



Rhode Island Department of Human Services
Office of Child Care – Child Care Assistance Program (CCAP)

25 Howard Avenue, Louis Pasteur Building #57, 1st Floor, Cranston, Rhode Island 02920

Family Child Care Sick Leave Authorization Request

Per the Collective Bargaining Agreement (CBA) between the State of Rhode Island and SEIU District 1199NE governing licensed, CCAP-approved family child care providers, the State will pay sick leave to CCAP-approved, licensed family child care providers. Providers must use their Approved Assistants to care for children during their absence.

Approved Assistants must be pre-registered with DHS before providing child care and must be approved as a Workday (previously RIFANS) vendor before they begin to be paid under this section.

In accordance with RI Gen L § 28-57-6 and RI Gen L § 28-57-7, paid sick and safe leave time shall be provided for:

- Your mental or physical illness, injury, or health condition; your need for medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition; your need for preventive medical care;
- Care of a family member with a mental or physical illness, injury, or health condition; care of a family member who needs medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition; care of a family member who needs preventive medical care;
- Closure of your place of business by order of a public official due to a public health emergency or your need to care for a child whose school or place of care has been closed by order of a public official due to a public health emergency, or care for oneself or a family member when it has been determined by the health authorities having jurisdiction or by a healthcare provider that you or your family member’s presence in the community may jeopardize the health of others because of their exposure to a communicable disease, whether or not you or your family member has actually contracted the communicable disease; or
- Time off needed when you or a member of your family is a victim of domestic violence, sexual assault, or stalking.

Please submit this form along with the *Family Child Care CBA Payment Request Form* to DHS.ChildCare@dhs.ri.gov within one (1) year of the date of sick leave. If your Approved Assistant is not yet a Workday approved vendor, they must submit a W-9 form with this request.

Provider Information

Name	CCAP Provider ID
Email	
Date of Sick Leave (one per form)	Total Requested Hours (<i>increments of 2</i>)
<p>Signature <i>I certify under penalty of perjury that the information reported on this form is true and accurate, that I appropriately discharged sick leave during the time indicated above, or I will be liable to the State of Rhode Island for any payments made to the Approved Assistant named below based on my representations herein.</i></p>	
Date	

Approved Assistant Information *All fields required

Name	
Mailing Address	
Email	
<p>Signature <i>I certify that the information reported on this form is true and accurate.</i></p>	Date
RIFANS/Supplier ID <i>OCC Use Only</i>	