



# Rhode Island Department of Human Services

## Universal Child Care Application: Center and School Age Programs

Thank you for your interest in serving RI children and families. This Universal application includes all required information to apply for or renew an existing Child Care License and Child Care Assistance Program (CCAP) Provider Certification as a Child Care Center and/or School Age Program. 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 along 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 Center and/or School Age Program**

*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 Child Care Center and School Age Program Licensure outlined in Part 2 of this application.

My DHS Licensing ID (Renewals only): \_\_\_\_\_

**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): \_\_\_\_\_

**Note:** This form must be completed in ink and legible print in order 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: Corporation/Organization Information

Is your program owned by a <u>corporation or organization</u> that has other licensed child care or school age programs in the State of Rhode Island?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please skip to Section 2.		If yes, please complete all of Section 1.	
Corporation/Organization Name:			
FEIN#:			
Organization Contact Name:			Phone:
Incorporated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Non-Profit: <input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit 501(c)(3)
Email:			
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: Program Information

Owner/Operator Information				
First Name:		Last Name:		Middle Initial:
Primary Phone:		Secondary Phone:		
Email:				
Program Name:				
FEIN#:		Non-Profit: <input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit 501(c)(3)		
Program Site Address				
Number & Street:				
City/Town:	Zip Code:	Phone:		
Mailing Address <i>*If different than the above address</i>				
Person of Contact for Mailing Address:				
Number & Street:				
City/Town:			Zip Code:	

<b>Section 3: Program Operation</b>							
<b>Ages you plan to serve:</b>	<b>Infant</b> <i>(6 wks. – 18 mos.)</i>	<b>Toddler</b> <i>(18 mos. – 35 mos.)</i>	<b>Preschool</b> <i>(3 – 5 yrs.; not in K)</i>	<b>School Age</b> <i>(5 yrs. in K – 16 yrs.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Anticipated Capacity:</b>							
<b>Schedule of Operation</b>							
	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Start Time:</b>							
<b>End Time:</b>							
<b>Please check all months your program is in operation</b>	<input type="checkbox"/> <b>January</b>	<input type="checkbox"/> <b>February</b>	<input type="checkbox"/> <b>March</b>	<input type="checkbox"/> <b>April</b>	<input type="checkbox"/> <b>May</b>	<input type="checkbox"/> <b>June</b>	
	<input type="checkbox"/> <b>July</b>	<input type="checkbox"/> <b>August</b>	<input type="checkbox"/> <b>September</b>	<input type="checkbox"/> <b>October</b>	<input type="checkbox"/> <b>November</b>	<input type="checkbox"/> <b>December</b>	
<b>Holidays and Closures</b>							
<i>In the space below, please list all holidays and closures you have planned annually. (Example: Labor Day, Independence Day, etc.)</i>							

## 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

**ONLY** complete Section 1 if you are renewing your child care license.

DHS License Number:

DHS Provider ID:

### Section 2: Staff Leadership

*Please copy and attach all relevant transcripts and certifications required for the role.*

#### Program Administrator

Name:

Degree/  
Cert.

First Aid Exp. Date:

CPR  
Exp.  
Date:

Schedule	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

From:

To:

#### Education Coordinator

Name:

Degree/  
Cert.

First Aid Exp. Date:

CPR  
Exp.  
Date:

Schedule	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

From:

To:

#### Site Coordinator

Name:

Degree/  
Cert.

First Aid Exp. Date:

CPR  
Exp.  
Date:

Schedule	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

From:

To:

#### Night Coordinator (if applicable)

Name:

Degree/  
Cert.

**Universal Child Care Application: Child Care Center and School Age Program**

<b>First Aid Exp. Date:</b>				<b>CPR Exp. Date:</b>			
<b>Schedule</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>From:</b>							
<b>To:</b>							

**Section 4: Staff**

*Please copy and attach additional pages, as needed, to ensure all employed staff are listed.*

<b>ROLE</b> <input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Other/specify:	<b>Name:</b>				<b>Degree/ Cert.</b>			
	<b>First Aid Exp. Date:</b>		<b>CPR Exp. Date:</b>					
	<b>Schedule</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
	<b>From:</b>							
	<b>To:</b>							
<b>ROLE</b> <input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Other/specify:	<b>Name:</b>				<b>Degree/ Cert.</b>			
	<b>First Aid Exp. Date:</b>		<b>CPR Exp. Date:</b>					
	<b>Schedule</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
	<b>From:</b>							
	<b>To:</b>							
<b>ROLE</b> <input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Other/specify:	<b>Name:</b>				<b>Degree/ Cert.</b>			
	<b>First Aid Exp. Date:</b>		<b>CPR Exp. Date:</b>					
	<b>Schedule</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
	<b>From:</b>							
	<b>To:</b>							
<b>ROLE</b> <input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Other/specify:	<b>Name:</b>				<b>Degree/ Cert.</b>			
	<b>First Aid Exp. Date:</b>		<b>CPR Exp. Date:</b>					
	<b>Schedule</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
	<b>From:</b>							
	<b>To:</b>							

**Section 5: 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

- |  |   |
|--|---|
| <p><input type="checkbox"/> I <b>AM</b> a CCAP Provider and my CCAP application is not due at this time.</p> <p><input type="checkbox"/> I <b>WILL</b> apply to become a CCAP Provider; by signing below <b>and submitting Part 3</b> of this application, I choose to opt in to the CCAP program and all relative incentives.</p> | <p><input type="checkbox"/> I <b>WILL NOT</b> apply to become a CCAP Provider; by signing below, I choose to opt out of the CCAP program and all relative incentives.</p> |
|--|---|

**Section 6: Acknowledgement**

**PLEASE READ CAREFULLY BEFORE SIGNING:**

**Misrepresentation of any information submitted to DHS in conjunction with this application will be considered grounds for denial or revocation of licensure.**

I/We Hereby Certify:

- That the DHS License for Child Care Centers and/or School Age Programs will be posted in a conspicuous place within the facility so that it may be visible to parents and other interested parties.
- That DHS will be notified in writing of major changes which affect the license including, but not limited to: intent to change the name or location of the program; intent to change the ownership of the program; intent to make a change to leadership roles (Administrator, Education Coordinator, Site Coordinator); intent to make a change to the physical facility; intent to make any changes to the number or ages of children served; or any other major changes in the program.
- That DHS will be notified in writing at least thirty (30) days prior to the closure or discontinuation of the program operation.
- That I have read and agree to comply with the Child Care Center and School Age Program Regulations for Licensure (2017) in their entirety.
- That the information contained herein is true and correct to the best of my knowledge.

\_\_\_\_\_

Printed Name of Applicant

\_\_\_\_\_

Title of Applicant

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

## 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)

### Application Fees

Please be advised that fees are nonrefundable and shall be paid for all initial licenses, renewals of licenses, and changes of address.

The following fees have been established based on the Application type:

- Change of Address - **\$100**
- Child Care Center and/or School Age Program (Initial) - **\$500**
- Child Care Center and/or School Age Program (Renewal) - **\$500**

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

### Mailing Applications and Fees

Applications, 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 (AG) 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 Child Care Center and School Age Program Licensure	
NEW APPLICANTS ONLY	
<b>General</b>	
<input type="checkbox"/> Completed and signed Application ( <i>Part 1 &amp; Part 2 of this document</i> ) <input type="checkbox"/> \$500.00 non-refundable fee ( <i>Made out to the "Rhode Island General Treasury"</i> )	
<b>Physical Facilities</b>	
<input type="checkbox"/> Labeled sketch of indoor floor plan with square footage of all classroom and activity areas to be used by children. Include staff and children's bathrooms with toilets and sinks designated, diaper change areas, kitchen areas, and office space. All exits and entrances should be clearly marked. <input type="checkbox"/> Labeled sketch of outdoor play area with square footage including point of entry for children.	
<b>Program</b>	
<input type="checkbox"/> Daily schedule of activities for each age group <input type="checkbox"/> Program Level Curriculum <ul style="list-style-type: none"> <li>○ Informed by program philosophy, beliefs, practices, and relevant research</li> <li>○ Developmental goals for each age group served</li> </ul> <input type="checkbox"/> Classroom Level Curriculum <ul style="list-style-type: none"> <li>○ Sample list of daily opportunities that will support the program level curriculum</li> </ul> <input type="checkbox"/> List of materials and equipment (indoor and outdoor) <ul style="list-style-type: none"> <li>○ Materials and equipment that are needed to support activities and opportunities</li> </ul> <input type="checkbox"/> Evidence of a purchased evacuation crib for every 5 children under 2 years of age <input type="checkbox"/> Emergency Preparedness Plan (see <i>Child Care Center and School Age Program Regulations for Licensure, 2016, Section 1.8.L.1</i> )	
<b>Nutrition</b>	
<input type="checkbox"/> A two-week sample menu of snacks and meals (if applicable) <input type="checkbox"/> Nutritional guidelines that will be shared with parents when meals are sent from home	
<b>Administration</b>	
<input type="checkbox"/> Letter of Understanding of consultant services from a licensed physician, physician's assistant, or nurse practitioner, who practices pediatric medicine <input type="checkbox"/> Documentation that the program is financially stable	
<b>Copies of Forms to be Shared with Parents</b>	
<input type="checkbox"/> Parent Handbook <input type="checkbox"/> Disciplinary/classroom management policy <input type="checkbox"/> Policies and procedures on the release of children <input type="checkbox"/> Names of individuals to whom the child may be released <input type="checkbox"/> Written authorization form for Emergency Medical treatment <input type="checkbox"/> Sick child procedure <input type="checkbox"/> School calendar <input type="checkbox"/> Hours of operation <input type="checkbox"/> Days closed/vacations	
<b>Children's Record Requirements – copies of forms to be used in files</b>	
<input type="checkbox"/> Application for enrollment (must include) <ul style="list-style-type: none"> <li>○ Date of enrollment</li> <li>○ Child's name</li> <li>○ Date of birth</li> <li>○ Current home address</li> <li>○ Parent/guardian's name</li> <li>○ Parent/guardian phone number</li> <li>○ Parent/guardian work or school address</li> <li>○ Parent/guardian work or school phone number</li> </ul> <input type="checkbox"/> Pertinent social/emotional information on the child <input type="checkbox"/> Written authorization for the child to participate in and be transported for field trips/other special activities <input type="checkbox"/> Health record and preadmission exam form (including allergies)	

NEW

**Application Requirements for Child Care Center and School Age Program Licensure**

**NEW APPLICANTS ONLY**

**Personnel Policies and Procedures – which shall be given to all employees**

- Job descriptions and qualifications for employment
- Defined time and procedure for staff evaluation
- Employment benefits
- Procedure for complaints and suggestions
- Staff schedule
- Procedure for disciplinary action and termination
- Evidence of staff orientation and training to include:
  - o Review of the DHS Licensing Regulations
  - o Completing incident reports
  - o Center policies and procedures
  - o Evidence of training on state law governing child abuse and neglect
- Completing incident reports
- Center policies and procedures
- Evidence of training on state law governing child abuse and neglect

**For each staff member, the following must be included:**

- Personnel sheet
- Employment History Affidavit \*Notarized
- Criminal History Affidavit \*Notarized
- DCYF Clearance Requests/Results (Facility)
- Required immunizations for Rhode Island Child Care Workers
- Fingerprint Affidavit- nationwide background check and fingerprint results
  - o Staff-fingerprinting
  - o Owner/Administrator
  - o *\*All fingerprinting will be completed at the Rhode Island Attorney General's office to be fingerprinted. The AG's office is located in the Pastore Center at 4 Howard Avenue in Cranston. Payment for fingerprint background checks is \$40.00 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.*

*For the following leadership positions: Administrator for Child Care and School Age Program, Education Coordinator for Child Care Program, Site Coordinator for School Age Program, Night-time Coordinator (if providing night care) – additional documentation of qualifications is required. This includes the following:*

- Relevant transcripts
- Certificates
- Diplomas/conferral of degree
- Resumes

**Inspections**


- Building Inspection
- Fire Inspection (State or Local Department dependent on program type)
- Asbestos Inspection
- Lead Inspection (Certificate of Lead Safe status requires annual retesting for any program serving Pre-School, Toddlers and/or Infants. Certificate of Lead-Free status test does not need to be repeated)
- Radon Inspection (repeat every 3 years)
- Water Potability (as applicable for programs with private water systems)
- Food Safety (issued by the Department of Health as applicable for programs that prepare and serve meals)
- Pool License (issued by the Department of Health as applicable for programs with a pool on program grounds)

Application Requirements for Child Care Center and School Age Program Licensure	
RENEWAL APPLICANTS ONLY	
<b>General</b>	
<input type="checkbox"/> Application ( <i>Part 1 &amp; Part 2 of this document</i> )	<input type="checkbox"/> Application Fee
<b>Staff Documents</b>	
Please include all information for NEW STAFF and UPDATED information for existing staff.	
<input type="checkbox"/> Personnel sheet	<input type="checkbox"/> Fingerprint Affidavit
<input type="checkbox"/> Employment History Affidavit	<input type="checkbox"/> Relevant transcripts
<input type="checkbox"/> Criminal History Affidavit	<input type="checkbox"/> Certificates
<input type="checkbox"/> DCYF Clearance Requests/Results	<input type="checkbox"/> Diplomas/degree conferral
<input type="checkbox"/> Required immunizations	<input type="checkbox"/> Resumes
<b>Inspections</b>	
<input type="checkbox"/> Fire	
<input type="checkbox"/> Lead	
<input type="checkbox"/> Radon	

If you are having trouble logging in, please reach out to the DHS Child Care Licensing email: [DHS.ChildCareLicensing@dhs.ri.gov](mailto:DHS.ChildCareLicensing@dhs.ri.gov)

**ATTENTION:**

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



If you have opted in 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 applicants who want to become a **NEW** CCAP Provider or **RENEW** their current CCAP Certification.

If any of the following 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 Provider application consists of the following documents in Part 3:

- Section 1** – General Information
- Section 2** – Program Services
- Section 3** – Terms and Conditions of Payment
- W-9** – Needs to be filled out, signed, and dated
- Approved Provider Agreement**

Applicants must also submit a copy of the following:

- BrightStars rating certificate, if applicable

Applicants must also review and complete the following:

- Addendum 1** – List of all CCAP Approved Licensed Sites Operated by this Provider (for multi-site programs only)
- Addendum 2** – Certification Regarding the Operation of a School Age Summer Program in CCAP
- Addendum 3** – Notice to Department of Human Services Service Providers of Their Responsibilities Under Title VI of the Civil Rights Acts of 1964
- Addendum 4** – Notices to Department of Human Services Service Providers of Their Responsibilities Under Section 504 of the Rehabilitation Act Of 1973
- Addendum 5** – Acknowledgement Pledge of Confidentiality
- Addendum 6** – Drug Free Workplace Policy
- Addendum 7** – Provider Certifications
- Addendum 8** – Instructions for Certification Regarding Debarment, Suspension, and Other Responsibility Matters – Primary Covered Transactions

**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.

Section 1: General Information	
Does this Center establish any limits on the number of hours a child may attend if enrolled for full time care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, explain →	
Is this Center CLOSED during usual HOURS OF OPERATION listed above for any days/weeks that are NOT RI State Holidays?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, explain →	
Is the program nationally accredited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide the name of the accreditation agency →	

Section 2: Program Services	
Is this Center approved by RIDE to provide educational programs for KINDERGARTEN children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this Center participate in the Child and Adult Care Food Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please check the program(s) that this Center provides (check all that apply):</b>	
<input type="checkbox"/> Infant child care: for children birth to 18 months old <input type="checkbox"/> Toddler child care: for children 18 to 36 months old <input type="checkbox"/> Pre-school child care: for children 3 to 5 years old <input type="checkbox"/> Before and after school care	<input type="checkbox"/> School-age care: For children in first grade or higher between 6 and 12 years old- up to what maximum age/grade? _____ <input type="checkbox"/> Youth care: for youth 12 to 15 years old <input type="checkbox"/> Head Start programs (i.e. you are an accredited Head Start provider) <input type="checkbox"/> Other program(s) (please specify): _____
<b>Please check which services this Center provides (check all that apply):</b>	
<input type="checkbox"/> Full day: How many hours do you consider full day? _____ hours <input type="checkbox"/> Half-day <input type="checkbox"/> Partial week <input type="checkbox"/> Evening care <input type="checkbox"/> Weekend care <input type="checkbox"/> Before school care	<input type="checkbox"/> After school care <input type="checkbox"/> School-age, school year vacations <input type="checkbox"/> School-age, summer vacation <input type="checkbox"/> School-age, single days, school out-of-session <input type="checkbox"/> Other (please specify): _____
Does this Center limit the number of DHS CCAP assisted children you will accept in care?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 2: Program Services**

If YES, explain →

**Section 3: Terms and Condition of Payment**

**PLEASE READ CAREFULLY BEFORE SIGNING**

I agree to accept payment based upon the DHS authorization for full time, three quarter time, half time, or quarter time as payment in full and understand that any services I provide in excess of authorized hours shall be the responsibility of the parent.

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.

The department will reimburse for child care services given 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.

I agree to provide child care in a non-discriminatory manner.

I hereby certify that all the information that I have given and written is true to the best of my knowledge. I also agree to notify the Office of Child Care for CCAP Provider Management at 401-462-6877 or by email [DHS.ChildCare@dhs.ri.gov](mailto:DHS.ChildCare@dhs.ri.gov). The Office of Child Care will update the Provider Directory.

I understand the penalty of withholding information or giving false information. I hereby certify that all the information that I have given and written is true and correct to the best of my knowledge.

\_\_\_\_\_

**Signature of Applicant**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Position/Title**

\_\_\_\_\_

**Witness Print Name**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Witness Signature**

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

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



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

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

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

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

**CCAP Provider Agreement**  
Child Care Center and/or School Age Programs

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

an approved Center-Based Child Care/School Age Program, located at  
\_\_\_\_\_  
\_\_\_\_\_  
(Program Address)

and participating in the Rhode Island Department of Human Services Child Care Assistance Program (CCAP).

For the purpose of establishing approval as a Certified CCAP Provider, hereinafter referred to as **Provider**, for payment for child care services from the Rhode Island Department of Human Services, hereinafter referred to as **DHS**, in accordance with 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), as a basis for making payments for allowable child care expenses for CCAP eligible children, the Provider hereby agrees this day of to the following terms:

1. To ensure that all of the terms and conditions specified and agreed to as part of this agreement are endorsed and maintained at each individual CCAP approved licensed site operating as part of this child care agency (as appropriate for single or multiple sites).
2. To ensure that every separately licensed site operating as part of this child care agency where care is provided to CCAP assisted children is included in the terms of this agreement and identified in **Addendum I - CCAP Approved Individually Licensed Child Care Sites Operated by this Provider** (as appropriate for single or multiple sites).
3. To provide child care services to eligible children as determined by **DHS** and to request reimbursement for same in accordance with the Rhode Island Code of Rules, Title (218-RICR-20-00-4) for child care services, and to comply with all state and federal laws, rules and regulations governing the **DHS** starting right CCAP.
4. To ensure the safety and well-being of all children in the **Provider's** care at all times by delivering safe, healthy and age appropriate child care that takes into account the diverse needs of the children and families enrolled in the Provider's program.
5. To submit a **CCAP Approved Provider Rate Report (APRR)** to **DHS** verifying the true and accurate lowest rate charged by the Provider to non-CCAP assisted families and to report any reductions in those rates at least thirty (30) days before the change takes place and any increases in those rates at least sixty (60) days before the change takes place using an **Approved Provider Rate Change Form (APRC)**. The current published rate schedule as reported to **DHS** and confirmed in writing to the **Provider** is maintained in the **Provider's** permanent file at **DHS** and is incorporated herein by reference and made part of this agreement.
  - a. For multiple sites, if the **Provider's** lowest published rates are the same across all sites, a single rate report may be submitted covering all sites listed in **Addendum I – CCAP Approved Individually Licensed Child Care Sites** if the **Provider's** lowest published rate varies from site to site, a separate rate report must be submitted for each site and these shall be maintained in the **Provider's** permanent file at **DHS**.
6. To attend CCAP approved **Provider Introductory Training** as provided by **DHS** Office of Child Care and to ensure that all staff members responsible for reporting enrollments to or requesting payments from **DHS** at any site have attended an authorized training and are familiar with CCAP regulations and procedures identified in the **Rhode Island DHS Code of Rules, Title 218 (218-RICR-20-00-4)** CCAP Rules and Regulations.
7. To officially report enrollment of children who are eligible or potentially eligible for Child Care Assistance through CCAP using the **DHS** Automated Web-Based Enrollment System. If the **Provider** anticipates assistance from **DHS**

## CCAP Provider Agreement

### Child Care Center and/or School Age Programs

for any family in making payments for child care services, or accepts a child with the understanding that the family is eligible or potentially eligible for CCAP, the **Provider** will officially enroll the child before or during the first week that child care services are rendered regardless of the status of the family in CCAP as pending or approved. **Provider's** may reserve the right to accept only currently approved children into the **Provider's** program. As part of the enrollment process, the **Provider** will collect all information needed from eligible families to effectively enroll children in care and will report true and accurate enrollment information to **DHS** that indicates the actual hours that children are enrolled in care at the actual licensed site where care is provided.

8. To maintain accurate enrollment and attendance information and report any changes in a CCAP eligible child's enrollment schedule. The **Provider** will ensure that parents of CCAP eligible children will be notified of any enrollment or change in enrollment communicated to **DHS**.

9. To ensure that a **DHS CCAP Parent Provider Enrollment Agreement** is executed and signed by both the eligible/potentially eligible parent and the **Provider** for every official enrollment and/or change of enrollment communicated to **DHS**. The **Provider** agrees to provide a copy of each enrollment agreement to each child's parent at the time of any new enrollment or change in enrollment.

10. To communicate the enrollment of all CCAP assisted children promptly to **DHS** upon notification from the parent that the child has a valid (pending or approved) certificate number that the parent has communicated to the **Provider** or any agent of the **Provider** and to hold the parent harmless for payment for child care services rendered under the CCAP but not reimbursed by **DHS** due to failure to enroll on the part of the **Provider**.

11. To provide a refund to the parent of a CCAP eligible child for any payments made by the parent to the **Provider** for any authorized child care services that the **Provider**, at a later date, receives payment for from **DHS**. The **Provider** will promptly make a refund to the parent upon receipt of the payment from **DHS**. The **Provider** is prohibited from applying any such refund to future family share or other fees that the parent may owe unless expressly requested to do so in writing by the parent due the refund.

12. To officially report disenrollment of CCAP assisted children promptly upon receiving notice that an eligible child shall not be using the **Provider's** services any longer for any reason. The last day that the child actually attends shall be the effective date of disenrollment. Failure of the parent to notify a **Provider** of the child's withdrawal from the program shall not constitute grounds for continued payment from **DHS**.

13. To submit true and accurate attendance reports and documentation in a form designated by and acceptable to **DHS** and on a schedule in accordance with the **DHS Child Care Attendance and Payments Schedule Published Annually by DHS** and to request and resolve payment for child care services rendered to any child authorized for assistance from the CCAP within twelve (12) months from the date those services were delivered.

14. To request payment from **DHS** in accordance with the **DHS** authorized payment rate for **Provider's** as identified in RIGL 40-6.2-1 and in the Rhode Island DHS Code of Rules, Title 218 (218-RICR-20-00-4), as amended. In the event a child care payment is made to the **Provider** over the allowable rate or allowable amount, whether due to **DHS** error, or **Provider** error, omission, misrepresentation or fraud, the **Provider** agrees to promptly refund to **DHS** the amount of the overpayment upon demand by **DHS**, or **DHS**, at its option, may offset the amount of the overpayment against future billings received from the **Provider**.

15. To accept payment by **DHS** as full and total payment for authorized child care services for eligible recipients. For families required to share in the cost of paying for authorized child care services, the combination of payments made by **DHS** and the **DHS** assigned family co-payment will constitute full and total payment.

16. To collect the applicable family share assigned to each family or maintain financial records that identify and document funds other than **DHS** CCAP reimbursements that are used to make up the family's share of full and total payment.

17. To monitor enrollment patterns of all children in care at each single and multiple site, as appropriate, including **DHS** CCAP assisted children and all other children in care, and ensure that the number of children receiving child care services at any one time remains within the **Provider's** maximum capacity at each site, as appropriate, as authorized and designated by **DHS**, or authorized regulatory authority for child care in the **Provider's** state, and recorded on the **Provider's** authorized license or certificate as part of the regulatory process. In accordance with

## CCAP Provider Agreement

### Child Care Center and/or School Age Programs

these requirements, as applicable, the **Provider** has executed **Addendum II – Certification Regarding the Operation of a School Age Summer Program In CCAP.**

18. To meet any requirements or standards established in federal or state law, rules or regulations applicable to the setting in which child care services are rendered by this **Provider** that are necessary to retain a valid state issued child care **Provider** license or certificate of registration. The **Provider** agrees to notify **DHS** Office of Child Care in writing of any changes in license or approval status of any site operated by this **Provider**, as appropriate, including, but not limited to, changes in capacity pertaining to both numbers and age of children and/or of any adverse actions initiated by the regulatory agency pertaining to this child care program within ten (10) days from the date written notice of such action is received by the **Provider**.

19. To maintain such records as may now or hereafter be required by **DHS**. Such records shall include but not be limited to daily attendance records for all children, Parent **Provider** Enrollment agreements for all children and all generally accepted accounting and financial records. All such records must be maintained in a legible format for a period of at least three (3) years, or longer where appropriate. All such records must be available for inspection upon request by **DHS** and/or its designee. **DHS** reserves the right to conduct periodic audits of **Provider** records and operations relevant to **Provider** approval, rate reporting, attendance reporting and accepting payments from CCAP.

20. To provide at least seven (7) days' notice to the parent/guardian of a child participating in the **DHS** CCAP prior to terminating child care services unless such termination is based upon reasons which would render the child, other children, or staff at risk of harm.

21. To safeguard, and restrict the use of, all user identification codes issued by **DHS** for purposes of access to the **DHS** automated web-based enrollment system.

22. To comply 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. The **Provider** acknowledges receipt of **Addendum III - Notice to DHS Providers of their Responsibilities under Title VI of The Civil Rights Act of 1964 and Addendum IV - Notice to DHS Providers of their Responsibilities under Section 504 of the Rehabilitation Act of 1973** incorporated herein by reference and made part of this agreement.

23. To comply with all other provisions applicable to law, including but not limited to the **Governor's Executive Order NO. 05-01**, Promotion of Equal Opportunity and the Prevention of Sexual Harassment in State Government, and RIGL 28-5-5 and 28-5-41.1, Relating to Gender Identity or Expression.

24. To comply with the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C Section 1320d, et seq., and regulations promulgated there under, as amended from time to time (statute and regulations hereinafter collectively referred to as the "privacy rule").

a. **Provider's** Obligations and Responsibilities:

- i. The **Provider** agrees to not use or disclose protected health information other than as permitted or required by the agreement or as required by law.
- ii. The **Provider** agrees to use appropriate and most updated industry safeguards to prevent use or disclosure of the protected health information other than as provided by this agreement.
- iii. The **Provider** agrees to mitigate, to the extent practicable, any harmful effect that is known to **Provider** of a use or disclosure of protected health information by **Provider** in violation of requirements of this agreement.
- iv. The **Provider** agrees to report to the department any use or disclosure of the protected health information not provided for by this agreement of which it becomes aware.
- v. The **Provider** agrees to maintain the security of protected health information it receives by establishing, at minimum, measures utilized in current industry standards.





**CCAP Provider Agreement**  
 Child Care Center and/or School Age Programs

<b>Addendum I</b>	List of All CCAP Approved Licensed Sites Operated by This Provider
<b>Addendum II</b>	Certification Regarding the Operation of a School Age Summer Program in CCAP (As Applicable)
<b>Addendum III</b>	Notice to Department of Human Services Service Providers of Their Responsibilities Under Title VI of the Civil Rights Acts of 1964
<b>Addendum IV</b>	Notices to Department of Human Services Service Providers of Their Responsibilities Under Section 504 of the Rehabilitation Act Of 1973
<b>Addendum V</b>	Acknowledgement Pledge of Confidentiality
<b>Addendum VI</b>	Drug Free Workplace Policy
<b>Addendum VII</b>	Provider Certifications
<b>Addendum VIII</b>	Instructions for Certification Regarding Debarment, Suspension, and Other Responsibility Matters – Primary Covered Transactions

In witness whereof, the parties hereto have hereunder set their hands as of the date first above written and the agreement made legally binding as follows:

\_\_\_\_\_

Witness Signature

By:

\_\_\_\_\_

Authorized Agent Signature (**Provider**) Signature

\_\_\_\_\_

Witness Name (Print)

\_\_\_\_\_

Authorized Agent Name (**Provider**) Print

\_\_\_\_\_

Authorized Agent Title/Position

By:

\_\_\_\_\_

Director of the Department of Human Services

**Addendum I**

CCAP Approved Individually Licensed Child Care Center and/or School Age Program Sites Operated by this Provider

Date:

Provider:

Date #	DHS CCAP Provider ID	Site Name (As it appears on license)	Site Location (As it appears on license)	Current License on File (X)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Addendum II**

School Age Summer Program Only

**Certification Regarding the Operation of a School Age Summer Program in CCAP**

**List all School Age Summer programs operated by this CCAP Approved DHS licensed School Age Provider:**


**By signing and submitting this agreement, the Provider, as primary participant is providing the certification set out below:**

**That all CCAP approved school age summer programs listed above are operated under the following terms:**

1. In that all school age summer programs are approved under the auspices of a CCAP approved, DHS licensed school age program, and share the same federal employer identification number with the licensed program, the provider named in this agreement, assumes all fiscal, legal and operational responsibility for all aspects of the school age summer program;
2. All terms set out in every part of the DHS approved provider agreement entered into by the provider apply also and equally to school age summer programs operated by the provider;
3. School age summer programs enrolling additional school age children at a DHS licensed school age program facility have provided a facility map documenting that a minimum of an additional thirty-five (35) square feet and adequate toileting facilities are available at the site for each additional child enrolled in summer care;
4. School age summer programs utilizing an outdoor recreational site have been approved by RI Department of Health to operate a youth day camp recreational facility for the period of time that the school age summer program is in operation;
5. All school age programs agree to maintain compliance with all DHS regulations for school age programs as published in child day care center school age child day care program regulations for licensure (1993 and as amended) including background checks for all employees, health and safety standards, staff/child ratios and all other standards at all times that the school age summer program is in operation;
6. School age summer programs acknowledge that they are approved to provide child care services to CCAP approved children during those weeks in June, July and August that schools are not in session only and that their unique CCAP provider number will be de-activated during the school year;
7. The terms of this agreement and any approval to provide child care services for school age children in the summer months applies to CCAP assisted children only. No part of CCAP approval or of this agreement may be construed to pertain to services provided to children not approved in CCAP.

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Signature of Authorized Agent / **Provider**

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Date

--

Print Name of Authorized Agent / **Provider**

--

Signature of Witness

--

Date

--

Print Name of Witness

### Addendum III

#### Notice to Department of Human Services Service Providers of Their Responsibilities Under Title VI of the Civil Rights Act of 1964

Public and private agencies, organizations, institutions, and persons that receive federal financial assistance through the Department of Human Services (**DHS**) are subject to the provisions of Title VI of the Civil Rights Act of 1964 and the implementing regulations of the United States Department of Health and Human Services (DHHS), which is located at 45 CFR, Part 80, collectively referred to hereinafter as Title VI. **DHS** contracts with **Providers** include a **Provider's** assurance that in compliance with Title VI and the implementing regulations, no person shall be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in its programs and activities on the grounds of race, color, or national origin. Additional DHHS guidance is located at 68 FR 47311-02.

**DHS** reserves its right to, at any time, review service **Providers** to assure that they are complying with these requirements. Further, **DHS** reserves its right to at any time require from service **Providers'** contractors, sub-contractors and vendors that they are also complying with Title VI.

The service **Provider** shall have policies and procedures in effect, including, a mandatory written compliance plan, which are designed to assure compliance with Title VI. An electronic copy of the service **Provider's** written compliance plan and all relevant policies, procedures, workflows and relevant chart of responsible personnel must be available to the Department of Human Services upon request.

The service **Provider's** written compliance plan must address the following requirements:

- Written policies, procedures and standards of conduct that articulate the organization's commitment to comply with all Title VI standards.
- Designation of a compliance officer who is accountable to the service **Provider's** senior management.
- Effective training and education for the compliance officer and the organization's employees.
- Enforcement of standards through well-publicized guidelines.
- Provision for internal monitoring and auditing.
- Written complaint procedures
- Provision for prompt response to all complaints, detected offenses or lapses, and for development and implementation of corrective action initiatives.
- Provision that all contractors, sub-contractors and vendors of the service **Provider** execute assurances that said contractors, subcontractors and vendors are in compliance with Title VI.

The service **Provider** must enter into an agreement with each contractor, subcontractor or vendor under which there is the provision to furnish to it, DHHS or **DHS** on request full and complete information related to Title VI compliance.

The service **Provider** must submit, within thirty-five (35) days of the date of a request by DHHS or **DHS**, full and complete information on Title VI compliance by the service Provider and/or any contractor, sub-contractor or vendor of the service Provider.

It is the responsibility of each service **Provider** to acquaint itself with all of the provisions of the Title VI regulations. A copy of the regulations is available upon request from the Community Relations Liaison Officer, Department of Human Services, 600 New London Avenue, Cranston, RI 02920; Telephone number: (401) 462-2130.

**The regulations address the following topics:**

**Section:**

- 80.1 Purpose
- 80.2 Application of This Regulation
- 80.3 Discrimination Prohibited
- 80.4 Assurances Required
- 80.5 Illustrative Applications
- 80.6 Compliance Information
- 80.7 Conduct of Investigations
- 80.8 Procedure for Effecting Compliance
- 80.9 Hearings
- 80.10 Decisions and Notices
- 80.11 Judicial Review
- 80.12 Effect on Other Regulations; Forms and Instructions
- 80.13 Definition

### Addendum IV

#### Notice to Department of Human Services Service Providers of their Responsibilities under Section USC 504 of the Rehabilitation Act of 1973

Public and private agencies, organizations, institutions, and persons that receive federal financial assistance through the Department of Human Services (DHS) are subject to the provisions of section 504 of the rehabilitation act of 1973 and the implementing regulations of the United States Department of Health and Human Services (DHHS), which are located at 45 CFR, Part 84 hereinafter collectively referred to as Section 504. DHS contracts with service Providers include the Provider's assurance that it will comply with Section 504 of the regulations, which prohibits discrimination against handicapped persons in providing health, welfare, or other social services or benefits.

The service Provider shall have policies and procedures in effect, including, a mandatory written compliance plan, which are designed to assure compliance with Section 504. An electronic copy of the service Providers written compliance plan and all relevant policies, procedures, workflows and relevant chart of responsible personnel must be available to the Department of Human Services upon request.

The service Providers written compliance plan must address the following requirements:

- Written policies, procedures and standards of conduct that articulate the organization's commitment to comply with all Section 504 standards.
- Designation of a compliance officer who is accountable to the service Provider's senior management.
- Effective training and education for the compliance officer and the organization's employees.
- Enforcement of standards through well-publicized guidelines.
- Provision for internal monitoring and auditing.
- Written complaint procedures.
- Provision for prompt response to all complaints, detected offenses or lapses, and for development and implementation of corrective action initiatives.
- Provision that all contractors, sub-contractors and vendors of the service Provider execute assurances that said contractors, subcontractors and vendors are in compliance with Section 504.

The service Provider must enter into an agreement with each contractor, subcontractor or vendor under which there is the provision to furnish to it, DHHS or DHS on request full and complete information related to Section 504 compliance.

The service Provider must submit, within thirty-five (35) days of the date of a request by DHHS or DHS, full and complete information on section 504 compliance by the service Provider and/or any contractor, sub-contractor or vendor of the service Provider.

It is the responsibility of each service Provider to acquaint itself with all of the provisions of the section 504 regulations. A copy of the regulations, together with an August 14, 1978 policy interpretation of general interest to providers of health, welfare, or other social services or benefits, is available upon request from the Community Relations Liaison Officer, Department of Human Services, 600 New London Avenue, Cranston, RI 02920; Telephone number (401) 462-2130.

Providers should pay particular attention to SUBPARTS A, B, C, and F of the regulations which pertain to the following:

#### Subpart A - General Provisions

##### Section:

- 84.1 Purpose
- 84.2 Applications
- 84.3 Definitions
- 84.4 Discrimination Prohibited
- 84.5 Assurance Required
- 84.6 Remedial Action, Voluntary Action, and Self-Evaluation
- 84.7 Designation of Responsible Employee and Adoptive Grievance Procedures
- 84.8 Notice

**Addendum IV**

**Notice to Department of Human Services Service Providers of  
their Responsibilities under Section USC 504 of the Rehabilitation Act of 1973**

84.9 Administrative Requirements for Small Recipients

84.10 Effect of State or Local Law or Other Requirements and Effect of Employment Opportunities

**Subpart B - Employment Practices**

**Section:**

84.11 Discrimination Prohibited

84.12 Reasonable Accommodation

84.13 Employment Criteria

84.14 Preemployment Inquiries

84.15 - 84.20 (Reserved)

**Subpart C - Program Accessibility**

**Section:**

84.21 Discrimination Prohibited

84.22 Existing Facilities

84.23 New Construction

84.24 - 84.30 (Reserved)

**Subpart F - Health, Welfare, and Social Services**

**Section:**

84.51 Application of This Subpart

84.52 Health, Welfare, And Other Social Services

84.53 Drug and Alcohol Addicts

84.54 Education and Institutionalized Persons

**Addendum V**  
**Acknowledgement and Pledge of Confidentiality**

I, \_\_\_\_\_  
Provider Name Title

and in that capacity acknowledge that I have the authority to bind the Provider, and am signing this agreement on behalf of my entity (program or provider) and who has information contained in departmental records and/or files, both written and data based, pertaining to the administration of public assistance, have an ethical and a legal obligation to keep confidential all information received from and/or about persons with whom the Department of Human Services (DHS) is currently and/or was previously involved or otherwise has knowledge. I hereby acknowledge and agree to the following stipulations:

1. I understand and support **DHS'** firm commitment to the principle of confidentiality of case information.
2. I have read sections 40-6-12 of the Rhode Island General Law (RIGL), entitled "records as to assistance" (a copy of which is attached hereto. I am fully aware of the provisions of the statute, including the provision by which a violation of the statute is a misdemeanor punishable by a fine of not more than two hundred dollars (\$200.00), or imprisonment for not more than six (6) months, or both.
3. I agree to comply with all of the provisions of RIGL 40-6-12. I am aware that all records and/or files, both written and data based, 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 and/or files for purposes not directly connected with the administration of public assistance.
4. I shall safeguard from unauthorized disclosure or retrieval, all information which may be contained in the department's records and/or files, both written and data based, pertaining to the Administration of public assistance.
5. I agree in my capacity to require all individuals who may have access to this confidential information to consult with their immediate supervisor prior to any disclosure concerning the authority to release specific confidential information.
6. I understand that processing personal notes, records, duplicate files, or any other information received from and/or about persons currently or previously involved with **DHS** is prohibited.
7. I understand that all information received from and/or about persons currently or previously involved with **DHS** is the property of **DHS** and that any such information will be relinquished to **DHS** upon termination or expiration of my assignment.

Wherefore, I acknowledge that I have read and understand that above confidentiality pledge and pledge this provider to be bound by the provisions of RIGL 40-6-12. I also pledge that I shall abide by the provisions contained within this confidentiality agreement signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
Day Month Year

\_\_\_\_\_  
Signature of Authorized Agent / **Provider** Date

\_\_\_\_\_  
Print Name of Authorized Agent / **Provider**

\_\_\_\_\_  
Signature of Witness Date

\_\_\_\_\_  
Print Name of Witness

**Addendum VI**  
**Drug-Free Workplace Policy**

Drug use and abuse at the workplace or while on duty are subjects of immediate concern in our society. These problems are extremely complex and ones for which there are no easy solutions. From a safety perspective, the users of drugs may impair the well-being of all employees, the public at large, and result in damage to property. Therefore, it is the policy of the state that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the workplace. Any employee(s) violating this policy will be subject to discipline up to and including termination. An employee may also be discharged or otherwise disciplined for a conviction involving illicit drug behavior, regardless of whether the employee's conduct was detected within employment hours or whether his/her actions were connected in any way with his or her employment. The specifics of this policy are as follows:

1. Any unauthorized employee who gives or in any way transfers a controlled substance to another person or sells or manufactures a controlled substance while on duty, regardless of whether the employee is on or off the premises of the employer will be subject to discipline up to and including termination.
2. The term "controlled substance" means any drugs listed in 21 USC, Section 812 and other federal regulations. Generally, all illegal drugs and substances are included, such as marijuana, heroin, morphine, cocaine, codeine or opium additives, LSD, DMT, STP, amphetamines, methamphetamines, and barbiturates.
3. Each employee is required by law to inform the agency within five (5) days after he/she is convicted for violation of any federal or state criminal drug statute. A conviction means a finding of guilt (including a plea of nolo contendere) or the imposition of a sentence by a judge or jury in any federal or state court.
4. The employer (the hiring authority) will be responsible for reporting conviction(s) to the appropriate federal granting source within ten (10) days after receiving notice from the employee or otherwise receives actual notice of such conviction(s). All conviction(s) must be reported in writing to the Office of Personnel Administration (OPA) within the same time frame.
5. If an employee is convicted of violating any criminal drug statute while on duty, he/she will be subject to discipline up to and including termination. Conviction(s) while off duty may result in discipline or discharge.
6. The state encourages any employee with a drug abuse problem to seek assistance from the Rhode Island Employee Assistance Program (RIEAP). Your department personnel officer has more information on RIEAP.

**THE LAW REQUIRES ALL EMPLOYEES TO ABIDE BY THIS POLICY.**



**Addendum VII  
Provider Certifications**

THE PROVIDER HEREBY CERTIFIES AS FOLLOWS:

**A. Drug Free Workplace Policy Certification**

I hereby acknowledge that I have received a copy of the state's policy regarding the maintenance of a **drug-free workplace**. I have been informed that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance (to include but not limited to such drugs as marijuana, heroin, cocaine, PCP, and crack, and may also include legal drugs which may be prescribed by a licensed physician if they are abused), is prohibited on the state's premises or while conducting state business. I acknowledge that my employees must report for work in a fit condition to perform their duties. As a condition for contracting with the state, as a result of the federal omnibus drug act, I will require my employees to abide by the state's policy. Further, I recognize that any violation of this policy may result in termination of the agreement.

**B. Environmental Tobacco Smoke Certification**

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (**act**), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The **Provider** hereby certifies that it will comply with the requirements of the **ACT**. The **Provider** further agrees that it will require the language of this certification be included in any subcontracts which contain provisions for children's services and that all sub-**Providers** shall certify accordingly.

**C. Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions**

The **Provider**, as the primary participant, certifies to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
2. Have not within a three-year period preceding this proposal been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under public transaction; violation of federal or state antitrust statues or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicated or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
4. Have not within a three-year period preceding this application/proposal had one or more public transactions (federal, state or local) terminated for cause or default. Where the primary participant is unable to certify to any of the statements in this certification, such participant shall attach an explanation to this proposal.

\_\_\_\_\_

Signature of Authorized Agent / **Provider**

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name of Authorized Agent / **Provider**

\_\_\_\_\_

Signature of Witness

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name of Witness

### Addendum VIII

#### Instructions for Certification Regarding Debarment, Suspension and Other Responsibility Matters - Primary Covered Transactions

1. By signing and submitting this agreement, the **Provider**, as primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the **DHS's** determination whether to enter into this transaction. However, failure of the primary participant to furnish a certification or explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the **DHS** determined that the primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the **DHS**. The **DHS** may terminate this transaction for cause or default.
4. The primary participant shall provide immediate written notice to the **DHS** if at any time the primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the definitions and coverage sections of the rules implementing executive order 12549: 45 CFR Part 76.
6. The primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the **DHS**.
7. The primary participant further agrees by submitting this proposal that it will include the clause titled "certification regarding debarment, suspension, ineligibility and voluntary exclusion - lower tier covered transactions," provided by **DHS**, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the non-procurement list (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by as prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the **DHS** may terminate this transaction for cause of default.

**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 Child Care Center and School Age 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.**



Licensed Child Care Center and School Age Program Weekly Rates				
Effective January 2019				
Step 1				
	Full Time	Three Quarter Time	Half Time	Quarter Time
Infant/Toddler	\$198.48	\$148.86	\$99.24	\$49.62
Preschool	\$165.75	\$124.31	\$82.88	\$41.44
School Age	\$146.26	\$109.70	\$73.13	\$36.57
Step 2				
	Full Time	Three Quarter Time	Half Time	Quarter Time
Infant/Toddler	\$203.32	\$152.49	\$101.66	\$50.83
Preschool	\$169.80	\$127.35	\$84.90	\$42.45
School Age	\$146.26	\$109.70	\$73.13	\$36.57
Step 3				
	Full Time	Three Quarter Time	Half Time	Quarter Time
Infant/Toddler	\$218.81	\$164.11	\$109.41	\$54.70
Preschool	\$177.88	\$133.41	\$88.94	\$44.47
School Age	\$146.26	\$109.70	\$73.13	\$36.57
Step 4				
	Full Time	Three Quarter Time	Half Time	Quarter Time
Infant/Toddler	\$232.37	\$174.28	\$116.19	\$58.09
Preschool	\$182.73	\$137.05	\$91.37	\$45.68
School Age	\$146.26	\$109.70	\$73.13	\$36.57
Step 5				
	Full Time	Three Quarter Time	Half Time	Quarter Time
Infant/Toddler	\$257.54	\$193.16	\$128.77	\$64.39
Preschool	\$195.67	\$146.75	\$97.84	\$48.92
School Age	\$146.26	\$109.70	\$73.13	\$36.57

## Universal Child Care Application: Child Care Center and School Age Program

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  <i>*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 form early September to mid-June.</i>

## 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**