2: Determine whether or not the household's income will continue during the eligibility period.

Step 3: Determine the stability of the income. (i.e. Has it remained constant or does it fluctuate? Is it expected to change within the eligibility period?)

3.1.9 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Check the information that the Lead Agency documents and verifies and describe, at a minimum, what information is required and how often. Check all that apply.

Applicant identity.

Describe:

Driver's license, work or school ID, social security card (optional), or government issued ID required at initial application and determination of eligibility, and at redetermination of eligibility.

Applicant's relationship to the child.

Describe:

Birth certificate/baptismal certificate, proof of USCIS Immigration status, adoption papers/records, hospital or public health records, child support paternity records, BIA or Tribal records, divorce/custody papers, court records of parentage, guardianship records required at initial application and determination of eligibility.

Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).

Describe:

Birth certificate; paternity affidavit; court documents (If none, then school records, or other federal/state agency records) required at initial application and determination of eligibility.

Work.

Describe:

Documentation from the employer, other federal/state agency records, check stubs, written statement from employer, call to Work Number, other federal/state agency records required at initial application and determination of eligibility and at redetermination.

Job training or educational program.

Describe:

Documentation from the educational institution or job training agency at initial application and determination of eligibility and at redetermination.

Family income.

Describe:

Check stubs, written statement from employer, other federal/state agency records at initial application and determination of eligibility, at redetermination.

Household composition.

Describe:

Self-reported at initial application and determination of eligibility and at redetermination.

Applicant residence.

Describe:

Lease, rent receipt, utility bills, mortgage bills, other federal/state agency records at initial application and determination of eligibility, at redetermination and within 10 days of reported changes.

Other.

Describe:

Resources: Bank statements at initial application and determination of eligibility. Self-attestation, verification required if over \$9,500. The applicant/recipient's statement is acceptable for verification of resources unless the household is near the resource maximum limit, or the information given is inconsistent or questionable from information known to the Department. The same procedures employed at certification

are used at recertification.

Disability: SSI Paperwork or Physician's documentation at initial application and determination of eligibility.

Citizenship/Immigrant Status: Birth certificate or hospital record or birth, government issued ID, passport, Social Security card (optional), alien resident card, or naturalization documentation at initial application and determination of eligibility. Child only, self-declaration for parent is included as part of integrated application for DHS benefit programs as it may be required information for other benefit programs. However, the information is optional for child care eligibility.

3.1.10 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

Time limit for making eligibility determinations

Describe length of time:

Within 30 days of receiving complete application, including receipt of verification documentation (however, cases can be held open longer with the client's permission or to verify changes in applicant's information)

Track and monitor the eligibility determination process

Other.

Describe:

N/A

None

3.1.11 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

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:

"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 Department specifying the terms and conditions for enrolling eligible children and receiving payment for CCAP allowable child care expenses

"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.

"Unsuitability of informal child care":

Care that does not meet the criteria in the definition of appropriate child care would be considered unsuitable.

"Affordable child care arrangements":

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

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?

In writing

Verbally

Other.

Describe:

N/A

d) Provide the citation for the TANF policy or procedure:

<http://www.dhs.ri.gov/Regulations/Rhode%20Island%20Works%20Program%202016.pdf>

3.2 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note:

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) (98.2).

3.2.1 Describe how the Lead Agency defines:

a) "Children with special needs":

Children with special needs are defined as children of teen parents. Teen parents participating in the Youth Success program that are employed, attending school or

participating in education related activities for a minimum of twenty (20) hour per week on average, may be authorized for CCAP child care services.

b) "Families with very low incomes":

Families with very low incomes are defined as families with incomes at or below 100% of Federal Poverty Level. Co-payments are waived for families with incomes at or below 100% of Federal Poverty Level.

3.2.2 Describe how the Lead Agency will prioritize or target child care services for the following children and families.

a) Identify how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

The Lead Agency (DHS) does not hold a waitlist for CCAP. DHS has implemented a policy in the field that waives the required eligibility documentation for 90 days for applicant homeless families in order to more rapidly serve this population.

b) Identify how services are prioritized for families with very low incomes. Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive copayments
- Pay higher rates for access to higher-quality care

- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

N/A

c) Identify how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

The DHS child care subsidy system is preparing to more effectively serve this at-risk population 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.

d) Identify how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

N/A

3.2.3 List and define any other priority groups established by the Lead Agency.

There are no other priority groups established by the Lead Agency.

3.2.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.

N/A

3.2.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and TA to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

a) Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

If an applicant child is experiencing homelessness, eligibility may be determined without all usual eligibility documentation through supervisor override. The household has up to 90 days to get all verification submitted. Additionally, if a child is experiencing homelessness, a grace period of 90 days can be granted to obtain the annual health examination documentation.

b) Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.

Lead Agency accepts applications at local community-based locations

- Partnerships with community-based organizations
- Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- Other

N/A

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

3.2.6 Lead Agencies must establish a grace period that allows homeless children 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 immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

Note:

Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

Children experiencing homelessness (as defined by Lead Agency's CCDF)

If a child is experiencing homelessness, a grace period of 90 days can be granted to obtain the immunization documentation. If a child is experiencing homelessness, a grace period of 90 days can be granted to obtain the annual health examination documentation.

The Department of Health was consulted. They did not think that any grace period was appropriate due to health and safety concerns. The Department of Children, Youth and Families (DCYF) discussed with other state partners, and in an effort to remain consistent, DCYF applied the Head Start standard of 90 days. In focus group

discussions with the public, this was also vetted as a reasonable period of time.

[Provide the citation for this policy and procedure.](#)

<http://www.dcyf.ri.gov/docs/214-RICR-40-00->

[1_Child_Care_and_School_Age_Program_Regulations_for_Licensure.pdf](#)

This grace period is also in place for homeless children served in family child care programs and will be represented in the new family child care regulations to be promulgated this Winter 2018.

[Children who are in foster care.](#)

If a child is a foster child, a grace period of 90 days can be granted to obtain the immunization documentation. If a child is a foster child, a grace period of 90 days can be granted to obtain the annual health examination.

[Provide the citation for this policy and procedure.](#)

<http://www.dcyf.ri.gov/docs/214-RICR-40-00->

[1_Child_Care_and_School_Age_Program_Regulations_for_Licensure.pdf](#)

[b\) 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 \(98.41\(a\)\(1\)\(i\)\(C\)\(4\)\).](#)

The Lead Agency (DHS) has ongoing discussions with the Head Start Collaboration Office to develop strategies which will address the ongoing child care needs of these families for comprehensive services in ways that will support these children and families in securing self-sufficiency and out of homeless status. 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 the RI Coalition for the Homeless to inform the need for services for this population and to provide policy guidance to the lead agency. A priority of the Children's Cabinet is to ensure that all children experiencing homelessness have access to high quality early care.

[c\) Does the Lead Agency establish grace periods for other children who are not](#)

experiencing homelessness or in foster care?

No.

Yes.

Describe:

N/A

3.3 Protection for Working Families

3.3.1 12-Month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period, regardless of changes in income (as long as the income does not exceed the federal threshold of 85 percent of the state median income) or temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

This change means that a Lead Agency may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold, but not the federal threshold of 85 percent of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, 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; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1); and any changes in residency within the state, territory, or tribal service area.

a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity.

The eligibility period for CCAP shall be no less than 12 months. CCAP benefits shall be redetermined through the recertification process prior to the end of the 12 month period.

The duty to report begins on the application date and remains in effect while the

application is valid. Failure to report changes in a timely manner may be grounds for denying eligibility to an applicant or discontinuing authorized services for CCAP beneficiaries. Families are required to report:

- Changes to income, during the twelve (12) month certification period, if the income exceeds 85% of the State Median Income (SMI)
- A non-temporary cessation of work, training or education
- Any change in address.

Families have the option to report any changes in income if it would reduce the family's co-payment, or increase the family's subsidy

Families will be held harmless on any reported changes (except for an out of state move) which may negatively impact their co-payment or subsidy.

b) How does the Lead Agency define "temporary change?"

Temporary Change in Status- A temporary change in the ongoing status of the child's parent as working or attending a job training or educational program shall include:

- a. any time-limited absence from work for an employed parent due to reasons such as need to care for a family member or an illness;
- b. any interruption in work for a seasonal worker who is not working between regular industry work seasons;
- c. any student holiday or break for a parent participating in training or education;
- d. any reduction in work, training or education hours, as long as the parent is still working or attending training or education;
- e. any other cessation of work or attendance at a training or education program that does not exceed three months;
- f. any change in age, including turning 13 years old during the eligibility period; and
- g. any change in residency within the State, Territory, or Tribal service area.

c) Provide the citation for this policy and/or procedure.

<http://www.dhs.ri.gov/Regulations/218-RICR-20-00-04ChildCareAssistanceProgram.pdf>

Section: 4.2 (A) (58)

Emergency Rule Filing with Secretary of State:

<https://rules.sos.ri.gov/regulations/part/218-20-00-4>

3.3.2 Option to discontinue assistance during the 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity (i.e., if the parent experiences a temporary change in his or her status as working or participating in a training or educational program, as described in section 3.3.1 of the plan).

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation for the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of SMI, assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

a) Does the Lead Agency choose to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.

Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

Non-Temporary Change in Status

a. Parents who experience a non-temporary change in employment or education and training status due to loss of work or cessation of attendance at an approved education and training program shall continue to receive CCAP services for three (3) months for each loss or cessation (applied in month 10 or later of 12-month certification period in order to extend benefits) in order for the parents to resume

work or attendance in an approved education and training program.

b. At the end of the three (3) month period, parents engaged in qualifying employment or an approved education and training program shall continue to receive CCAP services until their next scheduled redetermination.

c. The three (3) month period cannot be extended.

ii. Describe what specific actions/changes trigger the job-search period.

A non-temporary change in employment or education and training status due to permanent loss of work or cessation of attendance at an approved education and training program.

iii. How long is the job-search period (must be at least 3 months)?

3 months.

iv. Provide the citation for this policy or procedure.

<http://www.dhs.ri.gov/Regulations/218-RICR-20-00-04ChildCareAssistanceProgram.pdf>

4.6.4 A3 a and b

Emergency rule-filing with Secretary of State:

<https://rules.sos.ri.gov/regulations/part/218-20-00-4>

b) The Lead Agency may discontinue assistance prior to the next 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next 12-month redetermination. Check all that apply.

Not applicable.

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.

i. Define the number of unexplained absences identified as excessive:

N/A

ii. Provide the citation for this policy or procedure:

N/A

- A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

<http://www.dhs.ri.gov/Regulations/218-RICR-20-00-04ChildCareAssistanceProgram.pdf>

- Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

N/A

3.3.3 Change reporting during the 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.16(h)(1)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.1.7(b).

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.3.2 of the plan, they may require families to report a non-temporary change (as described in section 3.3.3 of the plan) in work, training or educational activities (otherwise known as a parent's eligible activity).

a) Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

- No

Yes

b) Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of SMI or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.

Additional changes that may impact a family's eligibility during the 12-month period.

Describe:

N/A

Changes that impact the Lead Agency's ability to contact the family.

Describe:

Families are required to report any change in address.

Changes that impact the Lead Agency's ability to pay child care providers.

Describe:

N/A

Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families.

c) How does the Lead Agency allow for families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

Phone

Email

Online forms

Extended submission hours

Postal Mail

- FAX
- In-person submission
- Other.

Describe:

N/A

d) Families must have the option to voluntarily report changes on an ongoing basis during the 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report.

Families have the option to report any changes in income if it would reduce the family's co-payment, or increase the family's subsidy.

ii. Provide the citation for this policy or procedure.

<http://www.dhs.ri.gov/Regulations/218-RICR-20-00-04ChildCareAssistanceProgram.pdf>

3.3.4 Prevent the disruption of employment, education, or job training activities

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

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, states and territories 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, etc.).

a) Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility.

- Advance notice to parents of pending redetermination
- Advance notice to providers of pending redetermination
- Pre-populated subsidy renewal form
- Online documentation submission
- Cross-program redeterminations
- Extended office hours (evenings and/or weekends)
- Other.

Describe:

N/A

b) How are families allowed to submit documentation, described in 3.1.9, for redetermination? Check all that apply.

- Postal Mail
- Email
- Online forms
- FAX
- In-person submission
- Extended submission hours
- Other.

Describe:

N/A

3.4 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

Note: To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies only to families in their initial/entry eligibility period. See section 3.1.7 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

3.4.1 Provide the CCDF co-payments in the chart below according to family size for one child in care.

a) Fill in the chart based on the most populous area of the State (area serving highest number of CCDF children).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest Initial or First Tier Income Level Where Family Is First Charged Co-Pay (Greater Than \$0)	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?	The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?	Highest Initial or First Tier Income Level 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)?	The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?
1	N/A	N/A	N/A	N/A	N/A	N/A
2	\$1,691.67	33.83	2%	\$3,045.00	\$426.30	14%
3	\$2,127.08	42.54	2%	\$3,828.75	\$563.03	14%

	(a)	(b)	(c)	(d)	(e)	(f)
4	\$2,562.5 0	51.25	2%	\$4,612.5 0	\$645.75	14%
5	\$2,997.9 2	59.96	2%	\$5,396.2 5	\$755.48	14%

b) What is the effective date of the sliding-fee scale(s)? 04/01/2018

c) Identify the most populous area of the state used to complete the chart above.

The sliding-fee scale is statewide.

d) Provide the link to the sliding-fee scale: <http://www.dhs.ri.gov/Regulations/218-RICR-20-00-04ChildCareAssistanceProgram.pdf>

e) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

N/A

3.4.2 How will the family's contribution be calculated, and to whom will it be applied?

Check all that apply.

- The fee is a dollar amount and:
 - 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 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:

N/A

- Other.

Describe:

N/A

- The fee is a percent of income and:
- 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 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:

N/A

- Other.

Describe:

N/A

3.4.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder ' Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

- No.
- Yes, check and describe those additional factors below.
- Number of hours the child is in care.

Describe:

N/A

- Lower co-payments for a higher quality of care, as defined by the state/territory.

Describe:

N/A

Other.

Describe:

N/A

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

No, the Lead Agency does not waive family contributions/co-payments.

Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size.

Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

N/A

Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency.

Describe the policy and provide the policy citation.

N/A

4 Ensure Equal Access to Child Care for Low-Income Children

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each State/Territory identifies and defines its own categories and types of care. The OCC does not expect States/Territories 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 Parental Choice in Relation to Certificates, Grants, or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling his or her child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll his or her child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider or faith-based provider, etc.) (98.15 (a)(5)).

4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).

A Pending Certificate Notice is sent to parents when the Department of Human Services receives the family’s application for child care assistance. The notice includes the certificate number, the names of the children for whom child care is being requested, next steps in the application process, information on providing the certificate number to providers before and after approval for child care assistance, and information about the choice of providers and on how to find a child care provider. It also informs parents that the notice is not an approval for child care assistance and that they will be responsible for paying for child care services if their application is denied. A Benefit Decision Notice (BDN) is sent to the family when the application for child care assistance is either approved or denied.

4.1.2 Describe how the parent is informed that the child certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.

- Certificate that provides information about the choice of providers
- Certificate that provides information about the quality of providers
- Certificate not linked to a specific provider, so parents can choose any provider
- Consumer education materials on choosing child care
- Referral to child care resource and referral agencies
- Co-located resource and referral in eligibility offices
- Verbal communication at the time of the application
- Community outreach, workshops, or other in-person activities
- Other.

Describe:

N/A

4.1.3 Child care services available through grants or contracts.

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots (658A(b)(1))? Note: Do not check 'yes' if every provider is simply required to sign an agreement to be paid in the certificate program.

No. If no, skip to 4.1.4.

Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.

N/A

Yes, statewide. If yes, describe:

i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

N/A

ii. The type(s) of child care services available through grants or contracts:

N/A

iii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers):

N/A

iv. The process for accessing grants or contracts:

N/A

v. How rates for contracted slots are set through grants and contracts:

N/A

vi. How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality:

N/A

vii. If contracts are offered statewide and/or locally:

N/A

4.1.3 Child care services available through grants or contracts.

b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care? Check all that apply.

- Programs to serve children with disabilities
- Programs to serve infants and toddlers
- Programs to serve school-age children
- Programs to serve children needing non-traditional hour care
- Programs to serve children experiencing homelessness
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
 - Urban
 - Rural
- Other

Describe

N/A

Lead Agency does not currently hold a wait list for CCAP services. As such, prompt and immediate enrollment is able to be prioritized for all children. The 2018 Market Rate Survey did not indicate any immediate shortages in supply for the child care market. For centers, there appeared to be some underutilization of capacity, but not so for family child care providers.

The large majority of respondents to the 2018 Market Rate Survey reported that numbers have remained the same across every age group. Beyond that, more providers reported a modest increase in infant and toddler numbers and a slight decrease in preschool and school age children.

4.1.3 Child care services available through grants or contracts.

c) Will the Lead Agency use grants or contracts for child care services to increase the

quality of specific types of care? Check all that apply.

- Programs to serve children with disabilities
- Programs to serve infants and toddlers
- Programs to serve school-age children
- Programs to serve children needing non-traditional hour care
- Programs to serve homeless children
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
 - Urban
 - Rural
 - Other

Describe

N/A

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)).

The Rhode Island Department of Children, Youth and Families Child Care Licensing Regulations specifically state that all providers (including those that do not participate in CCAP) shall have an open door policy permitting parents to have access to the facility anytime their child is in attendance. In addition, providers participating in CCAP subsidized programs enter into an agreement with the Lead Agency (DHS.) That agreement includes language around affording parents unlimited access to their children.

License-exempt providers receiving CCDF funds sign an agreement with the lead agency that includes language ensuring that parents have unrestricted access to their children while in their care.

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

No.

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

Restricted based on minimum the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

Describe:

License-exempt providers are limited to caring for up to six (6) related children if an acceptable degree of relationship to the provider 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.

Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2).

Describe:

The provider must be at least twenty-one (21) years old as verified by a birth certificate or other legal document that contains the provider's date of birth.

Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).

Describe:

N/A

Restricted to care by relatives.

Describe:

Beginning October 1, 2018, only relative-care license-exempt providers will be approved by the Department of Human Services.

- Restricted to care for children with special needs or a medical condition.

Describe:

N/A

- Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.

Describe:

The provider must complete a Health and Safety Training module prior to receiving CCDF payment for child care services.

- Other.

Describe:

License-exempt providers are limited to caring for up to six (6) related children if an acceptable degree of relationship to the provider 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.

4.2 Assessing Market Rates and Child Care Costs

Lead Agencies have the option to conduct a statistically valid and reliable (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 and/or (2) an alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to model what expected costs would be incurred by child care providers and parents under different cost scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

Note - Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08>). Advance approval is not required if the Lead Agency plans to implement both a market rate survey and an alternative methodology.

In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.
- Describe how the Lead Agency will consult with the State's Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.
- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.
- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care'such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.
- Describe how the alternative methodology will use current, up to date data.
- Describe the estimated reporting burden and cost to conduct the approach.

4.2.1 Please identify the methodology(ies) used below to assess child care prices and/or costs.

MRS

Alternative methodology.

Describe:

In addition to conducting a Market Rate Survey, the Lead Agency (DHS)coordinates

with many key stakeholders across the state to assess needs in order to make a determination of which needs are most pressing and how best to target state and CCDF funds to build the supply of quality care for particular populations. The Early Learning Council, the Permanent Legislative Commission on Child Care and the RI Children's Cabinet are the primary mechanisms to solicit additional feedback on the existing needs within the early learning workforce.

Both.

Describe:

N/A

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors (98.45 (e)).

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

The Market Rate Survey is coordinated with the State's Early Learning Council, the Permanent Legislative Child Care Commission and distributed to all child care providers and community partners.

The development of the Market Rate Survey was done in close consultation and coordination with local child care administrators, teachers, directors and caregivers. Members of these groups participate in the Early Learning Council (SAC,) Rhode Island Children's Cabinet, quarterly All Provider Meetings hosted by the Lead Agency (DHS) and Permanent Legislative Commission on Child Care. Key stakeholders and advocates in early childhood proposed recommendations for the development of the Market Rate Survey.

b) Local child care program administrators:

Local child care program administrators were consulted during All Provider Meetings, Early Learning Council (SAC,) Rhode Island Children's Cabinet and Permanent Legislative Commission on Child Care.

c) Local child care resource and referral agencies:

The Lead Agency (DHS) makes the Market Rate Survey available on the DHS website and coordinates its distribution with RIAEYC, the organization who manages and oversees the state's quality rating system and operates as the referral source. RIAEYC, as well as other key stakeholders and community organizations, sent reminders to providers to complete the Market Rate Survey.

d) Organizations representing caregivers, teachers, and directors:

The Market Rate Survey is distributed to all licensed child care providers through the Lead Agency's listserv, as well as coordinated with other organizational bodies. Organizations representing caregivers, teachers and directors were consulted at the following meetings: Early Learning Council (SAC,) Rhode Island Children's Cabinet, Permanent Legislative Commission on Child Care and All Provider Meetings led by the Lead Agency (DHS.)

e) Other. Describe:

N/A

4.2.3 Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data, such as child care resource and referral data, if they are representative of the market. If an alternative methodology, such as cost modeling, is used, demonstrate that the methodology used reliable methods.

All family child care homes and child care centers licensed by the Rhode Island Department of Children, Youth and Families were included in the state of Rhode Island's 2018 Market

Rate Survey. Every Center received an English questionnaire. Homes received either an English or a Spanish questionnaire depending on DCYF's record of their preferred language. Participants were mailed a paper survey which included a postage-paid return envelope. They were also emailed a notice, and later a follow-up postcard and another email, in either English or Spanish, and an electronic version of the survey was available online. Two email notices and a postcard mailing with the electronic link were sent as reminders, along with communication from provider organizations, all of which helped to secure a 58.9% response rate. There was a 57.2% response rate from Homes and 60.8% from Centers. Since all Homes and Centers licensed by DCYF were included in the survey, there is no concern with sampling error. Unlike in past surveys, the response rate for Centers was only slightly higher than that for Homes. Therefore, aggregate measures reflect both Homes and Centers. As well, in the Market Rate Survey, responses are disaggregated so that results for Home and Centers can be seen separately. Also, the proportion of Spanish and English speaking respondents is the same, reducing response bias based on language.

4.2.4 Describe how the market rate survey or alternative methodology reflects variations in the price or cost of child care services by:

a) Geographic area (e.g., statewide or local markets). Describe:

The Market Rate Survey compares the geographic dispersion of respondents (all and broken down by provider type) within the child care provider population. Most communities are represented in the pool of respondents in relatively close relation to their presence in the actual population.

b) Type of provider. Describe:

All licensed child care programs were surveyed. Responses were compared both as a whole and dis-aggregated by provider type (centers and homes.)

c) Age of child. Describe:

The survey compared weekly rates as they aligned with the State's defined age categories of Infant (0-18 months,) Toddler (18-36 months,) preschool (3-5 years,) and school age (5-12 years.)

d) Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level.

In addition to rates, RI's Market Rate Survey also looks at characteristics of providers, such as hours of operation, number of children served, % of enrollment that is CCAP, how providers charge parents, and other fees charged to families.

4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, pre-K standards, Head Start performance standards, or State defined quality measures.)

Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)). by responding to the questions below.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). 08/25/2018

b) Date the report containing results was made widely available - no later than 30 days after the completion of the report. 08/30/2018

c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The completed 2018 Market Rate Survey was distributed to all licensed child care providers and community partners. The full report was posted on the DHS website, <http://www.dhs.ri.gov/Programs/CCAPProviderResourceNewPageLAC.php>. The Market Rate Survey was also made available to the State Advisory Council, the Early Learning Council, for discussion and feedback.

d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

The State Advisory Council, as well as all community partners and providers, weighed in on the development of the 2018 Market Rate Survey. All partners/providers supported the Department (Lead Agency) in sharing the survey to ensure a high participation rate representative of all programs across the state of Rhode Island.

The finalized 2018 Market Rate Survey will be shared at a number of public venues to solicit additional feedback from key stakeholders and community partners. Namely, the Early Learning Council, All Provider Meeting and the Permanent Legislative Commission on Child Care.

4.3 Setting Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or alternative methodology, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF funds. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. Percentiles are not required if the Lead Agency conducted an alternative methodology only (with pre-approval from ACF), but must be reported if the Lead Agency conducted an MRS alone or in combination with an alternative methodology. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based 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. Please use the most populous geographic region (area serving highest number of CCDF children) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an alternative methodology, then reporting of percentiles is not required.

a) Infant (6 months), full-time licensed center care in the most populous geographic region

Rate \$ 198.48 per weekly unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 4th

b) Infant (6 months), full-time licensed FCC home in the most populous geographic region

Rate \$ 175.94 per weekly unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 41st

c) Toddler (18 months), full-time licensed center care in the most populous geographic region

Rate \$ 198.48 per weekly unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 10th

d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region

Rate \$ 175.94 per weekly unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 53rd

e) Preschooler (4 years), full-time licensed center care in the most populous geographic region

Rate \$ 165.75 per weekly unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 11th

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region

Rate \$ 159.95 per weekly unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 35th

g) School-age child (6 years), full-time licensed center care in most populous geographic region

Rate \$ 146.26 per weekly unit of time (e.g., daily, weekly, monthly, etc.)

Percentile of most recent MRS: 99th

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region

Rate \$ 151.41 per weekly unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 96th

i) Describe how part-time and full-time care were defined and calculated.

Full-time care is defined as thirty (30) hours per week or more.

Three quarter time care is defined as twenty (20) to twenty-nine (29) hours per week.

Half time care is defined as ten (10) to nineteen (19) hours per week.

Quarter time care is defined as zero (0) to nine (9) hours per week.

j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). 07/01/2018

k) Identify the most populous area of the state used to complete the responses above.

Providence County represents 74.2% of the respondents to the Market Rate Survey.

l) Provide the citation or link, if available, to the payment rates.

<http://www.dhs.ri.gov/Regulations/218-RICR-20-00-04ChildCareAssistanceProgram.pdf>

m) If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

N/A

4.3.2 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an alternative methodology, and the amount of the rate. Check all that apply.

Differential rate for *non-traditional hours*.

Describe:

N/A

Differential rate for *children with special needs*, as defined by the state/territory.

Describe:

N/A

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:

Tiered rates of reimbursement are applied to infant/toddler and preschool rates based on a provider's quality rating, as defined by the state's quality rating improvement system, BrightStars.

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:

N/A

Differential rate for higher quality, as defined by the state/territory.

Describe:

The Lead Agency (DHS) implemented Tiered Reimbursement Rates for center-based providers serving infants/toddlers and preschoolers effective July 1, 2018 as outlined in Article 15 of the State of Rhode Island's approved budget. Rates for center-based providers are directly tied to their quality rating, as defined by the state's quality rating improvement system, BrightStars.

For infant/toddler care, tier one shall be reimbursed two and one-half percent (2.5%) above the FY 2018 weekly amount, tier two shall be reimbursed five percent (5%) above the FY 2018 weekly amount, tier three shall be reimbursed thirteen percent (13%) above the FY 2018 weekly amount, tier four shall be reimbursed twenty percent (20%) above the FY 2018 weekly amount and tier five shall be reimbursed thirty-three percent (33%)

above the FY 2018 weekly amount. The tier five rates for centers reflects the 67th percentile for infants, and 79th for toddlers.

For pre-school reimbursement rates, the tier one shall be reimbursed two and one-half (2.5%) percent above the FY 2018 weekly amount, tier two shall be reimbursed five percent (5%) above the FY 2018 weekly amount, tier three shall be reimbursed ten percent (10%) above the FY 2018 weekly amount, tier four shall be reimbursed thirteen percent (13%) above the FY 2018 weekly amount, and tier five shall be reimbursed twenty-one percent (21%) above the FY 2018 weekly amount.

Other differential rates or tiered rates.

Describe:

N/A

Tiered or differential rates are not implemented.

4.4 Summary of Facts Used To Determine That Payment Rates Are Sufficient To Ensure Equal Access

4.4.1 Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):

a) Describe how a choice of the full range of providers eligible to receive CCDF is made available; the extent to which eligible child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices.

All child care programs (family child care and center-based) licensed by the Rhode Island Department of Youth and Families (DCYF) were included in the 2018 Market Rate Survey. The purpose of the 2018 Market Rate Survey is to assist the Lead Agency, DHS, in determining the appropriate maximum reimbursement rates for child care services provided to families participating in the DHS Child Care Assistance Program (CCAP.) The study was conducted to determine child care rates charged throughout Rhode Island

and to establish the 75th percentile rate. The Lead Agency uses the 75th percentile as a benchmark for payments to 5-Star (high quality) programs serving infants and toddlers in center-based care in Rhode Island.

Centers and Homes (across all geographic counties in Rhode Island) are consistent in their enrollment of subsidized families. According to the 2018 Market Rate Survey, 85.5% of respondents (both family child care and center-based care) accept DHS subsidized CCAP families.

b) Describe how payment rates are adequate and have been established based on the [most recent MRS or alternative methodology](#) . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

The Lead Agency (DHS) used the 2018 Market Rate Survey to establish rates for all CCAP providers.

Effective July 1st 2018, rate increases went into effect for all CCAP providers as a result of the Market Rate Survey.

Based on the most recent Market Rate Survey, tiered reimbursement rates were implemented for center-based providers serving infants, toddlers and preschoolers. The fifth tier (5-Star programs serving infants and toddlers) is reflective of the 75th percentile of the 2018 Market Rate Survey. All tiers for infant/toddler and preschool rates for centers were increased as a result of the most recent Market Rate Survey.

Additionally, as a result of the most recent Market Rate Survey, all family child care and license-exempt providers received a 2.5% base rate increase, effective January 1, 2018.

The base rates seem to be adequate to maintain the supply of licensed child care and provide access for families with a CCAP certificate. Only 1% of the families receiving CCAP chose to use license-exempt care. DCYF's child care licensing unit conducts inspections regularly and 97% of licensed centers and 99% of licensed family child care homes are in substantial compliance with major health and safety regulations. Rhode Island's licensing regulations meet most national benchmarks for health and safety.

Rhode Island continues to monitor its base rates and uses the Provider Cost of Quality Calculator (PCQC) to assess whether programs have adequate funding to meet staffing requirements while paying at least minimum wage.

c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF.

Base rates enable both family child care and center-based providers to meet health, safety, quality and staffing requirements under CCDF.

Additional resources through quality contracts are available to support programs in advancing their quality rating in order to achieve a higher reimbursement rate.

The base rates seem to be adequate to maintain the supply of licensed child care and provide access for families with a CCAP certificate. Only 1% of the families receiving CCAP chose to use license-exempt care. DCYF's child care licensing unit conducts inspections regularly and 97% of licensed centers and 99% of licensed family child care homes are in substantial compliance with major health and safety regulations. Rhode Island's licensing regulations meet most national benchmarks for health and safety. Rhode Island continues to monitor its base rates and uses the Provider Cost of Quality Calculator (PCQC) to assess whether programs have adequate funding to meet staffing requirements while paying at least minimum wage.

d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, Pre-K standards, Head Start performance standards, or State defined quality measures).

Based on the most recent Market Rate Survey results, the Lead Agency (DHS) implemented tiered reimbursement rates, effective 7/1/18, for all center-based providers serving infants/toddlers and preschoolers. Reimbursement rates for center-based providers are dependent upon their quality rating as defined by the quality rating improvement system, BrightStars.

Additionally, family child care providers received a 2.5% base rate increase applied to their step level. Step levels are defined by a provider's experience and level of credentials, a key factor in differentiating quality.

Family child care providers will be phased into tiered reimbursement rates for the 2019 fiscal year.

Both family child care and center-based providers received increases to their base rates (centers receiving tiered rates tied to their quality rating) based on results of the most recent Market Rate Survey. Infant/toddler rates were increased to the 75th PCTL for 5-Star providers.

e) How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF funds (98.16 (k))? Check all that apply.

Limit the maximum co-payment per family.

Describe: .

N/A

Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

Level 0 is defined as a family having a federal poverty level less than or equal to 100%. There is no family share applied at level 0.

Level 1 is defined as a family being above 100% up to and including 125% of the federal poverty level. Their family share is 2% of countable cross income at level 1.

Level 2 is defined as a family being above 125% up to and including 150% of the federal poverty level. Their family share is 5% of countable gross income.

Level 3 is defined as a family being above 150% up to and including 180% of the federal poverty level. Their family share is 8% of countable gross income.

Level 4 is defined as a family being above 180% up to and including 200% of the federal poverty level. Their family share is 10% of countable gross income.

Level 5 is defined as a family being above 200% up to and including 225% of the federal poverty level. Their family share is 14% of countable gross income.

Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.1.7.

Eligible families with countable income above 100% of the federal poverty limit shall pay a share of the expense for child care services. The family shall be assessed for a share of the cost for authorized services (formerly referred to as a co-payment) based on a percentage of the gross countable income for families at each level.

The family share and income guidelines are set in accordance with the CCAP Cost-Sharing Payment Rate Table. The income levels and percentage range of family shares are listed above for all five levels.

Other.

Describe:

N/A

f) To support parental choice and equal access to the full range of child care options, does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

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 promotes affordability and access for families.

N/A

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.

N/A

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

N/A

g) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers.

Lead Agency uses the Market Rate Survey as a benchmark to determine fair, and adequate, reimbursement rates for subsidized care. Of the approximately 86% of providers who accept subsidized children, family child care homes and centers are about equally represented, even though the distribution pattern in the percentage of children they enroll differs. Of all respondents to the 2018 Market Rate Survey who reported experiencing a decrease in the number of subsidized children, only 17% (almost all from centers) indicated that insufficient reimbursement rates were the cause. Lead Agency will continue to prioritize adequate reimbursement rates for all providers which support

quality learning environments for all ages of children.

The most recent Market Rate Survey validates the Lead Agency's (DHS) payment practices as aligning with the private pay market. Examples of this include the Lead Agency's payment practices to issue timely payment to providers serving CCAP children within 13 business days and honoring quarter-time, part-time, three-quarter-time and full-time subsidies.

h) Describe how and on what factors the Lead Agency differentiates payment rates.

Check all that apply.

Geographic area.

Describe:

N/A

Type of provider.

Describe:

Different rates are paid to centers, family child care providers and license-exempt providers.

Age of child.

Describe:

Different rates are paid for infants/toddlers, preschoolers and school age children.

Quality level.

Describe:

For infant/toddler child care, tier one shall be reimbursed two and one-half percent (2.5%) above the FY 2018 weekly amount, tier two shall be reimbursed five percent (5%) above the FY 2018 weekly amount, tier three shall be reimbursed thirteen percent (13%) above the FY 2018 weekly amount, tier four shall be reimbursed twenty percent (20%) above the FY 2018 weekly amount, and tier five shall be reimbursed thirty-three percent (33%) above the FY 2018 weekly amount. The tier five rates for center-based providers is at the 67th percentile for infants, and 79th percentile for toddlers.

For pre-school reimbursement rates, the tier one shall be reimbursed two and one-

half (2.5%) percent above the FY 2018 weekly amount, tier two shall be reimbursed five percent (5%) above the FY 2018 weekly amount, tier three shall be reimbursed ten percent (10%) above the FY 2018 weekly amount, tier four shall be reimbursed thirteen percent (13%) above the FY 2018 weekly amount, and tier five shall be reimbursed twenty-one percent (21%) above the FY 2018 weekly amount.

Other.

Describe:

Authorized hours:

Full Time: 30 hours or more per week

Three Quarter Time: 20-29 hours per week

Half Time: 10-19 hours per week

Quarter Time: 0-9 hours per week

i) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access. Check all that apply and describe:

Payment rates are set at the 75th percentile benchmark or higher of the most recent MRS.

Describe:

Payment rates are set at the 75th percentile benchmark for infants/toddlers in tier-five center-based providers.

Based on the approved alternative methodology, payments rates ensure equal access.

Describe:

N/A

Feedback from parents, including parent surveys or parental complaints.

Describe:

N/A

Other.

Describe:

N/A

4.5 Payment Practices and the Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, 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 (658E(c)(2)(S); 98.45(l)(3)).

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to 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 establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.5.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

a) Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

N/A

Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

Payments to providers are made 13 days from the due date for receipt of a billing invoice from the provider.

b) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

N/A

Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

When a child is enrolled with a licensed provider, DHS shall make payment for up to five (5) days per month of CCAP authorized child care services during which an eligible child is absent and the parent authorizes payment.

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Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

N/A

c) The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

CCAP child care services are authorized as follows:

- Full-time, for thirty (30) or more hours per week;
- Three-quarter time from twenty (20) up to twenty-nine (29) hours per week.
- Half-time, from ten (10) up to nineteen (19) hours per week; and
- Quarter time, for less than nine (9) hours per week.

ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

In 2015, Rhode Island completed contract negotiations with SEIU 1199NE, as the union representative for home-based providers (both licensed and license exempt) who participate in the Child Care Assistance Program. As part of these negotiations, licensed family child care providers who charge a registration fee to private pay families will be reimbursed up to \$50 per child as a registration fee for CCDF subsidized families. In the 2018 renegotiations with SEIU 1199NE, this policy was upheld.

The Lead Agency (DHS) does not reimburse center-based providers for registrations fees, as this is not defined as common practice for the state. According to the latest Market Rate Survey, only 34.4% of center-based providers reported charging registration fees.

d) 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. Describe:

Information regarding payment, rates, schedules and any fees are outlined in the provider application packet which is signed and then notarized. This information is also reviewed in our provider trainings which are offered monthly for all new providers.

e) 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.

Describe:

When there is a change to a family's schedule or income, the RIBridges eligibility system auto-generates a notice to the child care provider informing them of any changes in the family's time authorization or family co-payment amount. This notice is sent 10 days prior to any changes taking effect.

f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

A written Request for Hearing form must be submitted, signed & dated by the provider, and received by 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 the individual and the appropriate agency representative and his/her supervisor to clarify the issue and seek resolution. If the individual is still unsatisfied, a date is then set for an Appeal Hearing. At the hearing, the appeals officer endeavors to bring out all relevant facts bearing on the situation at the time of the questioned agency action or inaction and on agency policies pertinent to the issue. A decision letter will be prepared by the hearing officer and a copy sent to the provider. If unsatisfied with the outcome, an individual may appeal the decision of the hearing officer to the RI Superior Court.

g) Other. Describe:

N/A

4.5.2 Do payment practices vary across regions, counties, and/or geographic areas?

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

N/A

4.6 Supply-Building Strategies to Meet the Needs of Certain Populations

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours (658 E(c)(2)(M); 98.16 (x)).

4.6.1 Lead Agencies must identify shortages in the supply of high-quality child care providers. List the data sources used to identify shortages, and describe the method of tracking progress to support equal access and parental choice.

In licensed family child care.

According to the RI KIDS COUNT 2018 Factbook, only 1% of licensed family child care providers have a high-quality rating. The Lead Agency (DHS) is working with its contractors (the Center for Early Learning Professionals and Ready to Learn Providence) to prioritize professional development and technical assistance resources to support those family child care providers rated with a lower quality rating (1 and 2 stars) to improve their rating.

The Lead Agency (DHS) is also working closely with SEIU 1199 (the union representation for family child care providers) to develop tailored professional development plans for family child care providers to improve their quality rating. As part of SEIU 1199's Collective Bargaining Agreement with the state, a training fund to support ongoing professional development for family child care providers will be established.

In licensed child care centers.

According to the RI KIDS COUNT 2018 Factbook, only 20% of licensed child care centers and preschools have a high-quality rating. The Lead Agency (DHS) is working with its contractors (the Center for Early Learning Professionals and Ready to Learn Providence) to prioritize professional development and technical assistance resources to support those centers rated with a lower quality rating (1 and 2 stars,) who work with high percentages of CCDF children, to improve their rating.

The Lead Agency also works closely with its state institutions to develop, and strengthen, pathways for the early learning workforce which will support the recruitment, and retention, of quality teachers in early learning centers.

Other.

N/A

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

a) Children in underserved areas. Check and describe all that apply.

Grants and contracts (as discussed in 4.1.3).

Describe:

N/A

Family child care networks.

Describe:

N/A

Start-up funding.

Describe:

N/A

[Technical assistance support.](#)

[Describe:](#)

Coaching and mentoring is embedded in the ECETP 12 credit & CDA programs at the Community College of Rhode Island and the Rhode Island College bilingual infant toddler program. Family Care Providers have access to on-site technical assistance and mentoring through the Department's contract with Roger Williams University's Ready to Learn Providence Program. Ready to Learn is a recognized leader in providing high-quality professional development, in Spanish and English, to the early learning workforce.

Additionally, both the Center for Early Professionals and Ready to Learn Providence (Contracts held by the Lead Agency) offer and provide on-site technical assistance and training to providers.

[Recruitment of providers.](#)

[Describe:](#)

N/A

[Tiered payment rates \(as discussed in 4.3.2\).](#)

[Describe:](#)

Effective July 1, 2018, the maximum infant/toddler and pre-school age reimbursement rates to be paid by the Departments of Human Services and Children, Youth and Families for licensed child care centers shall be implemented in a tiered manner, reflective of the quality rating the provider has achieved within the state's quality rating system, BrightStars.

[Support for improving business practices, such as management training, paid sick leave, and shared services.](#)

[Describe:](#)

Rhode Island passed the Healthy and Safe Families and Workplaces Act which goes into effect July 1, 2018. The new law applies to employers with 18 or more employees. It requires employers to allow employees to accrue and use paid sick and safe leave time for the employees, themselves, as well as to assist family members. The law requires employers to give employees one leave hour for every 35 hours worked. Employees may use up to (but not more than) 24 hours of leave

in 2018, 32 hours in 2019 and 40 each following year. Family Child Care providers are covered under this act.

The Lead Agency contracts with the Center for Early Learning Professionals to provide pre-licensure training to all family child care providers. Participants receive a thorough grounding in the state's child care licensing regulations with an emphasis on policies and practices that promote children's health and safety in the child care setting. In addition, participants learn about business practices, fiscal management and marketing strategies and receive support for creating a business plan, budget, and marketing plan. This training is available in both English and Spanish.

The Center offers two distinct professional development series entitled Strengthening Business Practices - one series for center directors and one for family child care owners/providers. Center directors learn about sound systems for fiscal management, marketing and human resources and complete a self-assessment of their own program's practices using the Program Administration Scale (PAS) tool. The series for family child care owners/providers focuses on important elements for successfully managing a small business including budgeting, record keeping and marketing and are introduced to the Business Administration Scale (BAS) tool. Both the PAS and the BAS are nationally-recognized tools for measuring the quality of business practices in family child care and center-based settings. The Center offers the family child care series in both English and Spanish. Class instructors provide follow-up on-site technical assistance to participants as requested.

[Accreditation supports.](#)

Describe:

N/A

[Child Care Health Consultation.](#)

Describe:

N/A

Mental Health Consultation.

Describe:

Lead Agency (DHS) Contracts with Emma Pendleton Bradley Hospital to design and oversee specialized support services to child care programs approved to participate in CCAP. As part of this contract, Early Childhood Mental Health Consultants (ECMHCs) employed by Bradley Hospital provide an array of child, classroom and program-level consultation supports to early learning and development programs on behalf of SUCCESS (SUpporting Children's Competencies in Emotional and Social Skills.)

Other.

Describe:

N/A

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

b) Infants and toddlers. Check and describe all that apply.

Grants and contracts (as discussed in 4.1.3).

Describe:

N/A

Family child care networks.

Describe:

N/A

Start-up funding.

Describe:

N/A

Technical assistance support.

Describe:

ECETP 12 credit & CDA programs at the Community College of Rhode Island and the Rhode Island College bilingual infant toddler program. Family Care Providers

have access to on-site technical assistance and mentoring through the Department's contract with Roger Williams University's Ready to Learn Providence Program. Ready to Learn is a recognized leader in providing high-quality professional development, in Spanish and English, to the early learning workforce.

Additionally, both the Center for Early Professionals and Ready to Learn Providence (Contracts held by the Lead Agency) offer and provide on-site technical assistance and training to providers.

[Recruitment of providers.](#)

[Describe:](#)

N/A

[Tiered payment rates \(as discussed in 4.3.2\) .](#)

[Describe:](#)

Effective July 1, 2018, the maximum infant/toddler and pre-school age reimbursement rates to be paid by the Departments of Human Services and Children, Youth and Families for licensed child care centers shall be implemented in a tiered manner, reflective of the quality rating the provider has achieved within the state's quality rating system.

[Support for improving business practices, such as management training, paid sick leave, and shared services.](#)

[Describe:](#)

Rhode Island passed the Healthy and Safe Families and Workplaces Act which goes into effect July 1, 2018. The new law applies to employers with 18 or more employees. It requires employers to allow employees to accrue and use paid sick and safe leave time for the employees, themselves, as well as to assist family members. The law requires employers to give employees one leave hour for every 35 hours worked. Employees may use up to (but not more than) 24 hours of leave in 2018, 32 hours in 2019 and 40 each following year. Family Child Care providers are covered under this act

The Lead Agency contracts with the Center for Early Learning Professionals to

provide pre-licensure training to all family child care providers. Participants receive a thorough grounding in the state's child care licensing regulations with an emphasis on policies and practices that promote children's health and safety in the child care setting. In addition, participants learn about business practices, fiscal management and marketing strategies and receive support for creating a business plan, budget, and marketing plan. This training is available in both English and Spanish.

The Center offers two distinct professional development series entitled Strengthening Business Practices - one series for center directors and one for family child care owners/providers. Center directors learn about sound systems for fiscal management, marketing and human resources and complete a self-assessment of their own program's practices using the Program Administration Scale (PAS) tool. The series for family child care owners/providers focuses on important elements for successfully managing a small business including budgeting, record keeping and marketing and are introduced to the Business Administration Scale (BAS) tool. Both the PAS and the BAS are nationally-recognized tools for measuring the quality of business practices in family child care and center-based settings. The Center offers the family child care series in both English and Spanish. Class instructors provide follow-up on-site technical assistance to participants as requested.

[Accreditation supports.](#)

Describe:

N/A

[Child Care Health Consultation.](#)

Describe:

N/A

[Mental Health Consultation.](#)

Describe:

Lead Agency (DHS) contracts with Emma Pendleton Bradley Hospital to provide Early Childhood Mental Health Consultation services in early learning and

development programs throughout the state of Rhode Island. As part of this contract, Early Childhood Mental Health Consultants (ECMHCs) employed by Bradley Hospital will provide an array of child, classroom and program-level consultation supports to early learning and development programs on behalf of SUCCESS (SUpporting Children's Competencies in Emotional and Social Skills.)

Other.

Describe:

N/A

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

c) Children with disabilities. Check and describe all that apply.

Grants and contracts (as discussed in 4.1.3).

Describe:

N/A

Family child care networks.

Describe:

N/A

Start-up funding.

Describe:

N/A

Technical assistance support.

Describe:

ECETP 12 credit & CDA programs at the Community College of Rhode Island and the Rhode Island College bilingual infant toddler program. Family Care Providers have access to on-site technical assistance and mentoring through the Department's contract with Roger Williams University's Ready to Learn Providence Program. Ready to Learn is a recognized leader in providing high-quality professional development, in Spanish and English, to the early learning workforce.

Additionally, both the Center for Early Professionals and Ready to Learn Providence (Contracts held by the Lead Agency) offer and provide on-site technical assistance and training to providers.

Recruitment of providers.

Describe:

N/A

Tiered payment rates (as discussed in 4.3.2).

Describe:

Effective July 1, 2018, the maximum infant/toddler and pre-school age reimbursement rates to be paid by the Department of Human Services for licensed child care centers shall be implemented in a tiered manner, reflective of the quality rating the provider has achieved within the state's quality rating system

Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Rhode Island passed the Healthy and Safe Families and Workplaces Act which goes into effect July 1, 2018. The new law applies to employers with 18 or more employees. It requires employers to allow employees to accrue and use paid sick and safe leave time for the employees, themselves, as well as to assist family members. The law requires employers to give employees one leave hour for every 35 hours worked. Employees may use up to (but not more than) 24 hours of leave in 2018, 32 hours in 2019 and 40 each following year. Family Child Care providers are covered under this act.

The Lead Agency contracts with the Center for Early Learning Professionals to provide pre-licensure training to all family child care providers. Participants receive a thorough grounding in the state's child care licensing regulations with an emphasis on policies and practices that promote children's health and safety in the child care setting. In addition, participants learn about business practices, fiscal management and marketing strategies and receive support for creating a business

plan, budget, and marketing plan. This training is available in both English and Spanish.

The Center offers two distinct professional development series entitled Strengthening Business Practices - one series for center directors and one for family child care owners/providers. Center directors learn about sound systems for fiscal management, marketing and human resources and complete a self-assessment of their own program's practices using the Program Administration Scale (PAS) tool. The series for family child care owners/providers focuses on important elements for successfully managing a small business including budgeting, record keeping and marketing and are introduced to the Business Administration Scale (BAS) tool. Both the PAS and the BAS are nationally-recognized tools for measuring the quality of business practices in family child care and center-based settings. The Center offers the family child care series in both English and Spanish. Class instructors provide follow-up on-site technical assistance to participants as requested.

[Accreditation supports.](#)

[Describe:](#)

N/A

[Child Care Health Consultation.](#)

[Describe:](#)

N/A

[Mental Health Consultation.](#)

[Describe:](#)

Lead Agency (DHS) contracts with Emma Pendleton Bradley Hospital to provide Early Childhood Mental Health Consultation services in early learning and development programs throughout the state of Rhode Island. As part of this contract, Early Childhood Mental Health Consultants (ECMHCs) employed by Bradley Hospital will provide an array of child, classroom and program-level consultation supports to early learning and development programs on behalf of SUCCESS (SUpporting Children's Competencies in Emotional and Social Skills.)

Other.

Describe:

N/A

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

d) Children who receive care during non-traditional hours. Check and describe all that apply

Grants and contracts (as discussed in 4.1.3).

Describe:

N/A

Family child care networks.

Describe:

N/A

Start-up funding.

Describe:

N/A

Technical assistance support.

Describe:

ECETP 12 credit & CDA programs at the Community College of Rhode Island and the Rhode Island College bilingual infant toddler program. Family Care Providers have access to on-site technical assistance and mentoring through the Department's contract with Roger Williams University's Ready to Learn Providence Program. Ready to Learn is a recognized leader in providing high-quality professional development, in Spanish and English, to the early learning workforce.

Additionally, both the Center for Early Professionals and Ready to Learn Providence (Contracts held by the Lead Agency) offer and provide on-site technical assistance and training to providers.

Recruitment of providers.

Describe:

N/A

Tiered payment rates (as discussed in 4.3.2) .

Describe:

Effective July 1, 2018, the maximum infant/toddler and pre-school age reimbursement rates to be paid by the Department of Human Services for licensed child care centers shall be implemented in a tiered manner, reflective of the quality rating the provider has achieved within the state's quality rating system

Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Rhode Island passed the Healthy and Safe Families and Workplaces Act which goes into effect July 1, 2018. The new law applies to employers with 18 or more employees. It requires employers to allow employees to accrue and use paid sick and safe leave time for the employees, themselves, as well as to assist family members. The law requires employers to give employees one leave hour for every 35 hours worked. Employees may use up to (but not more than) 24 hours of leave in 2018, 32 hours in 2019 and 40 each following year. Family Child Care providers are covered under this act.

The Lead Agency contracts with the Center for Early Learning Professionals to provide pre-licensure training to all family child care providers. Participants receive a thorough grounding in the state's child care licensing regulations with an emphasis on policies and practices that promote children's health and safety in the child care setting. In addition, participants learn about business practices, fiscal management and marketing strategies and receive support for creating a business plan, budget, and marketing plan. This training is available in both English and Spanish.

The Center offers two distinct professional development series entitled

Strengthening Business Practices - one series for center directors and one for family child care owners/providers. Center directors learn about sound systems for fiscal management, marketing and human resources and complete a self-assessment of their own program's practices using the Program Administration Scale (PAS) tool. The series for family child care owners/providers focuses on important elements for successfully managing a small business including budgeting, record keeping and marketing and are introduced to the Business Administration Scale (BAS) tool. Both the PAS and the BAS are nationally-recognized tools for measuring the quality of business practices in family child care and center-based settings. The Center offers the family child care series in both English and Spanish. Class instructors provide follow-up on-site technical assistance to participants as requested.

Accreditation supports.

Describe:

N/A

Child Care Health Consultation.

Describe:

N/A

Mental Health Consultation.

Describe:

Lead Agency (DHS) contracts with Emma Pendleton Bradley Hospital to provide Early Childhood Mental Health Consultation services in early learning and development programs throughout the state of Rhode Island. As part of this contract, Early Childhood Mental Health Consultants (ECMHCs) employed by Bradley Hospital will provide an array of child, classroom and program-level consultation supports to early learning and development programs on behalf of SUCCESS (SUpporting Children's Competencies in Emotional and Social Skills.)

Other.

Describe:

N/A

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

e) Other. Check and describe all that apply:

Grants and contracts (as discussed in 4.1.3).

Describe:

N/A

Family child care networks.

Describe:

N/A

Start-up funding.

Describe:

N/A

Technical assistance support.

Describe:

N/A

Recruitment of providers.

Describe:

N/A

Tiered payment rates (as discussed in 4.3.2).

Describe:

N/A

Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

N/A

Accreditation supports.

Describe:

N/A

Child Care Health Consultation.

Describe:

N/A

Mental Health Consultation.

Describe:

N/A

Other.

Describe:

N/A

4.6.3 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.

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

In Rhode Island, the Child Care Assistance Program functions as an entitlement, with all eligible families being served. In the strictest sense, access to child care is open to all eligible families, including those in concentrated areas of poverty and unemployment. Access to high quality is limited only by the availability of high quality care in the selected area.

b) 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 high-quality programs

The Lead Agency is committed to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs.

Tiered reimbursement rates for center-based providers is one strategy to support prioritization of increased access to high-quality child care.

5 Establish Standards and Monitoring Processes To Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children, whether they are licensed or license-exempt. These health and safety requirements 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.

The organization of this section begins with a description of the licensing system for providers of child care in a state or territory and then moves to focus in on CCDF providers who may be licensed, exempt from licensing, or relative providers. The section then covers the health and safety requirements and training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Lead Agencies are also asked to describe any exemptions for relative providers (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children.

Note: When responding to questions in this section, the OCC recognizes that each State/Territory identifies and defines its own categories of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories of care. For

these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements are in effect for all child care staff members that are licensed, regulated or registered under state/territory law and all other providers eligible to deliver CCDF services.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check all that apply and provide a citation to the licensing rule.

Center-based child care.

Describe and Provide the citation:

New DCYF licensing regulations for center-based programs were promulgated in September 2017. The purpose of these new regulations is to safeguard the well-being of the children served. Granting a license means that there is clear evidence that the building and grounds are safe, staff are appropriately trained and the program reflects an understanding of the healthy growth and development of children. The license provides assurance to families and the community that the children are cared for in a safe, healthy environment with appropriate activities, schedules, food, materials and equipment and that staff encourage and support the children's physical, social, emotional and intellectual

growth.

For licensed center-based child care providers, licensing regulations are located at http://www.dcyf.ri.gov/licensing_php

Citation: Child Care Center and School Age Program Regulations for Licensure (214-RICR-40-00-1)

Family child care.

Describe and Provide the citation:

The current family child care (fcc) provider regulations are located at:

http://www.dcyf.ri.gov/licensing_php

The purpose of these regulations is to safeguard the well-being of the children served. Granting a license means that there is clear evidence that the building and grounds are safe, staff are appropriately trained and the program reflects an understanding of the healthy growth and development of children. The license provides assurance to families and the community that the children are cared for in a safe, healthy environment with appropriate activities, schedules, food, materials and equipment and that staff encourage and support the children's physical, social, emotional and intellectual growth. New fcc regulations will be promulgated in the fall of 2018 and will align with the new center regulations.

Citations: Family Child Care Home Regulations for Licensure (214-RICR-40-00-2); [Group Family Child Care Home Regulations for Licensure \(214-RICR-40-00-7\)](#)

In-home care (care in the child's own home).

Describe and provide the citation (if applicable):

N/A

5.1.2 Describe if any providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)).

Note: Additional information about exemptions related to CCDF providers is required in 5.1.3.

Per RI General Law 42-72.1, the licensing requirement does not apply to shelter operations for parents with children, boarding schools, recreation camps, nursing homes, hospitals, maternity residences, and centers for developmentally disabled children, or programs of educational services subject to approval by the commissioner of elementary and secondary education, and for family home care, does not apply to individuals whocare for less than four (4) unrelated children.

To ensure the health and safety of the children enrolled with a license exempt relative provider, the following is required. As of October 1, 2018, the only license exempt DHS approved CCAP providers will be relatives. These providers must complete the online health and safety training modules before they can participate in the subsidy program. They must also conduct a background clearance performed by DCYF (CANTS), and a criminal background check (also referred to as a background criminal investigation or BCI) conducted by the Rhode Island Attorney General and this is also required for all household members age 18 and over.

5.1.3 Check and describe any CCDF providers in your state/territory who are exempt from licensing (98.40(2)(i) through (iv))? Describe 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

Center-based child care.

If checked, describe the exemptions.

N/A

Family child care.

If checked, describe the exemptions.

As of October 1, 2018, the only DHS approved license exempt providers will be relatives. The provider is limited to caring for six (6) related children if an acceptable degree of relationship to the provider 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. Requirements for acceptable

degree of relationship matches the ACF definition: grandparent, aunt/uncle, sibling (if not in the same household).

In-home care.

If checked, describe the exemptions.

N/A

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.1 Standards on ratios, group sizes, and qualifications for CCDF providers.

Lead Agencies are required to establish child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories.

a) Licensed CCDF center-based care

1. Infant

-- How does the State/territory define infant (age range):

An infant is a child between 6 weeks and 18 months.

-- Ratio:

1:4

-- Group size:

8

-- Teacher/caregiver qualifications:

A person who meets all the qualifications in one of the following options may

assume the role of the teacher:

- Option 1: The individual holds a high school diploma with a vocational concentration in child care and has two years supervised experience in a licensed/approved early childhood program.
- Option 2: The individual holds a high school diploma or a General Education Development (GED) certificate and has three years supervised experience in a licensed/approved early childhood program.
- Option 3: The individual holds a CDA and has one-year supervised experience in a licensed/approved early childhood program.
- Option 4: The individual has completed 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 months supervised experience in a licensed/approved early childhood program.
- Option 5: The individual holds an associate degree or higher in a field related to early childhood education, child development, human services or recreation from an accredited institution of higher education.
- Teacher Assistant: The Teacher Assistant is responsible for supporting the Teacher. An individual must be 18 years of age and hold a High School Diploma or a GED certificate to assume the role of Teacher Assistant.

2. Toddler

-- How does the State/territory define toddler (age range):

A toddler is a child between 18 months and 36 months.

-- Ratio:

1:6

-- Group size:

12

-- Teacher/caregiver qualifications:

A person who meets all the qualifications in one of the following options may assume the role of the teacher:

- o Option 1: The individual holds a high school diploma with a vocational concentration in child care and has two years supervised experience in a licensed/approved early childhood program.
- Option 2: The individual holds a high school diploma or a General Education Development (GED) certificate and has three years supervised experience in a

- licensed/approved early childhood program.
- Option 3: The individual holds a CDA and has one-year supervised experience in a licensed/approved early childhood program.
- Option 4: The individual has completed 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 months supervised experience in a licensed/approved early childhood program.
- Option 5: The individual holds an associate degree or higher in a field related to early childhood education, child development, human services or recreation from an accredited institution of higher education.
- Teacher Assistant:
- The Teacher Assistant is responsible for supporting the Teacher. An individual must be 18 years of age and hold a High School Diploma or a GED certificate to assume the role of Teacher Assistant

3. Preschool

-- How does the State/territory define preschool (age range):

A preschooler is a child between 3 and 6 years of age and not in kindergarten.

-- Ratio:

- Preschoolers who are 3 years old require a ratio of 1:9
- Preschoolers who are 4 years old require a ratio of 1:10
- Preschoolers who are 5-6 years old and not in kindergarten require a ratio of 1:12

-- Group size:

- Preschoolers who are 3 years old require a maximum group size of 18.
- Preschoolers who are 4 years old require a maximum group size of 20.
- Preschoolers who are 5-6 years old and not in kindergarten require a maximum group size of 24.

-- Teacher/caregiver qualifications:

A person who meets all the qualifications in one of the following options may assume the role of the teacher:

o Option 1: The individual holds a high school diploma with a vocational concentration in child care and has two years supervised experience in a licensed/approved early childhood program.

- Option 2: The individual holds a high school diploma or a General Education Development (GED) certificate and has three years supervised experience in a

- licensed/approved early childhood program.
- Option 3: The individual holds a CDA and has one-year supervised experience in a licensed/approved early childhood program.
- Option 4: The individual has completed 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 months supervised experience in a licensed/approved early childhood program.
- Option 5: The individual holds an associate degree or higher in a field related to early childhood education, child development, human services or recreation from an accredited institution of higher education.
- Teacher Assistant:
- The Teacher Assistant is responsible for supporting the Teacher. An individual must be 18 years of age and hold a High School Diploma or a GED certificate to assume the role of Teacher Assistant

4. School-age

-- How does the State/territory define school-age (age range):

A school age child is at least 5 years of age, and in kindergarten, but under 16 years old.

-- Ratio:

1:13

-- Group size:

26

-- Teacher/caregiver qualifications:

The school age staff are responsible for supporting the School Age Site Coordinator. An individual must be at least 18 years of age, hold a High School Diploma or a GED certification, and have had either:

1. Formal training related to child or youth development; or
2. At least one year of supervised experience working with school age children in a group setting to assume the role of school age staff.

Substitutes:

1. Short-term substitutes meet the same qualifications as a Teacher Assistant
2. Long-term substitutes meet the staff qualifications relevant to the

position for which they are providing coverage.

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers

There are not any license-exempt child care centers.

6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups.

If age group combinations take places in any classroom, programs are required to meet the staff/child ratios, and all other associated regulations required, for the youngest aged child in the grouping. For the purposes of determining staff/child ratio and group size, a child who is transitioning may be considered as the same age group of the classroom into which the child is transitioning.

7. Describe the director qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care.

There are no variations based on the ages of the children.

Child Care Administrator

- a. The Child Care Administrator is responsible for the operation of the child care program to ensure compliance with these regulations.
- b. A person who meets all the qualifications in one of the following options may assume the role of Child Care Administrator:

Option 1: In conjunction with a full-time Education Coordinator, the program Administrator must have a High School diploma, and one year of professional experience in administration and/or business management, and one year of experience working in a licensed/approved early childhood program.

Option 2: In conjunction with a part-time Education Coordinator, the program Administrator must have successfully completed at least 12 credits in early childhood education at the post-secondary level, and two years of professional experience in administration and/or business management, and two years of experience working in a licensed/approved early childhood program.

b) Licensed CCDF family child care provider

1. Infant

-- How does the State/territory define infant (age range):

An infant is a child between the ages of 6 weeks and 18 months.

-- Ratio:

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

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

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

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

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

-- Group size:

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

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

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

-- Teacher/caregiver qualifications:

A Family Child Care provider shall be at least 21 years of age and shall show evidence of having successfully completed the following:

- a. High school or GED (Individuals holding a Family Child Care Home License issued prior to the effective date of these regulations shall not be subject to this requirement.)
- b. Current certification in CPR and First Aid
- c. Approved Family Child Care Training Program
- d. DCYF orientation for Family Child Care

Requirements for Assistants:

- Assistant shall be at least eighteen (18) years of age and shall show evidence of having current certification in CPR and First Aid.
- Provider shall orient a new assistant within the first week of work in the family child care home. The orientation shall include a review of:
 1. Family Child Care Home Regulations
 2. State laws governing child abuse and neglect
 3. Policy and procedures and other information specific to the operation of the child care home.

2. Toddler

-- How does the State/territory define toddler (age range):

A toddler is a child between the ages of 18-36 months.

-- Ratio:

- A. Family Child Care provider, who is caring for children without an assistant, shall care for no more than six (6) children at any time.
- B. If a provider who is caring for children without an assistant, cares for children under the age of eighteen (18) months, there shall be no more than four (4)

children under the age of six (6) years, and of these four (4) children, no more than two (2) shall be under the age of eighteen (18) months.

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

-- **Group size:**

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

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

-- **Teacher/caregiver qualifications:**

Family Child Care provider shall be at least 21 years of age and shall show evidence of having successfully completed the following:

- High school or GED (Individuals holding a Family Child Care Home License issued prior to the effective date of these regulations shall not be subject to this requirement.)
- Current certification in CPR and First Aid
- Approved Family Child Care Training Program
- DCYF orientation for Family Child Care

Requirements for Assistants:

- Assistant shall be at least eighteen (18) years of age and shall show evidence of having current certification in CPR and First Aid.
- Provider shall orient a new assistant within the first week of work in the family child care home. The orientation should include a review of:
 1. Family Child Care Home Regulations
 2. State laws governing child abuse and neglect
- Policy and procedures and other information specific to the operation of the child care home.

3. Preschool

-- How does the State/territory define preschool (age range):

A preschooler is a child between 3 and 6 years of age in kindergarten.

-- Ratio:

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

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

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

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-- Group size:

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

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

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

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

-- Teacher/caregiver qualifications:

A. Family Child Care provider shall be at least 21 years of age and shall show evidence of having successfully completed the following:

- ÂHigh school or GED (Individuals holding a Family Child Care Home License issued prior to the effective date of these regulations shall not be subject to this

- requirement.)
- Current certification in CPR and First Aid
 - Approved Family Child Care Training Program
 - DCYF Orientation for Family Child Care

Requirements for Assistants:

- Assistant shall be eighteen (18) years of age and shall show evidence of having current certification in CPR and First Aid.
- Providence shall orient a new assistant within the first week of work in the family child care home. The orientation shall include a review of:
 1. Family Child Care Home Regulations
 2. State laws governing child abuse and neglect
 3. Policy and procedures and other information specific to the operation of the child care home

4. School-age

-- How does the State/territory define school-age (age range):

A school age child is at least 5 years of age and in kindergarten, but under 16 years old.

-- Ratio:

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

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

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

-- Group size:

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

1. Children under six (6) years of age who live in the home shall be counted in determining the maximum number for licensure.
2. More than two (2) children between six (6) and twelve (12) years of age who live in the home and are present for four (4) consecutive hours or more during the period that child care is provided shall be counted in determining the

maximum number for licensure. Exceptions may be made for snow days, sick days, holidays and one-week school vacations.

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

-- **Teacher/caregiver qualifications:**

A Family Child Care provider shall be at least 21 years of age and shall show evidence of having successfully completed the following:

- High School or GED (individuals holding a Family Child Care Home License issued prior to the effective date of these regulations shall not be subject to this requirement.)
- Current certification in CPR and First Aid
- Approved Family Child Care Training Program
- DCYF Orientation for Family Child Care

Requirements for Assistants:

- Assistant shall be at least eighteen (18) years of age and shall show evidence of having current certification in CPR and First Aid.
- Provider shall orient a new assistant within the first week of work in the family child care home. The orientation shall include a review of:
 1. Family Child Care Home Regulations
 2. State laws governing child abuse and neglect
 3. Policy and procedures and other information specific to the operation of the child care home.

5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes

License-exempt relative providers are eligible for CCAP, are not required by law to obtain DCYF licensure but are authorized to participate in CCAP. They receive a lower CCAP payment than licensed providers. Providers in this category will only be approved if they have a CCAP pending or eligible child in their care and have been successfully screened by DHS. License-exempt relative providers are limited to caring for 6 related children if an acceptable degree of relationship to the provider can be proven. The provider's children under 6 years of age shall be included in the maximum number of 6 related children. A license-exempt provider must be at least 21 years old as verified by a birth certificate or other legal document.

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c) In-home CCDF providers:

1. Describe the ratios

N/A

2. Describe the group size

N/A

3. Describe the maximum number of children that are allowed in the home at any one time.

N/A

4. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size

N/A

5. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day

N/A

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.2 Health and safety standards for CCDF providers.

States and territories must establish health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the topics listed below, as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care providers receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

a) To certify, describe how the following health and safety standards for programs serving

children receiving CCDF assistance are defined and established on the required topics (98.16(I)). Note: This question is different from the health and safety training requirements, which are addressed in question 5.2.3.

1. Prevention and control of infectious diseases (including immunization)

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

This is under the category of Communicable Disease it stipulates that if a child or staff suffers from a communicable disease of public health significance, or in the event of any type of outbreak, there is a requirement for reporting the disease to the Department of Health, Center for Acute Infectious Disease Epidemiology. The provider must give written notice to inform all parents of the communicable disease the child(ren) may have been exposed, without providing any identifying information regarding the source of the communicable disease. For reentry there must be consultation with the physician and the Department of Health.

Child Care programs adopt policies and procedures consistent with the RI DOH's Rules and Regulations Pertaining to Immunizations and Communicable Diseases in Preschool, School or Colleges. No student shall enter a preschool (defined as a child not yet enrolled in kindergarten) without an immunization record documenting that the student has been or is age appropriately immunized in accordance with the current Recommended Childhood Immunization Schedule approved by the Advisory Committee on Immunization Practices (ACIP)/American Academy of Pediatrics(AAP)/American Academy of Family Physicians (AAFP) against diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, rubella, Haemophilus influenzae type b, hepatitis B, varicella (chickenpox), and pneumococcal disease. (citation 216-RICR-30-05-3.51)

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-- List all citations for these requirements, including those for licensed and license-exempt programs

For DCYF licensed center-based providers and school age programs

214-RICR_400-00-1.8. A. and B

216-RICR-30-05-3.51.

As of October 1, 2018, all license exempt providers approved by DHS will consist of only relative care.

Family Child Care Home Regulations for Licensure (214-RICR-40-00-2.3.4-A, F)
Group Family Child Care Home Regulations for Licensure (214-RICR-40-00-7-3.4-A, F)

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

N/A

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Yes, they are exempt.

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

There is an entire section under the Routine Care of Children which is dedicated to Sleeping, which includes AAP approved safe sleep guidelines, which includes equipment used for rest, positioning of infants and supervision, and specifically address Sudden Infant Death Syndrome and safe sleep.

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-- List all citations for these requirements, including those for licensed and license-exempt providers

For DCYF licensed center based programs:Â 214-RICR-400-00-1.9. C.

ÂAs of October 1, 2018, all license exempt providers approved by DHS will consist of only relative care.

Family Child Care Home Regulations for Licensure (214-RICR-40-00-2.3.4-A, F)

Group Family Child Care Home Regulations for Licensure (214-RICR-40-00-7-3.4-A, F)

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-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Family Child Care regulations reference direct practices to avoid SIDS and ensure safe sleep:

-- Describe any variations based on the age of the children in care

A child ages 12 months or older may, at the discretion of the parent/guardian and program, may use a cot instead of a crib.

-- Describe if relatives are exempt from this requirement

Yes, they are exempt.

3. Administration of medication, consistent with standards for parental consent

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Medication Administration requirements stipulate that all medications (prescribed or over the counter) must have a written permission from the parent/guardian, as well as order from a licensed medical professional. The regulations on to describe the five rights of medication administration, documentation logs, storage of medication, handling of emergencies with regards to medication history, and that the first dose of any medication must be administered by the parent/guardian.

-- List all citations for these requirements, including those for licensed and license-exempt providers

For center based and school age programs: 214-RICR-400-00-1.8.

As of October 1, 2018, all license exempt providers approved by DHS will consist of only relative care.

Family Child Care Home Regulations for Licensure (214-RICR-40-00-2-3-4.C)

Group Family Child Care Home Regulations for Licensure (214-RICR-40-00-7-3-4.C)

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-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

N/A

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Yes, they are exempt.

4. Prevention of and response to emergencies due to food and allergic reactions

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

To avoid emergencies due to food and allergic reactions, any child with food or other relevant allergies needs to have specialized plan developed in consort with the health care provider. Information about the allergy must be posted in the program, and the program must make provisions for protections against allergies. Programs are expected to collect information from families regarding these needs in order to develop the plan.

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-- List all citations for these requirements, including those for licensed and license-exempt providers

For DCYF Center Based and School Age programs: 214-RICR-40-00-1.8N

As of October 1, 2018, all license exempt providers approved by DHS will consist of only relative care.Â

Family Child Care Home Regulations for Licensure (214-RICR-40-00-2-3-4.A and 2-3-7.C)

Group Family Child Care Home Regulations for Licensure (214-RICR-40-00-7-3-4.A and 7-3-7.C)

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-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Providers are required to implement health plan based on information received from family and medical professional.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Yes, they are exempt.

5. Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

In addition to specifics regarding indoor and outdoor space, fire lead, radon, and asbestos inspections, the regulations regarding the physical plans state that programs are wholly responsible for ensuring that all parts of the licensed facility and program grounds are maintained in a way that ensures the health and safety of children, staff, and visitors, always. Additionally, in any event where weather or disaster compromises safety of the facility, the program ensures safe passage in and out of the program and that all structural and mechanical systems are fully functional for program operation.

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-- List all citations for these requirements, including those for licensed and license-exempt providers

The DCYF Center Based and School Age Regulations:Â 214-RICR-400-00-1.7

As of October 1, 2018, all license exempt providers approved by DHS will consist of only relative care.

Family Child Care Home Regulations for Licensure (214-RICR-40-00-2-3-3)

Group Family Child Care Home Regulations for Licensure (214-RICR-40-00-7-3-3)

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-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

N/A

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Yes, they are exempt.

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Actions to cause shaken baby syndrome, abusive head trauma, or other child maltreatment, is defined as corporal punishment, which along with other prohibited practices are comprehensively defined in the regulations, and includes inappropriate discipline including hitting, spanking, shaking, slapping, twisting, pulling, squeezing a child, in addition to a litany of other actions. Additionally, RI General Law requires that all individuals in RI are mandated reporters, and the regulations provide the direct call line and directions for that reporting of suspected child abuse and/or neglect.

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-- List all citations for these requirements, including those for licensed and license-exempt providers

For DCYF center based and school age programs: 213-RICR-40-00-1.8. F

As of October 1, 2018, all license exempt providers approved by DHS will consist of only relative care.

Family Child Care Home Regulations for Licensure (214-RICR-40-00-2-3-6.B)

Group Family Child Care Home Regulations for Licensure (214-RICR-40-00-7-3-6.B)

These are also defined in the DCYF Department Operating Procedure Criteria for a Child Protective Services Investigation 500.0025

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-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

N/A

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

No, they are not exempt.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Each licensee to have an emergency/disaster preparedness plan approved at licensure by the licensing authority, which are to include communication, reunification, procedures and protocols for shelter-in-place and emergency escape. This plan must support the needs of all children (including infants, and those with special needs, disabilities, and chronic medical conditions) and requires escape and shelter-in-place drills throughout the year. Any programs offering night-time care must conduct different drills for nighttime and daytime programs.

Template and toolkit for licensed centers to complete a plan is available on the Lead Agency's website:

<http://www.dhs.ri.gov/Programs/CCAPPProviderResourceNewPageLAC.php> .

-- List all citations for these requirements, including those for licensed and license-exempt providers

For DCYF center-based care: 214-RICR-40-00-1.8. L

As of October 1, 2018, all license exempt providers approved by DHS will consist of only relative care.

Family Child Care Home Regulations for Licensure (214-RICR-40-00-2-3-3.U)

Group Family Child Care Home Regulations for Licensure (214-RICR-40-00-7-3-3.U)

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-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

N/A

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-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Yes, they are exempt.

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Any other items of potential danger to children (such as hazardous materials)Â are clearly labeled and are in an area that is secured by a child safety lock. Further, providers are required to ensure that bio-contaminants are stored properly until a daily disposal, or more immediate as needed.

-- List all citations for these requirements, including those for licensed and license-exempt providers

DCYF Regulations:Â 214-RICR-40-00-1.8. G.3

As of October 1,2018, all license exempt providers approved by DHS will consist of only relative care.

Family Child Care Home Regulations for Licensure (214-RICR-40-00-2-3-3-A, I, V)

Group Family Child Care Home Regulations for Licensure (214-RICR-40-00-7-3-3-A,

I, V)

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-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

N/A

Â

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Yes, they are exempt.

9. Precautions in transporting children (if applicable)

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

If a program chooses to provide transportation, specific rules must be adhered to. In addition to registration, inspections, and insurance, as required by law, all individuals who provide transportation for children must hold a valid Chauffeur's license. Vehicles must be equipped with lettering identifying the program, a fire extinguisher, first aid kit, and audible back up and door alarms. Furthermore, two staff must be present for all transportation of children of a child care program. As additional safety precautions, face to name attendance is required and emergency information must be transported with children at all times.

-- List all citations for these requirements, including those for licensed and license-exempt providers

DCYF Citation: 214-RICR-40-00-1.12. DAs of October 1, 2018, all license exempt providers approved by DHS will consist of only relative care.

Family Child Care Home Regulations for Licensure (214-RICR-40-00-2-3-7-H)

Group Family Child Care Home Regulations for Licensure (214-RICR-40-00-7-3-7-H)

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Family Child Care Homes do not qualify, under state law, as a Public Motor Vehicle and in addition to basic licensure, registration, and insurance, are required to follow the state laws and regulations of the Rhode Island Department of Transportation, Registry of Motor Vehicles and shall not leave any child unattended in a vehicle.

-- Describe any variations based on the age of the children in care

School age transportation may only require the use of one staff member.

-- Describe if relatives are exempt from this requirement

Yes, they are exempt.

10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Staff must be trained under the most recent guidelines of the American Heart Association in pediatric CPR and basic first aid with a pediatric endorsement.

-- List all citations for these requirements, including those for licensed and license-exempt providers

DCYF Regulations: 214-RICR-40-00-1.10. G.12 Â and G.13

As of October 1, 2018, all license exempt providers approved by DHS will consist of only relative care.

Family Child Care Home Regulations for Licensure (214-RICR-40-00-2-3-2)

Group Family Child Care Home Regulations for Licensure (214-RICR-40-00-7-3-2)

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

While not yet listed as pediatric, all program files are verified, and only pediatric based trainingÂ is accepted in review forÂ the renewal of licensure.

-- Describe any variations based on the age of the children in care

Programs serving infants and/or toddlers must also have staff trained in the use of the Heimlich maneuver.

-- Describe if relatives are exempt from this requirement

Yes, they are exempt.

11. Recognition and reporting of child abuse and neglect

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Any suspected case of child abuse and/or neglect is reported to the RI Department of Children, Youth, and Families' Child Protective Services hotline. Pursuant to RI General Law, all individuals in RI are mandated reporters. If the suspected abuse and/or neglect occurred at the program, the program is also mandated to notify the Licensing unit. Providers are required to be trained to recognize characteristics of child abuse and neglect through orientation and ongoing PD requirements.

-- List all citations for these requirements, including those for licensed and license-exempt providers

DCYF Regulations: 214-RICR-40-00-1.8. All persons in Rhode Island are required by law RIGL-40-11-3 to report any known or suspected cases of child abuse and/or neglect to DCYF within 24 hours of becoming aware of such abuse/neglect. The DCYF telephone number to report potential abuse/neglect is 1-800-RI-CHILD or 1-800-742-4453. DCYF Regulations: 214-RICR-40-00-1.11-F requires professional development aligned with the Workforce Knowledge and Competencies, which includes Child Abuse and Neglect.

Family Child Care Home Regulations for Licensure (214-RICR-40-00-2-3-2.A-2)

Family Child Care Home Regulations for Licensure (214-RICR-40-00-2-3-6.D)

Group Family Child Care Home Regulations for Licensure (214-RICR-40-00-7-3-2.A-3)

Group Family Child Care Home Regulations for Licensure (214-RICR-40-00-7-3-6.D)

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

N/A

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

No, they are not exempt from this state law.

b) Does the Lead Agency include any of the following optional standards?

No, if no, skip to 5.2.3.

Yes, if yes provide the information related to the optional standards addressed.

1. Nutrition

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

All meals and snacks provided by the program must meet current USDA Child and Adult Care Food Program nutritional standards. Regulations further require that children eat at regular intervals, the program must supply food as needed for children (regardless of whether a parent/guardian sent food into the program). Further stipulations discuss meal planning and the availability of drinking water.

-- List all citations for these requirements, including those for licensed and license-exempt providers

DCYF Regulations: 214-RICR-40-00-1.8.MÂ As of October 1, 2018, all license exempt providers approved by DHS will consist of only relative care.

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

The above citation refers to center-based care. The FCC regulations are currently under revision and will adopt the above requirements.

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

Yes, they are exempt.

2. Access to physical activity

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Opportunities for moderate to vigorous a physical activity (60-minutes total for a full day program, and 30-minutes total for a part day program) are available to children each day.

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-- List all citations for these requirements, including those for licensed and license-exempt providers

DCYF Regulation:Â 214-RICR-40-00-1.13. B.3As of October 1, 2018, all license exempt providers approved by DHS will consist of only relative care.

-Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

The above citation refers to center-based care. The FCC regulations are currently under revision and will adopt the above requirement.

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

Yes, they are exempt.

3. Caring for children with special needs

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

If the program chooses to support a child with special needs, the program is responsible to create and implement a care plan in accordance with the IEP, IFSP, and/or the direction of a medical professional. Additionally, programs must be able to ensure safe participation of all children with special needs, who are enrolled, in all experiences, activities, and opportunities, including active play.

-- List all citations for these requirements, including those for licensed and license-exempt providers

DCYF Regulation:Â 214-RICR-40-00-1.8.M

As of October 1, 2018, all license exempt providers approved by DHS will consist of

only relative care.

Â

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

The above citation refers to center-based care. The FCC regulations are currently under revision and will adopt the above requirements.

Â

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

Yes, they are exempt.

4. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

Hygiene, Environmental Health, Animals, Illness and Injury, Routine Care of Children, Curriculum, and Child Assessment.

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

For each of the items above, the regulations provide requirements in protocols, reporting, appropriate equipment, family engagement, and age appropriate expectations.

-- List all citations for these requirements, including those for licensed and license-exempt providers

DCYF Regulations 214-RICR-40-00-1.8 and 214-RICR-40-00-1.13.

As of October 1, 2018, all license exempt providers approved by DHS will consist of only relative care.

Â

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Some additional components of the regulations regarding safety elements and level of curriculum, are specific to center based and family child care providers.

The above citation refers to center-based care.Â The FCC regulations are currently under revision and will adopt the above requirement.

Â

-- Describe any variations based on the age of the children in care.

Some additional components of the regulations regarding safety elements and level of curriculum, are specific to center-based and family child care providers.

--Describe if relatives are exempt from this requirement

Yes, they are exempt.

5.2.3 Health and safety training for CCDF providers on required topics.

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(l)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Pre-Service or Orientation Training Requirements

a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:

1. Licensed child care centers:

State-level defined content - 1 hour, however, additional orientation requirements

include full review of the regulations, and all policies and procedures of the program, to support health and safety. In addition to the health and safety modules there are a set of briefs developed by the National Center on Early Childhood Quality Assurance that addresses health and safety requirements specified in the Child Care Development Block Grant Act of 2014. Each brief provides an overview of a specific requirement. These are available to providers along with the health and safety modules which will be expanded by October 1, 2018.

The health and safety modules will include a 1-hour FEMA training on Emergency Preparedness, Planning Response and Recovery by October 1, 2018.

2. Licensed FCC homes:

State-level defined content 1 hour, plus at the time of initial licensure, all Family Child Care providers must attend 24 hours of preservice training cover health and safety and other programmatic elements. In addition to the health and safety modules there are a set of briefs developed by the National Center on Early Childhood Quality Assurance that addresses health and safety requirements specified in the Child Care Development Block Grant Act of 2014. Each brief provides an overview of a specific requirement. These are available to providers along with the health and safety modules which will be expanded by October 1, 2018.

The health and safety modules will include a 1-hour FEMA training on Emergency Preparedness, Planning Response and Recovery by October 1, 2018.

3. In-home care:

N/A

4. Variations for exempt provider settings:

One hour of online health and safety modules are required. In addition to the health and safety modules there are a set of briefs developed by the National Center on Early Childhood Quality Assurance that addresses health and safety requirements specified in the Child Care Development Block Grant Act of 2014. Each brief provides an overview of a specific requirement. These are available to providers along with the health and safety modules that will be expanded by October 1, 2018

The health and safety modules will include a 1-hour FEMA training on Emergency Preparedness, Planning Response and Recovery by October 1, 2018.

b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer)

90 days for licensed providers. For license-exempt relative providers, the only health and safety modules must be completed before they can be approved as a CCAP provider.

c) Explain any differences in pre-service or orientation training requirements based on the ages of the children served

There is not any difference in the training requirements.

d) Describe how the training is offered, including any variations in delivery (e.g. across standards, in rural areas, etc.) Note: There is no federal requirement on how a training must be delivered

The health and safety modules are completed online, to provide easy and affordable access to all providers.

e) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).

1. Prevention and control of infectious diseases (including immunizations)

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

DCYF regulations: 214-RICR-40-00-1.11. E.3

License exempt from CCAP policy: 218-RICR-20-00-04-4.12.3. B.4b

Â

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

License-exempt relative providers are not exempt from this training requirement.

5.2.3e 2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

DCYF Regulations: 214-RICR-40-00-1.11. E.3

License exempt from CCAP policy: 218-RICR-20-00-04-4.12.3. B.4b

Â

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

License-exempt relative providers are not exempt from this training requirement.

5.2.3e 3. Administration of medication, consistent with standards for parental consent

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

DCYF Regulations:Â 214-RICR-40-00-1.11. E.3

License exempt CCAP policy: 218-RICR-20-00-04-4.12.3. B.4b

Â

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

License-exempt relative providers are not exempt from this training requirement.

5.2.3e 4. Prevention and response to emergencies due to food and allergic reactions

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

DCYF Regulations: 214-RICR-40-00-1.11. E.3

License exempt CCAP policy: 218-RICR-20-00-04-4.12.3. B.4b

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

License-exempt relative providers are not exempt from this training requirement.

5.2.3e 5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

DCYF Regulations: 214-RICR-40-00-1.11. E.3

License exempt CCAP Policy: 218-RICR-20-00-04-4.12.3. B.4b

^

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

License exempt relative providers are not exempt from this training requirement.

5.2.3e 6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

DCYF Regulations: 214-RICR-40-00-1.11. E.3

License exempt CCAP policy: 218-RICR-20-00-04.4.12.3. B.4b

^

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care

for children unsupervised?

- Yes
 No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- Yes
 No

Describe if relatives are exempt from this requirement

License-exempt relative providers are not exempt from this training requirement.

5.2.3e 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

DCYF Regulations: 214-RICR-40-00-1.11. E.3

License exempt: 218-RICR-20-00-04.4.12.3. B.4b

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- Yes
 No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- Yes
 No

Describe if relatives are exempt from this requirement

License exempt relative providers are not exempt from this training requirement.

5.2.3e 8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

DCYF Regulations: 214-RICR-40-00-1.11. E.3

License exempt CCAP policy: 218-RICR-20-00-04.4.12.3. B.4b

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Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

License exempt relative providers are not exempt from this training requirement.

5.2.3e 9. Appropriate precautions in transporting children (if applicable)

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

DCYF Regulations: 214-RICR-40-00-1.11. E.3

License Exempt CCAP policy: 218-RICR-20-00-04.4.12.3. B.4b

^

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before

caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

License exempt relative providers are not exempt from this training requirement.

5.2.3e 10. Pediatric first aid and CPR certification

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

DCYF Regulations: 214-RICR-40-00-1.11. E.3 required that at least 50% of staff are certified, but orientation policies in same section cover requirements that all staff are trained upon hire in pediatric first aid and CPR certification.

License exempt CCAP policy: 218-RICR-20-00-04.4.12.3. B.4b

All providers and assistants are required to be certified in Pediatric First Aid and Pediatric CPR for Group Family Child Care Home Regulations for Licensure (214-RICR-40-00-7.3.2) and

Family Child Care Home Regulations for Licensure (214-RICR-40-00-2-3.2)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

License exempt relative providers are not exempt from this training requirement.

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5.2.3e 11. Recognition and reporting of child abuse and neglect

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

DCYF Regulations:Â 214-RICR-40-00-1.11. E.3

License exempt CCAP policy:Â 218-RICR-20-00-04.4.12.3. B.4b

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Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

License exempt relative providers are not exempt from this requirement, it is state law.

5.2.3e 12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

DCYF Regulations:Â 214-RICR-40-00-1.11. E.3

License exempt CCAP policy:Â 218-RICR-20-00-04.4.12.3. B.4b

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Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care

for children unsupervised?

- Yes
 No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- Yes
 No

Describe if relatives are exempt from this requirement

License exempt relative providers are not exempt from this training requirement.

5.2.3e 13.

Describe other training requirements, such as nutrition, physical activities, caring for children with special needs, etc..

Additional training materials will be added to the expanded health and safety modules by October 1, 2018 that will reflect the new DCYF requirements in these areas: nutrition, access to physical activity, prioritization of homeless children and families, emergency planning and caring for children with special needs.

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

These topics will be added to the expanded health and safety modules.

DCYF Regulations: 214-RICR-40-00-1.11. E.3

License exempt CCAP policy: 218-RICR-20-00-04.4.12.3. B.4b

and

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- Yes
 No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed

to care for children unsupervised?

Yes

No

[Describe if relatives are exempt from this requirement](#)

License exempt relative providers are not exempt from this training requirement, these additional topics will be added to the expanded health and safety modules by October 1, 2018.

Ongoing Training Requirements

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

a) Licensed child care centers:

20 hours of training is required for all center based employees, and these hours must be aligned with the Workforce Knowledge and Competencies that include health and safety topics. First Aid and CPR requirements are also additional required health and safety trainings.

b) Licensed FCC homes:

1 hour/month or 24 hours over a two-year period for all family child care home providers, and 15 hours over two years for assistants. These hours must be aligned with the Workforce Knowledge and Competencies that include health and safety topics. First Aid and CPR requirements are also additional required health and safety trainings.

c) In-home care:

N/A

d) Variations for exempt provider settings:

N/A

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

1. Prevention and control of infectious diseases (including immunizations)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

All licensed center based/School Age Program Leadership and Classroom Staff are required to complete 20 hours of training annually aligned with the Workforce Knowledge and Competencies relevant to their role, which addresses many health and safety issues. Continuous professional development is available on many of these topics listed in this section are available to all providers but are not mandated. Rhode Island did mandate a few trainings but wanted to allow the child care staff the flexibility to enroll in the professional development opportunities that most met their needs. Center Program Leadership is responsible for developing and overseeing the individualized training plan, ensuring it is aligned with the Workforce Knowledge and Competencies.

FCC providers are to complete a minimum of one hour a month or twenty-four hours of training over a two year period. FCC Assistants must complete sixteen hours of training over a two year period. Continuous professional development is available on many of these topics, but the only ones mandated for the FCC providers and assistants is certification in CPR and First Aid that must be renewed every two years.

These are Rhode Island's mandated trainings:

1. Any center based staff who prepares and serves meals must complete 8 hours of training per year relevant to their position, including food safety and CACFP nutrition standard.
2. For any center based infant program, the Education Coordinator and staff that work with infants must complete an annual DCYF approved in-service professional development relating to infants.
3. For any new center based Infant program, the Education Coordinator and all staff that work with infants must, prior to the approval of the program, complete DCYF approved preservice professional development, related to this age group.
4. At least 50% of all center based/school age staff members on-site, are trained under the most recent guidelines of the American Heart Association in:
 - a. pediatric cardiopulmonary resuscitation (CPR) (online training is not accepted); and

b. basic first aid (online training is accepted).

It is expected that all on-site staff are CPR and First aid certified so that the program can ensure that as shifts change at least 50% of on-site staff are trained in CPR and First Aid. DCYF monitors check staff files during monitoring visits to ensure all staff are certified and if not the monitor will ask for schedules to ensure that 50% of site staff on-site at any one time are all certified.

5. FCC providers and their assistants must be certified every two years in pediatric CPR and first aid.

Continuous professional development is available on many of the topics listed in this section but are not mandated. Rhode Island did mandate a few required trainings but wanted to allow the child care staff the flexibility to enroll in the professional development opportunities that most met their needs.

The health and safety modules and accompanying briefs can be revisited at any time.

Citation for Licensed Providers: N/A

Citation for License Exempt Relative Providers: N/A

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Licensed center based/school age staff are required to complete 20 hours of professional development training annually. Program leadership is responsible for developing and overseeing the individualized training plans, ensuring it is aligned with the Workforce Knowledge and Competencies, which addresses many health and safety issues.

FCC providers are required to complete a minimum of 1 hour per month or 24 hours of training excluding CPR and First Aid over a 24-month period.

FCC assistants are required to complete 16 hours of training, excluding CPR and First Aid, every two years.

DCYF Center and School Age Regulations 214-RICR-40-00-01.11. F.1 and F.6
Current DCYF Family Child Care Regulations: Rhode Island Family Child Care Home Regulations for Licensure, (2007) Section 3, II.A. 2 and B.3 (There is not a

citation for the current FCC regs.)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

License exempt relative providers: N/A

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Continuous professional development is available on many of the topics listed in this section but are not mandated. Rhode Island did mandate a few required trainings but wanted to allow the child care staff the flexibility to enroll in the professional development opportunities that most met their needs.

For center staff one of the mandated trainings is that staff who work with Infants and their Education Coordinator must complete an annual Department approved in-service professional development related to Infants. This training addresses this topic.

For any new Infant program, the Education Coordinator and all staff that will work with Infants must, prior to the approval of the program, complete Department approved preservice professional development, related to this age group. This topic will be addressed at this training.

The health and safety modules and accompanying briefs may be revisited at any time.

Citation for Licensed Center Providers: 214-RICR-40-00-01.11.F.10 and 11.

FCC Providers: N/A

Citation for License Exempt Relative Providers: N/A

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-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Licensed center based/school age staff are required to complete 20 hours of professional development training annually. Program Leadership is responsible for developing and overseeing the individualized training plan, ensuring it is aligned with the Workforce Knowledge and Competencies, which addresses many health and safety issues.

Licensed FCC providers are required to complete a minimum of 1 hour per month or 24 hours of training excluding CPR and First Aid over a 24-month period. FCC assistants are required to complete 16 hours of training, excluding CPR and First Aid every two years.

DCYF Center and School age Regulations 214-RICR-40-00-01.11. F.1 and F.6
Current DCYF Family Child Care Regulations: Rhode Island Family Child Care Home Regulations for Licensure, (2007) Section 3, II.A. 2 and B.3 (There is not a citation for the current FCC regs.)

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-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

For license exempt relative providers: N/A

3. Administration of medication, consistent with standards for parental consent

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Continuous professional development is available on many of the topics listed in this section but are not mandated. Rhode Island did mandate a few required trainings but wanted to allow the child care staff the flexibility to enroll in the professional development opportunities that most met their needs.

The health and safety modules and accompanying briefs may be revisited at any time.

Citation for Licensed Providers: N/A

Citation for Licensed Exempt Relative Providers: N/A

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-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Licensed center based/school age staff are required to complete 20 hours of professional development training annually. Program Leadership is responsible for developing and overseeing the individualized training plan, ensuring it is aligned with the Workforce Knowledge and Competencies, which addresses many health and safety issues.

Licensed FCC providers are required to complete a minimum of 1 hour per month or 24 hours of training, excluding CPR and First Aid, over a 24-month period. FCC assistants are required to complete 16 hours of training, excluding CPR and First Aid every two years.

DCYF Center and School age Regulations 214-RICR-40-00-01.11. F.1 and F.6
Current DCYF Family Child Care Regulations: Rhode Island Family Child Care Home Regulations for Licensure(2007), Section 3, II.A 2 and II.B.3 (There is not a citation for the current FCC regs.)

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-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

License exempt relative providers: N/A

4. Prevention and response to emergencies due to food and allergic reactions

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Continuous professional development is available on many of the topics listed in this section but are not mandated. Rhode Island did mandate a few required trainings but wanted to allow the child care staff the flexibility to enroll in the professional development opportunities that most met their needs.

The health and safety modules and accompanying briefs can be revisited at any time.

Citation for Licensed Providers: N/A

Citation for License-Exempt Providers: N/A

^

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Licensed center based/school age staff are required to complete 20 hours of professional development training annually. Program Leadership is responsible for developing and overseeing the individualized training plan, ensuring it is aligned with the Workforce Knowledge and Competencies which addresses many health and safety issue.

Licensed FCC providers are required to complete a minimum of 1 hour per month or 24 hours of training, excluding CPR and First Aid, over a 24-month period. FCC assistants are required to complete 16 hours of training, excluding CPR and First Aid, every two years.

DCYF Center and School age Regulations 214-RICR-40-00-01.11. F.1 and F.6

Current DCYF Family Child Care Regulations: Rhode Island Family Child Care Home Regulations for Licensure (2007), Section 3, II.A. 2 and II.B.3 (There is not a citation for the current FCC regs.)

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-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

For license exempt relative providers: N/A

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Continuous professional development is available on many of the topics listed in this section but are not mandated. Rhode Island did mandate a few required trainings but wanted to allow the child care staff the flexibility to enroll in the professional development opportunities that most met their needs.

The health and safety modules and accompanying briefs may be revisited at any time.

Citation for Licensed Providers: N/A

Citation for License-Exempt Providers: N/A

N/A

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Licensed center based/school age staff are required to complete 20 hours of professional development training annually. Program Leadership is responsible for developing and overseeing the individualized training plan, ensuring it is aligned with the Workforce Knowledge and Competencies, which addresses health and safety issues.

Licensed FCC providers are required to complete a minimum of 1 hour per month

or 24 hours of training, excluding CPR and First Aid, over a 24-month period. FCC assistants are required to complete 16 hours of training, excluding CPR and First Aid, every two years.

DCYF Center and School age Regulations 214-RICR-40-00-01.11. F.1 and F.6
Current DCYF Family Child Care Regulations: Rhode Island Family Child Care Homes Regulations for Licensure (2007), Section 3, II.A 2 and II.B.3
Â

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

License exempt relative providers: N/A

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Continuous professional development is available on many of the topics listed in this section but are not mandated. Rhode Island did mandate a few required trainings but wanted to allow the child care staff the flexibility to enroll in the professional development opportunities that most met their needs.

For center based programs this topic is addressed in the required 6 hour annual in-service Infant professional development mandated for all Infant staff and their Education Coordinators.Â

Also, for any new center based Infant program, the Education Coordinator and all staff that will work with Infants must, prior to the approval of the program, complete Department approved preservice professional development, related to thisÂ age group that includes this topic.

The health and safety modules and accompanying briefsÂ may be revisited at any time.

Citation for Licensed Center Providers: 214-RICR-40-00-01.1.11.F. 10 and 11.

FCC Providers:Â N/A

Citation for License exempt relative providers: N/A

Â

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Licensed center-based staff/school age staff are required to complete 20 hours of professional development training annually. Program Leadership is responsible for developing and overseeing the individualized training plan, ensuring it is aligned with the Workforce Knowledge and Competencies, which addresses many health and safety issues.

Licensed FCC providers are required to complete a minimum of 1 hour per month of or 24 hours of training excluding CPR and First Aid over a 24-month period.Â FCC assistantsÂ are required to complete 16 hours of training,Â excludingÂ CPR and First AidÂ every two years.

DCYF Center and School age Regulations 214-RICR-40-00-01.11. F.1 and F.6
Current DCYF Family Child Care Regulations: Rhode Island Family Child Care Regulations for Licensure (2007), Section 3, II.A 2 and II.B.3

Â

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

License exempt relative providers: N/A

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Continuous professional development is available on many of the topics listed in this section but are not mandated. Rhode Island did mandate a few required trainings but wanted to allow the child care staff the flexibility to enroll in the professional development opportunities that most met their needs.

The health and safety modules and the accompanying briefs may be revisited at any time.

Citation for Licensed Providers: N/A

Citation for Licensed Exempt Relative Providers: N/A

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Licensed center based staff/school age staff are required to complete 20 hours of professional development training annually. Program Leadership is responsible for developing and overseeing the individualized training plan, ensuring it is aligned with the Workforce Knowledge and Competencies which address many health and safety issues.

Licensed FCC providers are required to complete a minimum of 1 hour per month or 24 hours of training, excluding CPR and First Aid, over a 24-month period. FCC assistants are required to complete 16 hours of training, excluding CPR and First Aid every two years.

DCYF Center and School age Regulations 214-RICR-40-00-01.11. F.1 and F.6
Current DCYF Family Child Care Regulations: Rhode Island Family Child Care Home Regulations For Licensure (2007), Section 3.II.A 2 and II.B.3

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

For license exempt relative providers: N/A

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Continuous professional development is available on many of the topics listed in this section but are not mandated. Rhode Island did mandate a few required trainings but wanted to allow the child care staff the flexibility to enroll in the professional development opportunities that most met their needs.

Citation for Licensed Providers: N/A

Citation for License Exempt Relative Providers: N/A

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Licensed center based/school age staff are required to complete 20 hours of professional development training annually. Program Leadership is responsible for developing and overseeing the individualized training plan, ensuring it is aligned with the Workforce Knowledge and Competencies, which addresses many health and safety issues.

Licensed FCC providers are required to complete a minimum of 1 hour per month or 24 hours of training excluding CPR and First Aid over a 24-month period. FCC assistants are required to complete 16 hours of training, excluding CPR and First Aid every two years.

DCYF Center and School age Regulations 214-RICR-40-00-01.11. F.1 and F.6
Current DCYF Family Child Care Regulations: Rhode island Family Child Care Home Regulations for Licensure (2007), Section 3, II.A 2 and II.B.3

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

For license exempt relative providers: N/A

9. Appropriate precautions in transporting children (if applicable)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Continuous professional development is available on many of the topics listed in this section but are not mandated. Rhode Island did mandate a few required trainings but wanted to allow the child care staff the flexibility to enroll in the professional development opportunities that most met their needs.

The health and safety modules and accompanying briefs may be revisited at any time.

- Citation for Licensed Providers: N/A

- Citation for Licensed exempt relative providers: N/A

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Licensed center based/school age staff are required to complete 20 hours of professional development training annually. Program Leadership is responsible for developing and overseeing the individualized training plan, ensuring it is aligned with the Workforce Knowledge and Competencies, which address health and safety issues.

Licensed FCC providers are required to complete a minimum of 1 hour per month or 24 hours of training, excluding CPR and First Aid, over a 24-month period. FCC assistants are required to complete 16 hours of training, excluding CPR and First Aid, every two years.

DCYF Center and School age Regulations 214-RICR-40-00-01.11. F.1 and F.6
Current DCYF Family Child Care Regulations: Rhode Island Family Child Care
Home Regulations for Licensure (2007), Section 3, II.A 2 and II.B.3 (There is not a
citation for the current FCC regs.)

Â

-- How often does the state/territory require that this training topic be completed by
caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

For license exempt relative providers: N/A

10. Pediatric first aid and CPR certification

-- Provide the citation for this training requirement, including citations for both licensed
and license-exempt providers

At least 50% of all school age and center based staff members on-site, are trained
under the most recent guidelines of the American Heart Association in:

1. Pediatric cardiopulmonary resuscitation (CPR) (online training is not accepted);
and
2. Basic first aid (online training is accepted)When DCYF monitors review
personnel files they expect to find that all staff are CPR and First Aid certified. If
not they will request schedules to ensure at least 50% of staff on-site are CPR
and First Aid certified. This 50% allows new staff to not have to wait for the CPR
and First Aid certificates to begin theirclassrorom assignment.

One center staff member trained in the use of the Heimlich Maneuver for
Infants and Toddlers is on-site at all times.

DCYF Center and School Age Regulation: 214-RICR-40-00-1.10G.12 and 13.

FCC providers and assistants must be certified in CPR and First Aid every
two years.

Current FCC Regulations: Rhode Island Family Child Care Home Regulations for
Licensure (2007), Section 3, II.A.b and II. B.3

Citation for License-exempt relative providers: N/A

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

In FCC program the provider and assistant must be certified in CPR and First Aid every two years.

In center and school age programs staff must be CPR and First Aid certified every two years.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

For license exempt relative providers: N/A

11. Recognition and reporting of child abuse and neglect

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Continuous professional development is available on many of the topics listed in this section but are not mandated. Rhode Island did mandate a few required trainings but wanted to allow the child care staff the flexibility to enroll in the professional development opportunities that most met their needs.

Rhode Island State Law RI GL 40-11-3. All persons in RI are required by law to report any known or suspected cases of child abuse and /or neglect to DCYF within 24 hours of becoming aware of such abuse/neglect.

DCYF regulations mandate all child care staff to comply with State Law RIGL 40-11-3.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

The State Law requires mandated reporting of any suspected child abuse/neglect to DCYF within 24 hours of becoming aware of such abuse/neglect. All new staff are oriented by the Program Leadership during the first week in the program and review the State Law governing child abuse and neglect and reporting procedures. FCC providers orient a new assistant within the first week of employment and review the State law governing child abuse and neglect.

DCYF monitors review this State Law requirement during their site visits.

This topic is also addressed in the health and safety modules and other training opportunities.

DCYF Regulations: 214-RICR-40-00-1.11. and E.2.a and b.

FCC current Regulations: Rhode Island Family Child Care Home Regulations for Licensure, (2007), Section 3, II B 2

License exempt relative provider: State law RIGL 40-11-3

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

License exempt relative providers must comply with the State Law RIGL- 40-11-3.

12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Rhode Island did mandate that for any center based Infant programs, the Education Coordinators and all staff that work with Infants, must complete an annual Department approved in-service professional development, related to Infants. This is a 6 hour training.

For any new Infant center based program, the Education Coordinator and all staff that work with Infants must, prior to the approval of the program, complete

Department approved preservice professional development, related to this age group. These are the only two mandated child development trainings. Continuous professional development is available on many of the topics listed in this section but are not mandated. Rhode Island did mandate a few required trainings but wanted to allow the child care staff the flexibility to enroll in the professional development opportunities that most met their needs.

DCYF Regulations: 214-RICR-40-00-1.11. F.10 and 11

Current FCC Regulations: N/A

License-Exempt Relative Providers: N/A

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^

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

The Infant training ^ for classroom staff and Education Coordinators^ is required annually. In addition, for any new Infant program there is a training required prior to the approval of the program.

Licensed center based/school age staff are required to complete 20 hours of professional development training annually. Program Leadership is responsible for developing and overseeing the individualized training plan, ensuring it is aligned with the Workforce Knowledge and Competencies, which address health and safety issues.

Licensed FCC providers are required to complete a minimum of 1 hour per month or 24 hours of training, excluding CPR and First Aid, over a 24-month period.^ FCC assistants^ are required to complete 16 hours of training,^ excluding^ CPR and First Aid,^ every two years.

DCYF Center and School age Regulations 214-RICR-40-00-01.11. F.1 and F.6

Current DCYF Family Child Care Regulations: Rhode Island Family Child Care Home Regulations for Licensure (2007), Section 3, II.A 2 and II.B.3 (There is not a citation for the current FCC regs.)

^

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

For license exempt relative providers: N/A

13. Describe other requirements such as nutrition, physical activities, caring for children with special needs, etc..

Continuous professional development is available on many of the topics listed in this section but are not mandated. Rhode Island did mandate a few required trainings but wanted to allow the child care staff the flexibility to enroll in the professional development opportunities that most met their needs.

Nutrition: Any center staff who prepares and serves meals must complete 8 hours of training per year relevant to their position including food safety and CACFP nutrition standards.

The health and safety modules and accompanying briefs may be revisited at any time.

at

Provide the citation for other training requirements, including citations for both licensed and license-exempt providers

Citation for Licensed Center Based and School Age Programs: 214-RICR-40-00-01.11F.9

Current FCC Regulations: N/A

Citation for License Exempt Relative Providers: N/A

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Licensed center based staff are required to complete 20 hours of professional development training annually. Program Leadership is responsible for developing and overseeing the individualized training plan, ensuring it is aligned with the Workforce Knowledge and Competencies which address many health and safety issues.

Licensed FCC providers are required to complete a minimum of 1 hour per month or 24 hours of training, excluding CPR and First Aid, over a 24-month period. FCC assistants are required to complete 16 hours of training, excluding CPR and First Aid, every two years.

DCYF Center and School age Regulations 214-RICR-40-00-01.11. F.1 and F.6
Current DCYF Family Child Care Regulations: Rhode Island Family Child Care Home Regulation for Licensure (2007), Section 3, II.A.2 and II.B.3

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

For license exempt relative providers: N/A

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements

The Rhode Island Department of Children, Youth and Families is responsible for monitoring this component for licensed programs. Center based program receive file reviews during unannounced monitoring visits. These file reviews include a review of completed and planned professional development. Family Child Care providers submit proof of professional development in each two-year relicensure cycle. Professional development must be completed for the renewal license to be issued.

5.3.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections-with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards-of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)). Certify by responding to the questions below to describe your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a) Licensed CCDF center-based child care

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed child care center providers for compliance with health, safety, and fire standards

Center based providers are responsible to obtain a fire safety inspection from the office of the State Fire Marshal. Additional health and safety inspections for initial licensure include building, asbestos, lead, and radon. Furthermore, a minimum of two site visits is conducted on a proposed center facility for the purposes of space measurement, and review of regulatory compliance.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers

Once an initial license has been issued, all monitoring visits are to be unannounced. The only time a visit would be announced is to complete a capacity change review, or meet on another topic, not for the purposes of monitoring.

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3. Identify the frequency of unannounced inspections:

Once a year

More than once a year

Describe:

While each center is projected to receive two unannounced visits per year, at least one unannounced visit occurs each year. Additional visits may be necessitated by licensing status, complaint or investigation.

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4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards.

Licensing staff are assigned a weighted caseload and given a projected schedule of visits. Each monitoring visit includes a comprehensive review of a set of Key Indicators. If there are noncompliance found in this Key Indicator review, it may necessitate a more thorough point in time review of the regulations. Throughout 2018, the RI Department of Children, Youth and Families is working to establish a more precise baseline to implement differential monitoring.Â Individual health inspections (such as fire, lead, and radon) are the responsibility of the program to obtain and are reviewed in detail during the relicensure process, and as needed during monitoring.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

RI General Law 42-72.1-3:Â Licensing and Monitoring of Child Care Providers and Child Placing Agencies; Power and Scope of Activities.

b) Licensed CCDF family child care home

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed family child care providers for compliance with health, safety, and fire standards

Family Child Care providers are responsible to obtain a fire safety inspection from the office of the State Fire Marshal. Additional health and safety inspections for initial licensure include lead, and radon. Furthermore, a minimum of one site visit is conducted on a proposed home for the purposes of space measurement, and review of regulatory compliance.

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2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF family child care providers

Once an initial license has been issued, all monitoring visits are to be unannounced. The only time a visit would be announced is to complete a capacity change review, or meet on another topic, not for the purposes of monitoring. The DCYF completes one monitoring visit, unannounced, each year.

3. Identify the frequency of unannounced inspections:

Once a year

More than once a year

Describe:

N/A

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

Family Child Care regulations are under revision with a fall 2018 projected promulgation. Formal key indicators will be implemented at this time. Due to staffing capacity, we are not able to conduct more than one visit per year for every provider, limiting our capacity to implement differential monitoring. During current practices, Licensors conduct visits and review each section of the regulations specific the healthy and safety of the space, in addition to programmatic elements. Providers are responsibly to submit their health inspections (such as lead, fire, and radon) during

the comprehensive renewal period for review, but these inspections are also reviewed during monitoring visits as applicable.Â

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

RI General Law 42-72.1-3: Licensing and Monitoring of Child Care Providers and Child Placing Agencies; Power and Scope of Activities.

c) Licensed in-home CCDF child care

N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to 5.3.2 (d).

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards

N/A

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF in-home child providers

N/A

3. Identify the frequency of unannounced inspections:

Once a year

More than once a year

Describe:

N/A

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers

N/A

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

Center based providers are responsible to obtain a fire safety inspection from the office of the State Fire Marshal. Additional health and safety inspections for initial licensure include building, asbestos, lead, and radon. Furthermore, a minimum of two site visits is conducted on a proposed center facility for the purposes of space measurement, and review of regulatory compliance.

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5.3.3 Inspections for license-exempt CCDF providers

Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

As of October 1, 2018, the only license exempt providers will be relatives, so inspections are not required, so this section is N/A.

Provide the citation(s) for this policy or procedure

N/A

b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

N/A

Provide the citation(s) for this policy or procedure

N/A

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used

N/A

Provide the citation(s) for this policy or procedure

N/A

d) Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home (98.42(b)(2)(iv)(B)). Does your state use alternate monitoring procedures for monitoring in-home care?

No

Yes. If yes,

decside:

N/A

e) List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers

N/A

5.3.4 Licensing inspectors.

Lead Agencies will have policies and practices that 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. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the State's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a) To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care

facilities and providers and that those inspectors 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 (98.42(b)(1-2)).

Licensing inspectors are of the formal title "Social Caseworker II" which requires a minimum of a bachelor's level in a field related to social work or human services. All inspectors have undergone training above and beyond what is required by policy on regulatory best practices and health and safety requirements. Furthermore, the Lead Agency has invested funds on a content specific professional development contract to commence in 2018.

"

b) Provide the citation(s) for this policy or procedure

RI Department of Children, Youth and Families policy # 400.0000 (Training and Professional Development)

Department Operating Procedure 300.0000.

5.3.5 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a) To certify, describe the state/territory policies and practices regarding 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.

Currently, there are five front line positions designated as licensing inspectors, and approximately 916 licensed programs. At a projected number of 1,500 required visits per year among 5 staff, with three visits occurring per day, considering vacation, sick, and other days off, there is sufficient time to meet the number of visits and completed other duties as needed, at a ratio of 1 inspector for 83 providers (mixed center and family based caseload).

b) Provide the policy citation and state/territory ratio of licensing inspectors

The DCYF Licensing Unit has conducted caseload assessments to make these determinations but does not currently have a written policy in place.

Department Operating Procedure 300.0030 At a projected number of 1,500 required visits per year among 5 staff, with three visits occurring per day, considering vacation, sick, and other days off, there is sufficient time to meet the number of visits and completed other duties as needed, at a ratio of 1 inspector for 83 providers (mixed center and family based caseload).

5.3.6 States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

Yes, relatives are exempt from all inspection requirements.

If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care.

Relative providers must complete the Health and Safety Training Modules before they can be an approved CCAP provider. The relative and all members of the provider's household, at the time approved status is initially requested, and at two-year intervals thereafter must submit to the background clearance. This includes a background clearance performed by DCYF and a criminal background check (also referred to as a background criminal investigation or BCI) conducted by the Rhode Island Attorney General's Office.

Yes, relatives are exempt from some inspection requirements.

If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care.

^

No, relatives are not exempt from inspection requirements.

5.4 Criminal Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct criminal background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)).

A criminal background check must include 8 specific components (98.43(2)(b)), which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks

Components	In-State	National	Inter-State
1. Criminal registry or repository using fingerprints in the current state of residency	x		
2. Sex offender registry or repository check in the current state of residency	x		
3. Child abuse and neglect registry and database check in the current state of residency	x		
4. FBI fingerprint check		x	
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)		x	
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional			x
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years			x
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years			x

In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check requirements, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is

committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met.

In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met by responding to questions 5.4.1 through 5.4.4 and then apply for the time-limited waiver by completing the questions in Appendix A: Background Check Waiver Request Form. By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 98.43 and 98.16(o):

--The national FBI fingerprint check; and,	
--The three in-state background check provisions for the current state of residency:	
	--state criminal registry or repository using fingerprints;
	--state sex offender registry or repository check;
	--state-based child abuse and neglect registry and database.

All four components are required in order for the milestone to be considered met.

Components	New (Prospective) Staff	Existing Staff
1. Criminal registry or repository using fingerprints in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
2. Sex offender registry or repository check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
3. Child abuse and neglect registry and database check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
4. FBI fingerprint check	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing)	

	staff
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff

Use the questions below to describe the status of the requirements, policies and procedures for background check requirements. These descriptions must provide sufficient information to demonstrate how the milestone prerequisites are being met and the status of the other components that are not part of the milestone. Lead Agencies have the opportunity to submit a waiver request in Appendix A: Background Check Waiver Request Form, for components not included in the milestones. Approval of these waiver requests will be subject to verification that the milestone components have been met as part of the CCDF Plan review and approval process.

In-state Background Check Requirements

5.4.1 In-State Criminal Registry or Repository Checks with Fingerprints Requirements (98.43(b)(3)(i)).

Note: A search of a general public facing judicial website does not satisfy this requirement. This check is required in addition to the national FBI criminal history check (5.4.4 below) to mitigate any gaps that may exist between the two sources.

- a) Milestone #1 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides.
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Child care providers are mandated to go to the RI Office of the Attorney General, RI state police, or local police department where they reside to obtain criminal background checks. A fingerprint check is conducted that is run through the RI Bureau of Criminal Identification system (BCI), housed through the Attorney General, for a state level check. After the system processes the BCI, the fingerprints are then sent to the FBI for a

national check. If the individual lives out of state they are mandated to obtain a fingerprint check, for the purposes of the national criminal history check in their home state, but still to obtain a BCI check in the state of RI .

These requirements are permitted in RI General Law 40-13.2 (Certification of Child Care and Youth Serving Agency Workers), defined in DCYF promulgated policy 900.0040 (Criminal Record Background Checks) and required via DCYF regulations (Family Child Care Home Regulations for Licensure 2007, Group Family Child Care Home Regulations for Licensure - 2007, and Child Care Center and School Age Program Regulations for Licensure - 214-RICR-40-00-1), and are verified through formal and routine record review with providers.

It is significant to note that background checks apply to child care center staff and operators, and family child care home operators and employees. The state currently does not have the statutory authority to apply these fingerprint background checks to all individuals residing in a family child care home age 18 or older. This adjustment is being presented in the next legislative session (January-June 2019). A name based check of the state criminal registry does occur for this population.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

As of 10/1/2018, the lead agency will only approve relatives as licensed-exempt providers. Relatives are not subject to the full cadre of background checks, but are required to obtain a state level criminal record check also called a "BCI" check, facilitated through the Office of the Attorney General. This is required in DHS's Child Care Assistant Program Rules and Regulations (218-RICR-20-00-04).

b) Has the search of the in-state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for

current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

It is significant to note that background checks apply to child care center staff and operators, and family child care home operators and employees. The state currently does not have the statutory authority to apply these fingerprint background checks to all individuals residing in a family child care home age 18 or older. This adjustment is being presented in the next legislative session (January-June 2019). A name based check of the state criminal registry does occur for this population. Relevant citations: RI General Law 40-13.2 (Certification of Child Care and Youth Serving Agency Workers), defined in RI Department of Children, Youth and Families promulgated policies #700.0105 (Clearance of Agency Activity), #900.0040 (Criminal Record Background Checks) and required via DCYF regulations (Family Child Care Home Regulations for Licensure 2007, Group Family Child Care Home Regulations for Licensure - 2007, and Child Care Center and School Age Program Regulations for Licensure - 214-RICR-40-00-1)N/A

5.4.2 In-State Sex Offender Registry Requirements (98.43(b)(3)(B)(ii)).

Note: This check must be completed in addition to the national NCIC sex offender registry check (5.4.5 below) to mitigate any gaps that may exist between the two sources. Use of fingerprints is optional to conduct this check.

- a) Milestone #2 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state sex offender registry.
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Child care providers are mandated to go to the RI Office of the Attorney General, RI state police, or local police department where they reside to obtain criminal background checks, which now includes a check of the in-state Sex Offender Registry. If the individual lives out of state they are mandated to obtain an in-state Sex Offender Registry check in the state of RI .

These requirements are being introduced into legislation next year through RI General Law 40-13.2 (Certification of Child Care and Youth Serving Agency Workers), and are being defined in DCYF promulgated policy 900.0040 (Criminal Record Background Checks), to be completed by the end of 2019, and required via DCYF regulations (Family Child Care Home Regulations for Licensure 2007, Group Family Child Care Home Regulations for Licensure - 2007, and Child Care Center and School Age Program Regulations for Licensure - 214-RICR-40-00-1), and are verified through formal and routine record review with providers. Regardless of the formal policy changes, as a result of complying with federal law, the practice for this check is already operational with all new and existing staff.

It is significant to note that background checks apply to child care center staff and operators, and family child care home operators and employees. The state currently does not have the statutory authority to apply these background checks to all individuals residing in a family child care home age 18 or older. This adjustment is being presented in the next legislative session (January-June 2019).

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

As of 10/1/2018, the lead agency will only approve relatives as licensed-exempt providers. Relatives are not subject to the in-state Sex Offender Registry Check.

b) Has the search of the in-state sex offender registry been conducted for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

The in-state sex offender registry will be conducted on all current (existing) child care staff by September 30, 2018. Formal communications have been shared with providers to ensure that the state data system includes the relevant information for all current staff by the date of their upcoming renewal. This will allow the state the opportunity to run the RISOR checks on all current staff. This communication also reinforces the new regulation of background checks being conducted every five years. The Lead Agency and the regulatory authority have already met with law enforcement officials on this change. While capacity to conduct the checks is limited, Lead Agency and its partners are using the date of the license renewals in order to stagger the requests throughout the year. It is significant to note that background checks apply to child care center staff and operators, and family child care home operators and employees. The state currently does not have the statutory authority to apply these background checks to all individuals residing in a family child care home age 18 or older. This adjustment is being presented in the next legislative session (January-June 2019).

Relevant citations: RI General Law 40-13.2 (Certification of Child Care and Youth Serving Agency Workers), defined in RI Department of Children, Youth and Families promulgated policies #700.0105 (Clearance of Agency Activity), #900.0040 (Criminal Record Background Checks) and required via DCYF regulations (Family Child Care Home Regulations for Licensure 2007, Group Family Child Care Home Regulations for Licensure - 2007, and Child Care Center and School Age Program Regulations for Licensure - 214-RICR-40-00-1)

5.4.3 In-State Child Abuse and Neglect Registry Requirements (98.43(b)(3)(B)(iii)).

Note: This is a name-based search.

a) Milestone #3 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state child abuse and neglect registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Child care providers are mandated to go to the RI Department of Children, Youth and Families to obtain Child Abuse and Neglect background checks . The central database for the child abuse and neglect registry is the RI Department of Children, Youth and Families, which is also the regulatory authority. Providers complete a request form along with a \$10 processing fee and mail in the request. Responses are provided via email (without revealing the nature of any disqualifying information, if applicable). An online request system is being developed for requesting these checks. These requirements are permitted in RI General Law 40-13.2 (Certification of Child Care and Youth Serving Agency Workers), defined in DCYF promulgated policy #700.0105 (Clearance of Agency Activity), and required via DCYF regulations (Family Child Care Home Regulations for Licensure 2007, Group Family Child Care Home Regulations for Licensure - 2007, and Child Care Center and School Age Program Regulations for Licensure - 214-RICR-40-00-1), and are verified through formal and routine record review with providers. By October 1st, this check will be applied to all existing and new child care center staff and operators, and family child care home operators and employees, as well as individuals residing in a family child care home over age 18.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

As of 10/1/2018, the lead agency will only approve relatives as licensed-exempt providers. Relatives are not subject to the full cadre of background checks, but are

required to obtain a state level Child Abuse and Neglect Clearance, also called a "CPS" check, facilitated through the Department of Children, Youth and Families. This is required in DHS's Child Care Assistant Program Rules and Regulations (218-RICR-20-00-04).

b) Has the search of the in-state child abuse and neglect registry been conducted for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

This is an existing requirement for RI Child Care Providers, including individuals who reside in a family child care home, age 18+. Relevant citations: RI General Law 40-13.2 (Certification of Child Care and Youth Serving Agency Workers), defined in RI Department of Children, Youth and Families promulgated policies #700.0105 (Clearance of Agency Activity), #900.0040 (Criminal Record Background Checks) and required via DCYF regulations (Family Child Care Home Regulations for Licensure 2007, Group Family Child Care Home Regulations for Licensure - 2007, and Child Care Center and School Age Program Regulations for Licensure - 214-RICR-40-00-1)

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state child abuse and neglect registry for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

N/A

National Background Check Requirements

5.4.4 National FBI Criminal Fingerprint Search Requirements (98.43(b)(1)).

Note: The in-state (5.4.1 above) and the inter-state (5.4.6 below) criminal history check must be completed in addition to the FBI fingerprint check because there could be state crimes that do not appear in the national repository. Also note, that an FBI fingerprint check satisfies the requirement to perform an interstate check of another State's criminal history records repository if the responding state (where the child care staff member has resided within the past five years) participates in the National Fingerprint File program (CCDF-ACF-PIQ-2017-01).

a) Milestone #4 Prerequisite for New (Prospective) Child Care Staff. Describe the requirements, policies and procedures for the search of the National FBI fingerprint check.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Child care providers are mandated to go to the RI Office of the Attorney General, RI state police, or local police department where they reside to obtain criminal background checks. A fingerprint check is conducted that is run through the RI Bureau of Criminal Identification system (BCI), housed through the Attorney General, for a state level check. After the system processes the BCI, the fingerprints are then sent to the FBI for a national check. If the individual lives out of state they are mandated to obtain a fingerprint check, for the purposes of the national criminal history check in their home state.

These requirements are permitted in RI General Law 40-13.2 (Certification of Child Care and Youth Serving Agency Workers), defined in DCYF promulgated policy 900.0040 (Criminal Record Background Checks) and required via DCYF regulations (Family Child Care Home Regulations for Licensure 2007, Group Family Child Care Home Regulations for Licensure - 2007, and Child Care Center and School Age Program Regulations for Licensure - 214-RICR-40-00-1), and are verified through formal and routine record review with providers.

It is significant to note that background checks apply to child care center staff and operators, and family child care home operators and employees. The state currently

does not have the statutory authority to apply these background checks to all individuals residing in a family child care home age 18 or older. This adjustment is being presented in the next legislative session (January-June 2019).

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

As of 10/1/2018, the lead agency will only approve relatives as licensed-exempt providers. Relatives are not subject to the national criminal background check.

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b) For all current (existing) child care staff, has the FBI criminal fingerprint check been conducted?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

N/A

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the FBI fingerprint check for current (existing) child care staff including:
-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
-- Key challenges to fully implementing this requirements
-- Strategies used to address these challenges

Describe:

It is significant to note that background checks apply to child care center staff and operators, and family child care home operators and employees. The state currently does not have the statutory authority to apply these fingerprint background checks to all individuals residing in a family child care home age 18 or older. This adjustment is being

presented in the next legislative session (January-June 2019). Relevant citations: RI General Law 40-13.2 (Certification of Child Care and Youth Serving Agency Workers), defined in RI Department of Children, Youth and Families promulgated policies #700.0105 (Clearance of Agency Activity), #900.0040 (Criminal Record Background Checks) and required via DCYF regulations (Family Child Care Home Regulations for Licensure 2007, Group Family Child Care Home Regulations for Licensure - 2007, and Child Care Center and School Age Program Regulations for Licensure - 214-RICR-40-00-1)

National Background Check Requirements

5.4.5 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) Search Requirements (98.43(b)(2)).

Note: This is a name-based search. Searching general public facing sex offender registries does not satisfy this requirement. This national check must be required in addition to the in-state (5.4.2 above) or inter-state (5.4.7 below) sex offender registry check requirements. This check must be performed by law enforcement.

a) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all new (prospective) child care staff

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

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ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

As of 10/1/2018, the lead agency will only approve relatives as licensed-exempt

providers. Relatives are not subject to the National Sex Offender Registry Check.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Child care providers are mandated to go to the RI Office of the Attorney General, RI state police, or local police department where they reside to obtain criminal background checks, which now includes a check of the National Sex Offender Registry. If the individual lives out of state they are mandated to obtain a National Sex Offender Registry check in the state of RI .

These requirements are being introduced into legislation next year through RI General Law 40-13.2 (Certification of Child Care and Youth Serving Agency Workers), and are being defined in DCYF promulgated policy 900.0040 (Criminal Record Background Checks), to be completed by the end of 2019, and required via DCYF regulations (Family Child Care Home Regulations for Licensure 2007, Group Family Child Care Home Regulations for Licensure - 2007, and Child Care Center and School Age Program Regulations for Licensure - 214-RICR-40-00-1), and are verified through formal and routine record review with providers. **Regardless of the formal policy changes, as a result of complying with federal law, the practice for this check is already operational with all new and existing staff.**

It is significant to note that background checks apply to child care center staff and operators, and family child care home operators and employees. The state currently does not have the statutory authority to apply these background checks to all individuals residing in a family child care home age 18 or older. This adjustment is being presented in the next legislative session (January-June 2019).

b) Has the National Crime Information Center (NCIC) National Sex Offender Registry

(NSOR) check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

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No. (Waiver request allowed. See Appendix A). Describe the status of conducting the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Child care providers are mandated to go to the RI Office of the Attorney General, RI state police, or local police department where they reside to obtain criminal background checks, which now includes a check of the National Sex Offender Registry. If the individual lives out of state they are mandated to obtain a National Sex Offender Registry check in the state of RI .

These requirements are being introduced into legislation next year through RI General Law 40-13.2 (Certification of Child Care and Youth Serving Agency Workers), and are being defined in DCYF promulgated policy 900.0040 (Criminal Record Background Checks), to be completed by the end of 2019, and required via DCYF regulations (Family Child Care Home Regulations for Licensure 2007, Group Family Child Care Home Regulations for Licensure - 2007, and Child Care Center and School Age Program Regulations for Licensure - 214-RICR-40-00-1), and are verified through formal and routine record review with providers. **Regardless of the formal policy changes, as a result of complying with federal law, the practice for this check is already operational with all new and existing staff.**

It is significant to note that background checks apply to child care center staff and operators, and family child care home operators and employees. The state currently does not have the statutory authority to apply these background checks

to all individuals residing in a family child care home age 18 or older. This adjustment is being presented in the next legislative session (January-June 2019).

Inter-state Background Check Requirements

Checking a potential employee's history in any state other than that in which the provider's services are provided qualifies as an inter-state check, per the definition of required criminal background checks in 98.43(b)(3). For example, an inter-state check would include situations when child care staff members work in one state and live in another state. The statute and regulations require background checks in the state where the staff member resides and each state where the staff member resided during the previous 5 years. Background checks in the state where the staff member is employed may be advisable, but are not strictly required.

5.4.6 Interstate Criminal Registry or Repository Check Requirement (including in any other state where the individual has resided in the past 5 years). (98.43 (b)(3)(i)).

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check (5.4.4 above) to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

a) Has the interstate criminal registry or repository check been put in place for all new (prospective) child care staff?

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

1. In the event that a child care provider lives or has lived outside of RI in the previous five years, they are required, prior to hire to submit for a check of the criminal system in the applicable state. While pending the results of these checks, and give the results from national and instate checks have been completed, the staff member may start child caring work under the supervision of program leadership (Administrator, Education Coordinator, or Site Coordinator). The provider must show good faith efforts to continue to request these

background checks.

These requirements are potentially being introduced into legislation next year through RI General Law 40-13.2 (Certification of Child Care and Youth Serving Agency Workers), but will be defined in an upcoming DCYF policy regarding interstate checks, to be completed by the end of the year, and required via DCYF regulations (Family Child Care Home Regulations for Licensure 2007, Group Family Child Care Home Regulations for Licensure - 2007, and Child Care Center and School Age Program Regulations for Licensure - 214-RICR-40-00-1), and are verified through formal and routine record review with providers. Regardless of the formal policy changes, as a result of complying with federal law, the practice for this check is already operational with all new and existing staff.

By October 1st, this check will be applied to all existing and new child care center staff and operators, and family child care home operators and employees, as well as individuals residing in a family child care home over age 18.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

As of 10/1/2018, the lead agency will only approve relatives as licensed-exempt providers. Relatives are not subject to the interstate criminal background check.

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No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the interstate criminal registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

N/A

b) Has the interstate criminal registry or repository check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

Formal communications has been shared with providers to reinforce the new regulation of background checks being conducted every five years, and the necessity of interstate checks (as applicable). The Lead Agency and the regulatory authority have already met with law enforcement officials on this change. Early communication and promulgation of regulations has allowed for staggered implementation. The largest challenge to date will be to obtain checks from other states. This will hopefully be mitigated with ACF resources. Relevant citations: RI General Law 40-13.2 (Certification of Child Care and Youth Serving Agency Workers), defined in RI Department of Children, Youth and Families promulgated policies #700.0105 (Clearance of Agency Activity), #900.0040 (Criminal Record Background Checks) and required via DCYF regulations (Family Child Care Home Regulations for Licensure 2007, Group Family Child Care Home Regulations for Licensure - 2007, and Child Care Center and School Age Program Regulations for Licensure - 214-RICR-40-00-1)

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate criminal registry or repository check for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

N/A

5.4.7 Interstate Sex Offender Registry or Repository Check Requirements (including in any state where the individual has resided in the past 5 years). (98.43 (b)(3)(ii)).

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (5.4.5 above) to mitigate any gaps that may exist between the two sources.

a) Has the interstate sex offender registry or repository check been put in place for all new (prospective) child care staff?

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

In the event that a child care provider lives or has lived outside of RI in the previous five years, they are required, prior to hire to submit for a check of the Sex Offender Registry in the applicable state. While pending the results of these checks, and give the results from national and instate checks have been completed, the staff member may start child caring work under the supervision of program leadership (Administrator, Education Coordinator, or Site Coordinator). The provider must show good faith efforts to continue to request these background checks.

These requirements are potentially being introduced into legislation next year through RI General Law 40-13.2 (Certification of Child Care and Youth Serving Agency Workers), but will be defined in an upcoming DCYF policy regarding interstate checks, to be completed by the end of the year, and required via DCYF regulations (Family Child Care Home Regulations for Licensure 2007, Group Family Child Care Home Regulations for Licensure - 2007, and Child Care Center and School Age Program Regulations for Licensure - 214-RICR-40-00-1), and are verified through formal and routine record review with providers. Regardless of the formal policy changes, as a result of complying with federal law, the practice for this check is already operational with all new and existing staff.

By October 1st, this check will be applied to all existing and new child care center staff and operators, and family child care home operators and employees, as well as

individuals residing in a family child care home over age 18.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

As of 10/1/2018, the lead agency will only approve relatives as licensed-exempt providers. Relatives are not subject to the interstate Sex Offender Registry check.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

N/A

b) Has the interstate sex offender registry or repository check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

Formal communications has been shared with providers to reinforce the new regulation of background checks being conducted every five years, and the necessity of interstate checks (as applicable). The Lead Agency and the regulatory authority have already met with law enforcement officials on this change. Early communication and promulgation of regulations has allowed for staggered implementation. The largest challenge to date will be to obtain checks from other states. This will hopefully be mitigated with ACF resources.

Relevant citations: RI General Law 40-13.2 (Certification of Child Care and Youth

Serving Agency Workers), defined in RI Department of Children, Youth and Families promulgated policies #700.0105 (Clearance of Agency Activity), #900.0040 (Criminal Record Background Checks) and required via DCYF regulations (Family Child Care Home Regulations for Licensure 2007, Group Family Child Care Home Regulations for Licensure - 2007, and Child Care Center and School Age Program Regulations for Licensure - 214-RICR-40-00-1)

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

N/A

5.4.8 Interstate Child Abuse and Neglect Check Registry Requirements (98.43 (b)(3)(iii)).

Note: This is a name-based search.

a) Has the interstate child abuse and neglect check been put in place for all new (prospective) child care staff?

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

In the event that a child care provider lives or has lived outside of RI in the previous five years, they are required, prior to hire to submit for a check of the Child Abuse and

Neglect system in the applicable state. While pending the results of these checks, and give the results from national and instate checks have been completed, the staff member may start child caring work under the supervision of program leadership (Administrator, Education Coordinator, or Site Coordinator). The provider must show good faith efforts to continue to request these background checks.

These requirements are potentially being introduced into legislation next year through RI General Law 40-13.2 (Certification of Child Care and Youth Serving Agency Workers), but will be defined in an upcoming DCYF policy regarding interstate checks, to be completed by the end of the year, and required via DCYF regulations (Family Child Care Home Regulations for Licensure 2007, Group Family Child Care Home Regulations for Licensure - 2007, and Child Care Center and School Age Program Regulations for Licensure - 214-RICR-40-00-1), and are verified through formal and routine record review with providers. Regardless of the formal policy changes, as a result of complying with federal law, the practice for this check is already operational with all new and existing staff.

By October 1st, this check will be applied to all existing and new child care center staff and operators, and family child care home operators and employees, as well as individuals residing in a family child care home over age 18.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

As of 10/1/2018, the lead agency will only approve relatives as licensed-exempt providers. Relatives are not subject to the interstate Child Abuse And Neglect Clearance.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

N/A

b) Has the interstate child abuse and neglect check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

Formal communication has been shared with providers to reinforce the new regulation of background checks being conducted every five years, and the necessity of interstate checks (as applicable). The Lead Agency and the regulatory authority have already met with law enforcement officials on this change. Early communication and promulgation of regulations has allowed for staggered implementation. The largest challenge to date will be to obtain checks from other states. This will hopefully be mitigated with ACF resources. Relevant citations: RI General Law 40-13.2 (Certification of Child Care and Youth Serving Agency Workers), defined in RI Department of Children, Youth and Families promulgated policies #700.0105 (Clearance of Agency Activity), #900.0040 (Criminal Record Background Checks) and required via DCYF regulations (Family Child Care Home Regulations for Licensure 2007, Group Family Child Care Home Regulations for Licensure - 2007, and Child Care Center and School Age Program Regulations for Licensure - 214-RICR-40-00-1)

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

N/A

Provisional Employment

The CCDF final rule states a child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter (98.43(d)(1) and (2)). A prospective child care staff member may not begin work until one of the following results have been returned as satisfactory: either the FBI fingerprint check or the search of the state/territory criminal registry or repository using fingerprints in the state/territory where the staff member resides. The child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

Note: In recognition of the concerns and feedback OCC received related to the provisional hire provision of the CCDF final rule, OCC will allow states and territories to request time-limited waiver extensions for the provisional hire provision. State/territories may submit a waiver request to allow additional time to meet the requirements related to provisional hires (see Appendix A). A state/territory may receive a waiver from this requirement only when:

1. the state requires the provider to submit the background check requests before the staff person begins working; and
2. the staff member, pending the results of the elements of the background check, is supervised at all times by an individual who has completed the background check.

5.4.9 Describe the state/territory requirements related to prospective child care staff members using the checkboxes below. (Waiver request allowed. See Appendix A). Check all that apply.

- The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after completing and receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides.

Describe and include a citation:

In the event that a child care provider lives or has lived outside of RI in the previous five years, they are required, prior to hire to submit for a check of the criminal system in the applicable state. While pending the results of these checks, and given the results from national and instate checks have been completed and are cleared, the

staff member may start child caring work under the supervision of program leadership (Administrator, Education Coordinator, or Site Coordinator). The provider must show good faith efforts to continue to request these background checks.

Relevant citations: RI General Law 40-13.2 (Certification of Child Care and Youth Serving Agency Workers), defined in RI Department of Children, Youth and Families promulgated policies #700.0105 (Clearance of Agency Activity), #900.0040 (Criminal Record Background Checks) and required via DCYF regulations (Family Child Care Home Regulations for Licensure 2007, Group Family Child Care Home Regulations for Licensure - 2007, and Child Care Center and School Age Program Regulations for Licensure - 214-RICR-40-00-1)

- The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after the request has been submitted, but before receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides. Note: A waiver request is allowed for this provision (see Appendix A).

Describe and include a citation:

N/A

- Other.

Describe:

N/A

5.4.10 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.

Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for

responding to requests from other states (98.43(a)(1)(iii)).

Out of state Criminal records requests are made directly through an online system to the Office of the Attorney General. Out of state records requests for the child abuse and neglect database are directed to and handled by the RI Department of Children, Youth and Families, and an online request system is in the final stages of development. This system allows for a much quicker turn around than the 45-day requirement. Further, if there is a question of validity of the request, the state's statutory authority can be brought in for further authorization as needed.

5.4.11 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option)- a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(c)(i)?

No

Yes.

Describe other disqualifying crimes and provide citation:

RI Department of Children, Youth and Families Policy #900.0040 cites the following

disqualifying information. Associated appeal options are listed within each level.

Disqualifying Information

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The arrest and conviction* or arrest pending disposition for one of the criminal offenses listed below or for any offense, which involves elements of proof that are substantially similar to the offenses listed below, disqualifies an individual from serving in a child caring capacity in a program or service operated by or for DCYF and/or requiring licensure or certification by DCYF or residing in a household wherein such a program or service is provided or from owing or operating any such program or service or from serving as a DCYF employee, intern, volunteer or consultant or from functioning in any other capacity subject to a statewide or nationwide criminal record background check in accordance with federal and/or state law or DCYF rule.

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*Â For purposes of this protocol, "conviction" means a judgment of conviction entered by a court subsequent to a finding of guilty.Â Further, any case where a defendant has entered a plea of nolo contendere and has received a sentence that includes a fine and/or a period of incarceration constitutes a conviction.Â Any instance where the defendant has entered a plea of nolo contendere and has received a sentence of only probation constitutes a conviction while the probationary period is pending.

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LEVEL 1 OFFENSES

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If an individual is disqualified for the arrest and/or conviction for any of the following offenses, that individual has a right to appeal for the purpose of demonstrating that he or she has not been arrested and/or convicted for such an offense.

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Felony Child Abuse or Neglect
Felony Domestic Violence
Felony committed against a child
1st Degree Child Molestation
2nd Degree Child Molestation
Child Pornography

Sale or exhibition to minor of indecent publications, pictures or articles
Child nudity in publication
Felony Drug Offense committed less than five (5) years ago
Felony involving violence
Murder
Manslaughter
Rape
1st Degree Sexual Assault
2nd Degree Sexual Assault
Kidnapping
Car-jacking
1st Degree Arson
2nd Degree Arson
Mayhem
Felony Assault committed less than five (5) years ago
Felony Battery committed less than five (5) years ago

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LEVEL 2 OFFENSES

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If an individual is disqualified for the arrest and/or conviction for any of the following offenses, that individual has a right to appeal for the purpose of demonstrating his or her long standing record of excellence in child care:

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Felony Assault committed over five (5) years ago
Felony Battery committed over five (5) years ago
Felony Drug Offense committed over five (5) years ago
Robbery
Breaking and Entering
Burglary
Illegal Possession of a Firearm
Misdemeanor Domestic Assault
3rd Degree Sexual Assault

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If an individual is disqualified for the arrest and/or conviction for any of the following offenses, when the offense does not involve a child, that individual

has a right to appeal for the purpose of demonstrating his or her long standing record of excellence in child care:

••• Transportation for Indecent purposes

••• Harboring

••• Prostitution

••• Pandering

••• Deriving support or maintenance from prostitution

••• Circulation of obscene publications and shows

5.4.12 The state/territory has a process for a child care staff member to appeal the the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3).

Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2-4)).

Background check results do not disclose the reason for the disqualifier but provide additional information about contacting an individual regarding next steps. The individual has the right to request an administrative appeal in order to remove the background check from the hiring decision, Relevant citations: RI Department of Children, Youth and Families promulgated policies #700.0105 (Clearance of Agency Activity), #900.0040 (Criminal Record Background Checks)

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5.4.13 The state/territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)).

Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of

whether they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can report that no fees are charged if applicable (98.43(f)).

Local police will often charge the requesting agency, not the individual, pursuant to RI General Law 40-13.2 (Certification of Child Care and Youth Serving Agency Workers), the FBI fee to conduct fingerprints; however, the Office of the Attorney General and the state police do not charge for this service. The charge mimics the cost charged by the FBI for the running of a civil background check. The agency is responsible to pay a \$10 processing fee for each Child Abuse and Neglect check that is completed through the State of RI, to cover processing within the system.

5.4.14 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, states have the flexibility to decide which background check requirements relative providers must meet, as defined by CCDF in 98.2 under eligible child care provider.

Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from background checks?

- No, relatives are not exempt from background check requirements.
- Yes, relatives are exempt from all background check requirements.
- Yes, relatives are exempt from some background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers.

Relative caregivers are exempt from national checks, interstate checks and sex offender registry checks. They are still required to obtain a state level criminal record check as well as a state level Child Abuse and Neglect Registry clearance.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a) Describe how the state/territory's framework for training and professional development

addresses the following required elements:

-- State/territory professional standards and competencies. Describe:

In Rhode Island, the progression of professional development is described in a set of Workforce Knowledge and Competency Frameworks (WKC). Frameworks are intended to be used as a guide for professionals to understand what they should know and be able to do to promote optimal learning experiences for young children,

<https://exceed.ri.gov/Pages/Professionals/ProfessionalsDefault.aspx>.

Rhode Island's professional development system is based on the following competencies and standards: WKC for Early Childhood Teachers and Early Intervention/Early Childhood Special Educator; WKC for Teacher Assistants; WKC for Family Child Care Educators; WKC for Family Child Care Educators; WKC for Family Child Care Educators; WKC for Early Childhood Administrators and Education Coordinators.

The WKC's for educators are based on the following core competencies and domains:

1. Physical and Mental Health, Safety, and Wellness (HSW)

- a. Knowledge of State and Federal Regulations
- b. Safety and Emergency Procedures
- c. Health
- d. Food and Nutrition

2. Family Engagement (FE)

- a. Creating Respectful, Responsive, Reciprocal Relationships with Families
- b. Engaging Families in Childrens' Development and Learning
- c. Utilizing Community Resources to Support Families

3 . Development and Learning (DL)

- a. Child Development
- b. Influences on Development

4 . Curriculum (C)

- a. Process
- b. Teaching and Facilitating
- c. Context
- d. Building Meaningful Curriculum

5. Assessment (A)

- a. Knowledge of Early Childhood Assessment
- b. Conducting Developmentally Appropriate Authentic Assessments
- c. Conducting Formal Assessments

- d. Practicing Responsible Assessment
- e. Gathering Assessment Information from Multiple Sources Using a Variety of Methods
- f. Documenting Assessment Information
- g. Using Assessment Information in Curriculum Planning
- h. Communicating Assessment Information

6. Professionalism (P)

- a. Foundations: Identifying and Involving Oneself with the Early Care and Education Profession
- b. Ethical Standards and Professional Guidelines
- c. Valuing Diversity
- d. Advocating for Children, Families, and the Profession
- e. Commitment to Ongoing Professional Development
- f. Fostering Respectful, Collaborative Relationships with Other Professionals

The WKC Framework for Professional Development Providers is organized into five domains, each of which is imperative to the practice of trainers, TA providers, and higher education faculty/staff. Though presented separately, each domain contains knowledge and skills that relate to competencies in other domains. Each domain should not be considered in isolation of the others, but rather be thought of as one critical area for supporting educators and improving educator knowledge and practice that feeds into a greater whole. The domains include:

1. Professionalism (P)

P 1: Maintaining Ethical Standards and Professional Guidelines

P 2: Engages in Ongoing Reflection and Professional Development

P 3: Advocating for Early Childhood Education

P 4: Contributing to the Knowledge Base of Early Childhood Workforce Preparation and Development

2. Building Relationships (BR)

BR 1: Establishing and Maintaining Trusting and Respectful Relationships

BR 2: Respecting Individuals and Diversity

BR 3: Defining Roles and Boundaries

BR 4: Managing Conflict and Challenges

3. Knowledge of Content (KC)

KC 1: Demonstrating Relevant Knowledge and Experience

KC 2: Ensuring Alignment with Relevant State Standards and Frameworks

4. Supporting Adult Learners (AL)

AL 1: Using Adult Learning Principles

AL 2: Using Effective Instructional Methods

5 . Evaluating Outcomes (EO)

EO 1: Using Effective Methods to Assess Outcomes

EO 2: Using Evaluation for Continuous Quality Improvement

-- Career pathways. Describe:

The Rhode Island Workforce Knowledge and Competencies articulate the essential skills and knowledge for educators who work with young children by defining what they need to know and understand, to promote young children's healthy development and learning.

The competencies are designed for many purposes including, but not limited to:

- As a framework for developing a state-wide professional development system
- Help teachers and teacher assistants focus on critical areas of professional development and recognize their own areas of exceptional skill and expertise
- Help teachers and teacher assistants with the creation and implementation of their own individual professional development plans
- Help program administrators articulate job expectations for teachers and teacher assistants including developing performance-based job descriptions and designing evaluation processes
- Guide higher education and professional development providers with the creation of curricula for college courses and professional development opportunities offered in the community
- Help families identify best practices and select high-quality programming for their children
- Serve as a tool for advocates and policy makers to develop initiatives, communications, and allocate funding based on what best supports early childhood professionals.

Embedded within the WKC Frameworks are career pathways that specifies the formal education, experience and professional development activities that correspond with each level. Individuals advance from one level to the next through accumulation of formal education, experience, and professional development as outlined in the documents. Professional development pathways are funded by the Rhode Island Department of Human Service, Office of Child Care. The Frameworks are readily available and accessible to the early childhood community on the EXCEED website

<https://exceed.ri.gov/> . The Rhode Island Center for Early Learning Professionals (CELP), <http://center-elp.org/>, has designed and posted a series of self-paced online modules to help early childhood educators understand and be able to use the WKC

frameworks to assess their professional development strengths and needs and to develop an Individual Professional Development Plan.

-- **Advisory structure. Describe:**

The Rhode Island Department for Human Services, Office of Child Care is the state's lead agency overseeing the standards and competencies for the early care and education workforce. The lead agency solicits and receives recommendations from community partners and constituents through planned community input sessions and through consultation and collaboration with the Rhode Island Children's Cabinet and the Rhode Island Early Learning Council.

The Children's Cabinet is comprised of appointed leaders from agencies servicing Rhode Island Children and Families, <http://www.kids.ri.gov/>The Cabinet goals include:

- Improve the health, education, and well-being of all children and youth in Rhode Island.
- Increase the efficacy, efficiency, and coordination of service delivery.
- Improve data-driven, evidence-based decision-making through strengthened data sharing capacities among agencies and research partners, while adequately protecting the privacy rights of children.

The Early Learning Council is the advisory body to the Governor and the RI Children's Cabinet. The Early Learning Council reviews data and research, develops policy recommendations, and advises the state on funding opportunities. The council has identified four focus areas as outlined in the council's strategic plan,

<http://www.earlylearningri.org/>. The focus areas are:

- Expand Access to High Quality Programs
- Improve Program Quality
- Develop and Sustain an Effective Early Care and Education Workforce
- Measure and Evaluate Progress Toward Improved Early Learning and Development Outcomes

-- **Articulation. Describe:**

Embedded within the WKC Frameworks are career pathways that specifies the formal education, experience, professional development, and professional activities that correspond with each level. Individuals advance from one level to the next through accumulation of formal education, experience, and professional development as outlined in the documents. DHS-funded higher education pathways support a graduated articulation process from entry level certificate programs to higher education credentials and certificates.

-- Workforce information. Describe:

Under RTT-ELC, Rhode Island completed its first comprehensive early childhood workforce study in 2013. Since then, Rhode Island has built an early care and education data system (ECEDS) that houses a workforce registry for staff working in early childhood and OST programs. The workforce registry went live late 2015, and RI is currently working to promote awareness, understanding, and participation in the workforce registry.

-- Financing. Describe:

DHS combines state and federal funds (TANF) at the state level for seamless service delivery of quality initiatives to support the early childhood education workforce to obtain professional development and technical assistance opportunities at all levels within the Workforce Knowledge and Competency frameworks. DHS supports several quality contracts that are designed to off-set the cost of quality by developing a graduated workforce pathway that is affordable and obtainable to the states diverse workforce. The Center for Early Learning Professionals, Ready 2 Learn Providence and LISC provide free professional development and technical assistance trainings quarterly. Through the Rhode Island Early Education and Training Program, the workforce has access to free CDA training/testing and 12-college credits in early childhood education. The Rhode Island T.E.A.C.H. scholarship grants provide tuition assistance to obtain an Associates or Bachelor's degree in early childhood education.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

Rhode Island supports multiple affordable and accessible professional development options for providers designed to engage adult learners in meaningful programs of study, these include:

- **GED** Early Child Care Education (ECE) and Training Contextualized Bilingual English as a Second Language GED-designed to support Spanish speaking providers to obtain early childhood professional development and training, at no cost to the educator.

- **ECETP-Infant Toddler Child Development Associate (CDA)** credential (English & Spanish) Students receive on-site coaching, mentoring and tutoring, to prepare for and take the national exam. This is a no cost program and is approved by the CELP.
- **Rhode Island Early Childhood Education and Training Program (ECETP)**
Students earn 12 Credits in Early Childhood Education in four semesters, at the local Community College. This program is designed using a cohort model, and includes on-site coaching and mentoring, bilingual tutoring and assessment training using the Early Childhood Rating Scales and CLASS assessment tools, at no cost to the student. Upon completion, students can articulate into the Community College of Rhode Island ECE 24 credit Certificate Program, CCRI ECE AA program and/or the ECE BA program at Rhode Island College.
- **CCRI Certificate in Early Childhood Education**, students earn 24 credits in ECE; all credits from the ECETP program are transferable to this program. Students who have valid CDA can receive 3 college credits in the required Field I course. Approval to support this program through the RI T.E.A.C.H scholarship is pending.
- **Community College of Rhode Island, Early Childhood Education and Child Development Concentration Associate in Arts Degree**
Students can earn an AA in human development and early childhood education degree, partially funded through the RI T.E.A.C.H Scholarship. This program of study articulates into the ECE BA program at Rhode Island College. Additionally, students who complete this program, also receive a Rhode Island Early Learning and Development Standards Certificate (RIELDS). Students who have valid CDA can receive 3 college credits in the required Field I course.
- **Rhode Island Infant Toddler Higher Educating Pathway (ITCP)**- This program will begin its pilot at Rhode Island College in the Fall of 2018. It is designed to support Rhode Island's Spanish speaking and/or bilingual early care and education workforce. In addition to receiving college credit in infant/toddler development, students receive guided support, coaching and mentoring. Program development is supported through DHS Quality Dollars.
- **Rhode Island College**, students can earn a BA degree in early childhood education (birth-five concentration), partially funded through the RI T.E.A.C.H Scholarship.

[Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework](#)

[Describe:](#)

The Lead Agency contracts with the Center for Early Learning Professionals to offer, and approve, all professional development offered across the state of Rhode Island to the early learning workforce. All approved professional development must align to the workforce knowledge and competencies, Rhode Island Early Learning Development Standards and licensing standards outlined by the Department of Children, Youth and

Families.

Other

Describe:

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

The Rhode Island Children’s Cabinet and the Early Learning Council collaborate to review systems and identify 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 Center for Early Learning Professionals administers the early childhood education and training approval process for all state supported and mandated PD\TA. This process ensures access to high quality offerings are available to all CCDF providers at all levels and sectors of workforce and career pathway.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

Rhode Island uses CCDF funding to support the early care and education workforce by offering low or no cost certificates and higher education pathways. All state supported PD programs must incorporate the state RIELDS and WKC frameworks, as well as embed coaching and mentoring components. By design, DHS seeks continuous stakeholder feedback to intentionally support PD pathways that are accessible for providers of all professional and learning levels as identified in the RI-WKC frameworks; including developing pathways to support identified language needs of the community. Pay parity and professional acumen are supported by the RI T.E.A.C.H scholarship guidelines. Currently,

the RI T.E.A.C.H model covers 85% to 90% of the teacher's tuition, (depending on the program of study); a text book and travel stipend, paid release time, a completion bonus and guaranteed 1.5% raise upon degree attainment for the AA and BA pathway. The 12-credit pathway is accessible to all providers, includes coaching, mentoring and tutoring at no cost to the student. The Cohort CDA program has recently been approved to be adopted by the RI T.E.A.C.H model. The other higher-ed infant/toddler bilingual and 24-credit certificate programs are currently under review. In July 2018, legislation on Tiered Reimbursement, known as Article 15 passed, and provides BrightStars rated-CCAP programs with significant pay differential as they advance along the quality continuum.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development framework (98.44(b)).

Through the state's Department of Children Youth and Families (DCYF) licensing regulations, all providers are required to engage in 20 hours of professional development on a yearly basis. Ten of the required hours must be approved by the state's professional development approval process as administered through the Center for Early Learning

Professionals; State approved professional development is aligned to the early learning and development standards. Other requirements include:

- State Approved Infant Toddler Development
- Annual Health and Safety training
- Annual CPR and First Aid
- Child abuse and neglect training

All Family Child Care Providers must complete an orientation and training program that includes, a comprehensive pre-licensing program, called First Steps. This mandatory training is delivered through the Center for Early Learning Professionals and includes training in:

- Licensing regulations
- Best business practices
- Health and Safety training.

First Steps training is currently under review, with plans to expand the modules to include more ECE content. All CCDF-funded providers must also complete a CCAP Orientation that includes training in health and safety, billing and enrollment services. The Department for Children Youth and Families' licensing regulations for family child care providers are currently in the review process with plans to promulgate new regulations in Fall of 2018. The Lead Agency also contracts with Emma Pendleton Bradley Hospital to provide Supporting Children's Competencies in Emotional and Social Skills (SUCCESS) program <https://exceed.ri.gov/success/default.aspx>. This is a DHS funded contract with Early Childhood Mental Health Consultants, who provide on-site consultation to address the social, emotional, and behavioral health needs of children and develop support strategies for families and providers who care for them.

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

The Hand in Hand Child Care Center in Charlestown, Rhode Island is the single tribal-owned and operated child care facility in the State of Rhode Island. The tribal child care center has fully participated in the state's technical services as well as its quality improvement grant funds through the Center for Early Learning Professionals to improve their current quality ratings status. They have participated in technical assistance services to address the

competencies and requirements aligned with improving their teacher and administrative practices and have embedded trainings into their quality improvement plan. The Tribe has access to all CCDF support services. The Center for Early Learning professionals has systems in place to ensure that all professional development and technical assistance services are culturally relevant. Through their online registration process, the Center collects information from each registered participant so that that service can be adapted and modified to best meet the needs of the workforce community.

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers:

a) with limited English proficiency

CCDF funds support a myriad of professional development and technical assistance opportunities supporting all providers. As a practice, the Center for Early Learning Professionals, through their online registration process, collects information from each registered participant so that they can adapt and modify sessions to best meet the needs of the audience.

The Lead Agency contracts with the Genesis Center, an organization specializing in adult education, to offer contextualized ESOL coursework for family child care providers seeking to strengthen their English skills.

Rhode Island has identified the need to support Spanish speaking and/or bilingual providers. To meet this need, DHS\Office of Child Care supports several ongoing CELP approved GED, PD\TA, CDA and college credit opportunities to support this sector of the workforce. Ready to Learn Providence, another community partner funded by DHS, also provides professional development work in Spanish for the Spanish speaking workforce.

b) who have disabilities

RI supports PD\TA opportunities for all providers, and will make accommodations as required by law as guided by the U.S. Department of Education, section 504 of the Rehabilitation Act of 1973, civil rights statute which prohibits discrimination against individuals with disabilities and by design through DHS contracting and registration process.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii--iv)).

CCDF funds support multiple workforce development opportunities for the workforce who are receiving child care subsidies. All DHS supported pathways are aligned with the states' quality continuum, the Workforce Knowledge and Competencies Frameworks and the Rhode Island Early Learning Standards. These alignments include training providers to care for and teach children of different age groups; English-language learners; children with developmental delays and disabilities and the capacity to develop other identified needs of the workforce and the children and families being served. The workforce has access to year-round (Spanish\English), state approved local and national professional development and technical assistance, and higher education and certificate training opportunities. Examples of available local professional development and training are:

- Inclusive Practices for Children and Families
- Planning (3) Curriculum for Mixed Age Group
- Family Engagement: Culturally Responsive Approach
- Understanding the Impact of Trauma on Young Children
- Using Library Resources to Support Language Development and Literacy
- Responsive Caregiving: Supporting the Needs of Infants and Toddlers
- Cohort support Infant Toddler CDA
- AA and BA programs in Early Childhood Education

6.2.5 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a) Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

In collaboration with the CELP, DHS has several initiatives to support professional development and technical assistance to providers who work with homeless families and children including:

- Collaborating with Rhode Island State agencies and community partners to explore training opportunities and identify providers with expertise in working with this population
- Continue to provide and approve and seek out PD that addresses family stress and trauma
- Incorporate trauma informed care concepts required training for CCDF providers
- Develop Training Modules for online access

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. The Center is working with DHS leadership to develop and produce a recorded webinar that will provide information to child care providers about specific state policies related to serving these children and families in child care settings.

b) Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.2.2).

The Lead Agency works closely with other state departments and community based organizations to prioritize, and effectively serve, children and families experiencing homelessness.

Lead Agency trains its field staff to support comprehensive service support for those individuals who identify as homeless upon application.

6.2.6 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply

- Issue policy change notices
- Issue new policy manual
- Staff training
- Orientations
- Onsite training
- Online training
- Regular check-ins to monitor the implementation of CCDF policies

Describe the type of check-ins, including the frequency.

All CCDF approved providers are required adhere to licensing rules and regulations, www.dcyf.ri.gov. Providers will receive yearly inspections visits form state licensers to review compliance with licensing standards including compliance with:

- Professional Development
- Child Ratio
- Staff Qualifications
- Physical Space and Home Safety
- Health and Nutrition
- Activities, Materials and Equipment
- Behavior Management
- Administration

Other

Describe:

N/A

6.2.7 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a) Describe the strategies that the state/territory is developing and implementing for training and TA.

All CCDF-funded providers must complete a RI DHS CCAP Orientation, covering billing and enrollment practices, prior to receiving payment.

All Family Child Care Providers are required to complete a pre-licensed training that includes modulus dedicated to best business practices.

The workforce has year-round access state approved professional development and technical assistance to support best business practices. Examples of course offerings include topics such as:

- Financial Management and Strategic Business Planning
- Fiscal Management: budgeting; record keeping; hiring
- Developing, and retaining qualified staff; risk management; community relationships; marketing and public relations. The Lead Agency contracts with the Center for Early Learning Professionals to provide pre-licensure training to all family child care providers. Participants receive a thorough grounding in the state's child care licensing regulations with an emphasis on policies and practices that promote children's health and safety in the child care setting. In addition, participants learn about business practices, fiscal management and marketing strategies and receive support for creating a business plan, budget, and marketing plan. This training is available in both English and Spanish.

The Center offers two distinct professional development series entitled *Strengthening Business Practices* - one series for center directors and one for family child care owners/providers. Center directors learn about sound systems for fiscal management, marketing and human resources and complete a self-assessment of their own program's practices using the Program Administration Scale (PAS) tool. The series for family child care owners/providers focuses on important elements for successfully managing a small business including budgeting, record keeping and marketing and are introduced to the Business Administration Scale (BAS) tool. Both the PAS and the BAS are nationally-recognized tools for measuring the quality of

business practices in family child care and center-based settings. The Center offers the family child care series in both English and Spanish and follow-up on-site technical assistance to participants, as requested.

As a result of stakeholder feedback, the lead agency is directing PDTA quality contractors to design and implement technology training to support CCDF provider proficiency in the use of computers to support engagement with state reporting requirements, best business practices and to provide skills needed as providers advance along the WKC's and the QRIS quality continuum. Providers will have access to this PDTA by the Fall of 2018.

b) Check the topics addressed in the state/territory's strategies. Check all that apply.

- Fiscal management
- Budgeting
- Recordkeeping
- Hiring, developing, and retaining qualified staff
- Risk management
- Community relationships
- Marketing and public relations
- Parent-provider communications, including who delivers the training, education, and/or technical assistance
- Other

Describe:

6.3 Early Learning and Developmental Guidelines

6.3.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward

learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry

1. The Rhode Island Early Learning and Development Guidelines outline the expectations for young children's learning and continual growth in all areas of intellectual, physical, and emotional development. The standards were updated and expanded in 2013; the revision of the standards extended educational expectations to infants and toddlers, and integrated preschool early learning standards to create a seamless birth to 60-month continuum. The Rhode Island Department of Education (RIDE) worked collaboratively with national experts, Rhode Island's higher education community, and Rhode Island's early childhood stakeholders to articulate this revised set of early learning and development standards that meet or exceed nationally recognized criteria and are uniquely adapted for the children and families in Rhode Island. The standards are aligned to the RI Quality Rating and Improvement System, Bright Stars, and are required in the higher level professional development continuum.

b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry.

The standards are set forth with the following important considerations, which are relevant to all early learners:

- Early learning occurs within the context of nurturing relationships; it is only through consistent and secure early relationships that children feel safe enough to explore their environments and learn. Play-especially with adults and with other children-is a key element for early learning and a primary vehicle through which young children begin to understand themselves in relation to others and to orient themselves to the world and to the delight of learning. Strictly defined, it is any freely sought activity that is pleasing to the "player." It can be physical (bouncing up and down or riding a tricycle), imaginative (playing "peek-a-boo" or "dress-up"), creative (building with blocks or drawing pictures), social (acting out a dramatic episode), or mental (daydreaming). And it can be any combination of these. Paradoxically, play is the most important work of childhood.
- Early learning is integrated across all areas of development; and while specific domains of learning are identified, each area of learning is influenced by progress in others. As well, each child may progress at different rates in each of the domains. Finally, while learning is sequential-starting simple (concrete) and becoming more

- complex (abstract)-development unfolds in fits and starts.
- Early learning is rooted in culture and supported by the family

c) Verify by checking the domains included in the state/territory's early learning and developmental guidelines. Responses for "other" is optional

- Cognition, including language arts and mathematics
- Social development
- Emotional development
- Physical development
- Approaches toward learning
- Other

Describe:

d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

The Rhode Island Early Learning Standards were developed in consultation with the following advisory boards which consists of state department directors, community partners and providers:

1. RI Children's Cabinet
2. Early Learning Council

e) Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates

The guidelines were first issued in 2009 and revised in 2013. Currently, there are no plans for revision. The Rhode Island Department of Human Services, Office of Child Care, supports the development and the professional development and training opportunities associated with the standards.

f) If applicable, discuss the state process for the adoption, implementation and continued improvement of state out-of-school time standards

The state's quality rating improvement system, BrightStars, has a framework for assessing school age quality indicators often correlating to out-of-school time standards.

g) Provide the Web link to the state/territory's early learning and developmental guidelines.

www.rields.com

6.3.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The Rhode Island Early Learning Developmental Standards are used as a framework to guide appropriate and meaningful professional development for the early learning workforce. It is not used as a mechanism to screen prospective, or existing, child care providers.

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program 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 (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce
- Improving on the development or implementation of early learning and developmental guidelines
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement

activities where CCDF investments are being made, including but not limited to, quality set-aside funds and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)) These activities can benefit infants and toddlers through school age populations.

This section covers the quality activities needs assessment and quality improvement activities and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

In 2016, as part of the requirement for the Race to the Top- Early Learning Challenge Grant, DHS commissioned Child Trends, led by Kelly Maxwell, to conduct an evaluation of Rhode Island's QRIS BrightStars 2013 revised frameworks. The Lead Agency (DHS) will continue to embark upon continuous quality review and improvement by engaging stakeholders and community partners in ongoing formal and informal discussions and review sessions. Between 2017-2018, DHS, hosted a series of Think Tank sessions with a variety of key stakeholders, community partners, providers and state department leads, to review the quality levers, supports and design as implemented through the RI QRIS. The team compiled a list of recommendations that are currently under review.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

formal assessment, as administered by Kelly Maxwell, (http://www.brightstars.org/uploads/RI_BrightStars_Evaluation_Full_Report_2016.pdf) assessed the RI QRIS 2013 revision, and the differentiation between the rating levels and related child outcomes. Findings of the study included the results that the quality of

preschool classrooms, as measured by all three domains of the CLASS Pre-K, was higher in programs with higher star ratings than in programs with lower star ratings. The quality of toddler classrooms, as measured by both domains of the CLASS Toddler, was also higher in programs with higher star ratings. Although children's skills were not related to programs' overall star ratings, the study found a positive, meaningful relationship between social competence and five of the ten BrightStars standards (teacher qualifications, program leadership, curriculum, inclusive classroom practices, as well as family communication and involvement). The curriculum standard was also related to math skills. In addition, seventy percent of directors, forty-nine percent of preschool teachers, and sixty-five percent of toddler teachers rated their impression of BrightStars as positive or extremely positive. When asked to explain their ratings, directors and teachers gave a wide range of responses. Both groups appreciated the supports and the focus on quality. Directors and teachers also expressed some concerns about the classroom quality observations, the standards, and the building block rating structure.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

Supporting the training and professional development of the child care workforce. If checked, respond to section 7.3 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply

CCDF funds

Other funds

Describe:

Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply

CCDF funds

Other funds

Describe:

7.3 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce

a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

- Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies

Describe:

DHS contracts with multiple agencies in RI to deliver state approved professional development in all areas of child development and learning. The Center for Early Learning Professionals is charged with approving professional development opportunities submitted by ECE educators for approval. Approved professional development and training includes but is not limited to, ECE content in,

- Social and Emotional Development
- Cognitive Development
- Language and Literacy
- Gross & Fine Motor Development
- Adaptive Skills and Development
- Health & Safety\Behavioral Health
- Nutrition
- ECE Special Education
- Family Engagement
- Professionalism
- Best Business Practices
- Infant Toddler Development\Infant Toddler Mental Health
- Family Child Care
- Trauma

All state approved training content is informed by leadership at Rhode Island State Departments and guided by RIELDS and the Workforce Knowledge and Competencies for Early Childhood Teachers and Early Intervention/Early Childhood Special Educators. Specific training includes, but is not limited to: Supporting Social and Emotional Development: a comprehensive overview of social and emotional development in preschool aged children focusing on understanding the definition of social and emotional development, building relationships, creating nurturing environments, fostering self-esteem and positive social behavior, and promoting

problem solving skills; Learning to Learn: Supporting Essential Skills in Young Children: exploring recent research about the cognitive domain of self-regulation, otherwise known as executive function; Keeping Children Healthy: Nutrition and Physical Activity: an in-depth overview of good health and nutrition practices for infants, toddlers and preschoolers in early childhood settings emphasizing the critical role that proper nutrition and sufficient physical activity play in the development of young children.

- Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.5.)

Describe:

Describe: Curriculum supporting the social emotional and development of young children are imbedded in the states guided Infant Toddler CDA program, and higher education pathways, where students receive on-site coaching and mentoring. DHS supports the Early Childhood Mental Health Consultation model, called SUCCESS, which provides on-site assistance supporting the social emotional competencies and behavioral health needs of identified children in child care programs. The Rhode Island Association for Infant Toddler Mental Health offers state approved professional development for all providers.

- Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development

Describe:

The Rhode Island Early Learning and Development Standards (RIELDS) are available on the Exceed website and are available in English and Spanish. They were developed to assist families and educators in understanding the typical development of children from birth through 60 months. RIELDS offers multiple levels of professional development training and certificate opportunities for providers to use the standards to teach parents how to understand and use the standards to engage learning in everyday activities with their children. Integral to the RI quality continuum is family engagement; at the higher levels of the QRIS system providers must implement several strategies to support family engagement in regard to development and

learning. Families can use the Exceed website to search for information on child learning and development and link to several other DHS quality initiatives and supports.

- [Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards.](#)

[Describe:](#)

Programs engaged in QRIS are required to implement high-quality programming at the 3, 4, and 5-star level of the quality continuum. Programs and providers can use the RIELDS to develop curriculum. State approved professional development is available in English\Spanish and is required to align with the WKC and RIELDS ensuring these aspects of high quality. This includes opportunities for individual and small group opportunities for providers to receive training and technical assistance, coaching and mentoring in the use of the Environmental Rating Scales, Class assessment and RI CECE alignment.

- [Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development](#)

[Describe:](#)

Rhode Island offers several social supports for children and families including, integral to the quality continuum alignment is the responsibility of early child care educators\providers to connect with and cooperate with family support services such as:

- Early Intervention,
- Early Head Start
- Healthy Families America
- Parents as Teachers
- Family First Connections
- Visiting Nurses

- [Using data to guide program evaluation to ensure continuous improvement](#)

[Describe:](#)

Rhode Island uses aggregated QRIS data to measure:

1. QRIS rating of programs
2. Number of high quality programs
3. #/% of CCAP infants-toddlers in high quality care
4. Number of programs and/or educators receiving training/technical assistance related to infant-toddler care
5. Number of individuals completing Infant/Toddler CDA, AA and BA ECE programs

- Caring for children of families in geographic areas with significant concentrations of poverty and unemployment

Describe:

A majority of CCDF approved providers care for children in cities and towns identified as serving our most needy families. CCDF providers have access to all state supported services. Through colorations with sister agencies and community partners, services are continually assessed to ensure the needs of this community are being met.

- Caring for and supporting the development of children with disabilities and developmental delays

Describe:

All licensed providers must comply with ADA regulations and make accommodations for children and families that include compliance with Early Intervention services.

- Supporting the positive development of school-age children

Describe:

- Other

Describe:

b) Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce. Check all that apply

- Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling
- Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities

- Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education
- Other

Describe:

7.3.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

Rhode Island supports multiple pathways for providers to obtain post-secondary education and training. Information is communicated through, direct contact, social media, marketing and mailing strategies. Links and information is available on the EXCEED website and through multiple list serve accounts. RI assesses outcomes by measuring the number and type of providers engaging in professional development and pathway achieved. DHS supports pathways through contractual agreements. Within these agreements are requirements for recruiting and training educators, collecting participant data and demographics, as well as pre- and post-skillsetsatisfaction surveys. The Lead Agency is currently partnering with other state departments to reassess how it measures, and drives, outcomes across its contracts.

The Lead Agency also tracks providers' progress in advancing along the quality rating improvement system as a result of the professional development funded.

7.4 Quality Rating and Improvement System (QRIS)

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality

- 3. Financial incentives and supports
- 4. Quality assurance and monitoring
- 5. Outreach and consumer education

7.4.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- No, but the state/territory is in the QRIS development phase. If no, skip to 7.5.1.
- No, the state/territory has no plans for QRIS development. If no, skip to 7.5.1.
- Yes, the state/territory has a QRIS operating statewide or territory-wide

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners and provide a link, if available.

State regulations establish the foundation for operating early care, education and school age programs. These regulations specify the minimum standards that must be met to operate legally and are the first step in the quality rating and improvement system. Higher levels in quality rating systems recognize programs for exceeding basic regulatory requirements and implementing practices that research demonstrates are best for child outcomes. BrightStars is part of the state's aligned continuum of program standards, with linkages to state licensing/regulation and RI Department of Education Comprehensive Early Childhood Education Program Approval. The DHS Office of Child Care administers RI's QRIS, known as BrightStars through quality contracting agreement with the Rhode Island Association for young Children (RIAEYC); as part of this contractual agreement, BrightStars tracks and monitors the state wide CCR&R activities.

A link to the Rhode Island Quality Rating Improvement System, BrightStars, is available at: www.brightstars.org.

- Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available. N/A

Yes, the state/territory has another system of quality improvement

If the response is yes to any of the above, describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

N/A

7.4.2 QRIS participation

a) Are providers required to participate in the QRIS?

Participation is voluntary

Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

All approved CCDF providers are required to enroll in the RI QRIS. New programs have 6 months to comply with this mandate. Bright Stars is built upon minimum licensing standards. Programs must hold a valid license at the 1 Star level. New programs have 6 months to comply with this mandate. Now, center-based providers receive reimbursement rates tied to their quality rating as represented on the quality rating improvement system, BrightStars. Family child care will be phased into tiered reimbursement rates for 2019.

Participation is required for all providers.

b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS? Check all that apply

Licensed child care centers

Licensed family child care homes

License-exempt providers

Early Head Start programs

- Head Start programs
- State prekindergarten or preschool programs
- Local district-supported prekindergarten programs
- Programs serving infants and toddlers
- Programs serving school-age children
- Faith-based settings
- Tribally operated programs
- Other

Describe:

N/A

7.4.3 Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.6.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
 - Programs that meet state/territory preK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between preK programs and the quality improvement system) .
 - Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
 - Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the

same, an alternative pathway exists to meeting the standards).

Programs that meet all or part of state/territory school-age quality standards.

Other.

Describe:

As part of the Rhode Island, Race to the Top- Early Learning Challenge Grant, BrightStars was aligned to the Rhode Island Child Care licensing standards and the Rhode Island Department of Education Comprehensive Early Childhood Education Program Approval Standards in 2013, with the goal supporting complimentary systems of early learning and development.

7.4.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

No

Yes. If yes, check any links between the state/territory's quality standards and licensing requirements

Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

Embeds licensing into the QRIS

State/territory license is a "rated" license

Other.

Describe:

N/A

7.4.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS

No

Yes. If yes, check all that apply

- One time grants, awards, or bonuses.
- Ongoing or periodic quality stipends
- Higher subsidy payments
- Training or technical assistance related to QRIS.
- Coaching/mentoring.
- Scholarships, bonuses, or increased compensation for degrees/certificates
- Materials and supplies
- Priority access for other grants or programs
- Tax credits (providers or parents)
- Payment of fees (e.g., licensing, accreditation)
- Other

Describe:

N/A

7.4.6 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

DHS quality contracts provide professional development and technical assistance (PDTA) to the early learning workforce. Contractors are required through the Lead Agency's contracts to dedicate 70% of professional development and technical assistance services to CCAP providers who are assigned a 1- or 2-Star rating within the RI QRIS, known as BrightStars. PDTA programming is designed to align with the QRIS domains and requirements to support programs to advance along the quality continuum as measured by a 10% increase of programs at the 1- and 2-Star level. DHS receives monthly enrollment and rating change reports from BrightStars. These reports identify all enrolled programs by type, program star status as well as indicators identifying a rating increase or decrease. DHS will assess this data as well as data from workforce quality contractors who report the type of PDTA delivered, the type of programs/providers engaged in professional development, participating program QRIS rating, desired outcomes and resulting movement/improvement within the quality continuum as captured by participant surveys.

7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs. Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

7.5.1 What activities are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe

- Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families

Describe:

N/A

- Establishing or expanding the operation of community- or neighborhood-based family child care networks.

Describe:

DHS allocated CCDF quality set-aside funds to support the development of the CDA-Cohort at the Community College of Rhode Island; as of the Fall of 2018 the program will be fully implemented into the ECETP, this program is available in English and Spanish. Through the infant/toddler CDA program at the Community College of Rhode Island, family child care and center-based providers receive coaching and mentoring to complete the requirements to take the CDA exam. These cohort models have supported

collaborations among its participants. Cohorts can move into the next phase of available educator pathways and professional development.

Scheduled for the Fall of 2018, Rhode Island College will pilot bilingual infant toddler course work, this cohort program will support the higher education pathway for the bilingual student.

In 2017, DHS convened an advisory board to assist in the development of an infant/toddler credential to support providers to engage in professional development and advocacy roles, and to increase the number of qualified infant toddler educators. The group will make recommendations to DHS in the winter of 2018.

Additionally, both the Center for Early Professionals and Ready to Learn Providence (contracts held by the Lead Agency) offer and provide on-site technical assistance and training to providers in enhancing their support to infants and toddlers in their care.

- [Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers](#)

Describe:

Coaching and mentoring is embodied in the ECETP 12 credit & CDA programs and the RIC bilingual infant toddler program. Family Child Care Providers have access to (bilingual) on-site technical assistance and mentoring through PD opportunities administered by CELP and Ready to Learn Providence Program.

- [Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists](#)

Describe:

Coaching and mentoring is embodied in the ECETP 12 credit & CDA programs and the RIC bilingual infant/toddler program. Additionally, both the Center for Early Professionals and Ready to Learn Providence (contracts held by the Lead Agency) offer and provide on-site technical assistance and training to providers in enhancing their knowledge and skills to support development and learning environments and strategies while caring for infants and toddlers in their care.

- [Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act \(20 U.S.C. 1431 et seq.\).](#)

Describe:

Per licensing requirements, educators\providers must coordinate and cooperate with services designed to support children with disabilities and developmental delays. At the higher levels of the QRIS, programs support children and families of all abilities to modify their program and make reasonable accommodations. Programs are required to collaborate with key partners to support children with developmental delays and disabilities into inclusive/integrative classroom settings. Head Start also maintains standards around this need for coordination. At the higher level of the quality continuum programs must make staff available to collaborate with IEP/IFSP teams by attending meetings, participating in relevant training, and/or sharing information (e.g., child assessment results) to support children with developmental delays or disabilities and their families.

- [Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments](#)

Describe:

The RIELDS were redesigned in 2013 and incorporated infant/toddler components, including classroom inventories and assessment; the guidelines cover learning and development from birth-60 months.

- [Developing infant and toddler components within the state/territory's child care licensing regulations](#)

Describe:

Rhode Island licensing for center-based providers requires educators to enroll in state approved infant/toddler professional development. The Family Child Care regulations are under review and expected to be promulgated in the Fall of 2018.

- [Developing infant and toddler components within the early learning and developmental guidelines](#)

Describe:

The RIELDS were redesigned in 2013 and incorporated infant/toddler components; the guidelines cover learning and development from birth-60 months.

- [Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes](#)

information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development

Describe:

Parents can access consumer friendly information through the QRIS web page and Exceed website, <https://exceed.ri.gov/>.

- Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being

Describe:

RI is currently developing guidelines to support an infant/toddler credential. DHS quality contracting supports multiple affordable opportunities for the workforce to obtain high quality professional development and higher education credentials and training to improve the wellbeing of infants and toddlers in licensed care facilities.

- Coordinating with child care health consultants.

Describe:

DHS partners and consults with the Rhode Island Department of Health that operates the state home visiting network to ensure families have access to quality maternal and child health services.

- Coordinating with mental health consultants.

Describe:

DHS, child care specialists and its quality contractors actively engage and collaborate with the Rhode Island Association for Infant Mental Health (RIAIMH), supporting initiatives, guidelines and professional development opportunities for the workforce. The Lead Agency also contracts with Emma Pendleton Bradley Hospital to provide mental health consultation services to early childhood programs across the state through the SUCCESS contract.

- Other

Describe:

RI is currently developing guidelines to support an infant/toddler credential. DHS quality contracting supports multiple affordable opportunities for the workforce to obtain high

quality professional development and higher education credentials and training to improve the wellbeing of infants and toddlers in licensed care facilities. All of the DHS quality contractors are required to develop programming to prepare the workforce to serve and care for infants and toddlers: The Center for Early Learning Professionals, Ready 2 Learn Providence, GenesisCenter, LISC, CCRI, and RIC offer a wide array of high-quality, research-based, credit and non-credit professional development and technical assistance opportunities. Services are available in small and large groups, and by site. Topics include: Infant toddler CDA; *Developing High-quality environments for infants and toddlers in center-based and home-based settings*; *Infant and toddler development, brain development*; *The links between and social and emotional development to learning*; *Responsive caregiving, facilitation of learning and development*, *Developmentally appropriate infant and toddler curriculum*, and *Family engagement*. DHS will continue to actively monitor, manage and use data informed decision-making strategies to ensure services delivered align with the state plan and departmental goals to increase the number of high quality programs and improve child outcomes for children served in child care. Additionally, DHS will facilitate quarterly networking meetings to engage in discussions with community partners and stakeholders to discuss common challenges and concerns and identify innovative strategies to address workforce strengths and needs.

7.5.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures

Rhode Island will review the data on the number of students who receive the infant/toddler CDA certificate and enroll in the infant/toddler higher education pathway as well as review non-credit professional development and technical assistance attendance and outcomes. Data analysis will include the pre- and post-knowledge assessment\surveys required of all contractors who provide state approved professional development and technical assistance.

7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.6.1 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

DHS has established measurable indicators of progress through the funding of a Quality Rating System, known as BrightStars. One of our chief goals is to increase quality by moving child care providers up the quality continuum. A cross disciplinary workgroup convened in 2018 to solicit input from the community to revamp the QRIS standards. Recommendations are currently under review and will include how the state will use measurable indicators to evaluate progress.

7.7 Facilitating Compliance With State Standards

7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe:

Quality funds are used to support child care licensing and monitoring and PDTA to support compliance with licensing standards and regulations and monitoring. DHS quality contracts support the Department of Children, Youth and Families who oversee licensing for child care.

The Center for Early Learning Professionals facilitates the mandatory professional development series called First Steps. This training is required for all new home care providers and maintains the required Health and Safety training that providers can access online.

7.7.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- No
- Yes. If yes, which types of providers can access this financial assistance?
 - Licensed CCDF providers
 - Licensed non-CCDF providers
 - License-exempt CCDF providers
 - Other

Describe:

7.7.3 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

The Lead Agency will review the data of the number of students who receive the Infant/Toddler CDA certificate and enroll in the Infant/Toddler higher education pathway. The Lead Agency will also review the pre- and post-knowledge assessment\surveys required of all educators enrolled in professional development and technical assistance. The Lead Agency will assess programs who apply for, and receive, an increase in their QRIS rating and correlate the reason for the increase as it relates to professional development, technical assistance and or other related quality levers.

With tiered reimbursement rates, the lead agency will track, and measure, providers' ability to advance along the quality rating improvement system as a result of the professional development and technical assistance support they are provided.

7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children

Programs enrolled in the RI QRIS are required to conduct a comprehensive self-assessment at least once a year to assess compliance with regulations and standards and to determine its effectiveness in meeting the needs of the children and families it serves. The program then uses this information to create program goals to continually improve quality and then documents this progress towards achieving these goals. There are 5 levels within the quality continuum to assess quality.

Level 1: In addition to licensing standards and or Basic Education Program Compliance (BEP) for public school programs must:

- The program develops and implements an annual quality improvement plan that includes all BrightStars domains and is informed by multiple sources of evidence used in the program self-assessment. This document is due 3 months from the date star rating is awarded.

Level 2: Basic Licensing and or BEP standards and

- Program Self-Assessment. Programs are required to administer a comprehensive self-assessment which includes at least 2 sources of evidence such as:
 1. Monitoring report
 2. Child assessment information
 3. Family survey
 4. Staff professional development plans
 5. Board survey
- Quality Improvement Plan: Programs are required to develop and implement an annual quality improvement plan that includes all BrightStars domains and is informed by multiple sources of evidence used in the program self-assessment. The document is due 3 months from the date star rating is awarded.

Level 3: All the above plus

- Program Self-Assessment: The program administers a comprehensive self-assessment which must include ECERS-R and ITERS-R findings (if available) and at least 2 other sources of evidence such as:

1. Monitoring report
2. Child assessment information
3. Family survey
4. Staff professional development plans
5. Board survey

Level 4: All the Above plus

- The program administers a comprehensive self-assessment which must include ECERS-R and ITERS-R findings (if available) and at least 3 other sources of evidence such as:

1. Monitoring report
2. Child assessment information
3. Family survey
4. Staff professional development plans
5. Board survey

Level 5: All the Above

Program Self-Assessment The program administers a comprehensive self-assessment which must include ECERS-R, ITERS-R and CLASS findings (if available), family survey results and at least **3** other sources of evidence such as:

- Monitoring report
- Child assessment information
- Staff professional development plans
- Board survey

7.8.2 Describe the measureable indicators of progress relevant to this use of funds that the State/Territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures

The Lead Agency will review the data of the number of students who receive the Infant/Toddler CDA certificate and enroll in the Infant/Toddler higher education pathway. The Lead Agency will also review the pre- and post-knowledge assessment\surveys required of all educators enrolled in professional development and technical assistance. The Lead

Agency will assess programs who apply for, and receive, an increase in their QRIS rating and correlate the reason for the increase as it relates to professional development, technical assistance and or other related quality levers.

7.9 Accreditation Support

7.9.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

- Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- Focused on child care centers

Describe:

- Focused on family child care homes

Describe:

No, but the state/territory is in the accreditation development phase

Focused on child care centers

Describe:

Focused on family child care homes

Describe:

No, the state/territory has no plans for accreditation development

7.9.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

N/A

7.10 Program Standards

7.10.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for infants and toddlers, preschoolers, and/or school-age children

High quality standards are integral to RI child care licensing standards and aligned with the RI QRIS. The lead agency supports these standards and regulations through quality contracting, collaboration, as well as informal and formal assessment of the standards across all ECE systems.

7.10.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

DHS will use a variety of family and center provider satisfaction surveys, data analytics from the Early Childhood Education and Data System (ECEDS), and data gathered from workforce quality contractors to analyze and assist the Lead Agency in informing and targeting resources to support the continued development of the child care workforce and provide quality programming for families and children. Measurable outcomes will be determined for quality contracts to prioritize growth toward common goals across all partners. Effectiveness and quality of professional development, TA and continuing education at institutions of higher education delivered under quality contracts will be assessed based upon their ability to move providers along the QRIS continuum to improve their rating.

7.11 Early Learning and Development Guidelines and Other Quality Improvement Activities

7.11.1 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measureable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

DHS quality contracting funds the Local Initiative Support Corporation (LISC) to provide low interest capital, technical assistance and training to licensed child care providers to increase the supply of high quality child care in Rhode Island. For Fiscal Year 2017: Over 1,100 hours of technical assistance was offered to child care programs on facility issues. LISC assisted 18 child care programs in mitigating health and safety issues, both indoor and outdoor, including meeting DCYF child care center licensing requirements and building code

compliance. 20 sites that received technical assistance increased their BrightStars rating by at least by one level. LISC provided TA on facility plans that then became actual projects. Some of these projects resulted in an increase in their child care enrollment. LISC has invested public and private raised funds in the following ways, these investments are not funded with CCDF funds, but operational costs are funded with quality dollars: A total of \$1,052,000 has been invested in low-interest loans to four child care programs. \$90,000 in recoverable grants was provided to two child care programs. Planning grants for early real estate and project planning and feasibility assessments totaling \$22,00 was provided to three organizations. \$15,000 in special improvement grants tied to quality has been awarded to three organizations. LISC also developed an online training platform and launched its first module, *Creating Quality School Age Child Care Space*. There were 75 child care professionals who completed this online course. A second online module, *Child Care Playground Safety*, was introduced in November 2017. To date, 55 child care staff completed this module. Online resource guides, tools and tip sheets on facility topics are available. There were 2,500 hits to the LISC website during FY 17 period. A monthly electronic newsletter is published that highlights facility-related issues, opportunities and resources in child care to ensure health and safety and best practice.

The Rhode Island Early Learning and Development Standards (RIELDS) is a CCDF funded quality initiatives. These standards articulate shared expectations for what young children should know and be able to do. They provide common language or measuring progress toward achieving specific learning goals. RIELDS training is required as a higher-level quality indicator within the BrightStars quality continuum. For FY 2017, there were 250 programs and 468 participants that enrolled in these trainings. RIELDS are offered in English and Spanish, all providers have access to informational modules as accessed through the Center for Early Learning Professionals. DHS is in the early development stage to review the RILEDS training requirements and is currently gathering community stake holders and consultants to review the RIELDS implementation and training requirements for providers. RI Department of Children Youth and Families Child Care Licensing Unit is a CCDF funded quality initiative. Health and safety, development and learning standards are integrated within the licensing requirements and are monitored through effective implementation of routine onsite inspections and seamless communication between the DCYF Child Care Licensing Unit and DHS' Office of Child Care. DCYF monitors utilize hybrid laptops/tablets that were purchased with CCDF quality funds. A weighted caseload for monitors has been instituted. This has resulted in an increase in efficiency due to less office time needed for paperwork. The 2017 Rhode Island Kids Count Fact Book identifies 316 early learning programs,

including licensed centers and preschools, of which 75% of them participate in BrightStars. Also identifies are 478 licensed family child care providers of which 76% participate in BrightStars.

The licensing unit is on track to complete two annual unannounced monitoring visits to each licensed center. Although reauthorization requires only one annual visit to center providers Rhode Island has expanded the DCYF requirement to two visits per year. DCYF will complete one annual unannounced monitoring visit to each family child care provider. New DCYF center regulations were promulgated in the summer of 2017. It is expected that the revised DCYF family child care regulations will be promulgated in the fall of 2018. These new regulations ensure alignment with best practice.

DCYF tracking data tracking indicates there is an improvement in the response time for complaints and an improvement in the time to make licensing decision.

The Department of Human Services uses quality dollars to contract with Bradley Hospital, a children's psychiatric hospital, to provide clinical staff and onsite supports to families and center provides experiencing identified concerns with behavioral development. The program known as, SUCCESS, (Supporting Children's Competencies in Emotional and Social Skills), provides onsite early childhood mental health consultations to child care providers to support children's social and emotional development and to reduce challenging behaviors in the classroom. Data collection includes the number of children referred, number receiving services, pre- and post-follow up results. For the period January – March 2018 there were 26 children receiving SUCCESS services, quarterly reports and evaluation reports.

7.11.2 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities, and also describe the measureable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry and the data on the extent to which the state or territory has met these measures. Describe:

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interest capital, technical assistance and training to licensed child care providers to increase the supply of high quality child care in Rhode Island. For Fiscal Year 2017: Over 1,100 hours of technical assistance was offered to child care programs on facility issues. LISC assisted 18 child care programs in mitigating health and safety issues, both indoor and outdoor, including meeting DCYF child care center licensing requirements and building code compliance. 20 sites that received technical assistance increased their BrightStars rating by at least by one level. LISC provided TA on facility plans that then became actual projects. Some of these projects resulted in an increase in their child care enrollment. LISC has invested public and private raised funds in the following ways, these investments are not funded with CCDF funds, but operational costs are funded with quality dollars: A total of \$1,052,000 has been invested in low-interest loans to four child care programs. \$90,000 in recoverable grants was provided to two child care programs. Planning grants for early real estate and project planning and feasibility assessments totaling \$22,00 was provided to three organizations. \$15,000 in special improvement grants tied to quality has been awarded to three organizations. Developed an online training platform and launched its first module, *Creating Quality School Age Child Care Space*. There were 75 child care professionals who completed this online course. A second online module, *Child Care Playground Safety*, was introduced in November 2017, to date 55 child care staff completed this module. On-line resource guides, tools and tip sheets on facility topics are available. There were 2,500 hits to the website during FY 17 period. A monthly electronic newsletter is published that highlights facility-related issues, opportunities and resources in child care to ensure health and safety and best practice.

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site inspections and seamless communication between the DCYF Child Care Licensing Unit and DHS' Office of Child Care. DCYF monitors utilize hybrid laptops/tablets that were purchased with CCDF quality funds. A weighted caseload for monitors has been instituted. This has resulted in an increase in efficiency due to less office time needed for paperwork. The 2017 Rhode Island Kids Count Fact Book identifies 316 early learning programs, including licensed centers and preschools, of which 75% of them participate in BrightStars. Also identified are 478 licensed family child care providers of which 76% participate in BrightStars.

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DCYF tracking data tracking indicates there is an improvement in the response time for complaints and an improvement in the time to make licensing decision.

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8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity. Check all that apply:

Train on policy manual

Describe:

Staff are trained upon hire and when subsequent changes are made to program and

content of procedure. This training is completed by both the DHS Staff Development Unit and the Policy Unit.

Train on policy change notices

Describe:

Staff are trained upon hire and when subsequent changes are made to program and content of procedure. This training is completed by both the DHS Staff Development Unit and the Policy Unit.

Ongoing monitoring and assessment of policy implementation

Describe:

N/a

Other

Describe:

N/A

8.1.2 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

Verifying and processing billing records to ensure timely payments to providers

Describe:

For direct service providers, the RI Bridges system generates attendance sheets biweekly to send to the Child Care Providers. The Child Care Providers submit actual biweekly attendance through the online portal. The Division of Financial Management reviews the submitted attendance sheets and approves for payment. Business rules are in place to ensure accurate payment. Prepayment metrics are reviewed to capture irregularities in payment cycles. For contracted providers, the Contract Administrator approves the invoice based on contract deliverable completion and scope of work. The invoice is sent to the Division of Financial Management where it is reviewed for

adherence to OMB Uniform Guidance and generally accepted accounting principles. Once approved, the invoice is entered into the State accounting system and payment is made within terms of agreement.

[Fiscal oversight of grants and contracts](#)

[Describe:](#)

Contract Administrators are required to ensure compliance with terms and scope of work. The Division of Financial Management reviews all contracts to ensure they align with State purchasing policy and adhere to all federal and state rules. All contracts are reviewed to ensure they comply with CCDF regulations, have line item budgets, and have measurable outcomes. The contracts include assurances that funding will be used for approved purposes. Program and fiscal staff review budgets to ensure costs support the work being done, and that all proposed costs are allowable expenditures based on state and federal fiscal rules. The Department follows a comprehensive annual monitoring plan to assess contractor compliance with all fiscal and programmatic requirements.

[Tracking systems to ensure reasonable and allowable costs](#)

[Describe:](#)

Each invoice is entered into an internal expenditure tracking worksheet prior to being entered into the State accounting system. Each internal expenditure tracking worksheet contains contract information including provider name, contract type, amount awarded, expenditures to date and amount remaining. Weekly encumbrance reports are reconciled with internal expenditure tracking worksheets. If there is a questionable cost, guidance can be found in the OMB circulars or the Child Care Assistance Program Manual.

[Other](#)

[Describe:](#)

N/A

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

Conduct a risk assessment of policies and procedures

Describe:

N/A

Establish checks and balances to ensure program integrity

Describe:

Beginning October 1, 2019, the Lead Agency will conduct monthly record reviews (instead of an annualized review period) to better monitor, and measure, the state's error-rate for improper payments. The Lead Agency will collaborate with ACF to conduct mock monthly reviews leading up to the next review cycle to better finetune the sample extract, identify and train reviewers, streamline the review process and stay ahead of any issues that may arise and correct them as they occur. The Lead Agency (DHS) is committed to this new process in order to ensure a reduced error-rate for improper payments moving forward.

Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

N/A

Other

Describe:

The Department of Children, Youth & Families (DCYF), will monitor providers through site visits. DCYF will take a copy of parent sign in and sign out sheets for a specific benefit period, to submit to the CCAP Provider office for a desk audit. Based on criteria determined by the DHS Office of Child Care DHS staff will then make site visits for those facilities with audit exceptions.

8.1.4 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place 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 may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a) Check and describe all activities that the Lead Agency conducts to identify and prevent fraud or intentional program violations. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations. Include a description of the results of such activity.

- 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)).

Describe

There are interfaces built within Bridges which match data across programs. They are now being released into production. They were initially delayed due to system functionality, but will all soon be active. There are not currently any references to these interfaces in regulation; however, policy memos have been distributed to capture their use for other program.

- Run system reports that flag errors (include types).

Describe:

The lead agency will be exploring an expanded use of system level flags once the RIBridges eligibility system is fully operational. When RIBridges is fully operational, the CCAP office will request reports intended to identify situations in need of manual review. For example, reports that indicate children enrolled with multiple providers, reports that indicate enrollment of children that do not align with the parent's need for services, as well as ad hoc reports which indicate which providers may have children enrolled in excess of eligibility.

[Review enrollment documents and attendance or billing records](#)

Describe:

The CCAP finance office regularly reviews enrollment documents, billing records and attendance logs for discrepancies in reporting and potential miscalculation of services.

If discrepancies appear when issuing payment to providers, the Office of Child Care can, and will, request sign-in/sign-out sheets from providers to validate attendance for accurate payment.

[Conduct supervisory staff reviews or quality assurance reviews.](#)

Describe:

Weekly staff meetings conducted within the Office of Child Care provide opportunities for quality assurance among staff members to cross-check their processes.

Beginning October 1, 2019, the Lead Agency will begin conducting monthly record reviews (instead of an annualized review) to determine error-rate for payments. Prior to this date, the Lead Agency will collaborate with ACF to conduct mock monthly reviews leading up to the next review cycle to better operationalize the improper payment review process. These mock reviews will allow the Lead Agency to better organize the sample extract, identify and train reviewers, finetune the review process and reduce the overall error rate and improper payments.

[Audit provider records.](#)

Describe:

The Lead Agency works closely with the Department of Children, Youth and Families to identify potential fraudulent activities flagged during on-site, unannounced monitoring visits. Provider records are audited during these on-site, unannounced monitoring visits.

[Train staff on policy and/or audits.](#)

Describe:

Staff are trained on an ongoing basis for changes/updates made to CCAP policy.

Other

Describe:

N/A

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Describe:

There are interfaces built within Bridges which match data across programs. They are now being released into production. They were initially delayed due to system functionality, but will all soon be active. There are not currently any references to these interfaces in regulation; however, policy memos have been distributed to capture their use for other program.

Run system reports that flag errors (include types).

Describe:

The lead agency will be exploring an expanded use of system level flags once the RIBridges eligibility system is fully operational. When RIBridges is fully operational, the CCAP office will request reports intended to identify situations in need of manual review. For example, reports that indicate children enrolled with multiple providers, reports that indicate enrollment of children that do not align with the parent's need for services, as well as ad hoc reports which indicate which providers may have children enrolled in excess of eligibility.

Review enrollment documents and attendance or billing records

Describe:

The CCAP finance office regularly reviews enrollment documents, billing records and attendance logs for discrepancies in reporting and potential miscalculation of services.

Conduct supervisory staff reviews or quality assurance reviews.

Describe:

Weekly staff meetings conducted within the Office of Child Care provide opportunities for quality assurance among staff members to cross-check their processes.

Audit provider records.

Describe:

Lead Agency partners with the Department of Children, Youth and Families to review provider's records which are audited (and deemed problematic) during on-site, unannounced annual monitoring visits.

Train staff on policy and/or audits.

Describe:

N/A

Other

Describe:

N/A

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Describe:

These are interfaces built within RIBridges. They are now being released into production. They were delayed due to a system functionality, but will all soon be active. While there are not currently any references to these interfaces in regulation, there are policy memos that capture their use for other programs.

Run system reports that flag errors (include types).

Describe:

The lead agency will be exploring an expanded use of system level flags once the

RIBridges eligibility system is fully operational. When RIBridges is fully operational, the CCAP office will request reports intended to identify situations in need of manual review. For example, reports that indicate children enrolled with multiple providers, reports that indicate enrollment of children that do not align with the parent's need for services, as well as ad hoc reports which indicate which providers may have children enrolled in excess of eligibility.

[Review enrollment documents and attendance or billing records](#)

[Describe:](#)

The CCAP finance office regularly reviews enrollment documents, billing records and attendance logs for discrepancies in reporting and potential miscalculation of services.

[Conduct supervisory staff reviews or quality assurance reviews.](#)

[Describe:](#)

Weekly staff meetings conducted within the Office of Child Care provide opportunities for quality assurance among staff members to cross-check their processes.

Beginning October 1, 2019, the Lead Agency will begin conducting monthly record reviews (instead of an annualized review) to determine error-rate for payments. Prior to this date, the Lead Agency will collaborate with ACF to conduct mock monthly reviews leading up to the next review cycle to better operationalize the improper payment review process. These mock reviews will allow the Lead Agency to better organize the sample extract, identify and train reviewers, finetune the review process and reduce the overall error rate and improper payments.

[Audit provider records.](#)

[Describe:](#)

The Lead Agency partners with the Department of Children, Youth and Families to review provider's records which are audited (and deemed problematic) during on-site, unannounced annual monitoring visits.

[Train staff on policy and/or audits.](#)

[Describe:](#)

N/A

Other

Describe:

N/A

8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a) Check and describe all activities that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

N/A

Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

N/A

Recover through repayment plans.

Describe:

218-RICR-20-00-04 4.11 addresses improper payments. The Lead Agency has detailed processes to ensure underpayments are made whole and overpayments are recouped through the Department of Human Service's Claims Collections and Recovery Unit (CCRU.)

4.11 Improper Payments

4.11.1 Underpayments

A. If the household was eligible to receive child care assistance benefits, but received a benefit that was less than that which they were entitled, or the failure to issue a benefit for a benefit month in which the household was eligible for such a benefit constitutes an underpayment.

1. The agency representative corrects the underpayment as soon as possible, but not later than thirty (30) days after discovery of the underpayment, to a current recipient or one who would be a current recipient had the error causing the underpayment not occurred.

2. In cases involving an underpayment and an overpayment in the same month, the agency representative must factor in both in determining what the correct payment should have been. If an underpayment still exists, it is promptly corrected.

3. For purposes of determining eligibility and the amount of assistance, a retroactive corrective payment is not considered income, nor is it considered a resource in the month received or in the following month.

4.11.2 Overpayments

A. An overpayment occurs when the child care benefit amount paid exceeds the benefit that would have been issued if the payment were calculated correctly based on accurate information that was reported, verified, and acted on in a timely manner.

1. If the agency representative discovers that the household failed to report a change as required by § 4.10 of this Part, and as a result, received child care benefits to which it was not entitled, the agency representative refers an improper payment claim to the Claims, Collections, and Recoveries Unit (CCRU).

2. The CCRU Unit establishes whether the improper payment was agency caused, household caused, or fraud and recovers the improper payment in accordance with § 4.11 of this Part.

4.11.3 Types of Improper Payments

A. A client improper payment occurs when the child care benefit paid exceeds the benefit that would have been issued if the payment were calculated correctly based on accurate information that was reported, verified, and acted on in a timely manner.

1. A provider based improper payment occurs when a provider receives a duplicate benefit or receives payments for services not rendered.

2. The cause of each improper payment shall be classified as agency, client or

provider caused.

3. Improper payments shall be further classified as unintentional errors or fraud.

B. An improper payment shall be classified as an agency error if the error was caused solely by actions taken by the department or department staff.

1. Agency errors shall include, but not be limited to the following types of errors:

a. errors caused by delays in processing applications or taking prompt action on changes that were reported timely;

b. errors in determining eligibility, the benefit amount or the payment authorization period; data entry errors;

c. errors caused by the incorrect application of state regulations, policy or procedures; and

2. Improper payments that are not due to agency error shall be classified as client or provider caused. The error shall be classified as both client and provider caused if the client and the provider both had knowledge and actively participated in the action that caused the improper payment to occur.

a. Improper payments caused by the client shall include, but not be limited to errors caused by reporting false or inaccurate information, and/or delays in reporting changes in household income, resources, circumstances or provider arrangements.

b. Improper payments caused by the provider shall include, but not be limited to the following types of errors:

(1) inaccurate reporting of information concerning licensing status, age or other provider eligibility requirements;

(2) inaccurate reporting of the provider's relationship to the child or the location at which care is given;

(3) inaccurate reporting of household circumstances;

(4) committing an illegal act, such as cashing a replacement check after falsely claiming that the original check was lost, stolen or destroyed;

(5) inaccurate reporting of actual charges, attendance or dates of service; and

(6) any other false claim for services provided.

3. The CCRU Unit shall make a preliminary determination of whether the improper payment was intentional or an unintentional error pursuant to guidelines below.

a. Improper payments shall be classified as intentional if the client or provider knowingly withheld or provided false information on matters affecting eligibility, benefits or a claim for services. If a question of fraud exists, the case may be referred by the CCRU Unit to DHS Legal Counsel and/or to the Office of the Attorney General

of Rhode Island for civil and/or criminal action.

b. An improper payment shall be considered unintentional household error under the following circumstances:

- (1) there was clearly no intent to commit fraud or to obtain benefits or payments under false pretenses;
- (2) the client or provider did not purposefully withhold or provide erroneous information;
- (3) illness, a family emergency, or any other good-cause reason exists for not reporting information timely or accurately; or
- (4) the error was due to a delay in taking action as the result of an administrative hearing request.

4. Below are the procedures for recovery:

- a. Enable a repayment in full settlement (a lump-sum repayment);
- b. Enable a repayment agreement between the CCRU Unit and the child care provider when there is no requirement for an adjustment by the Department's Financial Office; or
- c. Enable a repayment agreement between the CCRU Unit and the child care recipient, using the "Notice of Child Care Overpayment". When a child care improper payment is to be recovered from the recipient, the recipient shall be given notice of that determination using the "Notice of Child Care Overpayment." The notice shall include an explanation of the improper payment determination, including the following:

- (1) The amount and period of the improper payment;
- (2) The reasons for the improper payment;
- (3) The regulations supporting the improper payment determination;
- (4) An explanation of the available methods of repayment;
- (5) The recipient's right to appeal; and
- (6) A telephone number to call for information about free legal services.

5. Consequences for failure to repay:

a. Failure of the child care provider to repay a child care improper payment made by the DHS CCAP and not subject to adjustment by the Department's Financial Office because of provider error, provider fraud, or agency error, shall result in the termination/revocation of the "DHS-CCAP Approved Provider Agreement" and disenrollment from the CPD.

- (1) Revocation of CCAP approved provider status shall continue until further

notification.

(2) An appeal may be taken from the denial in accordance with policy.

b. When a licensed child care facility has pled guilty to, has been determined to have committed fraud, or has been convicted of fraud, the Department shall notify the DCYF Child Care Licensing Unit in writing of any findings of fraud. Notification is to be made by the Hearing Officer if fraud is found in a hearing, or to be made by the CCRU Unit, if found by the CCRU Unit.

c. The DHS shall retain any improper payment it recovers and shall use the funds for the provision of child care services.

d. Improper payments that are recovered shall be reported to the Agency Director and the Program Administrator.

e. Failure of the child care recipient or provider to repay may result in further legal action, and/or loss of benefits.

Reduce payments in subsequent months.

Describe:

N/A

Recover through state/territory tax intercepts.

Describe:

N/A

Recover through other means.

Describe:

N/A

Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

N/A

Other

Describe:

In recent months, The RIBridges system (DHS' eligibility system) has become more

stabilized, and as a result we've newly staffed our Claims, Collections and Recovery Unit to seek recoupment from those who are overpaid. The Lead Agency, DHS, is also entering into an agreement with Rhode Island's Department of Administration's Office of Internal Audits to conduct fraud investigations on DHS' behalf.

b) Check 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. Activities can include, but are not limited to, the following:

- Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

- Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

- Recover through repayment plans.

Describe:

Improper payments are referred to the Lead Agency's Claims, Correction and Recovery Unit (CCRU) for recoupment.

- Reduce payments in subsequent months.

Describe:

- Recover through state/territory tax intercepts.

Describe:

- Recover through other means.

Describe:

- Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

Other

Describe:

In the case of unintentional fraud on behalf of a child care provider, the provider maybe required to participate in a training to review proper billing and enrollment policies and procedures

c) 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.

Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

N/A

Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

N/A

Recover through repayment plans.

Establish a unit to investigate and collect improper payments.

The Lead Agency, DHS, refers all cases of improper payment to its Claims, Collection and Recovery Unit to seek recoupment. DHS is also entering into an agreement with the Rhode Island Department of Administration's Office of Internal Audits to conduct fraud investigations on the Lead Agency's behalf.

Reduce payments in subsequent months.

Describe:

N/A

Recover through state/territory tax intercepts.

Describe:

N/A

Recover through other means.

Describe:

N/A

Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

N/A

Other

Describe:

N/A

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe:

Submitting false or inaccurate information for the purposes of obtaining CCAP eligibility shall result in denial of the application. Clients have the right to appeal the decision and request an appeals hearing. All notices informing clients of eligibility determinations and/or adverse actions includes information of their right to appeal and instructions on how to do so. Requests for appeal must be made in writing and submitted to the lead agency within 30 days from the date of notice. A discussion of the disputed issue(s) is usually arranged between the individual and the appropriate agency representative and his/her supervisor in order to clarify the issue and seek resolution. If the individual is still unsatisfied, a date is then set for an Appeal Hearing. At the hearing, the appeals officer

endeavors to bring out all relevant facts bearing on the situation at the time of the questioned agency action or inaction and on agency policies pertinent to the issue. A decision letter will be prepared by the hearing officer and a copy sent to the provider. If unsatisfied with the outcome, an individual may appeal the decision of the hearing officer to the RI Superior Court.

[Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.](#)

[Describe:](#)

Providers that are found to be engaging in fraudulent or other unlawful acts: in obtaining or seeking to obtain CCAP approved status; in providing or receiving payment for CCAP; in utilizing the CCAP automated enrollment system shall be ineligible to participate in the program:

- For a period of three (3) months for the first discontinuance;
- For a period of six (6) months for the second discontinuance; and,
- Permanently for the third occasion.

Providers have the right to appeal the decision and request an appeals hearing. All notices informing providers of adverse actions includes information of their right to appeal and instructions on how to do so. Requests for appeal must be made in writing and submitted to the lead agency within 30 days from the date of notice. A discussion of the disputed issue(s) is usually arranged between the individual and the appropriate agency representative and his/her supervisor in order to clarify the issue and seek resolution. If the individual is still unsatisfied, a date is then set for an Appeal Hearing. At the hearing, the appeals officer endeavors to bring out all relevant facts bearing on the situation at the time of the questioned agency action or inaction and on agency policies pertinent to the issue. A decision letter will be prepared by the hearing officer and a copy sent to the provider. If unsatisfied with the outcome, an individual may appeal the decision of the hearing officer to the RI Superior Court.

[Prosecute criminally.](#)

[Describe:](#)

N/A

[Other.](#)

Describe:

N/A

Appendix A: Background Check Waiver Request Form

Lead Agencies may apply for a temporary waiver for certain background check requirements if milestone prerequisites have been fully implemented. These waivers will be considered "transitional and legislative waivers" to provide transitional relief from conflicting or duplicative requirements preventing implementation, or an extended period of time in order for the state/territory legislature to enact legislation to implement the provisions (98.19(b)(1)) These waivers are limited to a one-year period and may be extended for at most one additional year from the date of initial approval.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in section 5 questions 5.4.1 -- 5.4.4 to confirm that the milestones are met. If milestone prerequisites are not met, the waiver request will not be approved. Approved waivers would begin October 1, 2018 through September 30, 2019. If approved, States and Territories will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Separate guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017

Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018

One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019

Waiver deadline one-year renewal (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Waiver approval for new (prospective) staff, existing staff or staff hired provisionally until background checks are completed, are subject to and contingent upon the OCC review and approval of responses to 5.4.9 that demonstrate that the state/territory requires: (1) the provider to submit the background check request before the staff person begins working; and (2) pending the results of the background check, the staff person must be supervised at all times by an individual who has completed the background check.

To submit a background check waiver request, complete the form below.

Check and describe each background check provision for which the Lead Agency is requesting a time-limited waiver extension.