



# Rhode Island Department of Human Services

## Universal Child Care Application: Group and Family Child Care Homes

Thank you for your interest in serving RI children and families. This application includes all required information to apply for or renew an existing Child Care License and/or Child Care Assistance Program (CCAP) Provider Certification as a Group Family Child Care or Family Child Care. Please refer to the instructions, below, to ensure you complete all necessary sections.

This Universal Child Care Application has three parts:

- **Part 1: Core Questions**, required for all applicants and renewals
- **Part 2: Licensing**, required for Child Care Licenses
- **Part 3: CCAP Provider**, required for those requesting a CCAP Provider Certification

Please complete the following application and submit it with all required documentation and fees to:

Rhode Island Department of Human Services  
Office of Child Care Licensing Team  
25 Howard Avenue, Building 57  
Cranston, RI 02920

### Select Programs

#### What programs are you applying for/renewing? (check all that apply)

**Child Care License for a Group or Family Child Care Home**

*Please complete Part 1: Core Questions and Part 2: Licensing*

Licensed child care refers to programs who are granted a license by the Department of Human Services (DHS) due to their demonstrated ability to comply with state licensing regulations in order to legally care for 4 or more unrelated children.

\*If you are a NEW applicant for a child care license, please reach out to the Child Care Licensing team at [DHS.ChildCareLicensing@dhs.ri.gov](mailto:DHS.ChildCareLicensing@dhs.ri.gov) or 401-462-3009 **before** completing this application, as there are requirements you need to complete before it will be accepted. In addition, please review the list of Application Requirements for Family Child Care Home and Group Family Child Care Home Licensure outlined in Part 2 of this application.

My DHS Licensing ID (Renewals only – this information can be found at the bottom left of your DHS license): \_\_\_\_\_

**CCAP Provider Certification**

*Please complete Part 1: Core Questions and Part 3: CCAP Provider*

The Child Care Assistance Program (CCAP) is a voluntary program where providers may receive subsidy payments for providing care to children from low-income households who are enrolled in the CCAP program.

My DHS CCAP Provider ID (Renewals only – this information can be found in the CCAP portal): \_\_\_\_\_

**Note:** This form must be completed in ink and legible print to process your application.

## Part 1: Core Questions

Required for ALL applicants:  
New or Renewal Child Care License; and New or Renewal CCAP Provider Certification

Section 1: Applicant Information				
First Name:		Last Name:		Middle Initial:
Maiden Name:		Date of Birth:	Social Security Number:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Are you a US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, Legal Residency #:	
Primary Phone:		Secondary Phone:		
Email:				
Primary Language:		Secondary Language:		
Physical Address				
Number & Street:			City/Town:	
State:	Zip Code:	Phone Number:		
Mailing Address <i>*If different than the above address</i>				
Person of Contact for Mailing Address:				
Number & Street:			City/Town:	
State:	Zip Code:	Phone Number:		

Section 2: Core Questions	
Do you have a High School Diploma or GED Equivalency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been a licensed Group/Family Child Care Home provider before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when:	
Are you an assistant for any other Family Child Care Home provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes:	Name of Provider
	Address
Are you an Emergency Assistant for any other Family Child Care Home provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes:	Name of Provider
	Address

**Section 2: Core Questions**

Please list any experience/training in providing care to children under the age of six (6) years of age. Attach certificates and documentation.

Training/Certificate	Date Achieved	Expiration

Have you been known for/treated for alcohol or drug abuse?  Yes  No

Please provide all your addresses in the past five (5) years:

Number & Street	City/Town	State	Zip Code	Dates of Residence
				to
				to
				to
				to
				to
				to

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**Section 3: Program Operation**

<b>Ages you plan to serve:</b>	<b>Infant</b> (6 wks. – 18 mos.)	<b>Toddler</b> (18 mos. – 35 mos.)	<b>Preschool</b> (3 – 5 yrs.; not in K)	<b>School Age</b> (5 yrs. in K – 16 yrs.)	<b>Requested Total License Capacity:</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Anticipated Capacity:</b>					

**Schedule of Operation**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>							
<b>End Time:</b>							
<b>Please check all months your program is in operation</b>	<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	
	<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December	

**Holidays and Closures**

*In the space below, please list all holidays, vacations and closures you have planned annually.  
(Example: Labor Day, Independence Day, etc.)*


## Part 2: Licensing

*Required for applicants applying for a new **OR** renewing an existing Child Care License.*

Please be sure to reference the **DHS Child Care Licensing New and Renewal Application Check List** at the end of Part 2. It is a list of **required documentation** for submitting a complete licensing application. For any additional questions, please contact: [DHS.ChildCareLicensing@DHS.ri.gov](mailto:DHS.ChildCareLicensing@DHS.ri.gov).

Section 1: Renewal License Application	
<b>ONLY complete Section 1 if you are renewing your child care license.</b>	
DHS License Number:	
DHS Provider ID:	

Section 2: Additional Household Information			
Is the house served by a public water supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Landlord's Name <i>(if applicable)</i>		Landlord's Phone <i>(if applicable)</i>	

Section 3: Household Members								
<b>Spouse/Partner Information</b>								
Last Name	First Name	Date of Birth			Sex			
		MM	DD	Year	M	F		
Middle Name	Maiden Name/Other	Social Security Number			<input type="checkbox"/>	<input type="checkbox"/>		
		- -						
<b>Child Information</b> <i>(Please list all children, regardless of age, who are living in your household)</i>								
Last Name	First Name	Middle Name	Date of Birth			Sex		
			MM	DD	Year	M	F	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
<b>Additional Household Members</b>								
Last Name Maiden/Other	First Name	Middle Name	Date of Birth			Sex		Relation to Applicant
			MM	DD	Year	M	F	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4: Additional Household Member Information		
<b>Health and Wellbeing of Household Members</b> <i>Are you and ALL members of your household:</i>		
	<b>Yes</b>	<b>No</b>
In good physical health?	<input type="checkbox"/>	<input type="checkbox"/>
In good mental health?	<input type="checkbox"/>	<input type="checkbox"/>
Free of communicable disease(s)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional Household Member Information</b> <i>Have you and/or ANY members of your household:</i>		
	<b>Yes</b>	<b>No</b>
Had any previous DCYF involvement, including juvenile probation?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide explanation:		
Ever been arrested, or charged by the police or have been arraigned, indicated or convicted of any offense?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide explanation:		

Section 5: Plan for Assistants								
<b>Note: All assistant/emergency assistants must complete a Group/Family Child Care Home Assistant Application.</b>								
<b>Emergency Assistants</b> Two (2) Emergency Assistants are required for each Family Child Care Home. Please list the names of two (2) persons who will be available for you to call in case of an emergency.								
Last Name ----- Maiden/Other	First Name	Middle Name	Date of Birth			Sex		Social Security Number
			MM	DD	Year	M	F	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
<b>Assistants (if needed). Assistants are required for any Family Child Care home that is caring for more than six (6) children at one time.</b>								
Last Name ----- Maiden/Other	First Name	Middle Name	Date of Birth			Sex		Social Security Number
			MM	DD	Year	M	F	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	

Section 6: Current Employment							
Are you currently employed?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the following information:							
Name of Employer:				Position:			
Number & Street:				City/Town:			
State:		Zip Code:		Phone Number:			
Work Hours:							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>							
<b>End Time:</b>							

**Section 7: CCAP**

The CCAP program subsidizes the cost of child care for families that are residents of Rhode Island. Programs that accept CCAP provide children and families with the opportunity to access quality child care and early education.

Please select ONE of the following options

- I **AM** a CCAP Provider and my CCAP application is not due at this time.
- I **WILL NOT** be applying to become a CCAP Provider and, by signing below, I choose to opt out of the CCAP program and all relative incentives.
- I **WILL** be applying to become CCAP Provider and, by signing below **and submitting Part 3** of this application, I choose to opt in to the CCAP program and all relative incentives.

**Section 8: Acknowledgement**

**PLEASE READ CAREFULLY BEFORE SIGNING:**

Under the law (RIGL 42-72.1), all information provided on this application or in any statements accompanying this application must be truthful. Any false or misleading statements could cause the denial or revocation of your Group/Family Child Care Home License and/or CCAP certification.

I have read and understand the Rhode Island Department of Human Services and Group/Family Child Care Home Regulations for Licensure. My signature below attests to my commitment to comply with these regulations while operating as a Family/Group Child Care Home Provider.

I authorize the office of Child Care Licensing to obtain any and all records maintained by the Department of Children, Youth, and Families, and the Office of the Attorney General, Division of Criminal Identification.

I understand that my home will be inspected to determine compliance with the Family and Group Child Care Home Regulations for Licensure.

I hereby certify that all information contained in this application is true to the best of my knowledge.

Printed Name of Applicant

Title of Applicant

Signature of Applicant

Date



## Universal Child Care Application: Group or Family Child Care Home

### DHS Child Care Licensing Application and Renewal Application Checklist

The following fees and forms must be submitted to the Department of Human Services as listed below. For any additional questions or inquiries, please contact: [DHS.ChildCareLicensing@dhs.ri.gov](mailto:DHS.ChildCareLicensing@dhs.ri.gov)

#### Required Application Fees

Please be advised that fees are nonrefundable and shall be paid for all initial licenses, renewals of licenses, and changes of address based on the Application type:

- Change of Address - **\$100**
- Family Child Care Home License (Initial) - **\$100**
- Family Child Care Home License (Renewal) - **\$100**
- Group Family Child Care Home License - **\$250**

#### Additional Fees

In addition to the Application fees, the following individuals for **Family Child Care Homes** AND **Group Family Child Care Homes**, must each pay a ten-dollar fee (\$10.00) for each Department Clearance request:

- Providers
- Assistant(s)
- Emergency assistants

*\*Household members over the age of 18 will also receive a Department clearance as part of the renewal packet.*

**All Checks and Money Orders must be Made Out to:** Rhode Island General Treasury

#### Mailing Applications and Fees

Application, required documentation, and fees should be mailed to:

Rhode Island Department of Human Services  
Office of Child Care Licensing Team  
25 Howard Avenue, Building 57  
Cranston, RI 02920

#### Fingerprinting and Background Check Fees


**All applicants and providers, including (1) Center and School Age Programs, (2) Family Child Care Home providers, household members, and all associated assistants, and (3) Group Family Child Care Home providers, household members, and all associated assistants, must have comprehensive background checks every five years.** All are encouraged to go to the Rhode Island Attorney General's office to be fingerprinted. The Attorney General's office is located in the Pastore Center at 4 Howard Avenue in Cranston. **Payment for fingerprint background checks is \$40.00 per person and can be made by credit card, debit card, check or money order.** For questions, please call the Attorney General's office at 401-274-4400.

NEW

Application Requirements for Family Child Care Home, Group Family Child Care Home Licensure	
NEW APPLICANTS ONLY	
<b>EACH INDIVIDUAL must submit</b> (this includes the Applicant, Emergency Assistants, and Assistants)	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Application (<i>Part 1 &amp; Part 2 of this document</i>)</li> <li><input type="checkbox"/> Physician's reference form *Original only- No photocopies</li> <li><input type="checkbox"/> Fingerprint results of (1) the provider, (2) emergency assistant(s), (3) assistant(s) if applicable, and (4) all individuals who reside in the home and are 18 or older. *Must be submitted with all new and renewal applications. Must be done within the past 5 years or they must be done again.</li> <li><input type="checkbox"/> Criminal History Affidavit *Must be notarized. Original only- NO photocopies.</li> <li><input type="checkbox"/> Employment History Affidavit *Must be notarized. Original only- NO photocopies.</li> <li><input type="checkbox"/> Tdap Immunization</li> <li><input type="checkbox"/> MMR Immunization (not required if born before 1957)</li> <li><input type="checkbox"/> Varicella Immunization <b>or proof of immunity</b> (not required if born before 1980)</li> <li><input type="checkbox"/> Flu Immunization (must submit most current if not flu season)</li> <li><input type="checkbox"/> Child Protective Service Clearance Fees (\$10 each)</li> </ul>	
<b>In addition, the APPLICANT must also submit:</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Application Fee                             <ul style="list-style-type: none"> <li>o Family Child Care Home License (Initial OR renewal) - \$100</li> <li>o Group Family Child Care Home License - \$250</li> </ul> </li> <li><input type="checkbox"/> Copy of GED or High School Diploma</li> <li><input type="checkbox"/> Current approved Pediatric CPR (online NOT accepted) and Pediatric First Aid Training (online accepted)- *Copy of the front and back of cards</li> <li><input type="checkbox"/> DHS Orientation Certificate (3 hour training- valid for one year from the orientation date)</li> <li><input type="checkbox"/> Approved "First Steps" Family Child Care and Orientation Training Program (<i>21 hr. minimum</i>)</li> <li><input type="checkbox"/> Notarized Landlord Permission Form OR Proof of Home Ownership</li> <li><input type="checkbox"/> Lead Safety Report</li> <li><input type="checkbox"/> Radon Safety Report</li> <li><input type="checkbox"/> State Marshal Fire Inspection</li> <li><input type="checkbox"/> Liability Insurance with capacity coverage</li> <li><input type="checkbox"/> Emergency Evacuation Plan (see <i>Family Child Care Home Regulations for Licensure Emergency Rule Filing (2019) Section 2.3.3.U.1, Group Family Child Care Home Regulations for Licensure Emergency Rule Filing (2019), Section 7.3.3.U.1</i>)</li> </ul>	
<b>In addition, any Assistant(s) must also submit:</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Current approved Pediatric CPR (online training NOT accepted) and First Aid Training (online training accepted)- *Copy of the front and back of cards.</li> </ul>	

Renewal Application Requirements for Family Child Care Home, Group Family Child Care Home Licensure	
RENEWAL APPLICANTS ONLY	
<b>EACH INDIVIDUAL must submit</b> (this includes the Applicant, Emergency Assistants, and Assistants)	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Application (<b>Part 1 &amp; Part 2 of this document</b>)</li> <li><input type="checkbox"/> Physician reference form <b>*Original only- No photocopies</b></li> <li><input type="checkbox"/> Fingerprint results of (1) the provider, (2) emergency assistant(s), (3) assistant(s) if applicable, and (4) all individuals who reside in the home and are 18 or older. *Must be submitted with all new and renewal applications. Must be done within the past 5 years.</li> <li><input type="checkbox"/> Criminal History Affidavit *Must be notarized. Original only- NO photocopies. (<b>For NEW assistants only</b>)</li> <li><input type="checkbox"/> Employment History Affidavit *Must be notarized. Original only- NO photocopies. (<b>For NEW assistants only</b>)</li> <li><input type="checkbox"/> Flu Immunization (<b>must receive flu shot yearly during flu season</b>)</li> <li><input type="checkbox"/> TDAP – MMR – Varicella (<b>Any new applicants</b>)</li> <li><input type="checkbox"/> Current approved Pediatric CPR (online NOT accepted) and Pediatric First Aid Training (online accepted). <b>*Copy of the front and back of cards.</b></li> </ul>	
<b>In addition, the APPLICANT must also submit:</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Application Fee                             <ul style="list-style-type: none"> <li>o Family Child Care Home License (Renewal) - \$100</li> <li>o Child Protective Service Clearance Fees (\$10 each application)</li> <li>o Group Family Child Care Home License - \$250</li> <li>o Child Protective Service Clearance Fees (\$10 each application)</li> </ul> </li> <li><input type="checkbox"/> Notarized Landlord Permission Form OR Proof of Home Ownership</li> <li><input type="checkbox"/> Lead Safety Report</li> <li><input type="checkbox"/> Radon Safety Report</li> <li><input type="checkbox"/> State Marshal Fire Inspection</li> <li><input type="checkbox"/> Liability Insurance with capacity coverage</li> <li><input type="checkbox"/> Emergency Plan (see <i>Family Child Care Home Regulations for Licensure Emergency Rule Filing (2019) Section 2.3.3.U.1</i>, <i>Group Family Child Care Home Regulations for Licensure Emergency Rule Filing (2019), Section 7.3.3.U.1</i>)</li> </ul>	

Forms will be made available for new applicants upon completion of the New Provider Orientation. For information on how to register for a New Provider Orientation or any additional questions, please contact the Licensing Unit at [DHS.ChildCareLicensing@dhs.ri.gov](mailto:DHS.ChildCareLicensing@dhs.ri.gov) or 401-462-3009.



**ATTENTION:**

**You have completed the Child Care License section of the Application.**

If you are applying to become a CCAP Provider or to RENEW your CCAP Provider Certification, please complete Part 3 of this application.

## Part 3: CCAP Provider

Required for Group/Family Child Care Home providers applying to become a **NEW** CCAP provider or **RENEW** their current CCAP Certification.

If any of the following required documents are missing from the application, a decision on your application to become a new CCAP Provider or renew your CCAP Provider Certification will be delayed.

A complete CCAP application consists of the following documents in Part 3:

- CCAP Provider Agreement**
  - **CCPR** - Application needs to be signed and dated
  - **CCPR-IPA**- Individual provider agreement needs to be signed, dated and notarized
- W-9**- Needs to be filled out, signed, and dated

Applicants must also submit copies of the following:

- Photo ID
- Social Security card
- Birth Certificate, Passport or Naturalization Certificate (for US citizens)
- Proof of legal immigration status (for non-US citizens)
- BrightStars rating certificate, if applicable

**Note:** If your application is approved, new providers will receive an approval letter and instructions to attend a mandatory training class. Please allow thirty (30) days for the Office of Child Care to process your CCAP application.

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Section 1: General Information	
<b>Child Care Provider Name</b>	<b>DHS CCAP Provider ID</b> <i>(If Applicable)</i>
<b>Instead of issuing your reimbursement checks in your social security number you provided on page 1 of this application, do you prefer that we use your business FEIN number?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, FEIN #:</b> _____

Section 2: Terms and Condition of Payment
ALL APPLICANTS: PLEASE READ CAREFULLY BEFORE SIGNING
<p>I agree to accept payment based upon the Department of Human Services authorization for a full week, as well as a three-quarter week, half week, or quarter week rate, as payment in full and understand that any services I provide in excess of authorized hours shall be the responsibility of the parent.</p> <p>I agree to enroll all CCAP assisted children using the Provider Portal upon receipt of a CCAP Certificate Number and a signed Parent/Provider Enrollment Agreement.</p> <p>The Department will reimburse for child care services provided to CCAP eligible children according to the time authorization for each individual child in accordance with the reimbursement rate established by law for your particular child care provider type. Additionally, I agree to maintain written attendance records on a weekly basis for all DHS children for a period of at least three years and make them available upon request by DHS or their designee.</p> <p>I agree to provide child care in a non-discriminatory manner and in accordance with state and federal regulations.</p> <p>I hereby certify that all the information that I have provided is true to the best of my knowledge. I also agree to notify the Office of Child Care with any changes to the information in this application within ten (10) business days by calling 401-462-6877 or by email <a href="mailto:DHS.ChildCare@dhs.ri.gov">DHS.ChildCare@dhs.ri.gov</a>.</p> <p>I understand the penalty of withholding information or giving false information. I hereby certify that all the information that I have provided is accurate to the best of my knowledge.</p> <p><i>I understand that I <u>will NOT</u> be reimbursed by DHS for child care rendered to any child living in my household.</i></p>

<b>Signature of Applicant</b>	<b>Date</b>
<b>Print Name</b>	<b>Position/Title</b>
<b>Witness Print Name</b>	<b>Date</b>
<b>Witness Signature</b>	

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**\*Insert W-9 here pg 1**

**Universal Child Care Application: Group or Family Child Care Home**

**\*Insert W-9 here pg 2**

**Universal Child Care Application: Group or Family Child Care Home**

**\*Insert W-9 here pg 3**



**Universal Child Care Application: Group or Family Child Care Home**

**\*Insert W-9 here pg 4**

**Universal Child Care Application: Group or Family Child Care Home**

**\*Insert W-9 here pg 5**

**Universal Child Care Application: Group or Family Child Care Home**

**\*Insert W-9 here pg 6**

**CCAP Provider Agreement**  
Group/Family Child Care Home/Licensed Exempt Provider

Agreement with \_\_\_\_\_  
(Provider Name)

an approved Group/Family Child Care Home or Licensed Exempt Provider, located at  
\_\_\_\_\_  
\_\_\_\_\_  
(Program Address)

and is entered into by both parties for the purposes established in Rhode Island Code of Rules, Title 218 – Department of Human Services, Chapter 20 – Individual and Family Support Programs, Part 4 Child Care Assistance Program (218-RICR-20-00-4), pertaining to the Child Care Assistance Program (hereinafter CCAP).

I, \_\_\_\_\_ (hereinafter Provider), understand that as a CCAP  
Applicant Name

approved Provider, I must comply with the terms and conditions set forth in this Agreement in order to receive payment from DHS for any authorized child care services I render under the review of the CCAP. I understand that failure on my part to comply with these terms and conditions shall result in termination of this Agreement and the withdrawal of my CCAP approved Provider status.

Therefore, as a condition of maintaining CCAP approved Provider status:

1. I agree to comply with all State and Federal laws, rules and regulations governing the CCAP. I have received a copy of the DHS rules pertaining to the CCAP and understand that I am responsible for meeting the applicable requirements set forth therein.
2. I agree to meet any requirements or standards established in Federal or State law, rules or regulations applicable to the setting in which I render child care that are necessary to retain either:
  - A. State Licensed Child Care Provider  
I agree to notify the Office of Child Care about any adverse action initiated against my State-issued child care provider license within ten (10) days from the date I receive written notice that any such action is or will be taken.
  - B. License Exempt Child Care Provider (relative care)  
I agree to notify the Office of Child Care of any persons moving into my household within ten (10) days of the date the change in the composition of my household occurs.
3. I agree to provide age appropriate and safe child care that takes into account the diverse needs of the children in my care.
4. I agree to accept, as full payment, the rate paid by the CCAP for the periods of CCAP authorized child care (as determined by DHS) that I provide to an eligible child who is enrolled for services in my care. I understand fully that in setting the payment rate for services I provide to children eligible for the CCAP, DHS is bound by the requirements established in State law and that any changes in the payment rate made by DHS must be authorized by State law accordingly, if applicable.

5. I agree to offer child care services in accordance with the requirements of Title VI of the Civil Rights Act of 1964 (42 usc 2000d et seq.); Section 504 of the Rehabilitation act of 1973, as amended (29 usc 794 et seq.); Title IX of the Education Amendments of 1972 (20 usc 1681 et seq.); the United States Department of Health and Human Services regulations found in 45 CFR parts 80 and 84; and the United States Department of Education implementing regulations (34 CFR, parts 104 and 106), which prohibit discrimination on the basis of race, color, national origin, handicap, or sex, in acceptance for or provision of services, employment, or treatment in educational or other programs or activities incorporated herein by reference and made part of this agreement.
  - I agree to comply with all other provisions of applicable laws, including the Americans with Disabilities Act of 1990; the Governor's Executive Order no. 96-14, which prohibits discrimination on the basis of race, sex, age, national origin, sexual orientation, or disability; and the governor's Executive Order no. 95-11 relating to sexual harassment.
  - I certify to the best of my knowledge and belief, I am not presently or within the last three years been debarred, suspended, proposed for debarment, declared ineligible, defaulted, been terminated from any transaction covered by any federal department or agency, if applicable.
6. I agree to maintain a smoke free environment when providing CCAP authorized child care services.
7. I agree to ensure that parents have unrestricted access to their children while in my care.
8. I agree to give the parent/guardian of a CCAP eligible child who is enrolled for services in my care, a minimum of a seven (7) day advance notice before terminating child care services unless such termination is for reasons that would place the CCAP eligible child, other children, or my staff at risk of immediate harm.
9. I agree to maintain daily attendance records for any CCAP eligible children enrolled for services in my care. I understand that I must retain these daily attendance records, in readable form, for a period of three (3) years and, upon request, make them available for inspection to DHS and/or its designee.
10. I agree to retain a **signed DHS Parent/Provider Enrollment Agreement** for each CCAP eligible child in my care in the same location as the child's attendance record. I understand I must also provide a copy of the Enrollment Agreement to the child's parent. I understand further that any changes in a CCAP eligible child's enrollment requires that I complete and retain an additional Enrollment Agreement as part of the child's record.
  - I shall ensure that any change in enrollment will be made only with the consent and knowledge of the CCAP eligible child's parent.
  - I shall also safeguard and restrict the use of any access code issued to me by DHS in order to enroll CCAP eligible children.
11. I agree to provide a refund to the parent of a CCAP eligible child for any payments made by the parent to me for any authorized services that I, at a later date, received payment for from DHS. I understand that I must make a refund to the parent upon receipt of the payment from DHS. I understand, further, that I am prohibited from applying any such refund to co-payments the parent may owe me for CCAP authorized child care services I render at a later date, unless expressly requested in writing by the parent due the refund.
12. I agree to request payment from DHS in accordance with the CCAP Established Schedule of Maximum Weekly Rates in effect at the time my request is made.
  - In making such requests, I shall submit attendance reports and documentation biweekly in a form acceptable to DHS. I understand fully that DHS will only make payment for CCAP authorized services provided timely (within the batch period.)

- I understand further, that if DHS makes a payment to me that is over the allowable rate or amount, whether due to any error on my part or that of DHS, or an omission, misrepresentation or fraud, I must promptly make a refund to DHS, upon request, and in the amount of the overpayment. I am aware that DHS, at its option, may off-set the amount of the overpayment against any future requests for CCAP payment I may make.

**ACKNOWLEDGMENT AND PLEDGE OF CONFIDENTIALITY**

I have read R. I. Gen. Laws §§ 40-5.2-26 and 40-6-12, both of which are entitled “Records as to Assistance”. I am fully aware of the provisions of these statutes, including the provision by which a violation of either statute is made a misdemeanor punishable by a fine of not more than two hundred dollars (\$200.00), Imprisonment for not more than six (6) months, or both.

I agree to comply with all the provisions of R. I. Gen. Laws §§ 40-5.2-26 and 40-6-12. I am aware that all records pertaining to the administration of public assistance constitute confidential matter, and I am aware that it is unlawful for me to make use of, or cause to be used, any information in said records for purposes not directly connected with the administration of public assistance.

Furthermore, I am aware that general information not identified with any particular individual, such as total program expenditures, total numbers of recipients, other statistical information, and social data which may be contained in studies, reports, or surveys, does not fall within the class of material to be safeguarded as confidential.

I acknowledge that should individual case records become necessary for illustrative purposes, I will effectively disguise the identity of the client(s), his or her family and his or her situation(s). Any records containing individual client information shall not leave the DHS premises. I also acknowledge that the term “records” includes original documents, photocopies, computer databases and any other form of reproduction.

Wherefore, I acknowledge the provisions of R. I. Gen. Laws §§ 40-5.2-26 and 40-6-12 and pledge to be bound by its provisions.

I understand that any amendments or revisions to this Agreement must be made in writing and signed by both parties. Failure on my part to meet the terms and conditions established herein shall result in termination of this Agreement, withdrawal of CCAP Approved Provider status, denial of access to the CCAP automated enrollment system, and denial of any request for payment I may make to DHS subsequent to the date the Agreement is severed.

I acknowledge and accept that any information or consent I provided to DHS in the Provider Information Application shall be considered part of this Agreement once I have affixed my signature below.

Accordingly, I hereby certify that the information provided in support of my Provider Application is truthful and accurate. I understand fully that any falsification, concealment, or misrepresentation of fact will be cause for termination of this Agreement and possible prosecution under Federal and State laws.

I understand further that any purposeful misstatement or omission of a fact in the application or enrollment process may result in criminal prosecution. I acknowledge that this is being signed under the pains and penalties of perjury and understand that DHS will grant me CCAP Approved Provider status based on the information I have presented.



**ATTENTION:**

**You have now completed the CCAP section of the Application.**  
The following pages include additional resources related to this Application.



In the pages that follow, you will find the following resources for you to keep with your records. These documents are not required for application submission:

- Licensed Family Child Care Weekly Rates
- License Exempt Weekly Rates
- Time Authorized and Enrolled
- Child Age Categories
- RI Works Program Regulations
- Public Assistance Act

For more information, please visit:

<http://www.dhs.ri.gov/>

Thank you for your interest in serving RI children and families.





**Universal Child Care Application: Group or Family Child Care Home**

<b>Licensed Family Child Care Weekly Rates</b>						
<i>Effective July 2019</i>						
<b>Full Time</b>						
<b>Program Rating</b>		<b>Star</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>
<b>Age Category</b>	Infant/Toddler	<b>1</b>	\$182.14	\$182.14	\$183.96	\$185.80
		<b>2</b>	\$187.55	\$187.61	\$187.64	\$187.66
		<b>3</b>	\$198.37	\$198.54	\$198.68	\$198.81
		<b>4</b>	\$203.78	\$204.00	\$204.20	\$204.38
		<b>5</b>	\$220.01	\$220.39	\$220.76	\$221.11
	Preschool	<b>N/A</b>	\$163.95	\$165.59	\$167.24	\$168.92
School Age	\$155.20		\$156.75	\$158.31	\$159.90	
<b>Three Quarter Time</b>						
<b>Program Rating</b>		<b>Star</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>
<b>Age Category</b>	Infant/Toddler	<b>1</b>	\$136.61	\$136.61	\$137.97	\$139.35
		<b>2</b>	\$140.67	\$140.71	\$140.73	\$140.75
		<b>3</b>	\$148.78	\$148.90	\$149.01	\$149.11
		<b>4</b>	\$152.84	\$153.00	\$153.15	\$153.29
		<b>5</b>	\$165.01	\$165.30	\$165.57	\$165.83
	Preschool	<b>N/A</b>	\$122.96	\$124.19	\$125.43	\$126.69
School Age	\$116.40		\$117.56	\$118.74	\$119.92	
<b>Half Time</b>						
<b>Program Rating</b>		<b>Star</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>
<b>Age Category</b>	Infant/Toddler	<b>1</b>	\$91.07	\$91.07	\$91.98	\$91.90
		<b>2</b>	\$93.78	\$93.80	\$93.82	\$93.83
		<b>3</b>	\$99.19	\$99.27	\$99.34	\$99.41
		<b>4</b>	\$101.89	\$102.00	\$102.10	\$102.19
		<b>5</b>	\$110.01	\$110.20	\$110.38	\$110.55
	Preschool	<b>N/A</b>	\$81.97	\$82.79	\$83.62	\$84.46
School Age	\$77.60		\$78.37	\$79.16	\$79.95	
<b>Quarter Time</b>						
<b>Program Rating</b>		<b>Star</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>
<b>Age Category</b>	Infant/Toddler	<b>1</b>	\$45.54	\$45.54	\$45.99	\$46.45
		<b>2</b>	\$46.89	\$46.90	\$46.91	\$46.92
		<b>3</b>	\$49.59	\$49.63	\$49.67	\$49.70
		<b>4</b>	\$50.95	\$51.00	\$51.05	\$51.10
		<b>5</b>	\$55.00	\$55.10	\$55.19	\$55.28
	Preschool	<b>N/A</b>	\$40.99	\$41.40	\$41.81	\$42.23
School Age	\$38.80		\$39.19	\$39.58	\$39.97	

**Universal Child Care Application: Group or Family Child Care Home**

<b>Licensed Exempt Child Care Weekly Rates</b>						
<i>Effective January 2019</i>						
<b>Full Time</b>						
		<b>Program Rating</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>
<b>Age Category</b>	Infant/Toddler		\$99.47	\$100.44	\$101.42	\$102.42
	Preschool		\$59.02	\$59.60	\$60.19	\$60.77
	School Age		\$57.93	\$58.93	\$59.08	\$59.64
<b>Three Quarter Time</b>						
		<b>Program Rating</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>
<b>Age Category</b>	Infant/Toddler		\$74.60	\$75.33	\$76.07	\$76.81
	Preschool		\$44.27	\$44.70	\$45.15	\$45.58
	School Age		\$43.45	\$43.87	\$44.31	\$44.73
<b>Half Time</b>						
		<b>Program Rating</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>
<b>Age Category</b>	Infant/Toddler		\$49.73	\$50.23	\$50.72	\$51.21
	Preschool		\$29.51	\$29.81	\$30.09	\$30.38
	School Age		\$28.97	\$29.25	\$25.54	\$29.83
<b>Quarter Time</b>						
		<b>Program Rating</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>
<b>Age Category</b>	Infant/Toddler		\$24.87	\$25.11	\$25.36	\$25.60
	Preschool		\$14.49	\$14.89	\$15.05	\$15.19
	School Age		\$14.48	\$14.63	\$14.77	\$14.91

## Universal Child Care Application: Group or Family Child Care Home

Time Authorized & Enrolled	
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

Child's Age Category	
Infant/Toddler	1 week up to 3 years of age
Preschool	3 years up to 1 <sup>st</sup> grade entry (includes ALL Kindergarten children)
School Age	1 <sup>st</sup> grade up to 13 years of age *Certain children with diagnosed special needs may be categorized as school age through the age of 18. Please note that when a family's work hours fall during school hours, their hours are automatically adjusted. DHS calculates school hours as 9:30 AM-1:30 PM, Monday-Friday from early September to mid-June.

## TITLE 40

### Human services

#### CHAPTER 40-5.2

#### The Rhode Island Works Program

#### SECTION 40-5.2-26

**§ 40-5.2-26 Records as to assistance.** – (a) All records pertaining to the administration of public assistance pursuant to this chapter and chapter 8 of this title are hereby declared to constitute a confidential matter.

(b) In furtherance thereof:

(1) It shall be unlawful for any person to make use of, or cause to be used, any information contained in records for purposes not directly connected with administration thereof, except with the consent of the individual concerned.

(2) The director of the department shall have the power to establish rules and regulations governing the custody, use, and preservation of the records, papers, files and communications dealing with the administration of public assistance. The rules and regulations shall have the same force and effect as law.

(3) The records shall be produced in response to subpoena duces tecum properly issued by any federal or state court; provided, however, that the purpose for which the subpoena is sought is directly connected with the administration of public assistance. No subpoena shall be issued by a court asking either for the records, or for persons having custody or access to the records, unless the litigation involved in such matters is directly connected with the administration of public assistance.

(4) Any person who by law is entitled to a list of individuals receiving any of the assistance as provided in this chapter shall not publish or cause to be published the list except by the express consent of the director of the department, or to make use of thereof for purposes not directly connected with the administration thereof.

(5) Any person violating any of the provisions of this section, or the lawful rules and regulations made hereunder, shall be guilty of a misdemeanor and shall be fined not more than two hundred dollars (\$200), or shall be imprisoned for not more than six (6) months, or both.

(6) Nothing in this section shall be deemed to prohibit the director of the department or his or her agents duly authorized for that purpose, from issuing any statistical material data, or publishing or causing the data to be published whenever he or she shall deem it to be in the public interest.

(7) The director of the department may inquire into the records of any state department or agency in the course of his or her administration of public assistance.

History of Section.

(P.L. 2008, ch. 100, art. 16, § 1.)

**PLEASE KEEP THIS PAGE FOR YOUR RECORDS**

**TITLE 40**

**Human services**

**CHAPTER 40-6**

**Public Assistance Act**

**SECTION 40-6-12**

**§ 40-6-12 Records as to assistance.** – (a) All records pertaining to the administration of public assistance pursuant to this chapter and chapter 8 of this title are hereby declared to constitute confidential matter. It shall be unlawful for any person to make use of, or cause to be used, any information contained in records for purposes not directly connected with the administration thereof, except with the consent of the individual concerned.

(b) The director of the department shall have the power to establish rules and regulations governing the custody, use, and preservation of the records, papers, files, and communications dealing with the administration of public assistance. The rules and regulations shall have the same force and effect as law. The records shall be produced in response to subpoena duces tecum properly issued by any federal or state court; provided, however, that the purpose for which the subpoena is sought is directly connected with the administration of public assistance. No subpoena shall be issued by a court asking either for the records, or for persons having custody or access to the records, unless the litigation involved in such matters is directly connected with the administration of public assistance.

(c) Any person who by law is entitled to a list of individuals receiving any of the assistance as provided in this section, shall not publish or cause to be published the list except by the express consent of the director of the department, or to make use thereof for purposes not directly connected with the administration thereof. Any person violating any of the provisions of this section, or the lawful rules and regulations made pursuant to this section, shall be guilty of a misdemeanor, and shall be fined not more than two hundred dollars (\$200) or shall be imprisoned for not more than six (6) months, or both.

(d) Nothing in this section shall be deemed to prohibit the director of the department, or his or her agents duly authorized for that purpose, from issuing any statistical material or data, or publishing or causing the data to be published whenever he or she shall deem it to be in the public interest. The director of the department may inquire into the records of any state department or agency in the course of his or her administration of public assistance.

History of Section.

(P.L. 1987, ch. 118, art. 13, § 2; P.L. 1997, ch. 326, § 127; P.L. 2006, ch. 216, § 17.)

**PLEASE KEEP THIS PAGE FOR YOUR RECORDS**