



Rhode Island Department of Human Services

OFFICE OF CHILD CARE



Child Care Assistance Program Provider Handbook

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OFFICE OF CHILD CARE

Mission

As a division of the Rhode Island Department of Human Services, the Office of Child Care supports the workforce in providing families with equitable access to high-quality, safe, affordable child-care.

Core Values

The Core Values describe the desired culture and foundational beliefs of the Office of Child Care:

- **Service:** Commitment to protecting the health and safety of children.
- **Compassion:** Valuing each culture, individual and creating a culture of respect.
- **Accountability:** Being transparent, solution-focused and committed to improvement.
- **Partnership:** Work collaboratively with the child care workforce, families and each other for the benefit of children in care.

Overview

The Office of Child Care (OCC) at the RI Department of Human Services (DHS) administers and manages the Child Care Assistance Program (CCAP); this program supports the dual purpose of promoting children's healthy brain development and supporting low-income families with equitable access to high-quality, safe, affordable child-care.

The Office of Child Care is comprised of the following teams and initiatives:

- **CCAP Provider Management Team**
Processes and approves provider applications, renewals, and payments; provides technical support to CCAP Providers; and maintains the CCAP Central Prover Directory.
- **Child Care Licensing Team**
All Early Learning programs (child care centers, preschools, family child care, nursery schools, Head Start and Early Head Start programs) must be licensed by the Department of Human Services. Licensed providers are not required but are strongly encouraged to become CCAP Approved Providers. Currently 66% of licensed providers serve CCAP children.
- **Early Childhood Quality Initiatives & Support Team**
Provide oversight to a variety of quality initiatives using CCDF, TANF and PDG funds to support early childhood education quality improvement.
- **Head Start Collaboration Office**
Supports Rhode Island Head Start grantees' engagement and representation within the states early childhood systems, programs and services. Administers and monitors the state's supplemental, non-federal share for Head Start.

INTRODUCTION

This CCAP Handbook is meant to serve as a resource for all DHS-Approved CCAP Providers (CCAP Providers) to understand the responsibilities, opportunities and duties of serving children in the Child Care Assistance Program.

This is not intended to be an all-inclusive list of Provider Responsibilities and Duties. For a full listing of the requirements, please review the CCAP Provider Agreement, CCAP Rules and Regulations and RI General Laws 42-12-23.

TERMS AND DEFINITIONS

Term	Definition
Age Categories	Age range of children enrolled: <ul style="list-style-type: none"> • Infant/Toddler: 1 week up to 3 years of age • Preschool: 3 years up to 1st grade entry (includes ALL Kindergarten children) • School Age: 1st grade up to 13 years of age <ul style="list-style-type: none"> ○ 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.
Application Date	The date that a signed CCAP Provider Application for CCAP is stamped and received by the Office of Child Care.
Authorized Hours	The child care hours a CCAP eligible child is approved to use in a given time period. These hours are based on the family's need for services. CCAP authorized hours are categorized as follows: <ul style="list-style-type: none"> • 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
Back Billing	Enrollments not captured in the two-week batch payment likely due to a system issue, change in eligibility, etc. must be submitted outside of the CCAP Provider Portal using the CCAP Provider Back Billing Request Form.
Batch	A two-week pay period for CCAP Providers.
Benefit Decision Notice (BDN)	A system-generated notice that informs the family of their authorized benefits (including child care eligibility and authorized hours.)
BrightStars Rating	RI’s Quality Rating and Improvement System or QRIS. The QRIS works to assess, improve and communicate the level of quality in early learning/school-age care settings. The QRIS consists of five star level ratings.
Care End Date	If known, the date the parent/guardian intends to stop bringing their child to the provider for care.
Care Location	The location the provider is delivering care.
Care Start Date	The first day that child care is provided.
CCAP Provider ID	The unique number that is assigned to the provider by DHS.
Center-Based Child Care Program	A facility operated on a regular basis which receives children, not of common parentage, and provides non-residential care in a group setting. <ul style="list-style-type: none"> • Center-based child care providers are required to obtain licensure from DHS.
Certificate Number	The unique number that is given to a parent who applies for child care. Child Care Providers must have this number to enroll a child.
Certification Period	The period that an eligible child may obtain CCAP authorized child care services; a certification period shall not be less than twelve (12) months in duration unless a family exceeds the income threshold, does not cooperate with the Office of Child Support for the child receiving CCAP, moves outside of RI or commits fraud.

Term	Definition
Disenrollment	If a child is deemed ineligible for CCAP services, or discontinues attendance at a program, the CCAP Approved Provider must end the child's enrollment from the program in the CCAP Provider Portal.
End Time	The time a child leaves the provider's care.
Enrollment	Once a child is deemed eligible for CCAP services, a CCAP Approved Provider must enroll the child in the CCAP Provider Portal for their eligible care hours.
Family Child Care Home	<p>A child care program located in the provider's home residence in which child care services may be offered at the same time to four (4) or more children unrelated to the child care provider, or up to eight (8) children with an approved assistant.</p> <ul style="list-style-type: none"> • Family Child Care Home shall not mean a private residence used for an informal cooperative arrangement among neighbors or relatives, or the occasional care of children with or without compensation. • Family Child Care Providers are required to obtain licensure from DHS.
Family Share	The amount a family is expected to contribute in co-payments to the cost of child care services.
Group Family Child Care Home	<p>A child care program located in the provider's home residence in which child care services may be offered at the same time for up to nine (9), but no more than twelve (12) children unrelated to the child care provider.</p> <ul style="list-style-type: none"> • Group Family Child Care Home Providers are required to obtain licensure from DHS.
License Exempt Child Care	<p>Any relative of a family eligible for CCAP rendering child care in the home of the child or the provider (not to exceed 6 related children), who has been successfully screened by the DHS and determined eligible to participate in the CCAP.</p> <ul style="list-style-type: none"> • License Exempt Providers are not required under applicable State laws to obtain licensure from DHS but must meet the capacity requirements. • License Exempt Providers are only approved in CCAP if they have a CCAP pending or eligible child in their care.
Licensing Provider ID	The number printed on the lower left corner of your DHS Child Care License, this only applies to Licensed Providers.
Pending Certificate Number	The unique number that is given to a parent who applies for child care but has not yet been authorized (approved.) Child Care Providers can use this number to enroll a child for care prior to eligibility being established; however, if the child is later deemed ineligible, the state is not responsible for the payments made during the time a pending certificate number is used.
Provider Name	First, middle initial, and last name of the person or organization providing child care.
Quality Rating and Improvement System (QRIS)	A systemic approach to assess, improve, and communicate the level of quality in early and school-age care and education programs
Relationship	When you enroll a child, you will be asked if you are related to the child in your care. This question matters if you are a licensed-exempt provider.
Relative	An individual at least eighteen (18) years old who is the grandparent, great-grandparent, aunt/uncle, or sibling, not living in the home, as it pertains to Licensed Exempt Providers. The status of relative is established by blood, marriage or court decree.

Term	Definition
Star Rating	The BrightStars rating, also referred to as a Star Rating, determines the provider's (both family child care and center-based providers) reimbursement rate. As a provider increases their program's quality along the Quality Rating and Improvement System (QRIS), they are eligible to receive an increased CCAP reimbursement rate.
Start Time	The time of day a child arrives for care with the provider.
Step Rating	As negotiated under the Collective Bargaining Agreement (CBA) between State of RI and SEIU1199, family child care providers who serve CCAP children are eligible to receive differentiated payments based upon their educational experience/background. Details of the step ratings (1-4) are available in the CBA.
Tax ID Number	Child Care earnings are reported to the Internal Revenue Service using the provider's Tax ID number. Typically, a provider's social security number is their Tax ID number. Licensed providers can apply for a unique Tax ID (different from their SSN) at the IRS.
Tiered Reimbursement Rates	Depending on the provider type there are two quality rating scales which impact CCAP reimbursement rates, Steps and BrightStars (Stars). Programs demonstrating higher quality indicators receive a higher quality rating which correlates to a higher reimbursement rate.

CCAP PROVIDER RESPONSIBILITIES

All CCAP Providers

Centers, Family Child Care, Group Family Child Care and License Exempt Providers must:

- Have a signed and valid CCAP Provider Agreement.
- Have access to the CCAP Provider Portal.
- Comply with the terms and conditions set forth in the CCAP Provider Agreement to receive payment from DHS for authorized child care services. Failure to comply with the terms and conditions may result in termination of the CCAP Provider Agreement and the withdrawal of your CCAP Provider status.
- **Notify the Office of Child Care – Provider Management Team of any relevant changes** in status, location or any information maintained in your CCAP Provider Agreement **within ten (10) days of change via the Provider Change form.**
 - **CCAP Provider Agreements are not transferable between providers and locations.** In the event of a relocation or business transfer/sale, a new child care license must be obtained, and this change must be reflected in a new DHS-Approved CCAP Provider Agreement. **The Office of Child Care – Provider Management Team must receive notice of this change at least 30 days prior to the transfer/relocation/sale.**
- Have a working phone and valid email address at all times. The Office of Child Care periodically sends communication to all providers via email and/or via broadcast messages on the CCAP Provider Portal. It is important for providers to regularly check their inbox and the CCAP Provider Portal for various announcements, deadlines, etc.
- Accept DHS rates as full payment for Child Care services. For families required to share in the cost of paying for child care services, the combination of payments made by DHS and the DHS assigned family co-payment will constitute full and total payment. **Per state law and CCAP Rules and Regulations, full time care is categorized as any authorized time above and beyond 30 hours/week.** Under no circumstances should a CCAP family be charged a cost/fee exceeding the value of the authorized voucher (weekly rate).
- Follow appropriate CCAP enrollment procedures, including providing parents with a signed copy of the **Parent/Provider Enrollment Agreement** for each new enrollment or change in enrollment. **Enrollments are to be completed by the provider on the CCAP Provider Portal no later than the week the child begins attending.**
 - CCAP Providers should contact the Office of Child Care – Provider Management Team via DHS.ChildCare@dhs.ri.gov with any questions or concerns regarding CCAP enrollments or payments. Please allow the team 48 hours to review your inquiry.
- Maintain accurate daily attendance records. Per state law and CCAP Rules and Regulations, CCAP Providers must have daily attendance records on-site, signed by the parent or guardian, for each eligible CCAP child, for a minimum of three (3) years. Providers who use an electronic sign-in/out software are also required to maintain daily attendance records for a minimum of three (3) years.
- Take responsibility to file their income taxes as advised by their personal finance advisor. Every January, all CCAP Providers will receive a 1099 that represents payments received from the Office of Child Care for the previous calendar year.
- Adhere to all CCAP Rules & Regulations, which can be accessed at:
<http://www.dhs.ri.gov/Regulations/218-RICR-20-00-4ChildCareAssistanceProgram.pdf>

Licensed CCAP Providers

Center-Based, Family Child Care and Group Family Child Care:

- Effective October 28, 2019, Rhode Island Department of Human Services is the authorized Child Care Licensing Unit for center-based child care, family child care and group family child care. Without an active license, providers are not able to provide child care services. Current Child Care Licensing Regulations require license renewals every two (2) years for Family Child Care Providers and everyone (1) year for Center-Based Providers. Under licensure, each program will receive a minimum of two unannounced monitoring visits annually to assess compliance against these regulations.
 - Provider inquiries related to Child Care Licensing should be directed via email to DHS.ChildCareLicensing@dhs.ri.gov. Please allow 48 hours for the Child Care Licensing Unit to review your inquiry.
- As a Licensed CCAP Provider, you must comply with all Child Care Licensing Regulations:
 - Child Care Center & School Age Program Regulations for Licensure: <http://www.dhs.ri.gov/Regulations/218-RICR-70-00-1ChildCareCenterAndSchoolAgeProgramRegulationsForLicensure.pdf>
 - Family Child Care Home Regulations for Licensure: <http://www.dhs.ri.gov/Regulations/218-RICR-70-00-2FamilyChildCareHomeRegulationsForLicensure.pdf>
 - Group Family Child Care Home Regulations for Licensure: <http://www.dhs.ri.gov/Regulations/218-RICR-70-00-7GroupFamilyChildCareHomeRegulationsLicensure.pdf>
- Licenses are not transferable between providers and locations. In the event of a relocation or business transfer, a new child care license must be obtained, and this change must be reflected in a new CCAP Provider Agreement in collaboration with the CCAP Provider Management Team for providers that serve CCAP children.

License Exempt Providers

Relative Care Only:

- A “License Exempt Child Care Provider” means any relative of a family eligible for CCAP rendering child care in the home of the child or the provider (not to exceed 6 related children) who has been successfully screened by the DHS and determined eligible to participate in the CCAP. License exempt providers are not required under applicable State laws (RI General Laws Chapter 42-72.1, et. Seq) to obtain licensure from the Rhode Island Department of Human Services but must meet the capacity requirements.
 - “Relative” means an individual at least eighteen (18) years old who is the grandparent, great-grandparent, aunt/uncle, or sibling not living in the home, as it pertains to licensed-exempt providers. The status of relative is established by blood, marriage or court decree.
- License Exempt Child Care Providers must complete a **comprehensive background check** to confirm they (and any adults living in the house) have no disqualifying information or evidence of criminal activity. Child care providers who possess a valid DHS license to operate, and who are seeking CCAP approved status, are presumed to have been successfully screened in accordance with RI Gen. Laws 40-13.2-1 et. seq.
- A License Exempt Child Care Provider must complete the required online Health and Safety Modules and provide proof of completion upon applying to the Office of Child Care – Provider Management Team to become a CCAP Approved Provider. These online modules are available free of charge and accessible here: <http://center-elp.org/professional-development/health-safety-resources/>

PROVIDER DUTIES/FUNCTIONS

CCAP Eligibility

- CCAP families are certified for a 12-month eligibility period. Families can only lose their eligibility during this 12-month certification period for the following reasons:
 - Failure of the parent/caretaker relative to cooperate with the Office of Child Support Services in establishing paternity or in establishing, modifying, or enforcing a support order with respect to the child receiving CCAP
 - Changes to income, during the twelve (12) month certification period, if the income exceeds 85% of the State Median Income (SMI.)
 - Change of Address (no longer a RI resident)
 - Fraud
- Families receiving CCAP are asked to recertify every 12 months.
 - A recertification packet is sent to a family approximately four weeks prior to the certification period ending.
 - A family's failure or delay in submitting a CCAP application can result in period of non-eligibility, during which parents/guardians assume the full cost of child care.
- A CCAP Provider has access to the recertification dates for the CCAP children in their care in the CCAP Provider Portal to proactively support families in recertifying before the eligibility end date.

New Enrollments

- All CCAP Providers are required to complete enrollments through the CCAP automated enrollment system, CCAP Provider Portal (RIBridges) within seven (7) days of the child starting care at the provider's program. **Enrollment of all eligible or pending children in the CCAP Provider Portal is a condition of receiving payment for CCAP authorized child care services.**
 - Pending Certificate Numbers: A Pending Certificate means that DHS has received an application for CCAP, but eligibility has not yet been determined. When a Certificate is Pending, there is no guarantee that payment for these services will be approved. CCAP Providers can begin caring for children during the pending period; however, the child(ren) must be enrolled as "Pending" during this period. The CCAP Provider will not be paid by DHS for care provided during the Pending period if the child is found ineligible for services and/or the CCAP Provider does not enroll the child upon learning of their eligibility.
- To initiate the process of enrolling an eligible child for CCAP authorized child care services, the family of the child will contact a CCAP Provider and present the CCAP page of their Benefit Decision Notice (BDN) or Pending Certificate notice with the CCAP Certificate Number.
 - **Authorized Hours:**
 - CCAP Providers will only be allowed to enroll a child in the CCAP Provider Portal up to their authorized hours, (i.e. full time, three-quarters time, half-time and quarter time.)
 - **DHS will only reimburse CCAP Providers for the child's enrolled hours not to exceed the authorized hours of care.** A CCAP Provider may charge a family the difference if a family seeks care above what is authorized by DHS i.e. if a child is authorized for half-time care, but the family would like full-time care the CCAP Provider may charge the family the difference between full time and half-time.
 - **School Age Children:**
 - CCAP services shall not be authorized for school age children during hours when school is in session, which are defined as from 9:30 AM to 1:30 PM.
 - During school vacation weeks or holidays (excludes summer), a CCAP Provider may request an "attendance upgrade" for a temporary increase in hours of care provided

above the current Parent/Provider Enrollment Agreement. A child must be in attendance during the hours for which the CCAP Provider requests reimbursement. An upgrade is made in the CCAP Provider Portal during the attendance submission process.

- During the Summer/Fall flip months, providers should either update Parent/Provider Enrollment Agreements and update the enrollments on the Provider Portal to reflect accordingly.
- The provider completes the enrollment within the CCAP Provider Portal using the CCAP Certificate Number. After entering the Certificate Number, an Enrollment Notice (DHS-198/DHS-198C) will be sent from the Department to both the family and the provider to confirm the enrollment details for the child(ren), including the assignment of the family's co-pay for authorized services, if any.
 - To complete an enrollment, the CCAP Provider will need the following data points, which should be captured in the **Parent/Provider Enrollment Agreement**:
 - DHS Provider ID Number (PID)
 - Child's Certificate Number
 - Child's Name
 - Child's Schedule for Care
- Providers must complete and maintain records of Parent-Provider Enrollment Agreements for each CCAP child the provider enrolls; these agreements must be signed by the parent/guardian who applied for child care assistance from DHS.
- Payment weeks for CCAP services begin on Sundays and end on Saturdays. Care start dates will always adjust to the Sunday the week begins.

Problem Enrollments

- If a CCAP Provider encounters difficulty within the CCAP Provider Portal for entering (or modifying) an enrollment, the Provider Management Team is available to assist.
 - Enrollment issues must be reported to the Office of Child Care within 48 hours of identification to ensure timely resolution and payment.
 - Enrollment issues should be reported by email to DHS.ChildCare@dhs.ri.gov, accompanied by a screen shot of the system issue preventing the systematic enrollment.
 - Please allow 48 hours for the Provider Management Team to review. Depending on the complexity of the issue, the Provider Management Team may need to work with the provider to map out an individual plan to resolve the enrollment issue to ensure timely services to the family seeking child care and reliable reimbursement to the CCAP Provider.

Disenrollments

- A CCAP Provider must disenroll a child immediately (within 48 hours) of receiving notice that an eligible child shall not be using services any longer, for any reason. A provider shall not receive continued payment for a child not in their care even if the parent failed to notify the provider of the child's disenrollment.
- When a child loses their CCAP eligibility, the CCAP Provider will receive a Disenrollment notice (DHS-199) at least ten (10) days in advance of the child's effective disenrollment date.

Attendance Submission/Approval

- Every year, the DHS Office of Child Care publishes a CCAP Batch Payment Schedule. This schedule is made available on the DHS website's Provider Resources page (<http://www.dhs.ri.gov/Programs/CCAPProviderResourceNewPageLAC.php>) and provides an annual schedule of when providers will be expected to submit attendance to secure timely payment for services rendered.

- Please note, CCAP Payroll runs biweekly as a “batch”, one payment batch includes two weeks of service.
- CCAP Providers are required to submit accurate attendance reports online using the CCAP Provider Portal (RIBridges) by the date due every two weeks.
 - CCAP Providers must maintain daily attendance records on-site (sign-in/sign-out sheets) signed by the parent or guardian, for each eligible CCAP child, for a minimum of three (3) years.
 - The Office of Child Care does not accept faxed or paper attendance reports.

Family Share

The amount a family is expected to contribute in co-payments to the cost of child care services.

- A family’s copay will not increase during their 12-month certification period; however, it may decrease.
- A family copay may be distributed across multiple children.
- Copays are typically attached to the youngest child; however, copay distribution depends on which child is enrolled first and active attendance.
 - Providers should trust the information displayed in the Provider Portal and coordinate with families and other providers if necessary.

Absences

- An eligible child, enrolled with an approved CCAP Provider, shall not be absent for more than five (5) consecutive days per month.
- If/when a CCAP Provider claims payment for a full week of absence for an eligible CCAP child, a **CCAP-351 Absent Notice** form is required to verify the absence and the family’s approval for payment.
- For CCAP payment to be made, an eligible child enrolled with an approved CCAP Provider shall attend at least some portion of their CCAP authorized enrollment each week, except for the five (5) days per month allowed absence.
- If a CCAP child does not attend child care for more than a week (5 consecutive days,) the CCAP Provider must reach out to the parent/guardian to confirm whether the child intends to return. CCAP Providers cannot mark an absent child “present” in order to “hold” the spot.
- Vacation Days/Closures: a CCAP Provider must be open and available to serve CCAP children. DHS payment shall only be made for CCAP authorized child care services during periods in which the approved provider is open or available to provide services. Family Child Care Providers can utilize two weeks of paid vacation time (not consecutively,) if the time is coordinated with each parent/guardian to authorize payment and the provider ensures alternative care is not being utilized. Providers cannot bill for more than five (5) days of absences in one month.

Reporting Corrections to Current Batch Payments

- If an eligible CCAP child attended child care during the two-week batch period but is not reflected on the Attendance Report, the provider must contact the Office of Child Care immediately via email at DHS.ChildCare@dhs.ri.gov stating the child is not reflected on the Attendance Report accompanied by the child’s Certificate Number, DOB and enrolled hours.

Back Billing

- Occasionally, a CCAP Provider may need to back bill for services rendered due to a system issue. In the event of a system issue, the CCAP Provider is required to notify the Provider Management Team within 48 hours of the system issue to avoid the potential need to back bill. If the issue is unable to be resolved, and is documented, the Provider Management Team will process a CCAP Provider's request for Back Billing upon submission of the following:
 - **CCAP Provider Back Billing Request** form
 - Back Billing must be submitted by certificate and child i.e. enter the certificate and child information followed by all weeks the CCAP Provider is requesting reimbursement, using the CCAP Batch Payment Schedule Week 1 and Week 2 dates.
 - Printout of Enrollment Details from the Provider Portal is required for each CCAP child the CCAP Provider is requesting reimbursement.

Provider Rates

- CCAP Rates are defined in CCAP Rules and Regulations and RI General Laws 42-12-23. CCAP Rates are published annually on the DHS website's Provider Resources page (<http://www.dhs.ri.gov/Programs/CCAPProviderResourceNewPageLAC.php>).
- CCAP Providers have tiered reimbursement rates and depending on the provider type there are two rating scales, Steps and BrightStars (Stars). Programs demonstrating higher quality indicators may be eligible to receive a higher quality rating on both rating scales.
 - **Star Ratings** (Licensed CCAP Providers: Child Care Centers, Family Child Care, and Group Family Child Care)
 - BrightStars notifies the Provider Management Team on a monthly basis of changes (increases/decreases) to a provider's BrightStars rating.
 - Providers should only contact the Provider Management Team via DHS.ChildCare@dhs.ri.gov to report a discrepancy/error in their BrightStars rating displayed on the Provider Portal.
 - RI is one of 44 states to use a Quality Rating and Improvement System (QRIS) to measure and improve the quality of Early Learning programs. **Licensed CCAP Providers are required to be BrightStars rated.**
 - Studies have shown that a state's QRIS can improve the quality of child care available over time. BrightStars measures a variety of program quality indicators to create an overall rating, such as:
 - Staff Qualifications
 - Learning Environment
 - Family Engagement
 - Staff-Child Interactions
 - Providers are required to renew their BrightStars application every three years.
 - BrightStars coordinates this application process directly with the CCAP Provider.
 - Every CCAP Provider is assigned a Navigator from BrightStars who will help them to achieve and maintain a quality rating.
 - Providers can contact BrightStars via email (info@RIAIEYC.org) or phone at (401) 739-6100.
 - **Step Ratings** (SEIU CCAP Providers: Family Child Care, Group Family Child Care and License-Exempt)
 - Please refer to SEIU Collective Bargaining Agreement Article 16 – Rates of Reimbursement for details.

- Providers should contact the Provider Management Team via DHS.ChildCare@dhs.ri.gov to report a change/discrepancy/error in their Step rating displayed on the Provider Portal.

Required Pre-Service Training for CCAP Providers

- Federal Guidelines require new CCAP Providers to complete professional development in several required areas *within 90 days of receiving their CCAP Approval from DHS*. The required training areas include:
 - Prevention and control of infectious diseases (including immunization)
 - SIDS prevention and use of safe sleep practices
 - Administration of medication
 - Prevention/response to emergencies due to food and allergic reactions
 - Building and physical premises safety
 - Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment
 - Emergency preparedness and response planning
 - Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
 - Transportation (if applicable)
 - Pediatric first-aid and CPR
 - Recognition and reporting of child abuse and neglect
 - Child development. (RIELDS Guiding Principles meets this requirement or an ECE college course with a grade of “C” or better)
- There is no cost to the Provider to register for these courses. register, or find the next available course offering please contact the Center for Early Learning Professionals at <http://center-elp.org/> or 401-736-9020.
 - Most of these modules are available online, using a high-speed internet connection.
 - After completion of the course, please save your certificate of completion and submit a copy to the Provider Management Team via email (DHS.ChildCare@dhs.ri.gov) or mail:
 - Office of Child Care
25 Howard Avenue, LP Bldg. #57
Attn: Provider Management Team – Room 329
Cranston, RI 02920
 - These must also be uploaded onto the Workforce Registry, found here: <https://www.exceed.ri.gov/>

PROVIDER RESOURCES

- **Child Care Licensing**
 - All programs operating as an Early Learning program must have an active license. DHS licensing standards are the foundational star level for all programs on the states Quality Rating and Improvement system.
 - There are several different types of child care licenses as listed below:
 - **Child Care Center:** provided by a group of people or organization who serve children from six weeks of age through about five years old. Many child care programs operate all day and throughout the year, while some run on a more typical school calendar schedule.
 - **School Age Program:** provided by a group of people or organization who serve children who are in kindergarten, but under the age of 16. Typically, these programs run before and/or after school, and sometimes offer vacation programming.
 - **Family Child Care Home:** provided by an individual, within his or her home, who serves no more than eight children (with an assistant,) from six weeks old through school age.
 - **Group Family Child Care Home:** provided by an individual, with assistants, within his or her home, and serves no more than 12 children, from six weeks old through school age.
 - The Office of Child Care Licensing Unit can be contacted at DHS.ChildCareLicensing@dhs.ri.gov.
- **BrightStars**
 - Brightstars is RI's Quality Rating and Improvement System or QRIS. The QRIS works to assess, improve and communicate the level of quality in Early Learning/School-Age care settings. The QRIS consists of five star level ratings that can be earned by licensed early care and education programs and school-age child care programs.
 - Programs which are licensed are at the first star level of the QRIS, which minimally meets the requirement for BrightStars participation for CCAP. DHS invests a significant amount in supporting programs to increase their quality and star-ratings through Bright Stars.
 - BrightStars has available "Navigators" which work with programs on understanding the requirements at each level of the QRIS.
 - To learn more about BrightStars, visit <http://www.brightstars.org/> or call (401) 739-6100
- **Center for Early Learning Professionals**
 - DHS funds a variety of professional development and technical assistance opportunities for the field. Courses are available face to face as well as on-line on a variety of topics essential to teaching and operating an early learning program.
 - To learn more about training and technical assistance available, please visit <http://center-elp.org/> or call 401-736-9020.
- **SEIU 1199 Collective Bargaining Agreement (Family Child Care and Group Family Child Care Only)**
 - SEIU 1199NE represents Family Child Care, Group Family Child Care and License Exempt Providers who are approved to participate in the DHS Child Care Assistance Program. The Collective Bargaining Agreement (CBA), negotiated between SEIU and the State of Rhode Island outlines the provisions and benefits for SEIU 1199 NE members.
 - Please contact SEIU at 401.457.5099 for the most current version of the CBA.
 - The CBA has several services and supports specifically for Family Child Care Providers who participate in CCAP are outlined below:
 - **Time Off/ Vacation Closure**
 - When a CCAP child is enrolled with a licensed Family Child Care or Group Family Child Care Provider, DHS shall make payment for up to two (2) weeks of CCAP authorized child care services per calendar year when the provider closes their program in coordination with families, provided that the following conditions are met:

- ◆ Providers must coordinate their vacations/closure dates with their CCAP families and provide at least 45 days of notice to CCAP parents of their intent to close for a week or more.
- ◆ Providers must also notify DHS CCAP Licensing Team of their vacation/closure dates according to the proper procedure and inform DHS Provider Management Team of their intent to use their vacation.
- ◆ CCAP parents must authorize payment to the provider during this vacation/closure and the child's absence from the program.
- ◆ Providers must ensure the child(ren) haven't already used their five (5) absences for said month.
- ◆ If the provider is taking two consecutive weeks, each week must be in a different month.
- ◆ Documentation of parent authorization must be provided when the provider submits for payment. The State shall provide a form for this purpose.
- ◆ A provider shall not be reimbursed during her vacation/closure for any CCAP child who enrolls in and attends another program which receives CCAP reimbursement for care during the hours the child is normally enrolled with the provider.
- No payments shall be made for periods of CCAP authorized services when the eligible child is not in attendance once the two (2) week limit has been reached, without the prior approval of department.
- Forms
 - ◆ **CCAP-350 FCC Vacation/Closure Authorization**
- **Sick Time/Substitute on Call Pool**
 - In accordance with RI Gen. Law Section 28-57-1 *et seq.* ("**Healthy and Safe Families and Workplaces Act**"), effective July 1, 2018, the State will pay sick leave to licensed Family Child Care Providers as follows:
 - ◆ Sick leave shall accrue at the beginning of each year as follows:
 - 1- July 1, 2018 – 24 hours of sick leave will be credited;
 - 2- January 1, 2019 – 32 hours of sick leave will be credited;
 - 3- January 1, 2020 – 40 hours of sick leave shall be credited
 - ◆ Child Care Providers must use their DHS Child Care Licensing approved assistants or their DHS Child Care Licensing approved emergency assistants (Approved Assistants) when a provider uses sick leave pursuant to RI Gen. Law Section 28-57-6.
 - ◆ The State will directly pay the Approved Assistants for care provided to children when a provider uses sick leave pursuant to RI Gen. Law Section 28-57-6.
 - ◆ Approved Assistants must also be on an Approved Assistant list with DHS Office of Child Care Licensing before they begin providing child care for the provider who is utilizing their accrued sick leave.
 - ◆ Approved Assistants must be preregistered with DHS and approved as vendors before they begin to be paid under this section.
 - ◆ Sick leave payments will be issued to the Approved Assistant in two-hour increments. Approved Assistants payments will be capped at 24 hours per CCAP Provider for 2018, 32 hours for 2019 and 40 hours for 2020 and

thereafter, unless the provider has carried over unused sick leave from the previous year.

- ◆ Approved Assistants hourly rates:
 - 4- July 1, 2018- \$13/hr.
 - 5- January 1, 2019- \$14/hr.
 - 6- January 1, 2020- \$15/hr.
- ◆ The Approved Assistant and the provider must sign the DHS approved coverage form and return it to the DHS Office of Child Care prior to submitting their request for payment for the dates and times in question.
- ◆ Unused sick leave shall carry over from year to year not exceeding a total of 80 hours at any given time.
- Forms
 - ◆ **Authorization for CCAP Sick Leave Payment to Approved Assistants**
 - Please complete one form per date of sick leave.
 - ◆ **CCAP Payment Request**
- **Registration Fees**
 - The State shall provide an annual registration fee equivalent to the amount of the registration fee charged to private pay families, not to exceed fifty dollars (\$50.00) per child, for licensed Family Child Care and Group Family Child Care providers who have a written policy to charge all families a registration fee.
 - Such registration fees will be paid no more than once each year for each enrolled child.
 - Forms
 - ◆ CCAP Payment Request Form
- **Orientation Bonus**
 - Providers will be paid \$75 for attending their initial orientation or when subsequent orientations attended at the request of DHS.
 - DHS OCC shall determine the content of its orientation, which will include but is not limited to:
 - ◆ CCAP eligibility, enrollment, attendance, and billing policies
 - ◆ CCAP Provider Portal usage
 - ◆ Basic information on CCAP Licensing
 - ◆ Information on quality enhancement initiatives
 - Forms
 - ◆ CCAP Payment Request Form
- **Direct Deposit Bonus**
 - Providers shall continue to be paid every two (2) weeks and have the option of automatic direct deposit or check.
 - Effective upon the signing of their CCAP Provider Agreement, providers who are currently enrolled in or do enroll in direct deposit shall receive a one-time incentive bonus of \$100.
 - Forms
 - ◆ CCAP Payment Request Form
 - ◆ **CCAP-5 Authorization for Direct Deposit**
- **License-Exempt to Family Child Care Bonus**
 - Any License-Exempt CCAP provider who obtains a DHS Child Care License and is approved as a CCAP Family Child Care Provider shall receive a one-time bonus payment of \$500.

- Forms
 - ◆ CCAP Payment Request Form

CONTACT INFORMATION

Office / Team	Content	Contact Information
BrightStars Quality Rating and Improvement System (QRIS)	<ul style="list-style-type: none"> Apply to receive a star-rating Apply for star-rating increase General questions about requirements within the QRIS framework 	<ul style="list-style-type: none"> (401) 739-6100 http://www.brightstars.org/
Center for Early Learning Professionals	<ul style="list-style-type: none"> The Center for Early Learning Professionals (CELP) provides no-cost professional development and technical assistance to the early care and education and before and after school workforce 	<ul style="list-style-type: none"> (401) 736-9020 http://center-elp.org/about/
Center for Early Learning Professionals and the Genesis Center	<ul style="list-style-type: none"> Technology Training for Center-Based Providers 	<ul style="list-style-type: none"> (401) 781-6110
Center for Early Learning Professionals and the Rhode Island Department of Education	<ul style="list-style-type: none"> Rhode Island Early Learning and Development Standards (RIELDS) Training 	<ul style="list-style-type: none"> (401) 222-2118 http://center-elp.org/professional-development/rields-offerings/
Community College of Rhode Island	<ul style="list-style-type: none"> Early Childhood Certificate and Associates Degree Programs 	<ul style="list-style-type: none"> (401) 825-1000 https://www.ccri.edu/catalog/current/programs/HMNS/
Office of Child Care / CCAP Provider Management	<ul style="list-style-type: none"> Attendance Eligibility/Co-pay Enrollment Financial Matters New Provider Orientation Provider Application Provider Portal Access 	<ul style="list-style-type: none"> DHS.ChildCare@dhs.ri.gov (401) 462-6877
Office of Child Care / Licensing	<ul style="list-style-type: none"> New Licenses Licensing Renewals Licensing Complaints 	<ul style="list-style-type: none"> DHS.ChildCareLicensing@dhs.ri.gov (401) 462-3009
Office of Child Care / Quality Initiatives	<ul style="list-style-type: none"> Office of Child Care funds a variety of early childhood professional development and quality supports for programs. 	<ul style="list-style-type: none"> DHS.ChildCare@dhs.ri.gov
Rhode Island Association for the Education of Young Children (RIAEYC) T.E.A.C.H. Scholarships	<ul style="list-style-type: none"> Provides opportunities for child care workers to complete higher education course work in early childhood education while providing sponsoring child care programs an opportunity to develop their workforce. 	<ul style="list-style-type: none"> (401) 739-6100 x307 http://teach-ri.org/

Office / Team	Content	Contact Information
Rhode Island College	<ul style="list-style-type: none"> • Early childhood certificate and bachelor's degree programs 	<ul style="list-style-type: none"> • (401) 456-8268 • http://www.ric.edu/elementaryeducation/Pages/Early-Childhood-Education.aspx
SEIU 1199/ESF Training Fund	<ul style="list-style-type: none"> • Training Fund for SEIU 1199 Family Child Care Providers 	<ul style="list-style-type: none"> • (401) 457-5099 • https://www.seiueducation.org/
University of Rhode Island	<ul style="list-style-type: none"> • Early childhood bachelors and certificate degree programs 	<ul style="list-style-type: none"> • https://www.uri.edu/programs/program/human-development-family-studies-b-s/ • (401) 874-1000

CCAP FORMS

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Attendance Record

Provider Name: _____ Date: _____

Child’s Full Name	Sign-In		Sign-Out	
	Time	Signature	Time	Signature
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
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	AM/PM		AM/PM	

Attachment A - Authorization for CCAP Sick Leave Payment to Approved Assistants



Rhode Island Department of Human Services
 Office of Child Care
 25 Howard Avenue, LP Bldg. 3rd Floor
 Cranston, R.I. 02920
 (401) 462-6877

Attachment A- Authorization for CCAP Sick Leave Payment to Approved Assistants

Licensed providers may authorize payment to Approved Assistants commencing on July 1, 2018, to reimburse providers for sick leave. Authorization may only be made in accordance with the terms of the Collective Bargaining Agreement. By completing the form below, you are authorizing DHS, pursuant to Rhode Island Gen. Laws Section 28-57-1 *et seq.* (“Healthy and Safe Families and Workplaces Act”) to provide payment to your Approved Assistant during your absence for the following reasons:

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

Approved Assistants *must* be approved RI FANS vendors in order to be reimbursed for sick leave care they provide. **(To become qualified as a RI FANS vendor, Approved Assistants must submit a W-9 to the CCAP Child Care Office at DHS.)**

Provider name:	DHS Provider Number:
Provider Email:	
Date of Sick Leave: (one form per date)	Total Hours Used: (increments of 2)
Approved Assistant Name:	RI FANS Vendor Number: (DHS Use only)
Approved Assistant E-mail (if available):	

I certify under penalty of perjury that the information reported on this form is true and accurate, that I appropriately discharged sick leave during the time indicated above, or I will be liable to the State of Rhode Island for any payments made to the Approved Assistant named above based on my representations herein.

CCAP Provider’s Signature: _____ Date: _____

Please submit this completed and signed form to the CCAP Child Care Office at RI DHS.

Email: DHS.ChildCare@dhs.ri.gov Fax: (401) 462-6878

CCAP Provider Back Billing Request Form

Rev. 2/2020



Rhode Island Department of Human Services
Office of Child Care
25 Howard Avenue, LP Bldg. 3rd Floor
Cranston, R.I. 02920
(401) 462-6800

Provider Name: _____ Provider ID: _____

Certificate #	Child's Full Name	DOB	Week 1	Hours	Week 2	Hours
		__/__/__	__/__/__		__/__/__	
		__/__/__	__/__/__		__/__/__	
		__/__/__	__/__/__		__/__/__	
		__/__/__	__/__/__		__/__/__	
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		__/__/__	__/__/__		__/__/__	
		__/__/__	__/__/__		__/__/__	

I certify that the information reported on this form is true and accurate, that each of the children reported as present were in my care for the weeks claimed during the hours indicated, and that I have signed Parent Provider Agreements and daily attendance records signed by the parent indicating each child's arrival and departure time. **I have attached a printout of each child's enrollment details from the Portal.**

Signature of Provider _____
Date

Printed Name _____
Position/Title

You have a RIGHT to non-discriminatory treatment. In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794); Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), and Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.); the Food Stamp Act; the Age Discrimination Act of 1975; the U.S. Department of Health and Human Services implementing regulations (45 C.F.R. Parts 80 and 84) and the U.S. Department of Education implementing regulations (34 C.F.R. Parts 104 and 106); and the U.S. Department of Agriculture, Food and Nutrition Services (7 C.F.R. 272.6); the Rhode Island Department of Human Services (DHS), does not discriminate on the basis of race, color, national origin, disability, religion, political beliefs, age, religion or gender in acceptance for or provision of services, employment or treatment, in its education and other program activities. Under other provisions of applicable law, DHS does not discriminate on the basis of sexual orientation. For further information about these laws, regulations and DHS' discrimination complaint procedures for resolution of complaints of discrimination, contact DHS at 57 Howard Avenue, Cranston, Rhode Island 02920, telephone number 462-2130 (for deaf/hearingimpaired 462-6239 or 711). The Community Relations Liaison Officer is the coordinator for implementation of Title VI; the Office of Rehabilitation Services (ORS) Administrator or his/her designee is the coordinator for implementation of the Title IX, Section 504, and ADA. The Director of DHS or his/her designee has the overall responsibility for DHS' civil rights compliance. In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, relation, political beliefs or disability. To file a complaint of discrimination for SNAP, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or call (202) 720-5964

Please complete this form and submit with all required documentation via email or mail to:
DHS.ChildCare@dhs.ri.gov or DHS Office of Child Care, 25 Howard Avenue, LP Bldg. 3rd Floor, Cranston RI 02920

CCAP Payment Request Form

Rev. 2/2020



Rhode Island Department of Human Services
 Office of Child Care
 25 Howard Avenue, LP Bldg. 3rd Floor
 Cranston, R.I. 02920
 (401) 462-6877

Provider ID:	_____
Provider Name:	_____
Provider Address:	_____ _____

Please select which type(s) of reimbursement you are requesting from the Department of Human Services.

Direct Deposit (*one-time payment, \$100.00*)
 To receive the direct deposit bonus, providers must fill out form CCAP-5, Authorization of Direct Deposit. Please enclose an original voided check or bank letter and forward to the CCAP Office. Upon verification of Accounts and Control, payment will be made.

CCAP Orientation (*one-time payment, \$75.00*)
 Upon completion of initial CCAP Orientation, providers are entitled to a one-time incentive bonus. Providers need to submit this form to the CCAP office for approval of this one-time incentive bonus. Date of Orientation: _____

License-Exempt (*one-time payment, \$500.00*)
 Any DHS license-exempt CCAP Provider who obtains a DHS license shall receive a one-time incentive bonus. Providers need to submit this form, along with a copy of their active DHS license to the CCAP office for approval.

DHS-Approved Assistant Payment for Approved Sick Leave (*recurring payment*)
 DHS Approved Assistants must be approved RIFANS vendors to be reimbursed for the sick leave care they provide. To be qualified as a RIFANS vendor, Approved Assistants must submit a W-9, located at <http://controller.admin.ri.gov/Forms/index.php> to the CCAP Child Care Office. Payment will be issued in two-hour increments.

Child Registration Fee (*recurring payment, up to \$50.00/child*)
 The State shall provide an annual registration fee equivalent to the amount of the registration fee charged to private pay families for DHS licensed providers who have a written policy to charge all families a registration fee. Providers must submit their Private Pay Registration Policy and a complete list of CCAP eligible children to the CCAP Child Care Office.

For Office of Child Care Use Only

<p>Emergency Assistant Payment for Sick Leave</p> <p><input type="checkbox"/> EA DHS Approved</p> <p><input type="checkbox"/> EA RI Fans # Assigned</p> <p><input type="checkbox"/> EA assigned to the appropriate provider requesting sick leave.</p> <p><input type="checkbox"/> State of RI W-9 submitted or on file.</p> <p><input type="checkbox"/> Attachment A submitted or on file.</p> <p><input type="checkbox"/> Requested hours are within the provider's accrued sick time.</p> <p>Child Registration Fee</p> <p><input type="checkbox"/> Private Pay Policy submitted/on file, Date: _____</p> <p><input type="checkbox"/> Child Care Roster of all eligible CCAP children, their certificate numbers, and date of enrollment confirmed in RIBridges system.</p> <p>Direct Deposit Bonus:</p> <p><input type="checkbox"/> CCAP-5 or State of RI Vendor ACH Enrollment Form</p> <p><input type="checkbox"/> Voided Check/Deposit Slip</p> <p>CCAP Orientation Bonus</p> <p><input type="checkbox"/> Date of Orientation _____</p> <p>License-Exempt Bonus</p> <p><input type="checkbox"/> Signed DHS License on file.</p>	<p>Reviewed/Approved/Submitted to Finance: ___/___/___</p> <p>OCC Signature: _____</p> <p>Financial Management:</p> <table border="1"> <thead> <tr> <th>Payment Type Requested</th> <th>#</th> <th>Amount</th> <th>Total Amount</th> </tr> </thead> <tbody> <tr> <td>Direct Deposit Bonus</td> <td></td> <td>\$100.00</td> <td></td> </tr> <tr> <td>CCAP Orientation Bonus</td> <td></td> <td>\$75.00</td> <td></td> </tr> <tr> <td>License-Exempt Bonus</td> <td></td> <td>\$500.00</td> <td></td> </tr> <tr> <td>Asst. Sick Leave (Eff. 1/1/19)</td> <td></td> <td>\$14.00</td> <td></td> </tr> <tr> <td>Asst. Sick Leave (Eff. 1/1/20)</td> <td></td> <td>\$15.00</td> <td></td> </tr> <tr> <td>Child Registration Fees</td> <td></td> <td>\$50.00</td> <td></td> </tr> <tr> <td>Total Amount Requested</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Processed for Payment On: ___/___/___</p> <p>FM Signature: _____</p>	Payment Type Requested	#	Amount	Total Amount	Direct Deposit Bonus		\$100.00		CCAP Orientation Bonus		\$75.00		License-Exempt Bonus		\$500.00		Asst. Sick Leave (Eff. 1/1/19)		\$14.00		Asst. Sick Leave (Eff. 1/1/20)		\$15.00		Child Registration Fees		\$50.00		Total Amount Requested			
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Asst. Sick Leave (Eff. 1/1/20)		\$15.00																															
Child Registration Fees		\$50.00																															
Total Amount Requested																																	

Signature of Provider

Date

Printed Name

Position/Title

Payment Request Forms, with all required documentation, should be emailed or mailed to:

DHS.ChildCare@dhs.ri.gov or DHS Office of Child Care, 25 Howard Avenue, LP Bldg. 3rd Floor, Cranston RI 02920

CCAP-5 Direct Deposit Form

CCAP-5 Rev. 2/2020



Rhode Island Department of Human Services
 Office of Child Care
 25 Howard Avenue, LP Bldg. 3rd Floor
 Cranston, R.I. 02920
 (401) 462-6877

AUTHORIZATION FOR DIRECT DEPOSIT

PROVIDER INFORMATION			
Provider ID:	First Name:	Last Name:	
Program Name:	Primary Phone:		
Number & Street:			
City/Town:	State:	Zip Code:	

The Department of Human Services, Office of Financial Management is authorized to initiate Direct Deposit of my Child Care Provider Payments to my account at the Financial Institution below:

Financial Institution: (bank or credit union)			
Number & Street:			
City/Town:	State:	Zip Code:	
Account Number:	<input type="checkbox"/> Business <input type="checkbox"/> Personal		

PLEASE SELECT AN ACCOUNT TYPE

<input type="checkbox"/> Checking Account **	ATTACH A VOIDED BLANK CHECK from the checking account to which the direct deposit will be made. Your name and current address must be printed on the check. If you cannot provide a proper voided check, you must provide a letter from your financial institution, which includes your name, address, bank routing number and account number. <u>The letter must be on bank letterhead and signed by a bank representative.</u> DO NOT SEND DEPOSIT SLIPS OR BANK STATEMENTS. Your name must appear on the account and the account must be with a United States financial institution.
<input type="checkbox"/> Savings Account **	ATTACH A LETTER FROM YOUR FINANCIAL INSTITUTION with your name, address, bank routing number and account number. <u>The letter must be on bank letterhead and signed by a bank representative.</u> DO NOT SEND DEPOSIT SLIPS OR BANK STATEMENTS. Your name must appear on the account and the account must be with a United States financial institution.

*** If the same payment has been deposited more than once into your account, child care will immediately correct the mistake and notify you of the removal of the duplicate funds from your account.*

Signature of Provider

Date

Printed Name

Position/Title

Please complete this form and submit with all required documentation via email or mail to:
DHS.ChildCare@dhs.ri.gov or DHS Office of Child Care, 25 Howard Avenue, LP Bldg. 3rd Floor, Cranston RI 02920



Rhode Island Department of Human Services
 Office of Child Care
 25 Howard Avenue, LP Bldg. 3rd Floor
 Cranston, R.I. 02920
 (401) 462-6877

**Licensed Family Child Care Home Provider
 Authorization for CCAP Payment During a Provider’s Vacation/Closure**

DHS allows licensed family child care providers to receive payment for up to two (2) weeks per calendar year for coordinated vacation/closure dates during which an eligible CCAP child is absent and the parent authorizes payment.

By completing the form below, you are authorizing DHS to provide payment to your child care provider during their vacation/closure and your child’s absence from the program and agree not to enroll your child with another child care provider during this time.

If you wish to take your child to another CCAP provider during this time, please do NOT submit this form, as DHS will not issue payment to more than one provider for the same hours of care.

Provider ID:	
Provider Name:	
Week of Vacation/Closure:	
Parent Name:	
Certificate Number:	
Child(ren)’s Name(s):	

I certify that the information reported on this form is true and accurate. The child care provider must include this form with their billing invoice in order for DHS to issue payment. No CCAP payment shall be made for absences once the five (5) days/month allowable limit has been reached.

Signature of Parent

Date

Signature of Provider

Date

Provider Printed Name

Position/Title

Please complete this form and upload this form with the billing invoice or submit via email or mail to:
DHS.ChildCare@dhs.ri.gov or DHS Office of Child Care, 25 Howard Avenue, LP Bldg. 3rd Floor, Cranston RI 02920



Rhode Island Department of Human Services
 Office of Child Care
 25 Howard Avenue, LP Bldg. 3rd Floor
 Cranston, R.I. 02920
 (401) 462-6877

**Child Care Assistance Program (CCAP) Provider
 Authorization for CCAP Payment During a Child’s Absence**

DHS allows CCHAP providers to receive payment for up to five (5) days per month during which an eligible CCAP child is absent and the parent authorizes payment.

By completing the form below, you are authorizing DHS to provide payment to your child care provider during your child’s absence from the program and you agree not to enroll your child with another child care provider during this time.

If you wish to take your child to another CCAP provider during this time, please do NOT submit this form, as DHS will not issue payment to more than one provider for the same hours of care.

Provider ID:	
Provider Name:	
Week of Vacation/Closure:	
Parent Name:	
Certificate Number:	
Child(ren)’s Name(s):	
Reason for Absence:	

I certify that the information reported on this form is true and accurate. The child care provider must include this form with their billing invoice in order for DHS to issue payment. No CCAP payment shall be made for absences once the five (5) days/month allowable limit has been reached.

Signature of Parent

Date

Signature of Provider

Date

Provider Printed Name

Position/Title

Please complete this form and upload this form with the billing invoice or submit via email or mail to:
DHS.ChildCare@dhs.ri.gov or DHS Office of Child Care, 25 Howard Avenue, LP Bldg. 3rd Floor, Cranston RI 02920

Parent/Provider Enrollment Agreement

Rev. 2/2020



Rhode Island Department of Human Services
 Office of Child Care
 25 Howard Avenue, LP Bldg. 3rd Floor
 Cranston, R.I. 02920
 (401) 462-6877

This form is to be used by the parent and the provider when enrolling a CCAP eligible or potentially eligible child at an approved DHS provider. One form must be completed per enrolled child. It must be completed and signed by the parent **and** the child care provider; a copy is to be kept by both parties. It is the **provider's responsibility** to submit this information to DHS via the Provider Portal **BEFORE** the provider begins caring for the child. Once the enrollment is complete, the parent and the provider will receive an Enrollment notice.

Provider ID:	Provider Name:	
Parent's Full Name:	Certificate Number:	
Child's Full Name:	Child's DOB:	

Are you related to the child? Yes / No

AGREED HOURS OF CARE					
Care Start Date:			Use this section when child's schedule is a split day		
Care End Date:					
Day	Start Time	End Time		Start Time	End Time
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

The undersigned Provider, hereafter referred to as "Provider" agrees to care for the above-named child for the period indicated in this enrollment. Provider further agrees that the days and times the child will attend were agreed upon by the Provider and the undersigned parent of the child. **The undersigned parent certifies that the hours of this enrollment correspond to the hours DHS Authorized hours.**

The Provider agrees to accept the DHS payment based upon the DHS authorization and approval for Full Time, Three Quarter Time, Half Time, Quarter Time or Before and/or After School Care as payment in full and understand that any services provided in excess of authorized hours shall be the sole responsibility of the parent. Provider understands and agrees to accept this payment in accordance with DHS rules and regulations lawfully promulgated in accordance with R.I. General Laws. The Provider agrees to provide child care in accordance with the DHS rules and regulations and in accordance with the DHS CCAP Approved Provider Agreement.

The undersigned parent agrees to pay his/her share of the child care cost in accordance with the RI DHS rules and regulations and specified in the notice sent by the RI DHS Child Care Assistance Program.

The Provider and the undersigned parent certify that they **DO NOT** live in the same household.

Signature of Parent

Date

Signature of Provider

Date

Provider Printed Name

Position/Title

Provider Change Form



Rhode Island Department of Human Services
 Office of Child Care
 25 Howard Avenue, LP Bldg. 3rd Floor
 Cranston, R.I. 02920
 (401) 462-6877

Use this form to report CHANGES in Name, Address, Phone number, or Household members. DO NOT write the information on your billing invoice.

Provider ID: _____ Provider Name: _____

Provider's Address On File: _____
Street Apt.#/Suite City State Zip

Address Change Date of Change: ___ / ___ / _____

Street Apt.#/Suite City State Zip

You must submit verification (utility bill – or, for licensed providers, a DHS license) with your new address on it.

Name Change New Name: _____

You must submit verification of your name change with Social Security (you must send a copy of your new Social Security Card in your new name) and submit another W-9 with your new name.

Telephone Number Change New Number: ___ - ___ - _____

You must submit a phone bill with the new number, your name and your address on the bill.

Email Address Change New Email: _____

Household Member(s) Change

All new household members will be screened through the Office of the Attorney General & the Department of Children, Youth and Families.

NAME (Last, First, MI)	Sex	Date of Birth	SSN	Date Moved In

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

Date

Provider's Signature

Please complete this form and mail it to: Rhode Island Department of Human Services
 Office of Child Care
 25 Howard Avenue, LP Bldg. 3rd Floor
 Cranston, RI 02920

**FORM W-9
REV 8/15**



**STATE OF RHODE ISLAND
FORM W-9 PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION**

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

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Employer ID No. (EIN)

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NAME

ADDRESS

CITY, STATE AND ZIP CODE

PAYMENT REMITTANCE ADDRESS, IF DIFFERENT FROM THE ADDRESS ABOVE

ADDRESS

CITY, STATE AND ZIP CODE

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), **and**
- (2) I am not subject to backup withholding because either: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding.
- (3) I am a U.S. citizen or other U.S. person (as defined by the IRS).

Certification Instructions -- You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item (2) does not apply.

Please sign here and provide title, date and telephone number:

SIGNATURE _____ **TITLE** _____ **DATE** _____ **TEL NO** _____
Original Signature Required (Digital Signature Not Acceptable)

BUSINESS DESIGNATION:

- Please Check One:* Individual Corporation Trust/Estate Government/Nonprofit Corporation
 Partnership Medical Services Corporation Legal Services Corporation
 LLC Tax Classification: Single Member (Individual) Partnership Corporation

TIPS:

NAME: Be sure to enter your full and correct legal name as shown on your income tax return for the SSN or EIN provided.

ADDRESS, CITY, STATE AND ZIP CODE: If you operate a business at more than one location, adhere to the following:

- 1) Same EIN with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different EIN for each different location -- submit a completed W-9 form for each EIN and location. (One year-end tax information return will be reported for each EIN and remittance address.)

Mail Completed Form To:
Supplier Coordinator
Purchasing Department
One Capitol Hill, 2nd Floor
Providence RI 02908

Or Email To: doa.pursuppliercoordinator@purchasing.ri.gov

For State Use Only:	
IRS _____ RI SOS _____ FED _____ Other _____	
RI Supplier # _____	Approved _____
Date Entered _____	Entered By _____