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**Child Care and Development Fund (CCDF) Plan**

for

**State/Territory Rhode Island**

**FFY 2022 – 24**

**Version: Amendment 5**

**Plan Status: Approved as of 2024-08-16 13:00:47 GMT**

This Plan describes the Child Care and Development Fund program to be administered by the state or territory for the period from 10/1/2021 to 9/30/2024, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

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## Introduction and How to Approach Plan Development

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children.

The CCDF Plan is how states and territories apply for CCDF funding (658E (a)) and is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule (98.16). ACF acknowledges that in the FY 2022 – 2024 Plan, states and territories may still be operating under approved waivers related to the COVID-19 pandemic and where appropriate plan responses should reflect the approved waivers. The CCDF Plan allows states and territories to describe their implementation of the CCDF program and it is organized into the following sections:

1. Define CCDF Leadership and Coordination with Relevant Systems and Funding Sources
2. Promote Family Engagement Through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to Child Care for Low-Income Children
5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Program Integrity and Accountability

These organizational categories reflect key goals of an integrated system of child care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine the need for technical assistance (TA), and determine compliance with specific requirements.

### *Citations*

ACF recognizes that Lead Agencies use different mechanisms to establish policies, such as state statute, regulations, administrative rules, or policy manuals or policy issuances. When asked to provide a citation in the CCDF Plan, Lead Agencies should list the citation(s) for the policy that clearly identifies and establishes the requirement and that allows the Lead Agency to enforce the requirement. Lead Agencies may list multiple sources as needed to cover all types of providers receiving CCDF (e.g., policies for licensed providers may be established in licensing regulations, and policies for license-exempt providers may be in subsidy rules). These citations are intended to provide documentation to support the requested information but not replace requested responses or descriptions. Complete answers must include citations, responses, and descriptions.

### *CCDF Plan Submission*

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118 site could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities. (See <http://www.section508.gov/> for more information.)

In responding to questions, states and territories are asked to provide brief, specific summaries and/or bullet points only with specific language that responds to the question. Do not use tables or copy and paste charts, add attachments, or paste manuals into the Plan. All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing oversight and monitoring efforts.

## 1 Define Leadership and Coordination with Relevant Systems and Funding Sources

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

### 1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

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

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

##### a. Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: **Rhode Island Department of Human Services**

Street Address: **25 Howard Avenue, Louis Pasteur Building 57**

City: **Cranston**

State: **Rhode Island**

ZIP Code: **02920**

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

b. Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: **Ronald**

Lead Agency Official Last Name: **Racine**

Title: **Senior Associate Director**

Phone Number: **401-787-4042**

Email Address: **ronald.racine@dhs.ri.gov**

1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or territory's CCDF program. ACF will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

a. CCDF Administrator Contact Information:

CCDF Administrator First Name: **Nicole**

CCDF Administrator Last Name: **Chiello**

Title of the CCDF Administrator: **Child Care Administrator**

Phone Number: **401-487-6603**

Email Address: **Nicole.Chiello@dhs.ri.gov**

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

CCDF Co-Administrator First Name:

CCDF Co-Administrator Last Name:

Title of the CCDF Co-Administrator:

Phone Number:

Email Address:

Description of the Role of the Co-Administrator:

1.2 **CCDF Policy Decision Authority**

The Lead Agency has broad authority to administer (i.e., establish rules) and operate

(i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 CCDF program rules and policies are set or established at:

Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(d)(1)). Check one.

a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.

b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.

i. Eligibility rules and policies (e.g., income limits) are set by the:

A. State or territory. Identify the entity.

B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

C. Other. Describe:

ii. Sliding-fee scale is set by the:

A. State or territory. Identify the entity.

B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

C. Other. Describe:

iii. Payment rates and payment policies are set by the:

A. State or territory. Identify the entity.

B. Local entity (e.g., counties, workforce boards, early learning coalitions). If

checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

C. Other. Describe:

iv. Licensing standards and processes are set by the:

A. State or territory. Identify the entity.

B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

C. Other. Describe.

v. Standards and monitoring processes for license-exempt providers are set by the:

A. State or territory. Identify the entity.

B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

C. Other. Describe:

vi. Quality improvement activities, including QRIS are set by the:

A. State or territory. Identify the entity.

B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of quality improvement activities the local entity(ies) can set.

C. Other. Describe:

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:

### 1.2.2 Implementation responsibility

The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify



which entity(ies) implements or performs CCDF services.

a. Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead agency	TANF agency	Local government agencies	CCR&R	Community-based organizations
Who conducts eligibility determinations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Who issues payments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who monitors license-exempt providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

Rhode Island does not have an "official" CCR&R as defined by ACF. Rhode Island's quality rating improvement system (QRIS) serves as the child care referral agency for Rhode Island. All CCDF subsidized families are directed to BrightStars (QRIS) to assist in locating child care. DHS contracts with the Rhode Island Association for the Education of Young Children (RIAEYC) to oversee the day to day operations of BrightStars, which provides consumer education and marketing to families around choosing quality child care. In February 2021, Rhode Island launched a new Consumer Website to serve as the centralized source for consumer education, which allows families to search for a child care program by multiple factors, including, but not limited to, program type, quality level, geography, hours of operation and languages spoken by staff and children. This new consumer website's provider search functionality replaced the previous search feature available through Rhode Island's Early Care and Education Data System (ECEDS) which was limited in capacity for this purpose but is still functioning as a data system.

In 2019, leveraging the Preschool Development Planning Grant, RI's Lead Agency in collaboration with other state agencies, designed a new, updated consumer website for families. This new website, kids.ri.gov, links directly to the state's previous Consumer Website, exceed.ri.gov. Over the next few years, the content on exceed.ri.gov will be migrated to kids.ri.gov to ensure consumer information and resources are available in one place for families to easily access. This will occur over time to gradually transition families to

**the new website and materials.**

1.2.3 Processes to oversee and monitor CCDF administration and implementation

Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:

- Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).
  - Tasks to be performed
  - Schedule for completing tasks
  - Budget which itemizes categorical expenditures in accordance with CCDF requirements
  - Monitoring and auditing procedures
  - Indicators or measures to assess performance of those agencies
- Any other processes to oversee and monitor other agencies.

**The Department of Human Services (Lead Agency) has dedicated staff charged with executing and monitoring contractual agreements to administer and oversee CCDF funding. Staff oversee agreements with a variety of partners including, other state entities such as the Departments of Education, Health and Children, Youth and Families and with institutes of higher education such as Rhode Island College (RIC) and the Community College of Rhode Island (CCRI). DHS also contracts with community-based organizations such as the Local Initiative Support Corporation, the Center for Early Learning Professionals (our PD/TA Hub) and RIAEYC who administers the state's quality rating improvement system (QRIS.) Through these critical partnerships the state oversees and monitors CCDF activities. To ensure compliance, DHS has strong contracting systems that have been developed and made uniform over time to ensure accountability, adherence to the terms of each contract and the achievement of desired outcomes. All contracts receive a careful internal review by eight DHS employees who hold expertise in areas such as budgeting, programmatic operations, and evaluation. Contracting materials include scopes of work with clear deliverables, timelines for completion, and performance metrics mapped out. All contracts are reviewed and signed by the Director of DHS. In addition, the Executive Office of Human Services also reviews these contracts prior to review by the State's Department of Administration. Once executed, the contract management process is as follows: the contract manager provides an initial orientation to the contractor to ensure full disclosure and understanding of the terms of the agreement. The orientation is followed by a monthly or quarterly review of written reports submitted by the contractor. Regular on-site meetings occur monthly or more to assess, progress and mitigate any emerging issues.**

1.2.4 Information systems availability to public agencies

Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems)

available to public agencies in other states.

Rhode Island is committed to ensuring compliance with CCDF regulations. Therefore, DHS is committed to ensuring any code or software for child care information systems or information technology for which CCDF funds are used to develop will be made available to other public agencies upon request, to the extent practicable and appropriate. In addition, Rhode Island has a long history of strong collaboration with other states, particularly those five states that comprise Region 1. We are a full participant in all networking opportunities made available at both a regional and national level, including conferences, webinars, and forums for electronic communication. This networking has resulted in strong collegial relationships which lend itself to an understanding that collaborative decision-making and the sharing of expertise is of benefit to children and families universally. As a result, DHS has a willingness and desire to share information on data systems with other states for mutual benefit. The Office of Child Care will continue to respond to any outside inquiries regarding information systems in a complete and timely manner.

#### 1.2.5 Confidential and personal identifiable information policies

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

Beginning in 2017, DHS launched a comprehensive data system for all child care information known as UHIP, which provides a state-of-the-art platform for data entry and data retrieval to facilitate prompt and accurate decision-making. This system is designed to safeguard our existing policies and ensure that only parents/primary caregivers have access to the information regarding their child's status within the system and can monitor the progress of their application. This system is designed to provide the Department with comprehensive quantitative data to drive our efforts toward continuous quality improvement. DHS forms data sharing agreements, and terms within its existing contracts with other state agencies and partners, to ensure safe and effective protocols for protecting the privacy of families and providers who coordinate services with the Department.

### 1.3 Consultation in the Development of the CCDF Plan

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

- (1) Appropriate representatives of units of general purpose local government— (658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at [https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf).
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

*Consultation* involves meeting with or otherwise obtaining input from an appropriate agency

in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program as described in question 1.4.1.

### 1.3.1 Consultation efforts

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a. – c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

#### a. Consultation with general purpose local governments.

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

**The State of Rhode Island convenes a Permanent Legislative Commission on Child Care (PLCC), a joint committee of the RI Legislature which supports recommendations on funding and policy initiatives that require action by the legislature and Governor. Per CCDF plan development requirement, notification of the public hearing was shared with the members of the Commission on June 8, 2021 and an outline of this plan was shared with the members as a follow-up to that meeting. Additionally, representatives from the Lead Agency attend these commission meetings monthly and provide ongoing updates to the commission of elements of the department's work related to the CCDF plan such as the Market Rate Survey, and the Consumer Website launch.**

#### b. Consultation with state advisory council or similar coordinating body.

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

**The Rhode Island Early Learning Council (ELC), established by the Head Start Act, is the primary advisory committee on early childhood programs, goals, and strategies. The ELC reports its activities and recommendations to the Children's Cabinet, the body established in statute consisting of all Department Directors, which then reports to the Governor. The Early Learning Council membership include early childhood leaders, practitioners, child development experts, consumer input and community representatives from the public and private sectors across Rhode Island. DHS engages in dialogue and reviews recommendations in partnership with the other state departments. These departments include the Rhode Island Department of Health (RIDOH), the Department of Education (RIDE), and the Department of Children, Youth and Families (DCYF.) Given this governance structure the lead agency regularly participates in ELC meetings and has previewed and discussed various components of the plan throughout the year during presentations to the ELC. The members received a draft of the CCDF plan prior to the public hearing, as required. The CCDF co-administrators also provided a presentation of the plan at the ELC's June meeting.**

#### c. Consultation with Indian tribes or tribal organizations within the State.

Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states

to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place.

**Historically, the Department has engaged the Tribal community through outreach and consultation led by the Child Care Administrator. Local Tribes are included in all communications to Interested Parties consistent with APA guidelines for rulemaking. In addition, tribal members' ideas and concerns can be addressed through the Early Learning Council and internally with leadership at DHS, as appropriate. The Hand in Hand Child Care Center, operated by the Narragansett Indian Tribe, reopened on June 1, 2021. They were closed for a period of time during the pandemic. The Lead Agency has been working with them through the time they were closed to get them re-opened and support them through the process. Once the program re-opened in June, outreach and collaboration resumed in order to better understand the needs of this population, as well as to ensure the tribe is well informed about the various opportunities, resources and support available to them. Specifically related to the plan, the Child Care Administrator reached out to the administrator of the licensed child care provider in the Tribe to specifically discuss CCDF leadership changes within the last year, as well as any highlighted changes of the plan that would directly affect them as licensed child care providers. We spoke about the consumer website at length and how to use it from both a family and a provider perspective, the posting of monitoring reports as of October 1 and the pre-service trainings that exist for both new and existing staff and providers. We also used this as a feedback session for the tribe leadership to let us know about their needs and what we can do at the Office of Child Care to support them.**

d. Consultation with other entities, agencies or organizations.

Describe any other entities, agencies, or organizations consulted on the development of the CCDF Plan.

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

1.3.2 Statewide or territory-wide public hearing process

Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)). Reminder: Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a. Date of the public hearing.

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

**06/22/2021**

b. Date of notice of public hearing (date for the notice of public hearing identified in a..  
Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more

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

**06/02/2021**

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

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

**The public notice is posted at the following link: <https://dhs.ri.gov/regulations/proposed-rules-and-regulations>**

d. Hearing site or method, including how geographic regions of the state or territory were addressed.

**As a result of the COVID-19 Pandemic, on 3/16/2020 the Rhode Island Governor issued an Executive order allowing for public meetings to be held via phone or via phone or video conference. Agendas and minutes will continue to be filed through the RI Department of States Open Meetings application. Information to access the hearing was publicized by DHS per the Executive Order. The public hearing was held virtually via video conference.**

e. How the content of the Plan was made available to the public in advance of the public hearing. (e.g., the Plan was made available in other languages, in multiple formats, etc.)

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

f. How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan?

**All input gathered from the public hearing is recorded by a stenographer. This information, along with written testimony received as part of the public hearing process and response from all other input/feedback mechanisms will be reviewed and considered prior to submitting the final version of the Plan. A Response to Public Comment document is shared on the DHS website as well as emailed directly those Interested Parties who submitted comment.**

### 1.3.3 Public availability of plan, amendments and waivers

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

<https://www.acf.hhs.gov/occ/resource/pi-2009-01.>)

a. Website link for plan, amendments and waivers

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

**<https://dhs.ri.gov/regulations/state-plans>**

b. Other strategies for plan, amendments and waivers availability

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

Working with advisory committees. Describe:

**The draft CCDF plan is made available to the Permanent Legislative Commission on Child Care (PLCC), the Rhode Island Children's Cabinet and the Early Learning Council.**

Working with child care resource and referral agencies. Describe:

**The draft CCDF plan is provided to RIAEYC, our contracted agency which operates as the child care resource and referral agency through their management of BrightStars the state's QRIS.**

Providing translation in other languages. Describe:

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

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

Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

**The Lead Agency made the CCDF State Plan available to providers at a Provider Meeting in June 2021. Additionally, the State Plan was sent to all CCDF providers via a listserv. Elements of the State Plan were socialized across stakeholder and provider groups over the course of the 2020 calendar year, particularly portions pertaining to quality investments, emergency response and CCAP provider rates/market rates.**

Working with statewide afterschool networks or similar coordinating entities for out-of-school time.

Other. Describe:

**The Child Care Administrator for Licensing has been working with the United Way of Rhode Island on their Out of School Time strategic planning team and coordination of efforts.**

## 1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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

### 1.4.1 Accessibility and continuity of care

Describe how the Lead Agency coordinates the provision of child care services with the

following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

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

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

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

a. Lead Agency coordination with required agencies

The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

- i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

**The Permanent Legislative Commission on Child Care (PLCC) and the Early Learning Council are two collaborative bodies that have representation from school districts, town government and state elected officials. The PLCC annually sponsors forums to raise awareness about child care, including Child Care Awareness Day. DHS' leadership role on the Early Learning Council increases the Lead Agency's responsiveness to community needs and develops a state-local partnership to address key child care issues such as workforce development, facilities, regulation updates and ongoing development of QRIS and other quality initiatives. The goal of the PLCC is similar and provides a mechanism for engaging state legislatures in child care policy. Annually, advocates within local government and community organizations rallied together to support any proposals in the Governor's budget to support children, families, and the greater child care community- such as Tiered Reimbursement. Typically, The Campaign for Quality Child Care is jointly coordinated by RI KIDS COUNT, the Economic Progress Institute and the RI Association for the Education of Young Children. RI KIDS COUNT host an event at the RI State House, Strolling Thunder, each Spring which coordinates with the PLCC Annual Child Care Day to advocate for increased access to high-quality child care for low-income families.**

- ii. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination goals, processes, and results:

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



and education on both advisory councils. The RI Early Learning Council meets quarterly to provide ongoing coordination, and support, for CCDF activities and supports. The council's overarching role is to develop recommendations for the Governor, the Children's Cabinet, and state agencies to improve access to early learning opportunities for children birth to age 8. The Council's Strategic Plan names CCDF as an instrumental component to the state's early childhood system. The ELC has also developed and finalized recommendations for the state to inform the current initiatives/advocacy/and legislative proposals in the early childhood sector. These include: a) improving alignment and coordination across the early care and education system, b) better meeting the social-emotional needs of young children in early childhood programs, c) improving the compensation and retention of infant and toddler educators.

Additionally, using funds from the Preschool Development Grant (PDG) the state has developed an ECCE Governance Committee and a strategic plan that informs the committee's key priorities. Under the strategic plan formal decision-making processes are brought to the Governor's Cabinet members monthly. The committee is led by the Governor's Senior Advisor on Education and staffed by the Director of Early Childhood Strategy. The strategic plan was adopted in 2020 and there are five key objectives in which the state aligns cross-agency coordination to improve outcomes for children birth-five. These five objectives include:

1. Rhode Island's early childhood programs meet high-quality standards for care and education as defined by the state's Quality Rating and Improvement System;
2. Children and families can equitably access and participate in the early childhood care, services, and supports that will help them reach their potential and enter school healthy and ready to succeed;
3. All four-year olds in Rhode Island have access to high-quality Pre-K, inclusive of parental choice and student needs;
4. Secure the quality and delivery of ECCE through increased and sustainable funding and operational improvements; and,
5. Expand the depth and quality of family and child-level data accessible to and used by agencies, programs, and partners to drive decisions.

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

- iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted:

The Hand in Hand Child Care Center, operated by the Narragansett Indian Tribe, is reopening on June 1, 2021. They were closed for a period of time during the pandemic. The Lead Agency has been working with them through the time they were closed to get them re-opened and support them through the process. Once the program is re-opened

in June, outreach and collaboration will resume in order to better understand the needs of this population, as well as to ensure the tribe is well informed about the various opportunities, resources and support available to them.

N/A—Check here if there are no Indian tribes and/or tribal organizations in the state.

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

The Executive Office of Human Services (EOHHS) oversees the state's early intervention programs. EOHHS operates as the umbrella agency for DHS. The organizational structure facilitates strong collaboration among departments. The Office of Child Care Administrator and Head Start Collaboration Director meet monthly, or as needed, with the Part C Coordinator, the Department of Education's 619 Coordinator and DOH's First Connections Administrator to ensure all children deemed "at risk," or, with special needs, are linked to services at birth. This group also monitors the strength of the connections among agencies to better streamline services to provide comprehensive supports to families across multiple departments. The Department of Human Services (Lead Agency) holds membership with the Department of Health's (DOH) Successful Start Early Care and Education Systems Initiative. This initiative was funded through DOH's Maternal and Child Health division. An early strategic plan became the initial framework for the approach RI was to take to strengthen the overall system in the State. With the advent of the Early Learning Council, the Successful Start leadership team has turned its attention to a primary focus on infants, toddlers and pregnant women, including providing oversight for the Family Home Visiting program and the support of developmental and mental health screenings through pediatric practices and supports for infants and toddlers in child care. Rhode Island Family home visiting programs include, First Connections, Healthy Families America, Nurse Family Partnership and Parents as Teachers. Additional home visiting programs include Early Head Start and Early Head Start Child Care Partnerships. In 2019, the Lead Agency participated in a state-wide strategic planning process with all state departments to better coordinate early childhood care, particularly as it pertains to the Family Home Visiting network. The Department of Health led in supporting the facilitation of these strategic planning sessions. This work culminated in the creation of recommendations for the state's Early Childhood Care and Education Strategic plan to support the state's efforts to better coordinate care for families in Rhode Island seeking support for their children during their critical brain development years.

- v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:

The Head Start Collaboration Director is housed at the Office of Child Care at DHS and is a key participant in all departmental and cross departmental planning bodies. HSCO's exist to facilitate collaboration among Head Start agencies, and entities that carry out activities designed to benefit low-income children from birth to school entry and their families. The role of the Collaboration Director is to ensure collaboration and coordination between federally funded Head Start agencies, state agencies and community partners with the goal of working to leverage common interested around

young children and their families to formulate, implement, and improve state and local policy practices. This collaboration also ensures that Head Start is fully represented in current and future state initiatives and that federal and state regulations are complimentary and logical to local agencies administering these programs. The Rhode Island Head Start Collaboration Office works closely with the DHS Office of Child Care & other State Agencies. The HSCO is responsible for assisting in building early childhood systems; providing access to comprehensive services and support for all low-income children; encourage widespread collaboration between Head Start and other appropriate programs, services and initiatives; Augment Head Start's capacity to be a partner in state initiatives on behalf of children and their families; and Facilitate the involvement of Head Start in state policies, plans, processes and decisions affecting target populations and other low-income families. As an example, the Collaboration Director is actively engaged in the development and expansion of increasing access to high quality infant/toddler care through scaling the evidence-based Early Head Start Child Care Partnerships Model through the state's PDG Grant. The HSCO has been working closely with the Department of Health and Children Youth and Families to ensure referrals for children and families eligible for Head Start and Early Head Start Services and other family home visiting initiatives with the greater ECE community during the ongoing pandemic. Lastly, the HSCO is working closely on the State's Infant/Toddler Registered Apprenticeship Program to support the education and support of the ECE workforce. & has w a seamless system between Family Home Visiting programs administered through the Department of Health and Early Head Start.

- vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:

**The Director of DHS (Lead Agency) sits on the Rhode Island Children's Cabinet with the Director of the Department of Health and Secretary of the EOHHS (Executive Office of Health and Human Services,) where at the highest level of state government, state agencies collaborate on a policy level to ensure all children are health and ready to learn. This group regularly receives and analyzes data on immunization rates and other key indicators of child health.**

- vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results:

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

- viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results:

**The Commissioner of Education serves as the co-chair of the Early Learning Council. In addition, the RI PreK Administrator also sits on the Council as is an active**

participant along with the Child Care Director and Head Start Collaboration Director. This body works to ensure that children receive the benefits from PreK, child care and Head Start. It also ensures that these three entities come together to meet the community needs in an effective and coordinated manner. On a more operational level, the PreK administrator meets regularly with the Collaboration Director to review enrollment information to ensure that children are connected to the programs best suited to meet their needs. Additionally, the ECCE Governance committee reviews recommendations and proposals regarding RI's PreK mixed delivery model, particularly as RI prepares for new, innovative service delivery models set to launch in the fall of 2021 one of which will include a new model that leverages CCAP enrollment and engagement.

- ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:

DHS (Lead Agency) is responsible for child care licensing and monitoring. The licensing unit transferred from the Department of Children, Youth and Families (DCYF) in October 2019 to strengthen and deliver high quality child care services to Rhode Islanders and better support the workforce. DHS partnered with DCYF to ensure the updating of the State's licensing regulations to achieve the state's goal of creating a system that fosters the highest quality environments for all children and families. This transfer was a critical step in achieving the state's goal for creating and maintaining high quality child care settings for all children. The Department of Children, Youth and Families sits on the Children's Cabinet and Early Learning Council. DCYF oversees foster care and has a contractual relationship with DHS to administer subsidies to at-risk, eligible families receiving foster care, as well as supporting the day-to-day coordination of child welfare issues which require ongoing coordination with child care operations.

- x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results:

Rhode Island Department of Education (RIDE) manages and administers CACFP. Through internal coordination, the two departments work together on behalf of children and families to ensure these services are effectively provided to eligible children and child care providers.

- xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:

The state strives to ensure the support of our state's children experiencing homeless from birth-age 5 through Head Start. The DHS child care subsidy system is preparing to more effectively serve this at-risk population by facilitating a streamlined eligibility process which then leads to prompt, immediate enrollment. This enables our licensing body to prioritize homeless children by fast-tracking certain key licensing considerations to ensure at-risk families are appropriately supported at a time when they clearly need it the most. The Lead Agency (DHS) also has ongoing discussions with the Head Start Collaboration Office to develop strategies which will address the ongoing child care needs of these families for comprehensive services in ways that will support children and families in securing self-sufficiency and out of homeless status. The Office of Child Care at DHS does not have a waitlist for families seeking child care assistance. As such, the Department can prioritize the enrollment of homeless children into care immediately. The McKinney Vento Coordinator sits at the Department of Education and participates on the Early

**Learning Council. Discussions occur regularly between the McKinney Vento Coordinator, TANF Administrator and RI Coalition for the Homeless, to inform the need for services for this population and to provide policy guidance to the lead agency. A priority of the Children's Cabinet is to ensure all children experiencing homelessness have access to high quality early care.**

- xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:

**The Department of Human Services serves as the lead agency for TANF and administers the RI Works (RIW) program to more than 5,000 Rhode Islanders yearly. The program administrators for RIW and CCAP meet regularly to ensure the goals, processes, and results of each program are well coordinated and meet the needs of the program participants.**

- xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:

**The Executive Office of Health and Human Services (EOHHS) administers the Medicaid program known in RI as Rite Care. This coordination ensures seamless eligibility for children in both programs. This coordination is also monitored as part of the Early Learning Council and Children's Cabinet.**

- xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:

**The state agency responsible for adult mental health, Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH), is managed by the lead agency's umbrella agency, EOHHS. DCYF, also overseen by EOHHS is responsible for the oversight of children's mental health. There is opportunity across these agencies for internal coordination of mental health and child care services to ensure that children with potential or realized mental health issues receive the services they need to successfully participate in community-based child care whenever feasible.**

**The Lead Agency has a contractual relationship with Bradley Hospital, our community-based mental health expert, and Brown University, to administer a recognized program that provides mental health consultation to child care programs, as well as individual children and families.**

**Given the tremendous impact that the COVID-19 pandemic has had on the mental health of children, families, and the early childhood workforce the lead agency intends to prioritize additional initiatives to support the social and emotional well being of these groups in the upcoming years.**

- xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:

**Rhode Island does not have an "official" CCR&R as defined by ACF. Rhode Island's quality rating improvement system (QRIS) serves as the child care referral agency for**

Rhode Island. All CCDF subsidized families are directed to BrightStars (QRIS) to assist in locating child care. DHS contracts with RI AEYC to oversee the day to day operations of BrightStars, which provides consumer education and marketing to families around choosing quality child care. In February 2021, Rhode Island launched a new Consumer Website to serve as the centralized source for consumer education. This new site allows families to search for a child care program by multiple factors, including, but not limited to, program type, quality level, geography, hours of operation and languages spoken by staff and children. The new website ([earlylearningprograms.dhs.ri.gov](http://earlylearningprograms.dhs.ri.gov)) can be accessed through (<http://kids.ri.gov>) <http://kids.ri.gov> and [exceed.ri.gov](http://exceed.ri.gov). Future work is focusing on blending the comprehensive information on both websites into one.

This new consumer website replaced the previously utilized Rhode Island's Early Care and Education Data System (ECEDS) which was limited in capacity and no longer current from a technological standpoint. However, information pertaining to the training and professional development of the early childhood workforce is still current on [exceed.ri.gov](http://exceed.ri.gov) and the workforce can access information about the state's contractors at that site. The state contracts to support a number of early childhood training initiatives, including with BrightStars to implement the TEACH Program, the Community College of Rhode Island (CCRI) and Rhode Island College (RIC) to support higher education workforce education and training opportunities. In addition to higher education, the lead agency contracts with the Education Development Corporation to operate the state's PDTA Hub which works closely and is housed in the same office building as BrightStars to deliver high quality professional development to support the workforce in increasing credentials and moving along the quality continuum. Additional initiatives funded under PDG include the Child Care Health Consultation Model, the LISC Child Care Facilities Fund, Registered Apprenticeship, and the PDG Pathways (EHS-CC expansion model) project. Information about these initiatives can also be found on the lead agency's website.

xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals, processes, and results:

The statewide afterschool network advocates on both the Early Learning Council and PLCC. This advocacy has led to the development and refinement of policies pertaining to school age children eligible for CCDF funding. In addition, the QRIS BrightStars' system, includes after school programming in their quality rating improvement system. Additionally, United Way RI is currently coordinating the program design and strategic planning of school-age care across the state.

xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:

The lead agency, recognizing that child care is not immune to the risks of natural and manmade disasters, worked collaboratively with several state agencies to develop an emergency preparedness plan to ensure that continuity of care during such disasters while also establishing a cadence for response to disaster during the operating hours of child care. This plan, known as the Rhode Island Child Care Emergency Preparedness Plan, is available for review on the RI DHS website (<https://dhs.ri.gov/media/2856/download?language=en>) <https://dhs.ri.gov/media/2856/download?language=en> . Several state agencies are identified

as partners in the development and implementation of the plan including the Rhode Island Department of Health (RIDOH), the Rhode Island Department of Education (RIDE) and the Rhode Island Emergency Management Agency (RIEMA). Key sections to the plan include communication strategies (who, when, how), plans for reunifying children with families should a disaster occur during operating hours, recovery-based steps that are aligned to the National Disaster Recovery Framework, and the continuation of both child care and child care subsidies in the event of a disaster or emergency. Additionally, this plan was updated in 2021 to reflect the lead agency's response to COVID-19. The plan also contains resources for licensed child care providers to review when developing their own emergency preparedness plan, which is a requirement to become and maintain a child care license. The goal of this plan continues to be to ensure that the lead agency and providers are prepared and have safe measures in place before, during, and after an emergency or disaster. This plan is reviewed annually by the lead agency to ensure that recommendations and goals are aligned with the broader state wide emergency plans outlined on the Rhode Island Emergency Management Agency website (<http://www.riema.ri.gov/>) <http://www.riema.ri.gov/>.

b. Coordination goals, processes and results with optional partners

The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

i. State/territory/local agencies with Early Head Start – Child Care Partnership grants. Describe:

The Lead Agency houses the Head Start Collaboration Office and provides State Supplemental funding grants to the local Head Start Agencies. The state's largest Head Start Agency is also the state's sole EHS-CCP Grantee and is a strong partner of the Lead Agency. To address the state's shortage of high-quality infant/toddler care identified through the state's facilities needs assessment, the Lead Agency has contracted with the state's EHS-CCP grantee to scale their model to support the development and expansion of high-quality Infant/Toddler slots. The HSCO oversees this work and previous to their appointment to the collaboration office role, they served as the Director of an EHS-CCP site which successfully improved program quality through the state's QRIS from a 2 to a 5 star program in four years, making them uniquely qualified to support this work. The State's previous efforts support the continuous eligibility of child care partnership enrollees to age 3, regardless of their parents'/caregivers' employment status has been unsuccessful so far. The Lead Agency recognizes this is a core expectation of the Office of Head Start and a fundamental change in child care policy and is committed to continuing to work to achieve this goal.

ii. State/territory institutions for higher education, including community colleges. Describe:

The Department of Human Services is strongly inclusive of all Higher Education Institutions in Rhode Island, soliciting their input and ideas through the Early Learning Council, and Permanent Legislative Commission on Child Care, to which they hold memberships. The Office of the Post-Secondary Commissioner also sits on the RI Children's Cabinet. The Department of Human Services (Lead Agency) also enters into contractual

relationships with the Community College of Rhode Island (CCRI), and Rhode Island College (RIC) to provide credit bearing course work and training critical for a well-trained, quality workforce. DHS also contracts with the Rhode Island Association for the Education of Young Children (RIAEYC) to implement the T.E.A.C.H. scholarship program, providing scholarships and supports to child care providers who pursue early childhood coursework and administer the Registered Apprentice program that requires the completion of a CDA through CCRI. In the upcoming year the state intends to focus on additional workforce development initiatives using GEERs funds that have been invested in the Office of the Postsecondary Commissioner. This work will focus on expanding existing pathways and developing alternative ones for the early childhood workforce.

[x] iii. Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:

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

[x] iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe:

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

[x] v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe:

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

[x] vi. State/territory agency responsible for child welfare. Describe:

The Department of Children Youth and Families has statutory responsibility for child welfare including administering the DHS subsidy program for the children and families in their care. DCYF contracts with



community agencies to support a variety of childcare strategic investments. For example, the "Getting to Kindergarten" initiative at DCYF, funded through the Kellogg Foundation, seeks to ensure all foster child have access to high quality child care by removing barriers and supporting enrollment. This goal will be prioritized in coordination with the Office of Child Care, Bright Stars and the RI QRIS.

vii. Provider groups or associations. Describe:

The Office of Child Care is in regular communication with key organizations which represent entities who provide, and organize, child care services. The Child Care Directors Association, the Head Start Association, the Family Child Care Union (SEIU 1199,) the Rhode Island Association for the Education of Young Children (RIAEYC,).

viii. Parent groups or organizations. Describe:

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

ix. Other. Describe:

The lead agency works closely with key child care advocacy and policy organizations in the state to align on strategic initiatives and gather expertise on local and national policy to improve outcomes for children and families served by the CCDF program. These groups include RI KIDS COUNT and The Economic Progress Institute.

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

*Optional Use of Combined Funds:* States and territories have the option to combine CCDF funds with any required program in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)).

Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer

CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory Prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: [https://www.acf.hhs.gov/sites/default/files/occ/acf\\_im\\_ohs\\_15\\_03.pdf](https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf)).

#### 1.5.1 Combined funding for CCDF services

Does the Lead Agency choose to combine funding for CCDF services for any programs identified in 1.4.1 (98.14(a)(3))?

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a. How you define “combine”

**State and federal funds for subsidized child care are blended at the lead agency level. This results in a seamless process for families applying for services. In other programs or activities, funds are combined at the state level, where CCDF is used to supplement or support quality improvement activities within the early care and education system**

b. Which funds you will combine?

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

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.

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

d. How you will be combining multiple sets of funding, such as at the state/territory level, local level, program level?

**Funds are combined at the agency or state level.**

e. How are the funds tracked and method of oversight

**Subsidized child care expenditures are tracked at the state level. Expenditures for CCDF**

**contracted activities are tracked each month and DHS monitors contractors for adherence to contract terms and measures.**

### 1.5.2 CCDF Matching and MOE Requirements

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

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

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

a. N/A—The territory is not required to meet CCDF matching and MOE requirements.

b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state-/territory-specific funds (tobacco tax, lottery), or any other public funds.

i. If checked, identify the source of funds:

#### **State Appropriation**

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

i. If checked, are those funds:

A. Donated directly to the state?

B. Donated to a separate entity(ies) designated to receive private donated funds?

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

d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent):

i. If the percentage is more than 10 percent of the matching

fund requirement, describe how the state will coordinate its Prekindergarten and child care services:

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

e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

- i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).
- ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:
- iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent):
- iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:

f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

- i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?

## 1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

### 1.6.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the

COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post- pandemic.

Rhode Island has a long history of collaborative planning across the early childhood/child care system. The Legislative Commission on Child Care originated in 1985 and was made permanent in 1989 and titled the Permanent Legislative Commission on Child Care (PLCCC). The PLCCC acts as an advisory body to the Rhode Island State Legislature and relevant government bodies to adequately plan and advocate for the state's current and future child care and early education needs. Originally launched in 1991, Governor Gina M. Raimondo reconvened The Rhode Island Children's Cabinet in July 2015, after working with the General Assembly to revise the statute establishing the Cabinet as a decision-making entity for children. The Cabinet is charged with engaging in interagency agreements and appropriate data-sharing to improve services and outcomes for children and youth, and membership consists of directors of all state agencies having programs impacting children 0-24. In 2019, under the Preschool Development Planning Grant, RI established an Early Childhood Governance Framework. The Steering Committee for this Governance Framework consists of Cabinets members across state government. Five objective leads (spanning across RI Department of Health, RI Department of Human Services, Governor's Office and RI Department of Education) advance the core priorities of the ECCE Strategic Plan governed and directed by the Early Childhood Governance Steering Committee who are empowered to make decisions monthly. Through the Preschool Development Grant Birth through Five (PDG B-5), RI engaged consultants to supplement the state's wealth of existing data with new needs assessment (NA) studies devoted to workforce, family, and facilities. Throughout Fall 2019, these needs assessments findings were shared with and validated by stakeholders representing the five state agencies overseeing the PN-5 system. Additional sessions were held with the RI ELC members, with an opportunity to review the feedback and engage in discussions to identify key strategies and actions. Their feedback was incorporated into the final reports provided to the state in September of 2019. The aggregated and rich feedback to both the needs assessment and subsequent state-developed strategic recommendations served as the basis for designing the comprehensive strategies and actions outlined in this Strategic Plan for Early Childhood Care and Education in Rhode Island. The Children's Cabinet held final ownership over synthesizing the various inputs provided above and refining the specific objectives, strategies, and actions to be included in our focused 2020-2023 Strategic Plan. Successful Start, implemented in 2005, is a state agency community agency advisory body that was established to facilitate interagency policies and approaches to serving vulnerable young children. Currently, the steering committee is focused on alignment and coordination between early childhood partners, this including work such as ensuring children in child welfare are connected to comprehensive services, supporting mental health consultation to family home visiting. The Rhode Island Early Learning Council was created in June 2010 according to the guidelines for State Early Care and Education Advisory Councils outlined in the federal 2007 Head Start Reauthorization Act. The Council facilitates the development of high-quality systems of early childhood education and care, from birth to age 8, with the goal of improving school readiness and success in school and serves as an advisory body to the RI Children's Cabinet. In addition to holding membership on the above groups, the lead agency continues to coordinate a significant portion of work with other agencies as outlined above. For example, DHS partners with Local Initiatives Support Corporation, Rhode Island (LISC) to administer the Child Care Facilities Fund with the mission of working to improve the quality and availability of RI child care facilities. LISC RI has collaborated with public and private partners to secure sufficient funding to create and maintain a statewide facilities fund offering low interest loans, zero-interest pre-development loans and planning grants, and targeted mini-grants in order to expand supply and create quality environments for children in child care. Through the State's Preschool Development Grant the Lead Agency has also partnered with LISC to allocate additional funding to Facilities Planning Grants to DHS licensed child care programs to address facilities challenges identified through the statewide Facilities Needs Assessment. This work has also been prioritized in anticipation of a 15-million-dollar Early Learning Facilities Bond which just passed in early March and will support the enhancement and creation of ECE facilities throughout the state in the coming years. In 2005, Rhode Island began developing a statewide Quality Rating and Improvement System - Rhode Island known as BrightStars -- to help guide and support quality improvement for child care programs. The design process was funded by the United Way of Rhode Island and led by a 30-member Steering Committee that

included for-profit and non-profit providers, advocates, professional development consultants, and higher education. In 2007, BrightStars launched statewide with funding from CCDF Quality set-a-side, in addition to United Way of Rhode Island. In addition to the public-private partnerships formed as part of Rhode Island's quality improvement efforts, DHS is an active and engaged partner on other boards, committees and councils providing information to state partners about early care and education services, child, family, and provider needs, and available services. By working with programs and agencies, partners can work collaboratively, seeking solutions based on best practices, with the goal of maximizing service delivery across the system. The Department of Human Services has made concerted effort, and progress, to prioritize the collaboration of public and private organizations to strengthen policy, and implementation, of the state's child care plan. In 2018, a group of stakeholders across the state have come together to prioritize the redesign, or strengthening, of the state's QRIS. These think tank sessions were facilitated across departmental agencies and community partners to prioritize the engagement of providers to understand, and support, the state's efforts to identify and prioritize high-quality child care. Additionally, quarterly provider meetings are held by the Department to gauge input and develop supports for implementing policy changes in child care settings. In response to the COVID-19 pandemic the frequency of the provider meetings were increased to once a month to address urgent health and safety questions posed by RI's child care providers that continued to provide in person services. RI KIDS COUNT, an organization committed to supporting the implementation of the state's child care plan, works extensively with the Department to convene diverse audiences for in-person discussions related to policy. In 2018, the Department advocated for Tiered Reimbursement Rates in the General Assembly (tying reimbursement rates for CCAP families to a provider's quality rating,) both public and private organizations came together across the state to advocate for improved rates. This initiative successful passed for infant/toddler rates and was enacted in the FY2019 budget. To continue advocacy for Tiered Reimbursement at the Preschool level, the Lead Agency has turned its focus to professional organizations such as Chambers of Commerce to develop partnerships that promote the continued progress towards a high-quality and stable workforce, calling attention to the disparity of wages in comparison to the private sector. Faith-based organizations actively support the school readiness goals, specifically third grade reading readiness and are actively engaged in the Early Learning Council. Brown University lends its expertise to the Lead agency in our efforts to identify and use accurate and meaningful data to guide our continuous improvement efforts. In recent years this partnership has been expanded as the department in coordination with other state agencies works with the Hassenfeld Institute to conduct cohort-level evaluation on grade-level reading indicators. The partnership will be expanded during the coming year when department will work with the Hassenfeld Institute to utilize state birth cohort data and begin to evaluation the effects of CCDF funded child care services on future learning outcomes. Additionally, Brown University offer various lectures series on topics such as brain development in the early years and toxic stress and toxic stress and its impact on children and families. These lectures provide opportunities to inform the Office of Child Care, as well as the community, to issues critical to the oversight of the child care system. Quarterly, DHS (Lead Agency) convenes all its partners in Workforce Development Design Sessions, to coordinate and align the professional development opportunities for the early learning workforce, including our recently launched Registered Apprenticeship program which is geared towards supporting entry level teacher's assistants to earn their CDA credential through experiential learning, prescribed professional development, mentoring/coaching and assessment.

## 1.7 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the state.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

*Note:* Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

#### 1.7.1 Funding local or regional CCR&R organizations

Does the Lead Agency fund local or regional CCR&R organizations?

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

Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

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

**Due to the small size of Rhode Island, the Lead Agency elected to fund one statewide resource and referral program through the RI Association for the Education of Young Children known as RIAEYC. RIAEYC also manages the BrightStars QRIS system. This collaboration allows for a fully coordinated system which delivers consistent, high-quality services to Rhode Island families. While RIAEYC manages the CCR&R it works closely with other agencies such as the Center for Early Learning Professionals (the state’s professional development and technical assistance vendor), the Department of Education and various other state entities to ensure that families are able to search and locate child care based on their individual needs throughout the state.**

RIAEYC offers 24 hours a day, 7 days a week phone line operated by bi-lingual staff members. In an effort to support the CCR&R process, the Lead Agency launched a new consumer website (earlylearningprograms.dhs.ri.gov) in March of 2021. RIAEYC has been instrumental in the development and launch of this site. As the CCR&R they will both direct families to and access the site themselves to support families in finding care. This parent-friendly website offers transparent information on the availability and quality of all child care centers and family child care providers in the selected community ensuring that families are able to make informed decisions relating to care. Additional information including providers' BrightStars ratings (QRIS), ages served, location, hours of operation, and capacity can be found on this site. Recent updates incorporated into the new system also allows the lead agency to pull real time data related to these categories. This system also allows us to identify gaps in service areas to inform the community of where to target increased capacity and to focus energy on quality improvements.

## 1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

### 1.8.1 Statewide disaster plan updates

Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

No

Yes. If yes, describe the elements of the plan that were updated:

**The plan was updated in May 2021 to reflect the state's response to the COVID-19 pandemic and the CCDF payment practices that were adopted in response to the state of emergency.**

### 1.8.2 Statewide disaster plan continued compliance

To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

a. The plan was developed in collaboration with the following required entities:

i. State human services agency

ii. State emergency management agency



- iii. State licensing agency
  - iv. State health department or public health department
  - v. Local and state child care resource and referral agencies
  - vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- b. The plan includes guidelines for the continuation of child care subsidies.
- c. The plan includes guidelines for the continuation of child care services.
- d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
- i. Procedures for evacuation
  - ii. Procedures for relocation
  - iii. Procedures for shelter-in-place
  - iv. Procedures for communication and reunification with families
  - v. Procedures for continuity of operations
  - vi. Procedures for accommodations of infants and toddlers
  - vii. Procedures for accommodations of children with disabilities
  - viii. Procedures for accommodations of children with chronic medical conditions
- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

### 1.8.3 Website link to statewide child care disaster plan

If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

**<https://dhs.ri.gov/regulations/state-plans>**

## 2 Promote Family Engagement Through Outreach and Consumer Education

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

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. OCC

expects that Lead Agencies are using targeted strategies for each group to ensure tailored consumer education information. In this section, Lead Agencies will address how information is made available to families, the general public and child care providers to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children’s development, including their social-emotional development, is shared.

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

## 2.1 Outreach for Limited English Proficiency and Persons with Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and child care providers with disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

### 2.1.1 Strategies to provide outreach and services to eligible families

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

- a. Application in other languages (application document, brochures, provider notices)
- b. Informational materials in non-English languages
- c. Website in non-English languages
- d. Lead Agency accepts applications at local community-based locations
- e. Bilingual caseworkers or translators available
- f. Bilingual outreach workers
- g. Partnerships with community-based organizations
- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- i. Home visiting programs
- j. Other. Describe:

### 2.1.2 Strategies to provide outreach and services to disabled family members

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

- a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- b. Websites that are accessible (e.g., Section 508 of the Rehabilitation Act)
- c. Caseworkers with specialized training/experience in working with individuals with disabilities
- d. Ensuring accessibility of environments and activities for all children
- e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- f. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- h. Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children
- i. Other. Describe:

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

## 2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16 (s); 98.32(d)).

### 2.2.1 Reporting process for submitting complaints

Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:

**There are a number of different ways where parents can submit complaints about child care providers to the Lead Agency. All persons in Rhode Island are required by law (RIGL 40-11-3) to report known or suspected cases of child abuse and/or neglect to the Department of Children, Youth, and Families within 24 hours of**

becoming aware of such abuse/neglect through their child abuse hotline (1-800-RI-CHILD). This hotline is operated 24 hours a day, 365 days a year. Reports of suspected abuse and/or neglect related to both licensed and license exempt child care providers are filtered through the hotline. If the complaint rises to the level of DCYF investigation, the Department of Children, Youth and Families will investigate and coordinate with Lead Agency on their findings and potential next steps. If the complaint does not rise to the level of suspected abuse or neglect, and is more regulatory in nature, it will be directed back to the lead agency for follow up. At that time, the lead agency will conduct a complaint or unannounced monitoring visit, depending on the situation. Additionally, anyone can file a complaint regarding both licensed and license exempt providers directly with the lead agency. Complaints related to licensed providers are directed to the main child care licensing email ((mailto:DHS.ChildCareLicensing@dhs.ri.gov" target="\_blank) DHS.ChildCareLicensing@dhs.ri.gov). Complaints related to license exempt providers are directed to the CCAP email ((mailto:DHS.ChildCare@dhs.ri.gov" target="\_blank) DHS.ChildCare@dhs.ri.gov). Complaints received by the lead agency may be called into the DCYF hotline by the lead agency if the complaint seems to include suspected abuse and/or neglect. Regardless of the access point for the complaint, all complaints are logged in the states provider data system and addressed on an individualized basis.

#### 2.2.2 Process and timeline for screening, substantiating, and responding to complaints

For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Complaints received by DCYF's child abuse hotline regarding both licensed and license exempt providers are reviewed internally by DCYF to determine if the report meets investigatory criteria. If an investigatory criteria is met, the timeline for this investigation is determined by DCYF's internal operating procedures as it pertains to Child Abuse Neglect Investigations (<http://www.dcyf.ri.gov/policies/>) Any complaint received by DCYF that does not meet investigatory criteria is documented in the state's child welfare and licensing system using the licensed child care providers unique provider identification number. A report being entered in RICHIST automatically sends a notice to the lead agency that the complaint was received. This notification includes specific information related to the complaint. These redirected reports, as well as any complaint regarding a licensed provider received by the lead agency, are responded to by the lead agency within three (3) to five (5) business days depending on the severity of the complaint. This response may be in the form either a visit, phone call or email to the provider requesting follow up documentation related to the complaint. If the complaint presents a risk to children's health or safety (that is not imminent), a visit is conducted to the provider within those 3-5 business days. During the visit, the licensing staff will inform the provider about the nature of the visit (while maintaining anonymity of the person who made the complaint), and the applicable regulations associated with the complaint. This visit is documented on the lead agencies licensing monitoring report. This report outlines all observations from the visit, including any noncompliance to regulations that was observed. These observations are used to determine if the complaint should be substantiated. If either the substantiated complaint or the observations made during the visit are severe or reflect a history of serious noncompliance, licensing action may be initiated by the lead agency.

As of October 1, 2018 the only license exempt providers approved by DHS for participation in the subsidy program consist of only relative providers. These providers are exempt from DHS Child Care licensing regulations.

### 2.2.3 Maintaining records of substantiated parental complaints

Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

**For licensed child care providers, both substantiated abuse and/or neglect allegations received by DCYF and substantiated parental complaints received by the lead agency are documented in the shared data system used for both child welfare and child care provider data (RICHIST). In addition, the Lead Agency has its own database for documenting complaints that are provided to the Licensing Unit. Documenting it in both places attaches specific complaints and correspondences to a provider in our RICHIST system, and also provides the Lead Agency with the ability run comprehensive reports on the complaints received for ongoing monitoring. Both of these methods are documented as such, regardless of how the complaint was substantiated. If the complaint resulted in a visit to the provider by the Lead Agency, a hard copy of the monitoring report generated from this visit, is shared with the provider, and placed in the provider's hard copy record. This monitoring visit is also documented in RICHIST and the spreadsheet. Rhode Island will be in compliance regarding the posting of monitoring reports by October 1, 2021 going forward. They will be posted under the provider's information when a consumer searches for a provider. These will be in plain language to ensure families searching for care are able to identify and understand the outcome of the complaint.**

**As of October 1, 2018 the only license exempt providers approved by DHS for participation in the subsidy program consist of only relative providers. These providers are exempt from DHS Child Care licensing regulations.**

### 2.2.4 Making information about substantiated parental complaints available to the public

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

**Parental complaints investigated by DCYF resulting in an indicated (substantiated) abuse and/or neglect allegations are available to the public through an Access to Public Records Act (APRA) request through DCYF. The process and forms required for this request can be found at (<http://www.dcyf.ri.gov/apra/>) <http://www.dcyf.ri.gov/apra/>. Licensed child care providers or staff who are employed at a licensed child care provider, who are indicated by DCYF for abuse or neglect face disciplinary action initiated by the lead agency in the form of either termination of the employee (if center based or an assistant at a family child care provider) or closure of the provider (both center based and family child care home). In the instance of a program closure, parents are required to be notified by the program and the lead agency regarding the closure. Additionally, the lead agency's licensing unit maintains information regarding all complaints received, investigative actions, and resolutions. Complaints against license-exempt relative providers that have been approved by DHS for participation in the CCAP program are received by the Office of Child Care and appropriately referred to DCYF should the complaint reference any imminent, urgent health and safety risk to the child's wellbeing. Important to note: in RI, all license-exempt providers are relatives. With this in mind, the Office of Child Care historically does not receive any parent complaints on license-exempt care. Any monitoring visits that were initiated due to a parental complaint will result in a copy of that monitoring report and its findings posted to the new consumer search website <https://earlylearningprograms.dhs.ri.gov/>**

### 2.2.5 Citations related to parental complaints

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

**Imminent health and safety risks are expected to be reported to the Department of Children, Youth and Families via their Child Abuse and Neglect hotline. 218-RICR-70-00-1 Child Care Center and School Age Program Regulations for Licensure 1.8.E states that any suspected case of child abuse and/or neglect is reported to the Rhode Island Department of Children, Youth and Families Child Protective Services hotline within 24 hours in accordance with State law and Department policy. If the suspected case occurred at the program, the program must report to the Department's licensing unit after reporting to the CPS hotline. Any complaints not related to child abuse or neglect are asked to call the main licensing line or email and submit the complaint. The licensing team responds to every complaint received by documenting all components to the outreach and following up more formally, in-person, with an unannounced visit. Licensing action may take place after an in-person visit is conducted.**

## 2.3 Consumer Education Website

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

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

### 2.3.1 Consumer-Friendly and easily accessible website

Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):

**In 2019, leveraging the Preschool Development Planning Grant, the Lead Agency partnered across agencies to design and build a new consumer website for families with children in RI. This website, [kids.ri.gov](http://kids.ri.gov), links directly to the state's previous consumer website (which is still operational,) [exceed.ri.gov](http://exceed.ri.gov). Overtime the content on [exceed.ri.gov](http://exceed.ri.gov) will migrate to [kids.ri.gov](http://kids.ri.gov) to ensure one fully operational and federally compliant consumer website exists for RI families and providers. Given the familiarity of the [exceed.ri.gov](http://exceed.ri.gov) website for both families and providers, the state will work incrementally to migrate the information to begin familiarizing families**

and providers with the new kids.ri.gov platform. Both of these websites are consumer-friendly as they are searchable, easy to navigate, written in plain language, and can be translated into multiple languages.

### 2.3.2 Website access for families whose primary language is not English

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

**Currently the full website can be translated into over seventy languages with a click of a button. Additionally, BrightStars (RIAIEYC) employs bilingual staff to answer questions over the phone. For phone inquiries that are beyond the languages available through BrightStars, families can be sent directly to the 211 helpline through the United Way. The 211 Helpline is listed on the Exceed website under the family tab as "One call gives you access to resources across your community." By clicking on the "Learn More" tab, the consumer is brought to the 211 website where they can search for resources in English, Spanish, and Portuguese as well as several other languages. The consumer can also chat online, text or call 211 directly to speak to a person in English or Spanish. 211 staff can assist consumers in accessing tele-interpreter services for other languages. 211 staff can also support persons with disabilities to utilize, and understand, the website, if needed.**

### 2.3.3 Website access for persons with disabilities

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

**The child care consumer website was designed based on the four common accessibility principals (perceivable, operable, understandable, robust) to ensure persons with disabilities can access the information. The website is clearly organized with appropriate headers, it's written in plain language, and accessible across multiple browsers and devices. Families who may have disabilities and need assistance navigating the website are also able to access additional supports by contacting the child care referral specialist hotline at 1-855-398-7605. Referral specialists are able to provide recommendation for child care programs both through verbal and written communication, including meeting with families onsite to assist in making phone calls, etc. to find care. Families are also able to access United Way's 211 hotline for additional supports navigating the website. These include a hearing relay for those who are hearing impaired and/or a direct referral to The Point. The Point is a phone system operated by the United Way that provides direct assistance to adults with disabilities. Additionally, families of children with disabilities are able to directly access services from the Exceed and kids.ri.gov websites. These resources include direct links to Early Intervention, Bradley Hospital's Success program, local Child Outreach locations, and the Rhode Island Parent Support Network.**

### 2.3.4 Child care policies and procedures

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

- a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2:

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

**As of October 1, 2018 the only license exempt providers approved by DHS for participation in the subsidy program will consist of only relative providers. These providers are exempt from DHS Child Care Unit licensing regulations.**

b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

**It will be provided at the bottom of the page when a consumer searches for a child care center at <https://earlylearningprograms.dhs.ri.gov/>**

c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

**<https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/background-checks>**

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

**([http://www.dcyf.ri.gov/policyregs/criminal\\_records\\_checks\\_\\_addendum.htm](http://www.dcyf.ri.gov/policyregs/criminal_records_checks__addendum.htm))  
[http://www.dcyf.ri.gov/policyregs/criminal\\_records\\_checks\\_\\_addendum.htm](http://www.dcyf.ri.gov/policyregs/criminal_records_checks__addendum.htm)**

### 2.3.5 Searchable list of providers

How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a. Provide the website link to the list of child care providers searchable by ZIP code:

**[Earlylearningprograms.dhs.ri.gov](http://earlylearningprograms.dhs.ri.gov) is the searchable webpage. [exceed.ri.gov](http://exceed.ri.gov) and [kids.ri.gov](http://kids.ri.gov) are both websites that link to the first webpage.**

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

- i. License-exempt center-based CCDF providers
- ii. License-exempt family child care (FCC) CCDF providers
- iii. License-exempt non-CCDF providers
- iv. Relative CCDF child care providers
- v. Other. Describe:

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

c. Identify what informational elements, if any, are available in the searchable results. Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results. Check the box when information is provided.

Provider Information Available in Searchable Results

All Licensed Providers



- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Center-based Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Family Child Care Home Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt Non-CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training

- Languages spoken by the caregiver
- Quality information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

Relative CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

d. Other information included for:

- i. All Licensed providers.

**Photos, availability, license expiration date, acceptance of CCAP subsidy and additional accreditations.**

- ii. License-exempt CCDF center-based providers.

- iii. License-exempt CCDF family child care providers.

- iv. License-exempt, non-CCDF providers.

- v. Relative CCDF providers.

### 2.3.6 Provider-specific quality information

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

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

- i. Quality rating and improvement system

- ii. National accreditation
- iii. Enhanced licensing system
- iv. Meeting Head Start/Early Head Start Program Performance Standards
- v. Meeting Prekindergarten quality requirements
- vi. School-age standards, where applicable
- vii. Other. Describe:

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

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

- i. Licensed CCDF providers. Describe the quality information:

**RI's Quality Rating and Improvement System (QRIS) is called BrightStars. BrightStars uses a combination of standardized assessment tools and a formalized review of staff qualifications and credentials to award programs with a quality rating. Child care licensing (health and safety regulatory requirements as governed by DHS) represent the first, foundational building block of the state's QRIS. The BrightStars framework has ten quality standards at five different star levels. Additional measures of quality for CCDF providers that are reflected in the QRIS include: NAEYC accreditation, Head Start Performance Standards, RI Early Learning and Development Standards, Environmental Rating Scales, Basic Educational Program Compliance which is the set of regulations for the RI public education system and CECE approval.**

- ii. Licensed non-CCDF providers. Describe the quality information:

**Providers are rated on a set of 10 QRIS Standards, at 5 different star levels. Other measures of quality for non-CCDF providers are: NAEYC accreditation, Head Start Performance Standards, RI Early Learning and Development Standards, Environmental Rating Scales, Basic Educational Program Compliance which is the set of regulations for the RI public education system and CECE approval.**

- iii. License-exempt center-based CCDF providers. Describe the quality information:

- iv. License-exempt FCC CCDF providers. Describe the quality information:

- v. License-exempt non-CCDF providers. Describe the quality information:

- vii. Relative child care providers. Describe the quality information:

- viii. Other. Describe:

### 2.3.7 Monitoring and inspection reports on consumer education website

Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):

i. Full monitoring reports that include areas of compliance and non-compliance.

ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance. If checked, provide a direct URL/website link to the website where a blank checklist is posted.

**By May 9, 2022, full monitoring reports will be posted to the consumer website. You will be able to access them using the link at [earlylearningprograms.dhs.ri.gov](https://earlylearningprograms.dhs.ri.gov) and searching for programs. We are not adding previous monitoring visits in full form, but will have any visits that occur after May 9, 2022 in full form on the website.**

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

Date of inspection

Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed:

**Health and Safety violations are prominently displayed in the inspection reports that are posted for the public. Once they are posted, they will be maintained moving forward for three years before being taken off the website.**

Corrective action plans taken by the state and/or child care provider. Describe:

**All health and safety violations result in a corrective action plan with clear timelines and steps for providers to rectify the non-compliance. The vast majority of high-risk regulations are rectified on-site with a DHS child care licenser present to assist and document.**

A minimum of 3 years of results, where available.

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

i. Provide the direct URL/website link to where the reports are posted.

**On May 9, 2022, the monitoring reports will be accessible through [earlylearningprograms.dhs.ri.gov](https://earlylearningprograms.dhs.ri.gov) on the state's consumer website, [kids.ri.gov](https://kids.ri.gov). In addition, a blank copy of the full monitoring reports will be found on (<https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/handbooks-forms>) <https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/handbooks-forms>.**

- ii. Describe how the Lead Agency defines timely posting of monitoring reports.

**The lead agency defines timely posting of monitoring reports as within 90 days of the visit.**

- d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

- i. Provide the Lead Agency's definition of plain language.

**All communication, including regulations and monitoring reports are written at a fifth-grade level to ensure families, consumers and providers are able to read and understand.**

- ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

**All communication by the lead agency, including the monitoring reports, are written at a fifth grade reading level. Additional guidance documents are also created for providers and families to understand regulation risk levels that are in plain language and will also be accessible from the website.**

- e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

**This newly created online monitoring system will be fully accessible internally by the licensing unit administrators. Prior to monitoring reports being posted, an administrator must sign off and approve the report. If an inaccuracy is brought the attention of the licensing unit after that initial sign off, the licensing administrators will be able to easily access the system and correct the inaccuracy. Currently, providers sign off on the report at the time of the visit. If subsequent errors or inconsistencies are flagged after posting, the provider can request an edit by emailing the Child Care Licensing Unit at (mailto:DHS.Childcarelicensing@dhs.ri.gov) DHS.Childcarelicensing@dhs.ri.gov. Regardless of the outcome, the DHS Child Care Licensing Unit will respond to the request within three (3) business days. The online software system has functionality that allows DHS users to modify the monitoring report prior to receiving supervisor approval to post**

- f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

- filing the appeal
- conducting the investigation
- removal of any violations from the website determined on appeal to be unfounded.

**Providers can report or appeal any finding on their monitoring report to the Child Care Licensing Unit's main email or phone number. This information is found on the last page of the monitoring report for providers and they should receive a copy of the report before a licensor leaves the program. At the time the licensing unit receives the report of an appeal, an administrator will conduct further analysis on the non-compliance (which may include an additional monitoring visit to the program to observe, a conversation with a provider, or any additional tasks deemed necessary). Any changes based on the appeal will be communicated to the provider, re-signed off on by both the provider and administrator, and when applicable will be formally fixed on the website. There are no specific time frames for filing an appeal, conducting an investigation and removal of violations as it relates to monitoring report findings.**

If a provider is concerned about any of the items of the monitoring reports, they are encouraged to (1) not sign the report at the time of the visit and alert the licenser they will be reaching out and (2) reach out to the Licensing Email immediately and speak to an Administrator. At this time, the Administrator will document the issue and address accordingly.

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

**Providers can report or appeal any finding on their monitoring report to the Child Care Licensing Unit's main email or phone number. This information is found on the last page of the monitoring report for providers and they should receive a copy of the report before a licenser leaves the program. At the time the licensing unit receives the report of an appeal, an administrator will conduct further analysis on the non-compliance (which may include an additional monitoring visit to the program to observe, a conversation with a provider, or any additional tasks deemed necessary). Any changes based on the appeal will be communicated to the provider, re-signed off on by both the provider and administrator, and when applicable will be formally fixed on the website.**

**Reports will be posted as of October 1, 2021 and full monitoring reports will be posted as of May 9, 2022. They will remain posted for a three year span of time before being removed from the website. They will be removed from the website at the first of every month by an administrator at the Department.**

#### 2.3.8 Aggregate data on serious injuries, deaths, and substantiated abuse

Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. Certify by providing:

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

**Any serious injury or death is to be immediately reported to the DCYF child abuse hotline and the Lead Agency. This data is available both in the shared child care/child welfare**

**database as well as other data collection tools that allow for the Lead Agency to extract data as it relates to these reports**

- ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement.

**Substantiated child abuse is any suspected abuse that resulted in an indicated child abuse investigation completed by DCYF.**

- iii. The definition of “serious injury” used by the Lead Agency for this requirement.

**Serious injury is defined as any injury sustained at the licensed child care program that required outside medical attention.**

b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

i. the total number of serious injuries of children in care by provider category/licensing status

ii. the total number of deaths of children in care by provider category/licensing status

iii. the total number of substantiated instances of child abuse in child care settings

iv. the total number of children in care by provider category/licensing status

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

**Prior to the licensing transition, these numbers were posted to DCYF’s website. Since the transition, the Lead Agency has been working with various vendors to update the consumer website to ensure that the posting of this aggregate number is accurate, user friendly and meaningful to the families searching for care.**

**This data can be accessed through this link by opening the consumer statement attachment:  
bhttps://dhs.ri.gov/programs-and-services/child-care/child-care-assistance-program-ccap-head-start**

### 2.3.9 *Referrals to local CCR&R agencies through consumer education website*

The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

**The consumer website, <http://kids.ri.gov>, provides access to Rhode Island’s QRIS, BrightStars. BrightStars assists consumers in searching for an early learning program either online or by contacting a child care referral specialist to discuss. In addition, we have information for families located at [kids.ri.gov](http://kids.ri.gov). Both of this links listed above provide a way to access our updated search functionality, which is [earlylearningprograms.dhs.ri.gov](http://earlylearningprograms.dhs.ri.gov).**

### 2.3.10 Lead Agency contact information on consumer education website

The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:

**<http://kids.ri.gov>. Consumers can call the child care referral specialist at 1-855-398-7605 or the 211 Helpline for assistance. Providers can access the Info-line with any of their program questions.**

### 2.3.11 *Consumer education website link*

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

**(<http://kids.ri.gov>) <http://kids.ri.gov> has been the link to our consumer website. As we grow and expand our services, consumer website information can also be found at [exceed.ri.gov](http://exceed.ri.gov). Both webpages link to the search website, which is [earlylearningprograms.dhs.ri.gov](http://earlylearningprograms.dhs.ri.gov). Future work is focusing on blending the comprehensive information on both websites into one.**

## 2.4 **Additional Consumer and Provider Education Information of provider choices for parents**

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

In questions 2.4.1 through 2.4.5, certify by describing:

### 2.4.1 Information about child care and other services available for parents

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

**[exceed.ri.gov](http://exceed.ri.gov) has been the link to our consumer website. As we grow and expand our services, consumer website information can also be found at (<http://kids.ri.gov>) <http://kids.ri.gov>. Both of these webpages link to our search website, which is [earlylearningprograms.dhs.ri.gov](http://earlylearningprograms.dhs.ri.gov). Future work is focusing on blending the comprehensive information on both websites into one. The website has pages dedicated to providers, families, professionals and programs and serves as the entry point to the RI Early Learning Data Systems (ECEDS). The Program Search feature allows families to search for a program in various ways, including by program type, QRIS rating, location, hours of operation and whether the provider accepts CCAP. This website provides a list of Pre-K's and Head Start programs listed by city and town. The website also contains information related to all facets of child development and related milestones, provider quality, and best practices, as well as links to information on**



other programs available to families, such as developmental screening. Select information is also available on the lead agency website ([www.dhs.ri.gov](http://www.dhs.ri.gov)) and on the Dept. of Children, Youth and Families website ([www.dcyf.ri.gov](http://www.dcyf.ri.gov)) and the QRIS website ([www.brightstars.org](http://www.brightstars.org)). The consumer website has a clearly marked section designated to family information: <https://www.exceed.ri.gov/Pages/Families/FamiliesDefault.aspx> There are clear links to finding quality care, affordable or low/no cost care, and developmental resources. These links provided website materials, as well as links to phone numbers. Some of the materials are available in print form and are distributed around the state. Licensing regulations also have requirements around community resources and family engagement, with the intent that the provider is another distribution stream for available resources. The language is written directed for families and aimed at a fifth-grade ( or lower) reading level.

#### 2.4.2 Required information provided to general public, and eligible parents

How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.

a. Temporary Assistance for Needy Families program:

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

b. Head Start and Early Head Start programs:

The (<https://kids.ri.gov>) <http://kids.ri.gov> website provides links to information on all Head Start programs in the State. Physicians, mental health agencies, programs serving the homeless and other state and community agencies make referrals to Head Start and Early Head Start. DHS provides a list of age eligible TANF children to the local Head Start/Early Head Start agencies to assist with their recruiting. When RIDE advertises for their Pre-K program they also provided information on the local Head Start programs. Child Outreach and Early Intervention make appropriate referrals to the local Head Start /Early Head Start agencies. The 211 Helpline would provide statewide information on these programs.

c. Low Income Home Energy Assistance Program (LIHEAP):

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

d. Supplemental Nutrition Assistance Program (SNAP):

DHS has a coordinated application process where parents can apply for cash assistance, SNAP

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

[x] e. Women, Infants, and Children Program (WIC) program:

The (<https://kids.ri.gov>) <http://kids.ri.gov> website provides links to the RI Department of Health's website, so that parents, providers and the general public can access information about the WIC program.

[x] f. Child and Adult Care Food Program (CACFP):

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

[x] g. Medicaid and Children's Health Insurance Program (CHIP):

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

[x] h. Programs carried out under IDEA Part B, Section 619 and Part C:

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

#### 2.4.3 Information available on physical health and development

Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
  - o parents
  - o providers
  - o the general public
- any partners in providing this information Description:

Information is provided to parents, providers, and the general public through the (<https://kids.ri.gov>) <http://kids.ri.gov> website. The website includes information on identifying a quality program, links to assistance in affording care, developmental milestones and screenings, and ways to support learning and development at home. The Center for Early Learning Professionals serves as the central professional development hub for RI and incorporates research and best practices into provider training. The Lead agency includes the Exceed website URL in the CCAP Pending Certificate Notice which allows parents to access the resources listed on this website, see below. This notice also provides a telephone number to a child care referral specialist to assist with locating quality child care. Information is disseminated via websites and written materials regarding topics such as [Identifying high quality learning programs](#)/[Assistance on affording high quality care](#) [Low and no cost quality programs](#)/[Developmental milestones and developmental screening](#)/[Supporting your child’s learning and development at home \(Including social/emotional development Healthy eating, and physical activity\)](#)/[RI’s Workforce Knowledge Competencies and Frameworks/ Professional development opportunities/Credential and degree programs for early childhood professionals/ Lead Agency licensing unit/BrightStars \(RI’s QRIS\)](#) which includes resources aimed at helping providers improve their quality both in through improved practices and facility related improvements. Information on facility-related quality issues include information on low-interest loans and/or grants to child care providers.

#### 2.4.4 Information on social-emotional, behavioral issues and mental health

Describe how information on the Lead Agency’s policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include

- what information is provided,
- how the information is provided, and
- how information is tailored to a variety of audiences, and
- include any partners in providing this information. Description:

Information is available on the (<https://kids.ri.gov>) <http://kids.ri.gov> website which has pages dedicated to providers, families, professionals and programs. The family page has information on developmental milestones and social-emotional development which can be downloaded. SUCCESS, (Supporting Children’s Competencies in Emotional and Social Skills,) a state-wide Early Childhood Mental Health Consultation (ECMHC) program is designed to support early learning programs who have identified a child in need of child-focused consultation services. SUCCESS communicates primarily with early learning programs prior to initiating a consult. Written descriptions of the program (e.g., brochure), steps for completing the intake process and strategies for talking with families about challenging behavior are provided to programs. Direct communication via telephone and in person is available to answer questions about the scope of services and provide support to programs as they initiate consultation. Programs are also provided a written document that informs the larger program community that a consultant will be working with their early learning program and programs are encouraged to distribute this to staff and families. SUCCESS staff will provide on-site supports to the early learning program where the identified child is enrolled and to the family. Information on SUCCESS can be found on the Exceed website. Bradley Hospital, the oldest children’s

psychiatric hospital in the country provides the clinical staff for this program. RIDE also has a contract to Bradley Hospital for SUCCESS ECMHC supports for their Pre-K classrooms. RIELDS covers the essential domains of early childhood development including social/emotional development and is integrated into BrightStars. DHS partners with Rhode Island Department of Education, Rhode Island Department of Health, Bradley Children's Hospital, the Center for Early Learning Professionals to support mental health needs/concerns in child care programs across the state.

#### 2.4.5 *Policies preventing suspension and expulsion*

Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.

Suspension and expulsion are practices which are not supported by the Department of Human Services, Office of Child Care, unless all other options have been exhausted. Suspension and expulsion are generally not considered to be in the best interest of children and families. In general, when child care providers have a child they are concerned about, they must first work with the child's teacher, family and community supports, such as the child's pediatrician, Early Intervention for children birth to 3 years and Child Outreach for children 3-5 years old, to formulate a plan for supporting the child in the classroom. Bradley Hospital partners with The Center for Professional Development to offer professional development opportunities to prevent this issue. Programs are encouraged to articulate suspension and expulsion policies in their Family handbooks. This policy is posted on the Exceed website. The Department of Human Services has policies pertaining to suspension and expulsion articulated in the licensing regulations: The regulations for center-based care require that programs meet the requirements for special needs (health care, etc.) for all children. In addition to the basic expectations around interactions with children and communications, the regulations state: 214-RICR-70-00-01.11-C. Curriculum: Teaching and Facilitation 214-RICR-70-00-01.13-C.1. j 1. Classroom staff are required to: j. assist children who present challenging behaviors by: (1) identifying and documenting factors that may predict or contribute to the challenging behavior; (2) making adaptations to the child's environment as necessary; (3) supporting families by sharing documentation and information; and (4) providing connection to relevant services and outside resources, when necessary. E. Child Assessment 214-RICR-70-00-01.13. E. 1. Staff work to connect families of Infants and Toddlers to Early Intervention services if a developmental concern arises. 2. Staff work collaboratively with local school districts to ensure that Preschool children have the opportunity to participate in child outreach screening. 3. Screening is not used to label a child, determine a child's placement in the program, deny a child's entrance into the program, or to infer a child's readiness. 4. If the child has an IFSP, the program works with the Early Intervention provider to support the child's IFSP. 5. If the child has an IEP, the program works with the school district to support the child's IEP. F. Family Engagement 214-70-00-01.13. F 1. Programs conduct and document a pre-admission family conference for all children to be enrolled in the program. 2. Families are kept informed through communication including the Family Handbook, periodic newsletters, and ongoing contact with program and classroom staff. 3. Programs must be able to communicate with families, of children who are enrolled, whose primary language is not English, or require alternative methods of communication. 4. If a program chooses to suspend or terminate a child for any reason the program must provide written documentation to the parent/guardian, which includes the specific reasons for the proposed suspension or termination of the child, and the circumstances under which the child may return, if any. 5. There is a means of written/electronic daily communication between staff and families in Infant/Toddler programs, which includes information about the child's routine care. 6. The program is open to families for observations and visits whenever the program is in operation. 7. Families are given the opportunity to engage in their child's learning experience and development.

## 2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include:

- Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance.
- Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)).

This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

### 2.5.1 Certify by describing:

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

**The Exceed website, (<https://exceed.ri.gov>) <https://exceed.ri.gov>, was originally created as the state's consumer website, offering information on developmental screenings and who to contact to schedule this screening. In 2019, an updated link was included on this site redirecting families to [kids.ri.gov](https://kids.ri.gov). This new site, managed by the Children's Cabinet, offers a more thorough search engine, allowing families and providers to search for services by age group or by the name of the agency who will provide the screening. The new DHS center regulations, promulgated in September 2017, state that licensed child care staff are to connect families of infants and toddlers to Early Intervention services if a developmental concern arises. The new family child care regulations will require these providers to do the same. Child care staff are to work collaboratively with school districts to ensure that preschool children can participate in Child Outreach screenings (for children 3-5 years of age.) Developmental screening information is provided to families through their early learning programs and often on-site Child Outreach screening is conducted by the local school department at the child care program. RI Department of Health (DOH) can access a current address for all 3, 4- and 5-year old's through Kidsnet, DOH's children's health database. DOH partners with RIDE and provides them with a current address annually for every 3, 4 and 5-year-old. RIDE then sends a letter to the parents informing them of their child's eligibility for a Child Outreach screening and information on how to obtain this screening. BrightStars, the state's quality rating improvement system, also requires providers to provide developmental screening information to families.**

- b. The procedures for providing information on and referring families and child care providers to

the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

As outlined in DHS child care licensing regulations, providers are expected to provide resources on Early Intervention (for children birth to 3 years old) and Child Outreach (for children 3-5 years of age) materials in their child care settings to inform families about the importance of completing developmental screenings and places they can complete these screenings. More detailed information on this process is outlined in section d (see below) The DHS center regulations, promulgated in September 2017, state that licensed child care staff are to connect families of Infants and Toddlers to Early Intervention services if a developmental concern arises. Also, staff are to work collaboratively with school districts to ensure that preschool children can participate in Child Outreach screenings. The new family child care regulations also require these providers to do the same. All programs participating in BrightStars are required to provide families information on developmental screening.

The lead agency has embedded access, referral and support of EPSDT programming in multiple venues and points of access. In 2019 the lead agency partnered with the RI Children’s Cabinet and several other state agencies to create the kids.ri.gov website. This site is listed on the lead agencies website as well as several other partner sites. Families and providers alike are able to access this site and find resources for all aspects of EPSDT programming broken down by age and program type. This includes links to resources for dental care, Early Intervention, immunization information, and access to services and supports for children with special needs. The lead agency has also imbedded language into our child care regulations that ensure providers are aware of the resources and services available as well as best practices related to children’s health. These regulations include the documentation of immunizations upon enrollment and continued assessment for annual physicals, ensuring that the providers share information and collaborate with their local school districts to ensure that preschool children have the opportunity to participate in child outreach screening. Additionally, providers are responsible for providing enrolling families with a directory of community resources available to them and their children. The lead agency also work with our CCR&R to ensure parents who request referrals for child care are also assessed for any additional family or child needs including those related to EPSDT programming. If additional needs are identified or other assistance is requested, those families are either given direct contact information for the other programming or directed to the kids.ri.gov website. Lastly, through quality initiatives, the lead agency works to ensure that training and professional development is available for providers regarding overall child health and safety, child assessment, assessment and identification of potential child development concerns, and addressing children’s mental health.

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

When parents receive their DHS CCAP Pending Certificate Notice it includes the Exceed URL, <https://exceed.ri.gov> as a resource for families. Information on \_\_\_\_\_

developmental screenings is available on the Exceed website under the family tab. There is a section "Finding out more about developmental milestones and developmental screening" that provides this information. Families are also directed to review the lead agency's consumer statement and the child care pages of the lead agency's website. Both of these resources provide information on developmental screenings.

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

If there are concerns with a child age birth-3 then the parent can contact their pediatrician to discuss, and potentially refer to Early Intervention. Pediatricians routinely screen their patients at 9,12,18 and 30 months or whenever there is a concern. The pediatrician can refer the child, if indicated, to Early Intervention. If the parent has concerns, they can also contact Early Intervention independent of a pediatrician's referral, who will then assess the child to see if services are indicated. Families with concerns about their child's development should contact their pediatrician or contact the Child Outreach office located at their local school department. For all children between 3 and 5 years old, whether they have cognitive or developmental delay the Child Outreach program conducts free annual developmental screenings. Child Outreach is a universal developmental screening system designed to screen all children and is conducted by the local school districts. Screenings are made available in Early Care and Education Centers, private pre-schools, center-based child care centers, Head Start programs, public pre-school classrooms, ELL classrooms, licensed family child care homes and neighborhood sites such as libraries which are convenient and familiar to diverse (culturally linguistically, low-resources, hard-to-access) populations within the community). Information about general child development, and specifically the development of the family's child, is provided by Child Outreach and Early Intervention. Both programs provide families with information regarding referrals to agencies and programs within their community as well as opportunities for family involvement in their child's development and education. Child Outreach screenings are also scheduled individually upon the family, pediatrician, or educator's request. Screenings must be conducted in each of the following areas: Vision, Hearing, Speech/Language Skills, Social/Emotional Development, and General development including, but not limited to, gross and fine motor skills, language, and cognition. Screenings are provided by local school districts and are typically offered during the school year. The Child Outreach screening system has been designed to ensure children that may require support are identified early and connected to the necessary services. In 2015, a web page for parents and providers, linked to <http://exceed.ri.gov>, was made available with information regarding developmental milestones and screening. The DHS center regulations, promulgated in September 2017, state that staff are to connect families of Infants and Toddlers to Early Intervention services if a developmental concern arises. In 2019, an updated link was included on this site redirecting families to [kids.ri.gov](http://kids.ri.gov). This new site, managed by the Children's Cabinet, offers a more thorough search engine, allowing families and providers to search for services by age group or by the name of the agency who will provide the screening. Also, staff are to work collaboratively with school districts to ensure that preschool children can participate in Child Outreach screenings. The family child care regulations that are currently in the promulgation process will require these providers to do the same.

e. How child care providers receive this information through training and professional development.

Early childhood programs are contacted annually by the local school department's Child Outreach Program. The Child Outreach program coordinates with child care programs regarding developmental screening and rescreening dates, location of screenings, parent consent forms, results of screening as well as any necessary follow-up. Child care providers do not administer the developmental screenings. It is the responsibility of the local school departments or the pediatricians to do so. Many child care providers take advantage of the on-site developmental screening offered by the local Child Outreach office. As a result, providers become knowledgeable about developmental screening. Professional development opportunities exist for providers on topics such as assessment which addresses developmental and behavioral health screenings. In Rhode Island, unlike many other states, a standard tool is required to conduct a Developmental Screening. Therefore, the lead agency has focused its efforts on educating child care providers on the system/process related to developmental screenings and ensuring that the child care community have access to the appropriate resources for referral if they identify any concerns through their own ongoing assessments for children in their care.

f. Provide the citation for this policy and procedure related to providing information on developmental screenings.

**218-RICR-70-00-1**

### **1.13.E Child Assessment**

## **2.6 Consumer Statement for Parents Receiving CCDF Funds**

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

### **2.6.1 Certify by describing:**

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

**A CCAP Pending Certificate is sent to families who have applied for CCAP, but when an eligibility decision has not yet been made. This DHS notice provides the contact information for BrightStars (the State's CCR&R). BrightStars will assist with locating a quality child care provider. The state's consumer website provides all the required consumer statement requirements. Additionally, TANF families must meet with their TANF worker regarding their employment plan and sign the necessary paperwork. At this meeting child care is discussed and the BrightStars resource is provided to parents. The lead agency also posts the consumer statement to the agency's website.**

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

Health and safety requirements met by the provider

Licensing or regulatory requirements met by the provider



- [x] Date the provider was last inspected
- [x] Any history of violations of these requirements
- [x] Any voluntary quality standards met by the provider
- [x] How CCDF subsidies are designed to promote equal access
- [x] How to submit a complaint through the hotline
- [x] How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

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

**The consumer statement is a pdf document that can be accessed at the following link: <https://dhs.ri.gov/programs-and-services/child-care/child-care-assistance-program-ccap-head-start>. Additional consumer information for families can also be found on the lead agency's website, this includes directions on how to access monitoring reports of licensed child care providers.**

**(<https://dhs.ri.gov/programs-and-services/child-care/child-care-assistance-program-ccap-head-start/choosing-child-care>) <https://dhs.ri.gov/programs-and-services/child-care/child-care-assistance-program-ccap-head-start>**

### 3 Stable Child Care Financial Assistance for Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families’ work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

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

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

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

#### 3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the state’s median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as

certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a) (658P(4); 98.20(a)).

3.1.1 Eligibility criteria: Age of children served

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

a. The CCDF program serves children from (weeks/months/years)

**1 week**

Through 12 years (under age 13).

**12**

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

No

Yes

The upper age is (may not equal or exceed age 19).

**18**

If yes, provide the Lead Agency definition of physical and/or mental incapacity:

**A documented physical or mental disability which makes the child incapable of self-care.**

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

No

Yes

The upper age is (may not equal or exceed age 19).

**N/A**

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

i. "residing with":

**Dependent child must be living with a relative of acceptable degree of relationship in a home maintained by such relative. The establishment of relationship is either biologically, through marriage, or through legal guardianship. The home serves as the principal place of residence for the child ☐ i.e. where the child lives the majority of the time.**

ii. "in loco parentis":

**When the relative with whom the child lives is not the biological or adoptive parent, the term ☐in loco parentis☐ (in place of the parent) is used.**

3.1.2 Eligibility criteria: Reason for care

a. How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

i. Define what is accepted as "Working" (including activities and any hour requirements):

**For income eligible families: Paid employment for a minimum of an average of twenty (20) hours per week in a month, earning per hour an average of the greater of either the state or federal minimum wage. Self-employment is included in this definition, except for those self-employed as**

child care providers. Any parent whose income is derived solely from self-employment as a child care provider shall not be eligible for CCAP authorized services. (However, a parent who is self employed as a child care provider on a part time basis may be eligible to receive CCAP authorized services for an eligible child for a period of time while working in some other capacity or participating in a RIW-approved activity.) Travel time is calculated by adding 1 hour per day to account for ½ hour travel between work and child care provider. Families may request additional travel time with justification. For categorically eligible families (RI Works families who meet CCDF requirements and receiving CCAP services): work consists of any combination of education and work-related activities contained in a parent's written Employment Plan, as approved by their RI Works caseworker. Volunteer activities or time spent in any capacity in which no wages are earned, paid, or expected, shall not count toward the hours required to meet an acceptable need for services unless expressly approved as a component of an unemployment plan.

- ii. Define what is accepted as “Job training” (including activities and any hour requirements):  
For income eligible families: Families with income below one hundred eighty percent (180%) of the federal poverty level who are involved in training, apprenticeship, internship, on-the-job training, work experience, work immersion, or other job readiness/job attachment programs sponsored or funded by the RI Governor's Workforce Board or state agencies that are part of the coordinated program system. Training must be 20 hours per week or more and less than one year in duration.  
For categorically eligible families: RIWorks families who meet CCDF requirements are authorized to receive CCAP services while attending job training or education-related activities. Any and all such activities must be approved by their DHS caseworker as part of their written Employment Plan.
- iii. Define what is accepted as “Education” (including activities and any hour requirements):  
For income eligible families: Families with income below two hundred percent (200%) of the federal poverty level who are involved in training, apprenticeship, internship, on-the-job training, work experience, work immersion, or other job readiness/job attachment programs sponsored or funded by the RI Governor's Workforce Board or state agencies that are part of the coordinated program system. Training must be 20 hours per week or more and less than one year in duration.  
For categorically eligible families: RIWorks families who meet CCDF requirements are authorized to receive CCAP services while attending job training or education-related activities. Any and all such activities must be approved by their DHS caseworker as part of their written Employment Plan.

Effective July 1, 2022 families with a parent enrolled in a Rhode Island public institution of higher education who meet general eligibility criteria may be eligible for the CCAP for College Program. CCAP may be approved for families where a parent(s) requires child care assistance to enroll or maintain enrollment in a Rhode Island public institution of higher education. The applicant parent must be enrolled in a minimum of (7) credit hours in the semester of application. Seven (7) credit hours amounts to (21) twenty-one hours on average of college participation per the New England Association of Schools and Colleges accreditation requirement of (2) hours of outside work for every (1) credit hour.

- iv. Define what is accepted as “Attending” (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):  
Up to one (1) hour per day of child care may be added to the daily total to cover travel time from the child care location to place of employment/approved activity and return.

**Additional travel time may be allowed if there is a documented need, related directly to meeting work or employment plan commitments.**

**Attending college under the CCAP for College program requires a parent be enrolled in a minimum of 7 credits (at a RI public instituion of higher education) in the semester of application. Each credit translates to 3 need hours.**

b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training without additional work requirements?

Yes

No. If no, describe the additional work requirements.

N/A

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

No

Yes. If yes:

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

N/A

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the protective services definition above.

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

No

Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

No

Yes

iv. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

No

Yes

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

No

Yes

3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

a. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination?

**Income** means any money, goods or services available to the financial unit used to calculate eligibility for the CCAP. For the purposes of the CCAP, countable income includes, but is not limited to, any of the following: Monetary compensation for services, including gross wages, salary, commissions, and any work-based fees, stipends, tips or bonuses; Adjusted gross income from self-employment; Social Security Benefits - Retirement, Survivors and Disability Insurance (RSDI); Supplemental Security Income (SSI); Dividends or interest on savings or bonds; Income from estates or trusts; Adjusted Gross Rental Income; Adjusted Gross Room and Board Income; Public assistance payments; Unemployment Compensation; Temporary Disability Insurance (TDI); Workers' Compensation; Government civilian employee or military retirement, Private pensions or annuities; Cash payouts for waiving employer sponsored health insurance; Adoption subsidies; Alimony; Child support payments; Regular contributions from persons not living in the household; Royalties; Strike Benefits; Trade Readjustment Allowance; VA Compensation Payments, VA Educational Benefits, Spousal/Dependent Allowances and Military Allotments; Payments to volunteers under AmeriCorps (payments to volunteers under AmeriCorps/VISTA are excluded); Foster care payments made by the Rhode Island Department of Children, Youth and Families (when the child is included in the assistance unit); In-Kind Assistance; Non-citizen Sponsor Income (includes income of the sponsor and sponsor's spouse), refer to the Rhode Island Works Rules and Regulations regarding Deeming provisions and Indigent Exceptions.

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

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI (\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower than 85% of Current SMI	(IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower than 85% of Current SMI
1	N/A	N/A	N/A	N/A
2	\$6,111	\$5,194.00	\$3,052	50
3	\$7,549	\$6,416.00	\$3,838	51
4	\$8,986	\$7,638.00	\$4,625	51
5	\$10,424	\$8,861.00	\$5,412	52

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

**Income eligibility limits are statewide.**

d. State Median Income (SMI) source and year

Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at:

[https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm\\_medium=rss](https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss) .

**FY 2021-2022 LIHEAP State Median Income**

d. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

**N/A**

e. What is the effective date for these eligibility limits reported in 3.1.3 b?

**07/01/2022**

f. Provide the citation or link, if available, for the income eligibility limits.

**<https://dhs.ri.gov/regulations> or <https://dhs.ri.gov/media/4176/download?language=en>**

### 3.1.4 Family asset limit

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

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

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

b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

No

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

**N/A**

### 3.1.5 Additional eligibility conditions

Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination.

**There are no additional requirements.**

b. eligibility redetermination.

**There are no additional requirements.**

### 3.1.6 Continuity for Working Families

Lead Agencies are required to take into consideration children’s development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children’s development and promoting continuity of care when authorizing child care services.

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

### 3.1.7 How the Lead Agency accounts for Fluctuation in earnings.

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

- a. Average the family’s earnings over a period of time (e.g. 12 months).
- b. Request earning statements that are most representative of the family’s monthly income.
- c. Deduct temporary or irregular increases in wages from the family’s standard income level.

d. Other. Describe:

In the process of determining eligibility for CCAP, prospective budgeting is used. Eligibility is established based on the knowledge and reasonable expectation of what income and circumstances will exist in the month for which a payment is authorized. The lead agency representative must determine all factors of eligibility prospectively for all payment months. The prospective budgeting method is used to determine the income which will exist during the period of eligibility. Prospective budgeting is when the agency representative projects the future earned and unearned income anticipated to be received in the period for which a household is applying for or receiving benefits. This projection is based on both the household's current and anticipated income. The household's income should be verified for the thirty (30) day period immediately preceding the date of application. This date is used to project the household's anticipated income during the period for which eligibility is being determined. If the previous thirty (30) days are not representative of the household's future income (for example, when a pay raise is expected or the employment is seasonal, than the amount of income used should be based upon the agency's knowledge of the applicant's anticipated future circumstances. If the household's income fluctuates to the point that the thirty (30) day period cannot provide an accurate indication of anticipated income, the agency representative should use a longer time frame in order to provide an accurate indicated of anticipated income. Income may also fluctuate on a seasonal basis. For households with this type of income, the agency representative may use the most recent season that is comparable to the anticipated income. Income should be entered in the Integrated Eligibility System (RIBridges) in the month in which it is expected to be received. RIBridges converts any income received in weekly increments to a monthly amount once the agency representative enters the required number of pay stubs and corresponding amounts onto the Earned Income Details Screen in Data Collection. RIBridges multiplies the figure by 4.333. The guidelines mentioned above contain several methods by which a prospective budget may be calculated. The agency representative chooses the method of calculation based upon both the type and frequency of income received by the household. The following steps should be taken before deciding upon the method of calculation:

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

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

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

### 3.1.8 Eligibility criteria at the time of eligibility determination and redetermination

Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often. Check all that apply.

a. Applicant identity

Required at Initial Determination

Required at Redetermination



**Information and Description**

Driver's license, work or school ID, social security card (optional), or government issued ID

If verification from initial determination is in case record, it does not need to be re-verified at recertification.

b. Applicant's relationship to the child

Required at Initial Determination

Required at Redetermination

**Information and Description**

Birth certificate/baptismal certificate, proof of USCIS Immigration status, adoption papers/records, hospital or public health records, child support paternity records, BIA or Tribal records, divorce/custody papers, court records of parentage, guardianship records, SNAP application, if applicable.

If verification from initial determination is in case record, it does not need to be re-verified at recertification.

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

Required at Initial Determination

Required at Redetermination

**Information and Description**

Birth certificate; paternity affidavit; court documents (If none, then school records, or other federal/state agency records)

If verification from initial determination is in case record, it does not need to be re-verified at recertification.

d. Work

Required at Initial Determination

Required at Redetermination

**Information and Description**

Documentation from the employer, other federal/state agency records, check stubs, written statement from employer, call to Work Number, other federal/state agency records.

e. Job training or educational program

Required at Initial Determination

Required at Redetermination

**Information and Description**

Documentation from the educational institution or job training agency.

f. Family income

Required at Initial Determination

Required at Redetermination

**Information and Description**

Check stubs, written statement from employer, other federal/state agency records.

g. Household composition

Required at Initial Determination

Required at Redetermination

**Information and Description**

Self-reported

h. Applicant residence. Describe:

Required at Initial Determination

Required at Redetermination

**Information and Description**

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

i. Other. Describe:

Required at Initial Determination

Required at Redetermination

**Information and Description**

**Resources: Self-attestation, verification required if over \$900,000. The applicant/recipient's statement is acceptable for verification of resources unless the household is near the resource maximum limit, or the information given is inconsistent or questionable from information known to the Department. The same procedures employed at certification are used at recertification.**

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

### 3.1.9 Strategies for timely eligibility determinations

Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.

a. Time limit for making eligibility determinations. Describe length of time:

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

b. Track and monitor the eligibility determination process

c. Other. Describe:

d. None

### 3.1.10 Exception to TANF work requirements

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

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

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

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

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

a. Identify the TANF agency that established these criteria or definitions:

**Rhode Island Department of Human Services**

b. Provide the following definitions established by the TANF agency:

i. "Appropriate child care":

**An individual or program that: (1) has met the requirements established by the Department of Human Services to participate in the CCAP; and (2) entered into a signed and valid agreement with the DHS specifying the terms and conditions for enrolling eligible children and receiving payment for CCAP allowable child care expenses.**

ii. "Reasonable distance":

**The distance between the child care provider and the individual's residence and/or their job or work activity is not substantially greater than the distance that others living in the same town or city would travel for child care services and then to their work activity.**

iii. "Unsuitability of informal child care":

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

iv. "Affordable child care arrangements":

**The Rhode Island TANF Program extends eligibility for the CCAP to Rhode Island Works Program (RIW) cash assistance recipients, including Youth Services Program participants, who meet the need for services. All child care arrangements for Rhode Island Works/TANF recipients are deemed affordable, as these families are not required to pay a co-payment to RI DHS CCAP Rhode Island Approved Providers. In addition, providers are prohibited from charging families the difference between the maximum reimbursement rate and their private pay rate.**

c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?

i. In writing

ii. Verbally

iii. Other. Describe:

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

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

<http://dhs.ri.gov/Regulations/218-RICR-20-00-2RIWorksProgramFeb2020.pdf>

### 3.2 Family Contribution to Payments

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

determining co-payments (98.45(k)(2)). Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

3.2.1 CCDF payments according to family size

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

a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

	<i>(a)</i>	<i>(b)</i>	<i>(c)</i>	<i>(d)</i>	<i>(e)</i>	<i>(f)</i>
Family size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the Monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
1	N/A	N/A	N/A	N/A	N/A	N/A
2	\$1,907.00	\$38.14	2%	\$3,052.00	\$213.64	7%
3	\$2,399.00	\$47.98	2%	\$3,838.00	\$268.66	7%
4	\$2,891.00	\$57.82	2%	\$4,625.00	\$323.75	7%
5	\$3,382.00	\$67.64	2%	\$5,412.00	\$378.84	7%

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

- i.  N/A. Sliding fee scale is statewide
- ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.  
**Sliding fee scale is statewide.**
- iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).  
**N/A**

c. What is the effective date of the sliding-fee scale(s)?

**7/1/2022**

d. Provide the link(s) to the sliding-fee scale:

**(<https://dhs.ri.gov/media/2711/download?language=en>)  
<https://dhs.ri.gov/media/2711/download?language=en>**

### 3.2.2 Family contribution calculation

How will the family's contribution be calculated, and to whom will it be applied? Check all that apply under a. or b.

a. The fee is a dollar amount and (check all that apply):

i. The fee is per child, with the same fee for each child.

ii. The fee is per child and is discounted for two or more children.

iii. The fee is per child up to a maximum per family.

iv. No additional fee is charged after a certain number of children.

v. The fee is per family.

vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

vii. Other. Describe:

b. The fee is a percent of income and (check all that apply):

i. The fee is per child, with the same percentage applied for each child.

ii. The fee is per child, and a discounted percentage is applied for two or more children.

iii. The fee is per child up to a maximum per family.

iv. No additional percentage is charged after a certain number of children.

v. The fee is per family.

vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

vii. Other. Describe:

### 3.2.3 Other factors to determine family's co-payment

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

No

Yes. If yes, check and describe those additional factors below.

a. Number of hours the child is in care. Describe:

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

c. Other. Describe:

### 3.2.4 Waiving family contributions/co-payments

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

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

Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

a. Families with an income at or below the Federal poverty level for families of the same size. Describe the policy and provide the policy citation.

**The Lead Agency waives family co-payments for families with an income at or below 100% FPL.**

**218-RICR-20-00-4.5.4**

**<http://www.dhs.ri.gov/Programs/CCAP%202021%20FPL%20Chart.pdf>**

**<http://www.dhs.ri.gov/Regulations/218-RICR-20-00-4%20Child%20%20Care%20%20Assistance%20%20Program.pdf>**

b. Families who are receiving or needing to receive protective services on a case-by- case basis, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation.

c. Families meeting other criteria established by the Lead Agency. Describe the policy.

**Homeless families applying for CCAP shall have a co-payment of zero. DHS shall pay for child care service provided while an application is pending for homeless families up to the first 90 days, even if the application for CCAP is ultimately denied for lack of verification or eligibility.**

**The lead agency is waiving copays for all CCAP families through March 6, 2022 using CRRSA funds.**

**The lead agency waives co-pays for RIWorks (TANF) families. RIWorks recipients who receive Child Care Assistance as a supportive service are provided CCAP assistance at a co-payment of \$0.**

### 3.2.5 Graduated phase-out of assistance at redetermination

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

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

- (i) 85 percent of SMI for a family of the same size.
- (ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
  - (A) Takes into account the typical household budget of a low-income family.
  - (B) Provides justification that the second eligibility threshold is:
    - (1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability.
    - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

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

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

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

[ ] N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and

therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)

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

- A. Describe the policies and procedures.
  
- B. Provide the citation for this policy or procedure.

The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

- A. Provide the income level for the second tier of eligibility for a family of three:  
**Transitional Child Care allows families currently eligible for child care to continue to receive child care after their income exceeds 200% FPL of the federal poverty level (FPL), as long as income remains below 300% FPL. When income rises above 300% FPL the family is no longer eligible.**
- B. Describe how the second eligibility threshold:
  - 1. Takes into account the typical household budget of a low-income family:  
**The Lead Agency recognizes the cliff effect for families who experience a slight increase in income and how without graduated phase-out this could serve as a disincentive to advance in the workplace. To mitigate this cliff effect, RI has established a second tier of subsidies. For households with incomes between 200-300% FPL, whose income increased while eligible for and enrolled in CCAP, a household may continue to receive assistance with their weekly copay increasing to 7% of their gross income. For example, for a household of three, 200% FPL in 2022 is \$46,060. This household's weekly CCAP subsidy would be 7% of the family's income. This graduated phase out for child care assistance allows a family to maintain affordable care for their child, while gradually adjusting their contribution. The state legislature sets the CCAP eligibility thresholds and recognizes the increasing costs of child care for RI families. To help mitigate this, the RI legislature capped copays at 7% for all families in July 2021. This change will become effective January 2022.**
  - 2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:  
**An eligible enrolled family who experiences an increase in income that exceeds the 200% FPL shall remain active on child care as long as the income is still below 300% FPL. This graduated phase-out provides a transition period for families to become acclimated to contributing additional income to their subsidy. Currently, copays are gradually increased to support the family transitioning off of child care assistance. The state legislature sets the CCAP eligibility thresholds and recognizes the increasing costs of child care for RI families. To help mitigate this, the RI legislature capped copays at 7% for all families in July 2021. This change will become effective January 2022.**
  - 3. Reasonably allows a family to continue accessing child care services without unnecessary disruption:  
**An eligible enrolled family who experiences an increase in income that**



exceeds 200% FPL shall remain active on child care as long as the income is still below 300% FPL. Currently, the gradual increase in copays allows a family to continue receiving support while incrementally adjusting their contribution to support self-sufficiency. However, beginning January 2022 the lead agency intends to cap copayments at 7% of countable gross income.

4. Provide the citation for this policy or procedure related to the second eligibility threshold:

**218-20-00 R.I. Code R. § 4.6.1**

**<http://www.dhs.ri.gov/Regulations/218-RICR-20-00-4%20Child%20%20Care%20%20Assistance%20%20Program.pdf>**

b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

- No  
 Yes

- i. If yes, describe how the Lead Agency gradually adjusts co-payments for families under a graduated phase-out:
- ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (Note: Additional reporting requirements are also discussed in section 3.4.3 of the Plan.)

- No  
 Yes. Describe:

### 3.3 Increasing Access for Vulnerable Children and Families

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

Note: CCDF defines “child experiencing homelessness” as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

#### 3.3.1 Increasing access for vulnerable children and families

Describe how the Lead Agency defines:

- a. “Children with special needs”:

**Children with special needs are defined as children of teen parents. Teen parents participating in the Youth Services/Home Visiting (formerly Youth Success) program that are employed, attending school or participating in education related activities for a minimum of twenty (20) hour per week on average, may be authorized for CCAP child care services.? Children eligible for foster care services**

are also included in this definition and are eligible for child care services.

Certain children with special needs may be categorized as school age through the age of eighteen (18) and qualify for CCAP child care services if the child is thirteen (13) up through eighteen (18) years old and has a documented physical or mental disability which makes the child incapable of self-care.

b. “Families with very low incomes”:

Families whose income level is less than or equal to 100% of the Federal Poverty level are not required to provide a family share co-pay.

### 3.3.2 Priority populations

Identify how the Lead Agency will prioritize or target child care services for the following children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

a. Complete the table below to indicate how the identified populations are prioritized or targeted.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments (on a case-by-case basis). As described in 3.2.4.	Pay higher rate for access to higher quality care	Using grants or contracts to reserve spots
Children with special needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families with very low incomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children experiencing homelessness, as defined by the CCDF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4))	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

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

Teen parents participating in the Youth Success program that are employed, attending school or participating in education related activities for a minimum of twenty (20) hour per week on average, may be authorized for CCAP child care services. Families receiving TANF are automatically CCAP eligible. The lead agency supports prioritization for children involved with child welfare by partnering with the Department of Children, Youth and Families to identify quality, available child care placements for children. This is managed by the Lead Agency and in coordination with RIAEYC, the state's CCR&R. Children with child welfare involvement are also prioritized for state-funded PreK seats, as well as Head Start placements. The Head Start Collaboration Office supports this work as part of the broader framework for supporting vulnerable youth in accessing high-quality early learning opportunities.

### 3.3.3 Other priority groups

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

**N/A**

### 3.3.4 Additional priority groups

Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.3.3.

**N/A**

### 3.3.5 Enrollment and outreach for families experiencing homelessness

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

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

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

**documentation.**

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

- i. Lead Agency accepts applications at local community-based locations
- ii. Partnerships with community-based organizations
- iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- iv. Other:

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

**3.3.6 Grace period**

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(l)(i)(l); 98.41(a)(1)(i)(C)).

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

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

- i. Children experiencing homelessness (as defined by the CCDF Final Rule).  
**A provider may enroll the child of a homeless family prior to receipt of the immunization record and/or completion of other health and safety requirements. A provider shall dis-enroll the child of a homeless family if the requirement to provide the immunization record and/or the completion of other health and safety requirements have not been met by day 90 of the enrollment. Applications from homeless families shall be processed even when all documentation required to make an eligibility determination has not yet been provided. Homeless applicants have up to 90 days to provide the documentation required to make an eligibility determination**

**If a child is experiencing homelessness, DHS worked in consultation with the state to establish that a grace period of 90 days can be granted to obtain the immunization documentation. Similarly, if a child is experiencing homelessness, a grace period of 90 days can be granted to obtain the annual health examination documentation.**

Provide the citation for this policy and procedure.

**218-RICR-20-00-4.9.1B**

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

**4%20Child%20%20Care%20%20Assistance%20%20Program.pdf**

**<http://www.dhs.ri.gov/Regulations/218-RICR-70-00-2FamilyChildCareHomeRegulationsLicensure.pdf>**

**Family Child Care Home Regulations for Licensure (218-RICR-70-00-2.3.4A)**

**<http://www.dhs.ri.gov/Regulations/218-RICR-70-00-7GroupFamilyChildCareHomeRegulationsLicensure.pdf>**

**Group Family Child Care Home Regulations for Licensure (218-RICR-70-00-7.3.4A)**

**<http://www.dhs.ri.gov/Regulations/218-RICR-70-00-1ChildCareCenterAndSchoolAgeProgramRegulationsForLicensure.pdf>**

**Child Care Center and School Age Program Regulations for Licensure (218-RICR-70-00-1.8.A)**

ii. Children who are in foster care.

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

**Provide the citation for this policy and procedure.**

**<http://www.dhs.ri.gov/Regulations/218-RICR-70-00-2FamilyChildCareHomeRegulationsLicensure.pdf>**

**Family Child Care Home Regulations for Licensure (218-RICR-70-00-2.3.4A)**

**<http://www.dhs.ri.gov/Regulations/218-RICR-70-00-7GroupFamilyChildCareHomeRegulationsLicensure.pdf>**

**Group Family Child Care Home Regulations for Licensure (218-RICR-70-00-7.3.4A)**

**<http://www.dhs.ri.gov/Regulations/218-RICR-70-00-1ChildCareCenterAndSchoolAgeProgramRegulationsForLicensure.pdf>**

**Child Care Center and School Age Program Regulations for Licensure (218-RICR-70-00-1.8.A)**

b. Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with \_\_\_\_\_

children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)).

**The Lead Agency (DHS) has ongoing discussions with the Head Start Collaboration Office to develop strategies which will address the ongoing child care needs of these families for comprehensive services in ways that will support these children and families in securing self-sufficiency and out of homeless status. The McKinney Vento Coordinator sits at the Department of Education and participates on the Early Learning Council. Discussions occur regularly between the McKinney Vento Coordinator, TANF Administrator and the RI Coalition for the Homeless to inform the need for services for this population and to provide policy guidance to the lead agency. A priority of the Children's Cabinet is to ensure that all children experiencing homelessness have access to high quality early care.**

c. Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

No

Yes. Describe:

### 3.4 Continuity for Working Families

#### 3.4.1 Minimum 12-month eligibility

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

- regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI).
- regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

1. any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness
2. any interruption in work for a seasonal worker who is not working
3. any student holiday or break for a parent participating in a training or educational program
4. any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program
5. any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency
6. a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1)
7. any changes in residency within the state, territory, or tribal service area

**Amended: Effective Date 12/01/2023**

a. Describe the Lead Agency’s policies and procedures related to providing a minimum 12- month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

The eligibility period for CCAP shall be no less than 12 months. CCAP benefits shall be redetermined through the recertification process prior to the end of the 12-month period. The duty to report begins on the application date and remains in effect while the application is valid. Failure to report changes in a timely manner may be grounds for denying eligibility to an applicant or discontinuing authorized services for CCAP beneficiaries. Families are required to report: Changes to income during the twelve (12) month certification period, if the income exceeds 85% of the State Median Income (SMI); A non-temporary cessation of work, training or education; Any change in address. Families have the option to report any changes in income if it would reduce the family's co-payment, or increase the family's subsidy. Families will be held harmless on any reported changes (except for an out of state move) which may negatively impact their co-payment or subsidy. If an Office of Child Support Services (OCSS) sanction is added to an authorized case during the certification period, the case will maintain eligibility through the end of the certification period. An OCSS sanction will no longer terminate benefits during the certification period.

**218-RICR-20-00-4.4.4A**

b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency’s definition of “temporary change”.

Minimum Required Element	Citation
<p>[x] i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness. Describe or define your Lead Agency’s policy: <b>Temporary change in status</b> means a temporary change in the ongoing status of the child’s parent as working or attending a job training or educational program shall include: a. Any time-limited absence from work for an employed parent due to reasons such as the need to care for a family member or an illness; b. Any interruption in work for a seasonal worker who is not working between regular industry work seasons; c. Any student holiday or break for a parent participating in training or education; d. Any reduction in work, training or education hours, as long as the parent is still working or attending training or education; e. Any other cessation of work or attendance at a training or education program that does not exceed three months.</p>	<p>218-RICR-20-00-4.2A.60</p> <p>218-RICR-20-00-4.6.4A-2</p>

Minimum Required Element	Citation
<p>[x] ii. Any interruption in work for a seasonal worker who is not working. Describe or define your Lead Agency’s policy: <b>Temporary change in status</b> means a temporary change in the ongoing status of the child’s parent as working or attending a job training or educational program shall include: a. Any time-limited absence from work for an employed parent due to reasons such as the need to care for a family member or an illness; b. Any interruption in work for a seasonal worker who is not working between regular industry work seasons; c. Any student holiday or break for a parent participating in training or education; d. Any reduction in work, training or education hours, as long as the parent is still working or attending training or education; e. Any other cessation of work or attendance at a training or education program that does not exceed three months.</p>	<p>218-RICR-20-00-4.2A.60</p> <p>218-RICR-20-00-4.6.4A-2</p>
<p>[x] iii. Any student holiday or break for a parent participating in a training or educational program. Describe or define your Lead Agency’s policy: <b>Temporary change in status</b> means a temporary change in the ongoing status of the child’s parent as working or attending a job training or educational program shall include: a. Any time-limited absence from work for an employed parent due to reasons such as the need to care for a family member or an illness; b. Any interruption in work for a seasonal worker who is not working between regular industry work seasons; c. Any student holiday or break for a parent participating in training or education; d. Any reduction in work, training or education hours, as long as the parent is still working or attending training or education; e. Any other cessation of work or attendance at a training or education program that does not exceed three months.</p>	<p>218-RICR-20-00-4.2A.60</p> <p>218-RICR-20-00-4.6.4A-2</p>
<p>[x] iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program. Describe or define your Lead Agency’s policy: <b>Temporary change in status</b> means a temporary change in the ongoing status of the child’s parent as working or attending a job training or educational program shall include: a. Any time-limited absence from work for an employed parent due to reasons such as the need to care for a family member or an illness; b. Any interruption in work for a seasonal worker who is not working between regular industry work seasons; c. Any student holiday or break for a parent participating in training or education; d. Any reduction in work, training or education hours, as long as the parent is still working or attending training or education; e. Any other cessation of work or attendance at a training or education program that does not exceed three months.</p>	<p>218-RICR-20-00-4.2A.60</p> <p>218-RICR-20-00-4.6.4A-2</p>



Minimum Required Element	Citation
<p>[x] v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency. Describe or define your Lead Agency’s policy: <b>Temporary change in status means a temporary change in the ongoing status of the child’s parent as working or attending a job training or educational program shall include: a. Any time-limited absence from work for an employed parent due to reasons such as the need to care for a family member or an illness; b. Any interruption in work for a seasonal worker who is not working between regular industry work seasons; c. Any student holiday or break for a parent participating in training or education; d. Any reduction in work, training or education hours, as long as the parent is still working or attending training or education; e. Any other cessation of work or attendance at a training or education program that does not exceed three months.</b></p>	<p><b>218-RICR-20-00-4.2A.60</b></p> <p><b>218-RICR-20-00-4.6.4A-2</b></p>
<p>[x] vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1). Describe or define your Lead Agency’s policy: <b>A child who turns thirteen years old during the certification period remains eligible until re-determination.</b></p>	<p><b>218-20-00-4.3.1A.1c</b></p>
<p>[x] vii. Any changes in residency within the state, territory, or tribal service area. Describe or define your Lead Agency’s policy: <b>A change in residency within the state, territory, or tribal service area does not affect eligibility.</b></p>	<p><b>218-20-00-4.3.1A.3</b></p>

c. Provide any other elements included in the state’s definition of “temporary change”, including those implemented during the pandemic, and provide the citation.

N/A

### 3.4.2 Assistance during the minimum 12-month eligibility period

Continuing assistance for “job search” and a Lead Agency’s option to discontinue assistance during the minimum 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the minimum 12-month eligibility period due to a parent’s non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent’s eligible activity.

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

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

No

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

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

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

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

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

**Non-Temporary Change in Status**

**a. A parent(s) who experience a non-temporary change in employment, education or training status due to loss of work or cessation of attendance at an approved education or training program shall continue to receive CCAP services for three (3) months for each loss or cessation in order for the parent(s) to resume work or attendance in an approved education or training program.**

**b. The three (3) month grace period shall be applied as follows:**

**(1) The grace period will be applied when there is less than three months of the existing twelve (12) month certification period when the loss of employment, education, or training status occurs and will extend the twelve (12) month certification period with the same level of coverage.**

**(2) At the end of the grace period, a parent(s) engaged in qualifying employment or an approved education or training program shall be assessed for a new twelve (12) month certification period according to Income Eligibility guidelines.**

**(3) The three (3) month grace period will not be extended if there has been no entry into employment, or into an approved education or training program.**

- ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:

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

**program.**

- iii. How long is the job-search period (must be at least 3 months)?  
**3 months. Effective, December 2020 the lead agency extended the 3-month grace period policy to 6 months due to the COVID-19 pandemic. The lead agency intends to continue the 6-month extension due to the state of emergency.**

- iv. Provide the citation for this policy or procedure.

**218-RICR-20-00-4.6.4A-3**

**<http://www.dhs.ri.gov/Regulations/218-RICR-20-00-4%20Child%20%20Care%20%20Assistance%20%20Program.pdf>**

**Emergency regulations with extension: <http://www.dhs.ri.gov/Regulations/218-RICR-20-00-8ChildCareAsstProgramEmergencyCOVID-19%20Amended111020.pdf>**

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

i. Not applicable

ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

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

B. Provide the citation for this policy or procedure:

iii. A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure:

**218-RICR-20-00-4.3.1A-3**

iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

### 3.4.3 Change reporting during the minimum 12-month eligibility period

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 b.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking

into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

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

No

Yes

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

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

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

**Families are required to report if income goes above 85% SMI during a 12-month period.**

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

**Families are required to report any change in address.**

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

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

i. Phone

ii. Email

iii. Online forms

iv. Extended submission hours

v. Postal mail

vi. Fax

vii. In-person submission

viii. Other. Describe:

d. Families must have the option to voluntarily report changes on an ongoing basis during the minimum 12-month eligibility period.

Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

- i. Describe any other changes that the Lead Agency allows families to report.  
**Families have the option to report any changes in income if it would reduce the family's co-payment, or increase the family's subsidy.**
- ii. Provide the citation for this policy or procedure.

**218-RICR-20-00-4.4.3B**

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

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

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

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

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- iii. Pre-populated subsidy renewal form
- iv. Online documentation submission
- v. Cross-program redeterminations
- vi. Extended office hours (evenings and/or weekends)
- vii. Consultation available via phone
- viii. Other:

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access

for CCDF eligible children to the priced child care market.

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and defines its own categories and types of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

#### 4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

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

##### 4.1.1 Child care certificate

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

**A Pending Certificate Notice is sent to parents when the Department of Human Services receives the family's application for child care assistance. The notice includes the certificate number, the names of the children for whom child care is being requested, next steps in the application process, information on providing the certificate number to providers before and after approval for child care assistance, and information about the choice of providers and on how to find a child care provider. It also informs parents that the notice is not an approval for child care assistance and that they will be responsible for paying for child care services if their application is denied. A Benefit Decision Notice (BDN) is sent to the family when the application for child care assistance is either approved or denied. The BDN includes decisions on each benefit application submitted by a family, including the Child Care Assistance Program (CCAP). It includes instructions on accessing the applicant's online account at (<https://healthyrhode.ri.gov>) <https://healthyrhode.ri.gov>. It includes Benefit Authorization Information including the eligibility period, the names of eligible/ineligible children, reason (including legal basis) for ineligibility, Provider Name, Authorized Time, Family Share, Certificate Number and instructions on providing the Certificate Number to the Child Care Provider. The BDN also includes notice of a right to a hearing and contact information for questions.**

#### 4.1.2 Child care certificate and parent choice

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

- a. Certificate provides information about the choice of providers
- b. Certificate provides information about the quality of providers
- c. Certificate is not linked to a specific provider, so parents can choose any provider
- d. Consumer education materials are provided on choosing child care
- e. Referrals provided to child care resource and referral agencies
- f. Co-located resource and referral staff in eligibility offices
- g. Verbal communication at the time of the application
- h. Community outreach, workshops, or other in-person activities
- i. Other. Describe:

#### 4.1.3 Equal access for families receiving CCDF-funded child care

A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).

- a. Describe how parents have access to the full range of providers eligible to receive CCDF:  
**CCAP families have access to a range of providers including licensed centers, licensed family child care and licensed group family child care, and license-exempt (relative) care.**

**Lead Agency does not currently hold a wait list for CCAP services. As such, prompt and immediate enrollment is able to be prioritized for all children. Data collected in 2020 as part of a COVID Impact Analysis survey series did not indicate any immediate shortages in supply for the child care market. Both centers and family child care reported underutilization due to COVID. Providers cited parent nervousness and change in parent employment status as the two main reasons children are not returning to care due to the pandemic. Prior to the pandemic the state conducted a facilities needs assessment using PDG funds in which there were child care deserts in 18 Rhode Island communities, as well as a shortage in infant/toddler slots (1 available slot for every 4 children was identified).**

- b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:

**As of January 2021, 88% of family child care providers and 74% of early learning centers in Rhode Island accept children participating in the Child Care Assistance Program.**

- c. Identify any barriers to provider participation, including barriers related to payment rates and practices – including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency:

**In the 2021 Market Rate Survey, respondents were asked "Please select the reasons that may prevent \_\_\_ or limit you from participating in DHS CCAP. Select all that apply." Respondents could select more**

than one response. For programs currently participating in CCAP, the majority stated they were willing to serve or are serving all subsidized children; however, the most common barrier to participation or limitation in participation is Subsidy reimbursement rates are not sufficient. For providers not currently participating in CCAP, the most common barrier they cited as Capacity is full with private pay.

#### 4.1.4 Procedures to ensuring unlimited access

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

**The Lead Agency's Licensing Regulations specifically state that all providers (including those that do not participate in CCAP shall have an open door policy permitting parents to have access to the facility anytime their child is in attendance. In addition, providers participating in CCAP subsidized programs enter into an agreement with the Lead Agency (DHS.) That agreement includes language around affording parents unlimited access to their children. License-exempt providers receiving CCDF funds sign an agreement with the lead agency that includes language ensuring that parents have unrestricted access to their children while in their care.**

#### 4.1.5 Allowing and limiting in-home care

The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?  
 No

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

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

**License-exempt providers are limited to caring for up to six (6) related children if an acceptable degree of relationship to the provider can be proven. The provider's children under six (6) years of age shall be included in the maximum number of six (6) related children.**

b. Restricted based on the provider meeting a minimum age requirement. Describe:

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

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

d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)). Describe:

**The provider must be at least twenty-one (21) years old as verified by a birth**



**certificate or other legal document that contains the provider's date of birth.**

e. Restricted to care for children with special needs or a medical condition.  
Describe:

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

**The provider must complete an 18-hour Health and Safety Training and complete CPR/first aid training prior to receiving CCDF payment for child care services.**

g. Other. Describe:

4.1.6 Child care services available through grants or contracts.

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

No. If no, skip to 4.1.7

Yes, in some jurisdictions but not statewide. If yes, describe how many jurisdictions use grants or contracts for child care slots.

Yes, statewide. If yes, describe:

- i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:
- ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:
- iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

b. Will the Lead Agency use grants or contracts for direct child care services to increase the supply or quality of specific types of care?

No

Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

<i>Grants or Contracts are used in Child Care Programs that Serve</i>	<i>To increase the supply of care</i>	<i>To increase the quality of care</i>
i. Children with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
ii. Infants and toddlers	<input type="checkbox"/>	<input type="checkbox"/>
iii. School-age children	<input type="checkbox"/>	<input type="checkbox"/>
iv. Children needing non-traditional hour care	<input type="checkbox"/>	<input type="checkbox"/>

<i>Grants or Contracts are used in Child Care Programs that Serve</i>	<i>To increase the supply of care</i>	<i>To increase the quality of care</i>
v. Children experiencing homelessness	[ ]	[ ]
vi. Children with diverse linguistic or cultural backgrounds	[ ]	[ ]
vii. Children in underserved areas	[ ]	[ ]
viii. Children in urban areas	[ ]	[ ]
ix. Children in rural areas	[ ]	[ ]
x. Other populations, please specify	[ ]	[ ]

4.1.7 Shortages in supply of high-quality child care

Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents’ needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents’ needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x)).

a. In child care centers.

**According to the RI KIDS COUNT, since 2015 the percentage of early learning centers with a high-quality rating has grown from 17% to 25% in 2021. The Lead Agency (DHS) is working with its contractors (the Center for Early Learning Professionals) to prioritize professional development and technical assistance resources to support those centers rated with a lower quality rating (1 and 2 stars,) who work with high percentages of CCDF children, to improve their rating. The Lead Agency also works closely with its state institutions to develop, and strengthen, pathways for the early learning workforce which will support the recruitment, and retention, of quality teachers in early learning centers.**

b. In child care homes.

**According to the RI KIDS COUNT 2021 Factbook, only 1% of licensed family child care providers have a high-quality rating. The Lead Agency (DHS) is working with its contractors (the Center for Early Learning Professionals) to prioritize professional development and technical assistance resources to support those family child care providers rated with a lower quality rating (1 and 2 stars) to improve their rating. The Lead Agency (DHS) is also working closely with SEIU 1199 (the union representation for family child care providers) to develop tailored professional development plans for family child care providers to improve their quality rating. As part of SEIU 1199's Collective Bargaining Agreement with the state, a training fund to support ongoing professional development for family child care providers has been established know as the Education and Support Training Fund (ESF).**

c. Other.

**N/A**

4.1.8 Strategies to increase the supply of and improve the quality of child care services

Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what

method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

a. Children in underserved areas. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6). Describe:

ii. Targeted Family Child Care Support such as Family Child Care Networks. Describe:

**Family child care programs serving children and families in underserved communities ☑ those where there are more than 10 children ages 0-3 estimated to need care for every licensed spot ☑ have access to FCCP specific professional development and technical assistance through both the Center for Early Learning Professionals and through the Education and Support Fund to support and increase program quality. A previously in-person orientation has been converted to an online readily accessible orientation to becoming a family child care provider. This easily accessible FCCP orientation will be available on-line in the Fall of 2021 and will provide start-up TA for potential FCC providers.**

iii. Start-up funding. Describe:

iv. Technical assistance support. Describe:

**Programs serving children and families in underserved communities ☑ those where there are more than 10 children ages 0-3 estimated to need care for every licensed spot ☑ have access to professional development and technical assistance through the Center for Early Learning Professionals (and, for FCCPs through the Education and Support Fund as well) to support and increase program quality. The ECETP 12 credit and CDA programs as well as PDTA offered by the CELP and ESF improve program quality through professional development and advancement for teaching staff.**

v. Recruitment of providers. Describe:

vi. Tiered payment rates (as discussed in 4.3.3 ). Describe:

**Programs serving children and families in underserved communities as well as the families they serve benefit from the tiered reimbursement rates as their quality rating improve up the BrightStars continuum. Enhanced rates provided during the COVID pandemic contributed to the accessibility of childcare by providing steady income to FCC, Center based and License Exempt programs in underrepresented communities throughout the pandemic regardless of child attendance. This enabled providers to stay open and families to access care. The LA is implementing new tiered rates as of January 1, 2021 which are in most cases equivalent or higher than the enhanced COVID rates depending on program type and quality rating. In addition, the LA will implement tiered reimbursement rates for School Age providers for the first time, beginning in January 2021. Enhanced reimbursement rates will increase program accessibility in underrepresented areas by allowing existing programs to continue to operate post-pandemic, encouraging new provider/program interest and will enhance quality by allowing**

**programs to more appropriately compensate high quality educators.**

vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:

**Programs serving children and families in underserved communities have access to professional development and technical assistance support for improving business practices. Specific to FCCPs serving families in these areas, providers have access to an Orientation training available in English and Spanish to introduce prospective providers to business practices, fiscal management and marketing strategies and to receive support for creating a business plan, budget and marketing plan. The Education Support Fund (ESF) also offers FCC specific business skills and management trainings and technical support. In addition, ESF has recently implemented a sub pool to provide coverage for FCCPs for time away from their business to participate in training and education. For employers that have more than 18 employees, RI's Healthy and Safe Families and Workplaces Act (2018) provides guidance and requirements for sick leave. The Collective Bargaining Agreement between SEIU1199 and the State of RI further clarifies the sick leave payment policies related to Family Child Care Providers.**

viii. Accreditation supports. Describe:

ix. Child care health consultation. Describe:

**Providers in underserved areas have access to RI's Healthcare Consultation model through Meeting Street (a local organization) where they can access health and safety services and support. In addition, families attending programs serving underrepresented areas have access to home visiting services for maternal and child health services through partnership and consultation between DHS and the Rhode Island Department of Health.**

x. Mental health consultation. Describe:

**Programs in underserved areas have access to Early Childhood Mental Health Consultants through the LA contract with Emma Pendleton Bradley Hospital. Through SUCCESS (Supporting Children's Competencies in Emotional and Social Skills) programs have access to consultation and training with Early Childhood Mental Health Consultants (ECMHCs) to support the mental health needs of children in their care.**

xi. Other. Describe:

b. Infants and toddlers. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6). Describe:

ii. Family Child Care Networks. Describe:

iii. Start-up funding. Describe:

iv. Technical assistance support. Describe:

**ECETP 12 credit & CDA programs at the Community College of Rhode Island and the Rhode Island College bilingual infant toddler program. The Center for Early Professionals offers and provides on-site technical assistance and training to providers.**

v. Recruitment of providers. Describe:

vi. Tiered payment rates (as discussed in 4.3.3). Describe:

**Effective July 1, 2018, the maximum infant/toddler and pre-school age reimbursement rates to be paid by the Departments of Human Services and Children, Youth and Families for licensed child care centers shall be implemented in a tiered manner, reflective of the quality rating the provider has achieved within the state's quality rating system.**

In the spring of 2020, due to the onset of the COVID-19 pandemic, the lead agency began reimbursing all licensed providers at an enhanced rate to support their ability to adhere to COVID health and safety requirements and maintain their CCDF enrollments. This practice is still in effect currently due to the ongoing state of emergency. All providers are currently reimbursed at the 5-star level (based on RI's QRIS system) or for those that were already at that level, they are reimbursed at the 90th percentile.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:

**Rhode Island passed the Healthy and Safe Families and Workplaces Act which goes into effect July 1, 2018. The new law applies to employers with 18 or more employees. It requires employers to allow employees to accrue and use paid sick and safe leave time for the employees, themselves, as well as to assist family members. The law requires employers to give employees one leave hour for every 35 hours worked. Employees may use up to (but not more than) 24 hours of leave in 2018, 32 hours in 2019 and 40 each following year. Family Child Care providers are covered under this act. The Lead Agency contracts with the Center for Early Learning Professionals to provide pre-licensure training to all family child care providers. Participants receive a thorough grounding in the state's child care licensing regulations with an emphasis on policies and practices that promote children's health and safety in the child care setting. In addition, participants learn about business practices, fiscal management and marketing strategies and receive support for creating a business plan, budget, and marketing plan. This training is available in both English and Spanish. The Center offers two distinct professional development series entitled Strengthening Business Practices - one series for center directors and one for family child care owners/providers. Center directors learn about sound systems for fiscal management, marketing and human resources and complete a self-assessment of their own program's practices using the Program Administration Scale (PAS) tool. The series for family child care owners/providers focuses on important elements for successfully managing a small business including budgeting, record keeping and marketing and are introduced to the Business Administration Scale (BAS) tool. Both the PAS and the BAS are nationally-recognized tools for measuring the quality of business practices in family child care and center-based settings. The Center offers the family child care series in both English and Spanish. Class instructors provide follow-up on-site technical assistance to participants as requested.**

viii. Accreditation supports. Describe:

ix. Child care health consultation. Describe:

**In 2021, the lead agency contracted with Meeting Street (a local community organization) to implement a healthcare consultation model to provide health and safety service and support to licensed early childhood programs in RI. DHS partners and consults with the Rhode Island**

Department of Health that operates the state home visiting network to ensure families have access to quality maternal and child health services.

x. Mental health consultation. Describe:

**Lead Agency (DHS) contracts with Emma Pendleton Bradley Hospital to provide Early Childhood Mental Health Consultation services in early learning and development programs throughout the state of Rhode Island. As part of this contract, Early Childhood Mental Health Consultants (ECMHCs) employed by Bradley Hospital will provide an array of child, classroom and program-level consultation supports to early learning and development programs on behalf of SUCCESS (Supporting Children's Competencies in Emotional and Social Skills.)**

xi. Other. Describe:

c. Children with disabilities. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6). Describe:

ii. Family Child Care Networks. Describe:

**As noted in 4.1.8a this strategy is intended to support children in underserved areas. Additionally, this strategy is also one that is intended to increase the supply and quality of child care services for children with disabilities. Family child care programs serving children with disabilities have access to FCCP specific professional development and technical assistance through both the Center for Early Learning Professionals and through the Education and Support Fund to support and increase program quality. A previously in-person orientation has been converted to an online readily accessible orientation to becoming a family child care provider. This easily accessible FCCP orientation will be available on-line in the Fall of 2021 and will provide start-up TA for potential FCC providers.**

iii. Start-up funding. Describe:

iv. Technical assistance support. Describe:

**As noted in 4.1.8a this strategy is intended to support children in underserved areas. Additionally, this strategy is also one that is intended to increase the supply and quality of child care services for children with disabilities. Programs serving children with disabilities have access to professional development and technical assistance through the Center for Early Learning Professionals (and, for FCCPs through the Education and Support Fund as well) to support and increase program quality. The ECETP 12 credit and CDA programs as well as PDTA offered by the CELP and ESF improve program quality through professional development and advancement for teaching staff.**

v. Recruitment of providers. Describe:

vi. Tiered payment rates (as discussed in 4.3.3). Describe:

**As noted in 4.1.8a this strategy is intended to support children in underserved areas. Additionally, this strategy is also one that is intended to increase the supply and quality of child care services for children with disabilities. Programs serving children with disabilities as well as the families they serve benefit from the tiered reimbursement rates as their quality rating improve up the BrightStars continuum. Enhanced rates provided during the COVID pandemic**

contributed to the accessibility of childcare by providing steady income to FCC, Center based and License Exempt programs throughout the pandemic regardless of child attendance. This enabled providers to stay open and families to access care. The LA is implementing new tiered rates as of January 1, 2021 which are in most cases equivalent or higher than the enhanced COVID rates depending on program type and quality rating. In addition, the LA will implement tiered reimbursement rates for School Age providers for the first time, beginning in January 2021. Enhanced reimbursement rates will increase program accessibility in underrepresented areas by allowing existing programs to continue to operate post-pandemic, encouraging new provider/program interest and will enhance quality by allowing programs to more appropriately compensate high quality educators.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:

As noted in 4.1.8a this strategy is intended to support children in underserved areas. Additionally, this strategy is also one that is intended to increase the supply and quality of child care services for children with disabilities. Programs serving children with disabilities have access to professional development and technical assistance support for improving business practices. Specific to FCCPs serving families in these areas, providers have access to an Orientation training available in English and Spanish to introduce prospective providers to business practices, fiscal management and marketing strategies and to receive support for creating a business plan, budget and marketing plan. The Education Support Fund (ESF) also offers FCC specific business skills and management trainings and technical support. In addition, ESF has recently implemented a sub pool to provide coverage for FCCPs for time away from their business to participate in training and education. For employers that have more than 18 employees, RI's Healthy and Safe Families and Workplaces Act (2018) provides guidance and requirements for sick leave. The Collective Bargaining Agreement between SEIU1199 and the State of RI further clarifies the sick leave payment policies related to Family Child Care Providers.

viii. Accreditation supports. Describe:

ix. Child care health consultation. Describe:

As noted in 4.1.8a this strategy is intended to support children in underserved areas. Additionally, this strategy is also one that is intended to increase the supply and quality of child care services for children with disabilities. Providers serving children with disabilities have access to RI's Healthcare Consultation model through Meeting Street (a local organization) where they can access health and safety services and support. In addition, families have access to home visiting services for maternal and child health services through partnership and consultation between DHS and the Rhode Island Department of Health.

x. Mental health consultation. Describe:

As noted in 4.1.8a this strategy is intended to support children in underserved areas. Additionally, this strategy is also one that is intended to increase the supply and quality of child care services for children with disabilities. Programs in serving children with disabilities have access to Early Childhood Mental Health Consultants through the LA contract with Emma Pendleton Bradley Hospital. Through SUCCESS (Supporting Children's Competencies in Emotional and Social Skills) programs have access to consultation and training with Early Childhood Mental Health Consultants (ECMHCs) to support the mental health needs of children in their care.

xi. Other. Describe:

d. Children who receive care during non-traditional hours. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6). Describe:

ii. Family Child Care Networks. Describe:

As noted in 4.1.8a this strategy is intended to support children in underserved areas. Additionally, this strategy is also one that is intended to increase the supply and quality of child care services for children receiving care during non-traditional hours. Family child care programs providing care during non-traditional hours have access to FCCP specific professional development and technical assistance through both the Center for Early Learning Professionals and through the Education and Support Fund to support and increase program quality. A previously in-person orientation has been converted to an online readily accessible orientation to becoming a family child care provider. This easily accessible FCCP orientation will be available on-line in the Fall of 2021 and will provide start-up TA for potential FCC providers.

iii. Start-up funding. Describe:

iv. Technical assistance support. Describe:

As noted in 4.1.8a this strategy is intended to support children in underserved areas. Additionally, this strategy is also one that is intended to increase the supply and quality of child care services for children receiving care during non-traditional hours. Programs serving children and families during non-traditional hours have access to professional development and technical assistance through the Center for Early Learning Professionals (and, for FCCPs through the Education and Support Fund as well) to support and increase program quality. The ECETP 12 credit and CDA programs as well as PDTA offered by the CELP and ESF improve program quality through professional development and advancement for teaching staff.

v. Recruitment of providers. Describe:

vi. Tiered payment rates (as discussed in 4.3.3). Describe:

As noted in 4.1.8a this strategy is intended to support children in underserved areas. Additionally, this strategy is also one that is intended to increase the supply and quality of child care services for children receiving care during non-traditional hours. Programs serving children during non-traditional hours as well as the families they serve benefit from the tiered reimbursement rates as their quality rating improve up the BrightStars continuum. Enhanced rates provided during the COVID pandemic contributed to the accessibility of childcare by providing steady income to FCC, Center based and License Exempt programs in underrepresented communities throughout the pandemic regardless of child attendance. This enabled providers to stay open and families to access care. The LA is implementing new tiered rates as of January 1, 2021 which are in most cases equivalent or higher than the enhanced COVID rates depending on program type and quality rating. In addition, the LA will implement tiered reimbursement rates for School Age providers for the first time, beginning in January 2021. Enhanced reimbursement rates will increase program accessibility in underrepresented areas by allowing existing programs to continue to operate post-pandemic, encouraging new provider/program interest and will enhance quality by allowing programs to more appropriately compensate high quality educators.

vii. Support for improving business practices for providers, such as management training, and shared services. Describe:

As noted in 4.1.8a this strategy is intended to support children in underserved areas.



Additionally, this strategy is also one that is intended to increase the supply and quality of child care services for children receiving care during non-traditional hours. Programs serving children and families during non-traditional hours have access to professional development and technical assistance support for improving business practices. Specific to FCCPs serving families in these areas, providers have access to an Orientation training available in English and Spanish to introduce prospective providers to business practices, fiscal management and marketing strategies and to receive support for creating a business plan, budget and marketing plan. The Education Support Fund (ESF) also offers FCC specific business skills and management trainings and technical support. In addition, ESF has recently implemented a sub pool to provide coverage for FCCPs for time away from their business to participate in training and education. For employers that have more than 18 employees, RI's Healthy and Safe Families and Workplaces Act (2018) provides guidance and requirements for sick leave. The Collective Bargaining Agreement between SEIU1199 and the State of RI further clarifies the sick leave payment policies related to Family Child Care Providers.

viii. Accreditation supports. Describe:

ix. Child Care health consultation. Describe:

As noted in 4.1.8a this strategy is intended to support children in underserved areas. Additionally, this strategy is also one that is intended to increase the supply and quality of child care services for children receiving care during non-traditional hours. Providers that provide care during non-traditional hours have access to RI's Healthcare Consultation model through Meeting Street (a local organization) where they can access health and safety services and support. In addition, families attending programs serving underrepresented areas have access to home visiting services for maternal and child health services through partnership and consultation between DHS and the Rhode Island Department of Health.

x. Mental health consultation. Describe:

As noted in 4.1.8a this strategy is intended to support children in underserved areas. Additionally, this strategy is also one that is intended to increase the supply and quality of child care services for children receiving care during non-traditional hours. Programs that provide care during non-traditional hours have access to Early Childhood Mental Health Consultants through the LA contract with Emma Pendleton Bradley Hospital. Through SUCCESS (Supporting Children's Competencies in Emotional and Social Skills) programs have access to consultation and training with Early Childhood Mental Health Consultants (ECMHCs) to support the mental health needs of children in their care.

xi. Other. Describe:

e. Other. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6). Describe:

Seventy-eight percent (78%) of RI's CRRSA funds (\$18.6M) were obligated to issue immediate and direct stabilization grants to DHS-licensed child care providers who were open and committed to serving children in-person. Programs, regardless of their participation in the child care assistance program (CCAP,) were eligible for these funds. Grants were issued using a methodology consistent with Region 1's common framework, leveraging a classroom-based reimbursement model for center-based programs. Family child care providers received a flat grant amount consistent with their licensed capacity. The reimbursement value is based on their reported reduction in enrollment during COVID-19 and the revenue loss association with that depression. Grant awards covered one month of lost revenue associate with the twenty-five

percent (25%) reduced enrollment for each classroom. Providers received grant awards for two months. At the conclusion of the program, ninety-four percent (94%) of total eligible providers received an award. Child Care Centers were incentivized to dedicate at least twenty percent (20%) of their initial award to workforce wage enhancements; if they elected to do so, they received a 20% add-on in their second grant award. Ninety-five percent (95%) of Center grant recipients dedicated at least 20% of their first award to wage enhancements and/or spot bonuses and the average Center grant recipient dedicated thirty-nine percent (39%) of their first award to those enhancements.

The state built upon this approach and methodology for the ARPA Stabilization Grants program, titled "Reinvigorate Child Care Stabilization Grants." Of the state's total ARPA Stabilization award, the state has obligated \$56.1M to direct grants which amounts to ninety-eight percent (98%) of the state's total award. Similar to the CRRSA Stabilization Fund, any and all licensed providers (and license-exempt providers) who were open and/or closed due to COVID-19 were eligible to apply, regardless of participation in CCAP. All eligible providers receive six monthly stipends; Centers receive classroom-based stipends in two separate installments; home-based providers receive program-based stipends in one lump-sum payment. Grant methodology was informed by program expense data collected during the CRRSA Stabilization Fund and data collected from the 2021 Market Rate Survey (MRS). Grant awards covered lost revenue associate with the twenty-five percent (25%) reduced enrollment at the 75th percentile private pay tuition rates, as determined by MRS results. The application launched in October 2021 and grant distribution is ongoing until May 2022. As of April 2022, \$49.4M has been distributed to 765 providers, amounting to ninety-four percent (94%) of total eligible providers. Child Care Centers were incentivized to dedicate at least ten percent (10%) of their initial award to workforce wage enhancements; if they elected to do so, they received a 10% add-on in their second grant award. At the time of this revision, ninety-five percent (95%) of Center grant recipients have dedicated at least 10% of their first award to wage enhancements and/or spot bonuses.

ii. Family Child Care Networks. Describe:

iii. Start-up funding. Describe:

Governor Dan McKee and Rhode Island's General Assembly approved \$300,000 in ARPA State Fiscal Recovery Fund (SFRF) dollars to support a \$300,000 Family Child Care (FCC) Start-Up Grant program that will provide \$2,000 grants to 100 newly licensed FCC providers. This program is intended to rebuild supply among a care option that has experienced high-demand throughout the pandemic. This program will support new providers in establishing their businesses, obtaining licensure, and enrolling families by providing start-up funding and comprehensive technical assistance. At the time of this revision, 15 awards have been distributed to eligible applicants.

iv. Technical assistance support. Describe:

v. Recruitment of providers. Describe:

vi. Tiered payment rates (as discussed in 4.3.3). Describe:

vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:

viii. Accreditation supports. Describe:

ix. Child Care health consultation. Describe:

x. Mental health consultation. Describe:

xi. Other. Describe:

#### 4.1.9 Prioritizing investments for increasing access to high-quality child care and development services

Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).

a. How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

**In Rhode Island, the Child Care Assistance Program functions as an entitlement, with all eligible families being served. In the strictest sense, access to child care is open to all eligible families, including those in concentrated areas of poverty and unemployment. Access to high quality is limited only by the availability of high quality care in the selected area. The annual RI Kids Count Fact Book includes statistics related to areas with significant concentrations of poverty. Statistics reported between 2015 and 2019 show that 2/3 or 65% of RI children living in poverty live in the four core cities including Central Falls, Pawtucket, Providence and Woonsocket.**

b. Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs.

**The Lead Agency is committed to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. Tiered reimbursement rates for center-based providers is one strategy to support prioritization of increased access to high-quality child care.**

## 4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to child care for children receiving child care assistance; and (2) ensure parental choice by offering a full range of child care

services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by child care providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a market rate survey or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health, safety, quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

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

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.
- Describe what information the Lead Agency will obtain from an alternative methodology that could not be obtained from the required narrow cost analysis.
- Describe how the Lead Agency will consult with the State Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.
- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.
- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care, such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age

of children, geographic location, and quality.

- Describe how the alternative methodology will use current data.
- What metrics the Lead Agency will use to set rates based on the alternative methodology.
- Describe the estimated reporting burden and cost to conduct the approach.

A Market Rate Survey (MRS) or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c))). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

#### 4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

a. MRS. When was your data gathered (provide a date range, for instance, September – December, 2019)?

**The 2021 Market Rate Survey and Cost of Care Survey were administered for six weeks to RI providers during March ☐ April 2021.**

b. ACF pre-approved alternative methodology. Identify the date of the ACF approval and describe the methodology:

No, a waiver is being requested in Appendix A.

- a. Please identify the Lead Agency’s planned methodology(ies) to assess child care prices and/or costs.

i. MRS. If checked, describe the status of the Lead Agency’s implementation of the MRS.

ii. ACF pre-approved alternative methodology. If checked, describe the status of the Lead Agency’s implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

- b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2-4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies’ most recent and complete Market Rate Survey or ACF pre-approved alternative methodology

that will provide data to inform responses to questions 4.2.2–4.5.2.

#### 4.2.2 Consultation prior to developing MRS or pre-approved alternative methodology

Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

a. State Advisory Council or similar coordinating body:

**The Market Rate Survey is coordinated with the State's Early Learning Council, the Permanent Legislative Child Care Commission and distributed to all child care providers and community partners. The development of the Market Rate Survey was done in close consultation and coordination with local child care administrators, teachers, directors and caregivers. Members of these groups participate in the Early Learning Council (SAC,) Rhode Island Children's Cabinet, quarterly All Provider Meetings hosted by the Lead Agency (DHS) and Permanent Legislative Commission on Child Care. In preparation for the survey administration, the lead agency developed an Advisory Group that consisted of providers, stakeholders and advocates to provide ongoing feedback and support.**

b. Local child care program administrators:

**In preparation for the survey administration the lead agency developed an Advisory Group that consisted of providers, stakeholders and advocates to provide ongoing feedback and support.**

c. Local child care resource and referral agencies:

**In preparation for the survey administration the lead agency developed an Advisory Group that consisted of providers, stakeholders and advocates to provide ongoing feedback and support.**

d. Organizations representing caregivers, teachers, and directors:

**In preparation for the survey administration the lead agency developed an Advisory Group that consisted of providers, stakeholders and advocates to provide ongoing feedback and support.**

e. Other. Describe:

**N/A**

#### 4.2.3 Benchmarks for MRS or pre-approved alternative methodology

ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- o represents the child care market
- o provides complete and current data
- o uses rigorous data collection procedures
- o reflects geographic variations
- o analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is

representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market:

**The Market Rate Survey was administered to the total population of licensed child care programs in RI. The survey officially launched on March 15, 2021 and ran through April 23, 2021. All licensed center-based and family child care providers were initially notified by email and encouraged to participate.**

ii. Provide complete and current data:

**DHS contracted with The Public Consulting Group (PCG) to develop, administer, and analyze the Market Rate Survey and Narrow Cost Analysis in consultation with the lead agency. The lead agency chose to conduct a census survey for licensed providers, with a target of approximately one-third of all child care providers in the state completing the survey to be considered statistically valid (at a 95% confidence interval, or a margin of error of +/- 5%). Together, DHS and PCG drafted a survey instrument to capture information on rates, enrollment, general demographics, subsidy participation, other fees, salaries and wages, education level, and participation in quality initiatives.**

**As a separate vehicle for collecting data to meet the requirements of the narrow cost analysis, a cost of care form was developed and associated with the main, licensed provider survey for providers to take separately and provide additional cost information to the state on the provision of child care.**

**These surveys were drafted by DHS and PCG and presented to the Market Rate Survey Advisory Group, which was composed of providers and provider advocacy groups convened to advise the state and PCG in the creation of the survey, its implementation, and promoting participation among the provider community. After receiving final approval, the surveys were built into an online survey collection tool, Alchemer, which served as the primary portal for gathering completed surveys.**

**Using a census survey approach, PCG calculated the target sample size needed to achieve statistical significance for the overall sample using a 95 percent confidence level and a margin of error of +/- 5.0, we would need at least 261 responses. Overall, PCG and DHS collected a total sample for licensed providers of 437 usable responses, which means over half (54 percent) of all licensed providers (total population: 809) in the State took the Market Rate Survey. With this large sample, there is a 3.18 percent Margin of Error for the overall response rate, at the 95th percent confidence level. This means that, if the survey were repeated, we can be confident that 95 percent of the time our results would be within plus or minus 3.18 percent of true mean (average) of the full population. This large sample size suggests a high degree of reliability in our data, including at the subcategory level of the data. A margin of error ranging between 4 and 6 is**

considered statistically significant according to best practices.

iii. Use rigorous data collection procedures:

To ensure rigorous data collection several outreach strategies were deployed throughout the survey administration time frame. All communications were provided in English and Spanish. Throughout the collection period, PCG continued to send weekly communications to providers who had not yet taken or completed the survey reminding and encouraging providers to submit a response. All weekly emails contained the purpose and reason why completing the surveys are important and beneficial to providers.

Postcards, posts on the DHS website and social media, and other mediums utilizing the Advisory Group were leveraged to have more providers take the survey. In addition, PCG provided a survey call team to make outbound calls in English and Spanish to providers asking them to take the survey either with them over the phone, or to provide information about the survey if needed. We also offered a randomly selected raffle for \$50 Visa gift cards for four participants of the market rate survey and eight for the cost of care survey as an incentive. Throughout the survey period, we monitored response rates based on the groupings mentioned above, and worked to target communications to those groups through our call team and other means to boost response rates when some areas lagged. Towards the end of the survey, PCG also worked to identify providers who may have submitted a partial response, and reached out to them directly to help them complete their survey.

iv. Reflect geographic variations:

Throughout the survey administration process the lead agency and PCG analyzed and reviewed the survey responses by county to ensure the response rates were representative of all five RI counties. As a result of the response tracking and the outreach conducted by the survey administration team the response rates by RI community were within 1 percent of the subgroup target goal which signifies the Market Rate Survey data is geographically representative.

v. Analyze data in a manner that captures other relevant differences:

Once the survey concluded, PCG exported the survey results from our online tool on April 24, 2021 and worked to "clean" the data into a usable format in Microsoft Excel. We also worked to determine the threshold to which a survey would be included in the analysis if it were a partial response, which hinged on a complete response to at least a completion of the rate reporting section of the survey. It was also during this time we verified that the surveys were submitted by actual licensed providers and there were no duplicate responses by matching the ID numbers submitted for each survey against DHS Provider Licensing IDs, CCAP IDs, and finally Licensee IDs. After initial data cleansing, the raw data were imported into a SQL database for further analysis and calculations.

After rates were converted, PCG reviewed the rates for reasonableness and excluded those that were far outside what would be expected in their respective geographic areas and age formats or if they were outliers +/- two standard deviations from the mean of responses. After cleanup, survey data were then analyzed to produce the remainder of this report. The most important factor in the Market Rate Survey is



determining the 75th percentile of market rates by type of care and age range, geography, and provider type. In this report, PCG followed current ACF guidelines that encourage states to weight the 75th percentile by the number of child care slots available within a given unit of analysis. In this case, current enrollment was used for weighting responses by licensed providers as the representative sample for infant/toddler, preschool, and school age age-ranges by each geographic region, provider type, and other groupings.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes. If yes, why do you think the data represents the child care market?

**The impact of COVID-19 was taken into account during the development of the 2021 Market Rate Survey. The Lead Agency solicited input from the advisory group on how to draft questions that allowed providers to include information specific to the impact of COVID-19 but also provided data that could accurately depict the current rates and costs of the child care market.**

#### 4.2.4 Variations in the price or cost of services

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

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

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

b. Type of provider. Describe:

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

c. Age of child. Describe:

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

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

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

#### 4.2.5 Narrow cost analysis completion

Has the Narrow Cost Analysis been completed for the FY 2022 – 2024 CCDF Plan?

No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's

upcoming narrow cost analysis.

Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 – 2024 CCDF Plan, including:

- a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

**The Narrow Cost Analysis (referred to as the Cost of Care survey) was distributed as a secondary survey to providers who completed the Market Rate Survey, the majority of questions were optional to encourage providers to disclose new program information. The same outreach and technical assistance strategies deployed to providers for the Market Rate Survey were also implemented for the Cost of Care. Almost 40 percent of providers who completed the Market Rate Survey went on to complete the Cost of Care form; this represents approximately 20 percent of the total provider universe. Center based providers were more likely to complete the cost of care form than family child care providers. At the 95 percent confidence level, all margins of error for stratified subcategories were outside of the +/- 5 percent threshold; with the overall response rate at a margin of error at 6.8%.**

- b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

**The Narrow Cost Analysis included questions asking for total monthly or annual costs for expense categories such as personnel wages and benefits and program expenses, including categories related to occupancy, office operations, programmatic operations, and staffing and professional development. Information collected also includes the number of children typically attending (as a total for Family Child Care) and the maximum group size for Center-based programs by age group. We also collected the total number of FT employees and their highest level of education. Utilizing licensing data, we are also able to map in the maximum licensed capacity for a program, which will be used to estimate the average monthly expenses for a licensed program as well as the average monthly cost per child.**

- c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

**Because PCG was able to map in a respondents QRIS participation and level, we were able to review responses to data by subcategory of quality level (for example: how does an assistant's hourly wage compare from a 1 Star Quality program to a 5 Star Quality program?). This will allow DHS to better understand the how expenses differ by a program's participation in QRIS, as well as their payment and education levels of staff.**

- d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

**Utilizing survey data, PCG calculated an estimate of the weekly cost of care per child by provider type**

and compared it against the currently weekly Full-Time DHS reimbursement rates. For this calculation, all annual costs were divided by 48 (the average number of weeks a program operates as reported from the Market Rate Survey), and where FT staff wages did not include hours worked, we assumed 30 weekly hours. Capacity was used to calculate the costs per child. The resulting data highlighted the rates reported for both centers and family child care providers were higher in 2021 than 2018, but the increases were more significant for family child care programs. Additionally, the narrow cost analysis shows the cost of care reported by centers is below the rates currently offered to infant/toddlers and preschools age children and the opposite is true for family child care providers. Given the low response rate this data set while interesting does not offer a high level of reliability or validity.

#### 4.2.6 Detailed report of the market rate survey or ACF pre-approved alternative methodology results

After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

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

- a. Date the report containing results was made widely available—no later than 30 days after the completion of the report.

**July 15, 2021**

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

**Upon completion the 2021 Market Rate Survey and Narrow Cost Analysis (Cost of Care) will be distributed to all licensed child care providers and community partners. The full report will be posted on the DHS website. The report will also made available to the State Advisory Council, the Early Learning Council, and the advisory group members for further discussion and dissemination.**

(<https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/market-rate-survey>) <https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/market-rate-survey>

## rate-survey

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

**In preparation for the survey administration the lead agency developed an Advisory Group that consisted of providers, stakeholders and advocates to provide ongoing feedback and support. The Advisory Group convened on a monthly basis throughout the survey development and administration, and convened for a final session to review the findings and discuss the final report.**

### 4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

#### 4.3.1 Base payment rates and percentiles

Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below. Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75<sup>th</sup> percentile of the most recent MRS. The 75<sup>th</sup> percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75<sup>th</sup> percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75<sup>th</sup> percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Fill in the table below based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate (including unit)	Full-time weekly base payment rate	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?
i. Infant (6 months) Center care	<b>265.00</b>	<b>265.00</b>	<b>50th percentile</b>	
ii. Toddler (18 months) Center care	<b>265.00</b>	<b>265.00</b>	<b>50th percentile</b>	
iii. Preschooler (4 years) Center care	<b>225.00</b>	<b>225.00</b>	<b>50th percentile</b>	
iv. School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer.)	<b>200.00</b>	<b>200.00</b>	<b>50th percentile</b>	
v. Infant (6 months) Family Child Care	<b>256.25</b>	<b>256.25</b>	<b>80th percentile</b>	
vi. Toddler (18 months) Family Child Care	<b>256.25</b>	<b>256.25</b>	<b>90th percentile</b>	
vii. Preschooler (4 years) Family Child Care	<b>215.25</b>	<b>215.25</b>	<b>60th percentile</b>	
viii. School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer.)	<b>189.63</b>	<b>189.63</b>	<b>55th percentile</b>	

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

**N/A**

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

**Full-time care is defined as thirty (30) hours per week or more. Three quarter time care is defined as twenty (20) to twenty-nine (29) hours per week. Half time care is defined as ten (10) to nineteen (19) hours per week. Quarter time care is defined as zero (0) to nine (9) hours per week.**

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1).

**1/1/2023**

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

**Providence County represents 81.2% of the respondents to the 2021 Market Rate Survey.**

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

**<https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/ccap-provider-rates-financial-information>**

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

**Payment rates were put in statute for center-based providers effective 7/1/2022. Family Child Care are negotiated through a Collective Bargaining Agreement and an agreement was reached for a retro payment as of 1/1/2022.**

#### 4.3.2 Differentiating payment rates

Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

a. Geographic area. Describe:

b. Type of provider. Describe:

**Payment rates are differentiated by provider type: Center Based Providers (school age providers are included as part of center-based rates) and Family Child Care Providers.**

**Family Child Care rates are determined in part through collective bargaining between the State and SEIU 1199, the union representing Family Child Providers.**

c. Age of child. Describe:

**Tiered rates of reimbursement are, in part, based on the age of the child served and are categorized as Infant/Toddler, Preschool and School Age. Infant/Toddler rates are specific to children age: 1 week up to 3 years; Preschool rates are specific to children age: 3 years up to 1st grade entry (including all Kindergarten children) and School Age rates are specific to children: in first grade up to 13 years of age.**

d. Quality level. Describe:

**All provider types have tiered payment rates directly tied to their quality rating, as defined by the state's quality rating improvement system, BrightStars. Rhode Island implemented this system for center-based providers serving infants/toddlers and preschoolers effective July 1, 2018. More recently, tiered quality rates were effective for school age providers as of July 1, 2022. The collective bargaining**

agreement signed in December 2022 implemented tiered quality rates based on BrightStars for Family Child Care providers retroactive to 1/1/2022.

e. Other. Describe:

#### 4.3.3 Tiered rates, differential rates, or add-ons

Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

No

Yes, If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.

a. Tiered or differential rates are not implemented.

b. Differential rate for non-traditional hours. Describe:

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

d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:

e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:

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

**All provider types have tiered payment rates directly tied to their quality rating, as defined by the state's quality rating improvement system, BrightStars. Rhode Island implemented this system for center-based providers serving infants/toddlers and preschoolers effective July 1,**

2018. More recently, tiered quality rates were effective for school age providers as of July 1, 2022. The collective bargaining agreement signed in December 2022 implemented tiered quality rates based on BrightStars for Family Child Care providers retroactive to 1/1/2022.

[ ] g. Other differential rates or tiered rates. Describe:

#### 4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

**Newly enacted rates effective 7/1/2022 increased the current rate in statue for all age categories, some to exceed the enhanced COVID rates that were put into effect during the pandemic, and introduced tiered rates for school age children. Child care rates for centers are determined by the state legislature. The family child care rates are determined through the collective bargaining process between the State and SEIU 1199. Rhode Island rates are not sufficient as the base rates are not currently set at the 75th percentile. With that being said, Rhode Island has made immense strides in the last few years and moved up the base MRS percentiles substantially (from 10% MRS to 60%).**

b. Describe the process used for setting rates, including how the Lead Agency factors in the cost of care, including any increased costs and provider fees because of COVID-19, and how such costs may be modified after the pandemic subsidies.

**The lead agency uses the Market Rate Survey and Cost of Care data to inform rates. Family Child Care CCAP rates are determined through collective bargaining.**

#### 4.3.5 Cost of higher quality

Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at



each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

**The Lead Agency (DHS) was able to implement tiered reimbursement rates, effective July 1, 2018, for all center-based providers serving infants/toddlers and preschoolers. Most recently, in July 2022, tiered rates were implemented for school age. As of the most recent collective bargaining agreement between DHS and SEIU1199, Family Child Care rates are now implemented using tiered reimbursement rates retroactive January 2022.**

**Reimbursement rates for both center-based providers and family child care providers are dependent upon their quality rating as defined by the quality rating improvement system, BrightStars. Both family child care and center-based providers received increases to their base rates (centers receiving tiered rates tied to their quality rating) based on results of the 2018 Market Rate Survey. Centers saw an increase based on the results of the 2021 Market Rate Survey, while FCC are tied to union negotiations and most recently saw an increase retroactive to January 1, 2022.**

**Child care center reimbursement rates are set by the state legislature. The lead agency uses the market rate survey and cost of care data to inform the rate setting process. The cost of care data that was analyzed as a part of the 2021 survey reflects an increase in the cost of care associated with a provider's quality rating. For example, the average cost per child reported by 1-star centers was ~\$255 compared to an average cost per child of ~\$315 for 3-star centers. Because the lead agency did not require programs to answer the cost of care questions on the 2021 survey, this data set was based on a small sample size of providers. The lead agency is considering additional ways to continue gathering data on the cost of care based on quality rating to inform future rate setting and ensure a data set that is valid and reliable.**

**Family Child Care negotiated their base rates based on a percentage of the Market Rate Survey as well, with tiered reimbursement based on the quality rating and improvement system.**

#### 4.3.6 Additional facts in determining payments rates

Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

**As mentioned above, effective March 2020, the Lead Agency began reimbursing CCDF providers at an enhanced rate to support the increased costs associated with the pandemic. All providers are currently reimbursed at a 5-star rate or the 90% percentile if they were already receiving a 5-star rate prior to the pandemic. The Lead Agency continued this practice through December 31, 2021 and then a rate increase was put into effect for all center-based providers at every quality level tier. There was an increase in rates again in the FY23 budget in every age category.**

#### 4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(I)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(I)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(I)(4) through (6); 658E(c)(2)(S)(ii); 98.45(I)(4); 98.45(I)(5); 98.45(I)(6)).

##### 4.4.1 Payment practices

Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

i. Paying prospectively prior to the delivery of services. Describe the policy or procedure.

N/A

ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services. Describe the policy or procedure.

**Payments to providers are made 13 days from the due date for receipt of a billing invoice from the provider.**

b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: Note: The Lead Agency is to choose at least one of the following:

i. Paying based on a child's enrollment rather than attendance. Describe the policy or procedure.

Effective March 2020, the lead agency started paying based on enrollment rather than attendance. This is a flexible payment practice that was introduced to support CCDF families and providers during the COVID-19 pandemic. The practice remains in effect and the state has obligated ARPA discretionary funds to continue this practice for the time being.

ii. Providing full payment if a child attends at least 85 percent of the authorized time. Describe the policy or procedure.

N/A

iii. Providing full payment if a child is absent for five or fewer days in a month. Describe the policy or procedure.

iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

N/A

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

CCAP child care services are authorized as follows:

Full-time, for thirty (30) or more hours per week;

Three-quarter time from twenty (20) up to twenty-nine (29) hours per week.

Half-time, from ten (10) up to nineteen (19) hours per week; and

Quarter time, for less than nine (9) hours per week.

ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents. Describe the policy or procedure.

In 2015, Rhode Island completed contract negotiations with SEIU 1199NE, as the union representative for home-based providers (both licensed and license exempt) who participate in the Child Care Assistance Program. As part of these negotiations, licensed family child care providers who charge a registration fee to private pay families will be reimbursed up to \$50 per child as a registration fee for CCDF subsidized families. In the 2018 renegotiations with SEIU 1199NE, this policy was upheld. At this time the lead agency is operating under an evergreen clause of the 2015 CBA. A one-year MOU extension is currently in effect through the end of the 2021 calendar year.

The Lead Agency (DHS) does not reimburse center-based providers for registrations fees, as this is not defined as common practice for the state. This was supported by

data from the 2018 MRS in which a majority of providers did not report collecting registration or application fees. Based on the 2021 MRS, approximately 1/3 of FCC providers report collecting fees, however the rate for reimbursement (per CBA) of these fees is much lower. Approximately half of center providers reported collecting fees. This data is based on the current policy and therefore does not represent center providers collecting fees from CCDF participants. Given the results of the 2021 MRS, the state does not define this as a common practice.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process.

Describe:

**Information regarding the dispute-resolution process, payment, rates, schedules, and any fees are outlined in the provider application packet which is signed and then notarized. This information is also reviewed in the provider trainings which are available online and required for all new providers. The information is posted to the lead agency's website for providers to regularly reference.**

e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe:

**When there is a change to a family's schedule or income, the RI Bridges eligibility system auto-generates a notice to the child care provider informing them of any changes in the family's time authorization or family co-payment amount. This notice is sent 10 days prior to any changes taking effect.**

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

**A written Request for Hearing form must be submitted, signed & dated by the provider, and received by the Lead Agency (DHS) within 30 days of the notice of action being appealed. A discussion of the disputed issue(s) is usually arranged between the individual and the appropriate agency representative and his/her supervisor to clarify the issue and seek resolution. If the individual is still unsatisfied, a date is then set for an Appeal Hearing. At the hearing, the appeals officer endeavors to bring out all relevant facts bearing on the situation at the time of the questioned agency action or inaction and on agency policies pertinent to the issue. A decision letter will be prepared by the hearing officer and a copy sent to the provider. If unsatisfied with the outcome, an individual may appeal the decision of the hearing officer to the RI Superior Court.**

g. Other. Describe:

**N/A**

Do payment practices vary across regions, counties, and/or geographic areas?

No, the practices do not vary across areas.

Yes, the practices vary across areas. Describe:

#### 4.4.3 Payment practices supporting equal access

Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

**The Lead Agency uses the Market Rate Survey as a benchmark to determine fair, and adequate, reimbursement rates for subsidized care. Of the licensed providers who accept subsidized children, family child care homes and centers are about equally represented, even though the distribution pattern in the percentage of children they enroll differs.**

**The lead agency has adopted payment practices due to the COVID-19 pandemic that provide CCDF families and child care providers additional flexibilities and support equal access during the current state of emergency.**

**Additional policies and practices such issuing timely payment to providers serving CCAP children within 13 business days and honoring quarter-time, part-time, three-quarter-time and full-time subsidies are also intended to support equal access to a full range of providers.**

#### 4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

##### 4.5.1 Affordable family contribution/co-payment

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

a. Limit the maximum co-payment per family. Describe:

**As of January 1, 2022, the current copay structure will cap copayments at 7% for all CCDF families. This means families above 150% FPL up to/including 200% which was level 3 in the previous structure was capped at 7% as were families in level 4 and 5 (above 200% up to/including 300% FPL) that had a copayment of 10% and 14% of their countable gross income.**

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

The following outlines the current copay structure associated with the lead agency's CCDF program:

Level 0 is defined as a family having a federal poverty level less than or equal to 100%. There is no family share applied at level 0. Level 1 is defined as a family being above 100% up to and including 125% of the federal poverty level. Their family share is 2% of countable cross income at level 1. Level 2 is defined as a family being above 125% up to and including 150% of the federal poverty level. Their family share is 5% of countable gross income. Level 3 is defined as a family being above 150% up to and including 200% of the federal poverty level. Their family share is 7% of countable gross income. Level 4 is defined as a family being above 200% up to and including 300% of the federal poverty level. Their family share is 7% of countable gross income.

c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.2.5. Describe:

Eligible families with countable income above 100% of the federal poverty limit shall pay a share of the expense for child care services. The family shall be assessed for a share of the cost for authorized services (formerly referred to as a co-payment) based on a percentage of the gross countable income for families at each level. The family share and income guidelines are set in accordance with the CCAP Cost-Sharing Payment Rate Table. The income levels and percentage range of family shares are listed above for all levels.

The state modified its current copay structure, effective 1/2022 which capped copayments at 7% for all CCDF families. This means families above 150% FPL up to/including 200% which is level 3 in the current structure will be capped at 7% as will families in level 4 and 5 (above 200% up to/including 300% FPL).

d. Other. Describe:

The lead agency utilized CRSSA funding to continue covering the cost of copays from October 1, 2021 through March 6, 2022. The lead agency is utilizing ARPA Discretionary to cover the co-pay cap at 7%.

#### 4.5.2 Option to allow providers to charge additional amounts

Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

No

Yes. If yes:

- i. Provide the rationale for the Lead Agency's policy to allow providers to charge families

additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

- ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.
- iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment and the ability of current subsidy payment rates to provide access to care without additional fees.

## 5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license- exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

## 5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

### 5.1.1 Providers subject to licensing

To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below. Check, identify, and describe all that apply, and provide a citation to the licensing rule.

a. Center-based child care.

i. Identify the providers subject to licensing:

**Rhode Island General Law 42-12.5-2 defines a child daycare center as "any person, firm, corporation, association, or agency who, on a regular or irregular basis, receives any child under the age of sixteen (16) years, for the purpose of care and/or supervision, not in a home or residence, apart from the child's parent or guardian for any part of a twenty-four-hour (24) day irrespective of compensation. It shall include child daycare programs that are offered to employees at the worksite. It does not include preschool programs operating in schools approved by the commissioner of elementary and secondary education."**

ii. Describe the licensing requirements:

**On October 28, 2019 the Child Care Licensing Unit transitioned from the state's child welfare agency, Department of Children, Youth & Families to the RI Department of Human Services. All child care licensing regulations migrated from DCYF to DHS on this date. The purpose of these regulations is to safeguard the well-being of the children served. Granting a license means that there is clear evidence that the building and grounds are safe, staff are appropriately trained, and the program reflects an understanding of the healthy growth and development of children. The license provides assurance to families and the community that the children are cared for in a safe, healthy environment with appropriate activities, schedules, food, materials and equipment and that staff encourage and support the children's physical, social, emotional, and intellectual growth.**

iii. Provide the citation:

**All licensing regulations are located at <http://www.dhs.ri.gov/Regulations/index.php>**

b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

**Family Child Care/Group Family Child Care providers are defined as any home other than the**



child's home in which child care, in lieu of parental care/and or supervision is at the same time to four (4) or more children who are not relatives of the care giver.

ii. Describe the licensing requirements:

On October 28, 2019 the Child Care Licensing Unit transitioned from the state's child welfare agency, Department of Children, Youth & Families to the RI Department of Human Services. All child care licensing regulations migrated from DCYF to DHS on this date. The purpose of these regulations is to safeguard the well-being of the children served. Granting a license means that there is clear evidence that the building and grounds are safe, staff are appropriately trained, and the program reflects an understanding of the healthy growth and development of children. The license provides assurance to families and the community that the children are cared for in a safe, healthy environment with appropriate activities, schedules, food, materials and equipment and that staff encourage and support the children's physical, social, emotional and intellectual growth.

iii. Provide the citation:

All licensing regulations are can be found at <http://www.dhs.ri.gov/Regulations/index.php>

[ ] c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

ii. Describe the licensing requirements:

iii. Provide the citation:

#### 5.1.2 CCDF Eligible Providers Exempt from Licensing Requirement

Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

**Rhode Island does not have license exempt center-based child care providers.**

ii. Provide the citation to this policy:

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

As of October 1, 2018, the only DHS approved license exempt providers will be relatives. The provider is limited to caring for six (6) related children if an acceptable degree of relationship to the provider can be proven. The provider's children under six (6) years of age shall be included in the maximum number of six (6) related children. These providers can provide care for up to 15 hours within a 24-hour period. Requirements for acceptable degree of relationship matches the ACF definition: grandparent, aunt/uncle, sibling (if not in the same household).

- ii. Provide the citation to this policy:

<http://www.dhs.ri.gov/Regulations/218-RICR-20-00-4%20Child%20%20Care%20%20Assistance%20%20Program.pdf>

#### 218-RICR-20-00-4.2.A43

- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

**License Exempt providers are only allowed to care for relative children with a group size no larger than 6 related children (this includes the provider's own children under the age of 6). As of April 2021, these providers are required to complete an 18-hour health and safety suite of trainings. These are the same trainings required of the licensed providers.**

- c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

- i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

N/A

- ii. Provide the citation to this policy:

- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

## 5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

### 5.2.1 Age classifications definitions

Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

a. Infant. Describe:

**Infant is defined as a child between six (6) weeks and eighteen (18) months 2). This definition is broken down further to include "younger infant"-those infants between 6 weeks and 12 months vs "older infants"-those infants between 12 and 18 months.**

b. Toddler. Describe:

**Toddler is defined as a child between eighteen (18) and thirty-six (36) months.**

c. Preschool. Describe:

**Preschool is defined as a child between three (3) and five (5) years. This is broken down further to include Preschool 3-a child age 3, Preschool 4-a child age 4 and Preschool 5-6-a child who is between the ages of 5 and 6 but is not yet in Kindergarten.**

d. School-Age. Describe:

**School age is defined as any child between five (5) years of age and in Kindergarten but under sixteen years (16) of age. This definition is broken down further to: School Age (SA) K-at least five (5) years of age and in Kindergarten; School Age G1-G3-children in grades one (1) through three (3); School Age G4-G6-those children in grades four through sixth; School Age 7+-those children in grades seven (7) and above but under the age of sixteen (16).**

#### 5.2.2 Ratio and group size for settings and age groups

To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a. Licensed CCDF center-based care:

i. Infant

A. Ratio:

**1:4**

B. Group size:

**8**

ii. Toddler

A. Ratio:

**1:6**

B. Group size:

**12**

iii. Preschool

A. Ratio:

**3-year olds: 1:9; 4 years olds: 1:10; 5-6-year olds (not eligible for kindergarten) 1:12**

B. Group size:

**3-year olds: 18; 4-year olds: 20; 5-6-year olds (not eligible for kindergarten) 24**

iv. School-Age

A. Ratio:

**1:13**

B. Group size:

**26**

v. Mixed-Age Groups (if applicable)

A. Ratio:

**Any mixed age groups must adhere to both the allowed age group combinations (outlined in regulation 2.18-RICR-70-00-1.10.B.6) and the ratio of the youngest age group in that combination.**

B. Group size:

**Any mixed age groups must adhere to both the allowed age group combinations (outlined in regulations 1.18-RICR-70-00-1.10. B.6) and the group size of the youngest age group in that combination.**

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

**N/A**

b. Licensed CCDF family child care home providers:

i. Mixed-Age Groups

A. Ratio:

**All family child care homes are licensed as mixed age groups. Depending on the type of family child care home-Family or Group-the number of children and the assistants needed to operate vary. For Family Child Care homes the regulations state if a provider, who is caring for children without an assistant, cares for children under the age of eighteen (18) months, there shall be no more than four (4) children under the age of six (6) years, and of these four (4) children, no more than two (2) shall be under the age of eighteen (18) months. If the provider has an assistant, the regulations state A provider who has a full-time assistant shall care for no more than eight (8) children at any time. Of these eight (8) children, no more than four (4) shall be under the age of eighteen (18) months. 218-RICR-70-00-2.1.A-C**

B. Group size:

**All family child care homes are licensed as mixed age groups. Depending on the type of family child care home-Family or Group-the number of children and the assistants needed to operate vary. For Family Child Care homes the regulations state if a provider, who is caring for children without an assistant, cares for children under the age of eighteen (18) months, there shall be no more than four (4) children under the age of six (6) years, and of these four (4) children, no more than two (2) shall be under the age of eighteen (18) months. The maximum group size is 6 children, no more than 2 children under 18 months old.**

**If the provider has an assistant, the regulations state A provider who has a full-time assistant shall care for no more than eight (8) children at any time. Of these eight (8) children, no more than four (4) shall be under the age of eighteen (18) months.**

**218-RICR-70-00-2.1.A-C**

ii. Infant (if applicable)

- A. Ratio:  
**N/A**
- B. Group size:  
**N/A**
- iii. Toddler (if applicable)
  - A. Ratio:  
**N/A**
  - B. Group size:  
**N/A**
- iv. Preschool (if applicable)
  - A. Ratio:  
**N/A**
  - B. Group size:  
**N/A**
- v. School-Age (if applicable)
  - A. Ratio:  
**N/A**
  - B. Group size:  
**N/A**
- vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.  
**As of October 1, 2018, the only DHS approved license exempt providers are relatives. The provider is limited to caring for six (6) related children if an acceptable degree of relationship to the provider can be proven. The provider's children under six (6) years of age shall be included in the maximum number of six (6) related children.**
- c. Licensed in-home care (care in the child's own home):
  - i. Mixed-Age Groups (if applicable)
    - A. Ratio:  
**N/A**
    - B. Group size:  
**N/A**
  - ii. Infant (if applicable)
    - A. Ratio:  
**N/A**
    - B. Group size:  
**N/A**
  - iii. Toddler (if applicable)
    - A. Ratio:  
**N/A**
    - B. Group size:  
**N/A**

- iv. Preschool (if applicable)
  - A. Ratio:  
**N/A**
  - B. Group size:  
**N/A**
- v. School-Age (if applicable)
  - A. Ratio:  
**N/A**
  - B. Group size:  
**N/A**
- vi. Describe the ratio and group size requirements for license-exempt in-home care.  
**N/A**

### 5.2.3 Teacher/caregiver qualifications

Provide the teacher/caregiver qualifications for each category of care.

#### a. Licensed Center-Based Care

- i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

**A person who meets all the qualifications in one of the following options may assume the role of Teacher: (1) Option 1: The individual holds a high school diploma with a vocational concentration in child care and has two (2) years supervised experience in a licensed/approved early childhood program. (2) Option 2: The individual holds a high school diploma or a General Education Development (GED) certificate and has three (3) years supervised experience in a licensed/approved early childhood program. (3) Option 3: The individual holds a CDA and has one (1) year supervised experience in a licensed/approved early childhood program. (4) Option 4: The individual has completed twelve (12) credits in early childhood education or field related to early childhood education from an accredited institution of higher education and has at least three (3) months supervised experience in a licensed/approved early childhood program. (5) Option 5: The individual holds an associate degree or higher in a field related to early childhood education, child development, human services or recreation from an accredited institution of higher education.**

- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

**The lead agency identifies "directors" as "Administrators". A person who meets all the qualifications in one of the following options may assume the role of Child Care Administrator: (1) Option 1: In conjunction with a full-time Education Coordinator, the program Administrator must have a High School diploma, and one year of professional experience in administration and/or business management, and one (1) year of experience working in a licensed/approved early childhood program. (2) Option 2: In conjunction with a part-time Education Coordinator, the program Administrator must have successfully completed at least twelve (12) credits in early childhood education at the post-secondary level, and two (2) years of professional**

**experience in administration and/or business management, and two years of experience working in a licensed/approved early childhood program.**

- iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

**N/A**

- iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

**<http://www.dhs.ri.gov/Regulations/218-RICR-70-00-1ChildCareCenterAndSchoolAgeProgramRegulationsForLicensureEMER1.13.21.pdf>**

**b. Licensed Family Child Care**

- i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

**Provider shall be at least twenty-one (21) years of age and shall show evidence of having successfully completed the following: a. High school or GED (Individuals holding a Family Child Care Home License issued prior to the effective date of these regulations shall not be subject to this requirement.) b. Current certification in CPR and First Aid c. Approved Family Child Care Training Program d. DHS orientation to Family Child Care 2. Provider shall complete a minimum of one (1) hour per month or twenty-four (24) hours of training (excluding CPR and First Aid) every two (2) years. a. The provider shall be responsible for maintaining documentation of completed training hours. b. Training shall be in areas relevant to the care of young children. Training should cover a variety of subject areas, such as health, safety and nutrition (e.g., healthy eating, childhood obesity, breastfeeding), communication with parent/guardian, child development, infant care and development, developmentally appropriate activities, child abuse and neglect and ethics and cultural competency. c. Training may consist of workshops, seminars, presentations, speaking programs, conferences, telecourses, college courses, CDA training, related readings or television/video programs, correspondence courses, mentoring experiences, association meetings with training components or collaborative experiences with other agencies.**

- ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

**To be eligible for CCAP approval, a license exempt provider shall be a relative of an eligible family for CCAP who has been requested to provide child care services to a CCAP pending or eligible dependent child and submit a completed and signed CCAP application packet which includes the following:**

**Proof of completion of the Approved CCAP Health & Safety Training Modules; First Aid/CPR certification; Be a current Rhode Island resident; Be twenty-one (21) years old or older; Have a working phone; Have a valid email address; Live in a different household from the child for which you receive CCAP payments; Prove that you have a stable residence and report all individuals living in your household. Individuals eighteen years or older, must also pass the clearances below: Department of Children, Youth and Families (DCYF) Child Protective Services (CPS) clearance, and Comprehensive background check from the Attorney General's Office. Have a valid**

certificate number for the child(ren) you will be caring for.

- iii. If applicable, provide the website link detailing the family child care home provider qualifications:

<http://www.dhs.ri.gov/Regulations/218-RICR-70-00-2FamilyChildCareHomeRegulationsLicensure.pdf>

- c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

- i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

N/A

- ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

N/A

### 5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i)) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety **standards** for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.



To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 – 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases

Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**Rhode Island has standards for both immunizations in child care and communicable diseases. Child care programs adopt policies and procedures consistent with the Rhode Island Department of Health’s Rules and Regulations Pertaining to Immunization and Communicable Diseases in Preschool, School, Colleges or Universities, 216-RICR-30-05-3. Programs are not required to maintain immunizations or documentation of an annual health examination for children who attend public, private or parochial schools approved by the Rhode Island Department of Education (because they are on file with the school). Both must be on file otherwise. If a child is a foster child or is experiencing homelessness, a grace period of 90 days can be granted to obtain the immunization documentation and annual health examination documentation. In the event a child or staff member suffers from a communicable disease of public health significance or in the event of an outbreak, the facility must report the disease to the Department of Health and provide written notice to inform all parents to which disease the children may have been exposed. During the COVID-19 pandemic, both the RIDOH and DHS worked with providers to support them through informing families. The regulations have a specific section that is dedicated to the prevention and control of infectious diseases in both the Family Child Care Regulations and the Child Care Center regulations. These regulations include what to do in the event a child or staff member suffers from an infectious disease.**

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.  
N/A

- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Child care center regulations regarding this standard are cited here: 218-RICR-70-00-1; 1.8.A.1 & 2.**

**FCC: 218-RICR-70-00-2; 2.3.2.A 1 & 2**

**Family Child Care Regulations 2.3.2.A 1 & 2 - Health, Safety and Nutrition, Medical Requirements**

**GFCC: 218-RICR-70-00-7; 7.3.2.A 1 & 2**

**Group Family Child Care Regulations 7.3.2.A 1 & 2 - Health, Safety and Nutrition,**

## Medical Requirements

### b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

**Child Care Center and School Age Program Regulations 1.12.E. ☑ Staff Orientation and F. Professional Development**

**FCC: 218-RICR-70-00-2; 2.3.5.D**

**Family Child Care Regulations 2.3.5.D ☑ Staff Qualifications and Ongoing Professional Development, Staff Orientation**

**GFCC: 218-RICR-70-00-7; 7.3.5.D**

**Group Family Child Care Regulations 7.3.5.D ☑ Staff Qualifications and Ongoing Professional Development, Staff Orientation**

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**Staff in licensed center programs and family child care programs must complete all preservice training within three (3) months of hire. License exempt providers must complete the training prior to receiving CCAP approval to serve children in the CCDF program. In addition, four of the required trainings must be in one of the CCDF Health and Safety requirements (listed in the regulations)**

- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Rhode Island supports multiple free of charge and accessible professional development options for providers designed to engage adult learners in meaningful programs of**

study, as outlined in section seven (7) of this plan. These vendors and higher education partners work closely with the lead agency to adapt professional development options and content covered in course work, to ensure that both those new to the field and seasoned providers receive updated information as it pertains to health and safety standards. As appropriate, child care regulations are updated, either through emergency rule filing or a formal promulgation process, to reflect any updates. The lead agency works closely with the Rhode Island Department of Health to ensure that standards align to their recommendations and statute as well. The Rhode Island Department of Health also checks regulations prior to promulgation. Every year, 4 hours of professional development must be in a CCDF health and safety requirement.

### 5.3.2 Prevention of sudden infant death syndrome

Prevention of sudden infant death syndrome and the use of safe-sleep practices.

#### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**The standards for both center and family child care providers are as follows: Sleeping routines meet the individual needs of children in the program. There is a sleep plan appropriate to the needs of each child. Infants sleep in a safe sleep environment consistent with the American Academy of Pediatrics Safe Sleep Guidelines. An infant must be placed on his/her back while sleeping. Monitors or positioning devices must not be used. There are no restraining devices of any type, including swaddles. Modifications to an infant's safe sleep environment regarding positioning, are not permitted unless the infant's physician, physician's assistant or nurse practitioner has completed a signed waiver indicating that the child requires an alternate sleeping arrangement. Infants must sleep in a crib or portable crib approved by the United States Consumer Product Safety Commission Standards, equipped with a firm crib mattress and a tight-fitting sheet. a. The mattress must not be supplemented with additional foam materials or pads. Lighting must allow for provider/assistant(s) to view the color of the child's skin and to check for breathing. Children cannot sleep in a car safety seat, bean bag chair, bouncy seat, infant seat, swing, jumping chair, highchair, or in comparable equipment/furniture. If an infant arrives at the home or residence asleep in a car safety seat, or falls asleep in comparable equipment, the infant is immediately removed from the car seat or comparable equipment and placed in a safe sleep environment. Clothing designed for safe sleep, including sleep sacks, are permitted. No items can be placed in the crib/portable crib with an infant except for a pacifier. A pacifier clip is not permitted for use in a crib. No additional items are placed on or above the crib/portable crib. are only used for rest or sleep. Children must rest/sleep in a location where they can always be in both sight and sound supervision.**

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

**There are no variations to these standards.**

- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Child Care Center and School Age Program Regulations for Licensure 1.9.C ☐ Routine Care of Children, Sleeping.**

**FCC: 218-RICR-70-00-2; 2.3.3.C**

**Family Child Care Regulations 2.3.3.C ☐ Licensing Standards, Routine Care of Children, Sleeping**

**GFCC: 218-RICR-70-00-7; 7.3.3.C**

**Group Family Child Care Regulations 7.3.3.C ☐ Licensing Standards, Routine Care of Children, Sleeping**

**b. Pre-Service and Ongoing Training**

- i. Provide the citation(s) for this training requirement(s), including citations for both licensed and license-exempt providers.

**License Exempt 4.12.3B-4,**

**Child Care Center and School Age Program Regulations 1.12.E & F. ☐ Staff Orientation and Professional Development**

**FCC: 218-RICR-70-00-2; 2.3.5.D**

**Family Child Care Regulations 2.3.5.D ☐ Staff Qualifications and Ongoing Professional Development, Staff Orientation**

**GFCC: 218-RICR-70-00-7; 7.3.5.D**

**Group Family Child Care Regulations 7.3.5.D ☐ Staff Qualifications and Ongoing Professional Development, Staff Orientation**

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**Licensed family child care providers complete a preservice training prior to becoming licensed. Staff in licensed center programs must complete the training within three (3) months of hire. License exempt providers must complete the training prior to receiving CCAP approval to serve children in the CCDF program.**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Rhode Island supports multiple free of charge and accessible professional development options for providers designed to engage adult learners in meaningful programs of study, as outlined in section seven (7) of this plan. These vendors and higher education partners work closely with the lead agency to adapt professional development options and content covered in course work, to ensure that both those new to the field and seasoned providers receive updated information as it pertains to health and safety standards. As appropriate, child care regulations are updated, either through emergency rule filing or a formal promulgation process, to reflect any updates. The lead agency works closely with the Rhode Island Department of Health to ensure that standards align to their recommendations and statute as well. The RI Department of Health also consults on all licensing regulations prior to promulgation.

### 5.3.3 Administration of medication

Administration of medication, consistent with standards for parental consent.

#### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**Prescribed and non-prescribed (over the counter) medication must not be administered to a child without: a. written permission from the parent/guardian; and a written order from a licensed physician, physician’s assistant, or nurse practitioner (which may include the label on the medication) indicating that the medicine is for a specified child. The medication must be in the original container. The written order includes the name of the child, the name of the medication, circumstances under which it may be administered, route, dosage, and frequency of administration. The provider or assistant (or emergency assistant when covering in an emergency) must dispense all medications. A daily log must be maintained of every medication administered. This record must include the following: a. child's name; name and dosage of medication administered; date and time administered; name and signature of the person who administered the medication; and e. name of the licensed physician, physician’s assistant, or nurse practitioner prescribing the medication. The medication log is transported with the child to the emergency treatment facility in the event of an emergency. The first dose of a medication must be administered by the parent/guardian. Medications must be stored: a. in clearly labeled original containers; b. in spaces secured with child safety locks that are separate from any items that attract children (such as with food, candy, or toys); and c. in a way that does not contaminate play surfaces or food preparation areas. Refrigerated medications must be stores separate from food in a container or compartment in the refrigerator.**

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. **There are no variations to this standard.**

- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Child Care Center and School Age Program Regulations for Licensure 1.8.C ☒ Healthy, Safety and Nutrition, Medication.**

**FCC: 218-RICR-70-00-2; 2.3.2.D**

**Family Child Care Regulations 2.3.2.D - Health, Safety and Nutrition, Administration of Medication**

**GFCC: 218-RICR-70-00-7; 7.3.2.D**

**Group Family Child Care Regulations 7.3.2.D ☒ Health, Safety and Nutrition, Administration of Medication**

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

**Child Care Center and School Age Program Regulations 1.12.E & F. ☒ Staff Orientation and Professional Development**

**FCC: 218-RICR-70-00-2; 2.3.5.D**

**Family Child Care Regulations 2.3.5.D ☒ Staff Qualifications and Ongoing Professional Development, Staff Orientation**

**GFCC: 218-RICR-70-00-7; 7.3.5.D**

**Group Family Child Care Regulations 7.3.5.D ☒ Staff Qualifications and Ongoing Professional Development, Staff Orientation**

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**Licensed family child care providers complete a preservice training prior to becoming licensed. Staff in licensed center programs must complete the training within three (3) months of hire. License exempt providers must complete the training prior to receiving CCAP approval to serve children in the CCDF program.**

- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

**[x] Pre-Service**

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Rhode Island supports multiple free of charge and accessible professional development options for providers designed to engage adult learners in meaningful programs of study, as outlined in section seven (7) of this plan. These vendors and higher education partners work closely with the lead agency to adapt professional development options and content covered in course work, to ensure that both those new to the field and seasoned providers receive updated information as it pertains to health and safety standards. As appropriate, child care regulations are updated, either through emergency rule filing or a formal promulgation process, to reflect any updates. The lead agency works closely with the Rhode Island Department of Health to ensure that standards align to their recommendations and statute as well. The Rhode Island Department of Health also reviews all licensing regulations prior to promulgation.**

#### 5.3.4 Prevention and response to food and allergic reactions.

Prevention of and response to emergencies due to food and allergic reactions.

##### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**For each child with food allergies or special nutritional needs, the program requests that the parent/guardian obtains a care plan from the child's health care provider. The program makes provisions for protecting children with food allergies from contact with the allergen(s). The program asks the parent/guardian of a child with food allergies to give consent for posting information within the program about that child's food allergy. If consent for posting is provided, that information is posted in the food preparation area and in the areas of the program the child uses. If consent for posting is not provided, then this information is shared verbally with all relevant staff, including substitutes, and is documented in the child's file. The care plan from the child's health care provider must also clearly articulate what to do in the event of an emergency. Child files also need to have a written authorization from the parent/guardian for medical treatment.**

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.  
**Licensed family child care providers complete a preservice training prior to becoming licensed. Staff in licensed center programs must complete the training within three (3) months of hire. License exempt providers must complete the training prior to receiving CCAP approval to serve children in the CCDF program.**
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in \_\_\_\_\_

effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Child Care Center and School Age Program Regulations 1.8.N. ☒ Health and Safety, Food Allergies.**

**FCC: 218-RICR-70-00-2; 2.3.2.K**

**Family Child Care Regulations 2.3.2.K ☒ Health, Safety and Nutrition, Food Allergies**

**GFCC: 218-RICR-70-00-7; 7.3.2.K**

**Group Family Child Care Regulations 7.3.2.K ☒ Health, Safety and Nutrition, Food Allergies**

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

**Child Care Center and School Age Program Regulations 1.12.E & F. ☒ Staff Orientation and Professional Development**

**FCC: 218-RICR-70-00-2; 2.3.5.D**

**Family Child Care Regulations 2.3.5.D ☒ Staff Qualifications and Ongoing Professional Development, Staff Orientation**

**GFCC: 218-RICR-70-00-7; 7.3.5.D**

**Group Family Child Care Regulations 7.3.5.D ☒ Staff Qualifications and Ongoing Professional Development, Staff Orientation**

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**Licensed family child care providers complete a preservice training prior to becoming licensed. Staff in licensed center programs must complete the training within three (3) months of hire. This is verified onsite by a child care licenser during routine, unannounced monitoring visits. License exempt providers must complete the training prior to receiving CCAP approval to serve children in the CCDF program. This is verified by the Office of Child Care.**

- iii. To demonstrate compliance, certify by checking below when the state/territory \_\_\_\_\_



requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Rhode Island supports multiple free of charge and accessible professional development options for providers designed to engage adult learners in meaningful programs of study, as outlined in section seven (7) of this plan. These vendors and higher education partners work closely with the lead agency to adapt professional development options and content covered in course work, to ensure that both those new to the field and seasoned providers receive updated information as it pertains to health and safety standards. As appropriate, child care regulations are updated, either through emergency rule filing or a formal promulgation process, to reflect any updates. The lead agency works closely with the Rhode Island Department of Health to ensure that standards align to their recommendations and statute as well. Rhode Island Department of Health also reviews all regulations prior to promulgation.**

#### 5.3.5 Building and physical premises safety

Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.

##### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**Multiple standards exist throughout both family and center based child care homes pertaining to facilities and outdoor safety. These standards exist in the regulations starting at precicensure. Neither I centers nor family child care provides can move forward with becoming licensed without inspections for fire, lead, asbestos, radon, water potability (if appropriate), food safety (if applicable) and public pool inspection/certification (if applicable). A visual inspection is also completed by the lead agency prior to the program becoming licensed to assess for items such as direct access to the outdoors for infant and toddler programs, appropriate and safe playground space and overall facility safety. Once a program is licensed, they are required to maintain the premises in accordance with all precicensure inspections, update inspections as needed and allow the lead agency to access the location to ensure compliance with all other building and physical safety regulations. These regulations include the location and storage of hazardous materials, storage of maintenance equipment and food safety. In addition to the above, programs must adhere to a precautionary staff/child ratio for field trips and swim activities to prevent**

protection from vehicular traffic and bodies of water. Also, all individuals to be included in the precautionary ratio for activities including bodies of water must be in or directly adjacent to the water.

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. **Licensed family child care providers have an additional set of standards related to electrical outlets and the use of electrical cords. These regulations include ensuring that outlets with the children’s reach are covered, electrical cords are not frayed or damaged and that the use of electrical extension cords are prohibited.**
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Child Care Center and School Age Program Regulations 1.7.A. ☐ Physical Facilities, Required inspections and certifications.**

**FCC: 218-RICR-70-00-2; 2.3.1.A**

**Family Child Care Regulations 2.3.1.A ☐ Licensing Standards, Physical Facilities, Required Inspections and Certifications**

**GFCC: 218-RICR-70-00-7; 7.3.1.A**

**Group Family Child Care Regulations 7.3.1.A ☐ Licensing Standards, Physical Facilities, Required Inspections and Certifications**

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

**Child Care Center and School Age Program Regulations 1.12.E. & F ☐ Staff Orientation and Professional Development**

**FCC: 218-RICR-70-00-2; 2.3.5.D**

**Family Child Care Regulations 2.3.5.D ☐ Staff Qualifications and Ongoing Professional Development, Staff Orientation**

**GFCC: 218-RICR-70-00-7; 7.3.5.D**

**Group Family Child Care Regulations 7.3.5.D ☐ Staff Qualifications and Ongoing Professional Development, Staff Orientation**

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**Licensed family child care providers complete a preservice training prior to becoming licensed. Staff in licensed center programs must complete the training within three (3) months of hire.**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Rhode Island supports multiple free of charge and accessible professional development options for providers designed to engage adult learners in meaningful programs of study, as outlined in section seven (7) of this plan. These vendors and higher education partners work closely with the lead agency to adapt professional development options and content covered in course work, to ensure that both those new to the field and seasoned providers receive updated information as it pertains to health and safety standards. As appropriate, child care regulations are updated, either through emergency rule filing or a formal promulgation process, to reflect any updates. The lead agency works closely with the Rhode Island Department of Health to ensure that standards align to their recommendations and statute as well. The Rhode Island Department of Health also reviews all licensing regulations prior to promulgation..**

#### 5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

##### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**The lead agency has promulgated regulations that clearly outline both prohibitive practice- such as physical restraint and corporal punishment, while also outlining positive behavioral management techniques- such as using positive, consistent methods of guiding children back to tasks and matching expectations to age appropriate developmental expectations. Additionally, regulations for all licensed providers outline the State’s statute regarding mandated reporting of child abuse and neglect, including the phone number to report suspected abuse/neglect and when a program should contact DCYF regarding incidents that have occurred at their program (serious injury or death).**

**Our prohibited practices include the following within the regulations. 1. Physical**

restraint of children is prohibited. 2. Corporal punishment is strictly prohibited. Corporal punishment includes, but is not limited to: a. Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting a child; b. Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures of a child; c. Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances; d. Exposing a child to extremes of temperature; e. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where a child cannot be seen or supervised; and f. Binding, tying, or taping to restrict movement. 3. Other practices that are strictly prohibited include, but may not be limited to: a. Using or withholding food as a punishment or reward; b. Toilet training methods that punish, demean, or humiliate a child; c. Rejecting, terrorizing, ignoring, isolating, or corrupting a child; d. Using abusive, profane, sarcastic language, verbal abuse, threats, or derogatory remarks about the child or child's family; e. Engaging in any form of public or private humiliation, including threats of physical punishment; f. Taking away physical activity/outdoor time as punishment; g. Smoking and the use of tobacco products in the program or on program grounds; h. Smoking in any vehicle used by the program for transporting children; i. Possessing, using, or being under the influence of illegal drugs and/or alcohol while in the program or on program grounds; and j. Possessing or using firearms or weapons of any kind in the program or on program grounds.

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.  
**There are no variations to this standard.**
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Child Care Center and School Age Program Regulations 1.8.F. ☐ Health and Safety, Prohibited Practices.**

**FCC: 218-RICR-70-00-2; 2.3.2.G**

**Family Child Care Regulations 2.3.2.G ☐ Health, Safety and Nutrition, Prohibited Practices**

**GFCC: 218-RICR-70-00-7; 7.3.2.G**

**Group Family Child Care Regulations 7.3.2.G ☐ Health, Safety and Nutrition, Prohibited Practices**

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

**Child Care Center and School Age Program Regulations 1.12.E & F. ☐ Staff Orientation and Professional Development**

FCC: 218-RICR-70-00-2; 2.3.5.D

Family Child Care Regulations 2.3.5.D ☑ Staff Qualifications and Ongoing Professional Development, Staff Orientation

GFCC: 218-RICR-70-00-7; 7.3.5.D

Group Family Child Care Regulations 7.3.5.D ☑ Staff Qualifications and Ongoing Professional Development, Staff Orientation

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**Licensed family child care providers complete a preservice training prior to becoming licensed. Staff in licensed center programs must complete the training within three (3) months of hire.**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Rhode Island supports multiple free of charge and accessible professional development options for providers designed to engage adult learners in meaningful programs of study, as outlined in section seven (7) of this plan. These vendors and higher education partners work closely with the lead agency to adapt professional development options and content covered in course work, to ensure that both those new to the field and seasoned providers receive updated information as it pertains to health and safety standards. As appropriate, child care regulations are updated, either through emergency rule filing or a formal promulgation process, to reflect any updates. The lead agency works closely with the Rhode Island Department of Health to ensure that standards align to their recommendations and statute as well. Rhode Island Department of Health also consults on all regulations prior to promulgation.**

### 5.3.7 Emergency Preparedness and Response Planning

Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the

meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

**Amended: Effective Date 03/01/2024**

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**The lead agency has promulgated regulations that outline programmatic systems for responding to an emergency as well as outlining what emergency plans should include.**

**These are found under the "Emergency/Disaster Plans and Procedures" section of both center and family child care regulations. Providers are required under these regulations to have an individualized plan posted in every room. Any programs offering night-time care must conduct different drills for nighttime and daytime programs. The program is required to have an emergency preparedness and response plan approved by the Department that addresses all of the required components found in 45 C.F.R. § 98.41(a)(1)(vii), incorporated above at § 1.5(E) of this Part. These plans are approved by the Department and must also include emergency phone numbers posted in a conspicuous place adjacent to the telephone as well as detailed considerations for operating during a variety of different types of emergencies. The plan is reviewed and approved by the Department as verified by a child care licenser during routine, unannounced monitoring visits. Providers are required to routinely conduct safety drills. Documentation of these drills are verified during unannounced monitoring visits by the child care licenser. Family child care providers can access a Department-approved template for creating an Emergency/Disaster Plan. Additionally, throughout both the center and family child care regulations, there are sections specific to evacuation procedures of infants and toddlers, emergency contact information of caregivers and staff, as well as medication policies to ensure that medication is transported with children during an emergency that requires relocation. During the COVID-19 pandemic, both the Lead Agency and child care providers implemented a variety of emergency regulations to serve families in-person, while still adhering to CDC guidelines to mitigate potential spread of COVID-19. These implementation plans were documented and individually approved by the Lead Agency as COVID-19 Control Plans. Child care providers (family-based and center-based) are required to adhere to all elements of the COVID-19 Control Plan as a condition of their licensure during the pandemic.**

**RI has updated the policy for center based and school aged program regulations with language that includes an effective date of 11/29/23 for rules and monitoring and enforcement date of 3/1/24.**

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.  
**N/A**

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Child Care Center and School Age Program Regulations: 218-RICR-70-00-1 1.9.L.1 and 2**  
The program is required to have an emergency preparedness and response plan approved by the Department that addresses all of the required components found in 45 C.F.R. § 98.41(a)(1)(vii), incorporated above at § 1.5(E) of this Part.

**FCC: 218-RICR-70-00-2; 2.3.2.M**

**Family Child Care Regulations 2.3.2.M ☐ Health, Safety and Nutrition, Emergency/Disaster Plans and Procedures**

**GFCC: 218-RICR-70-00-7; 7.3.2.M**

**Group Family Child Care Regulations 7.3.2.M ☐ Health, Safety and Nutrition, Emergency/Disaster Plans and Procedures**

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

**Child Care Center and School Age Program Regulations 1.12.E & F. ☐ Staff Orientation and Professional Development**

**FCC: 218-RICR-70-00-2; 2.3.5.D**

**Family Child Care Regulations 2.3.5.D ☐ Staff Qualifications and Ongoing Professional Development, Staff Orientation**

**GFCC: 218-RICR-70-00-7; 7.3.5.D**

**Group Family Child Care Regulations 7.3.5.D ☐ Staff Qualifications and Ongoing Professional Development, Staff Orientation**

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Rhode Island supports multiple free of charge and accessible professional development options for providers designed to engage adult learners in meaningful programs of study, as outlined in section seven (7) of this plan. These vendors and higher education partners work closely with the lead agency to adapt professional development options and content covered in course work, to ensure that both those new to the field and seasoned providers receive updated information as it pertains to health and safety standards. As appropriate, child care regulations are updated, either through emergency rule filing or a formal promulgation process, to reflect any updates. The lead agency works closely with the Rhode Island Department of Health to ensure that standards align to their recommendations and statute as well. The Rhode Island Department of Health also reviews all licensing regulations prior to promulgation.**

#### 5.3.8 Handling and Storage of Hazardous Materials

Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

##### a. Storage

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**This standard is addressed in the subsection of environmental health in both the licensed center and family child care regulations. Regulations including the proper storage of cleaning supplies or other toxic substances, guidance regarding rodent infestation and sanitizing guidance for both tableware as well as objects/toys within the child care space.**

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

**N/A**

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Child Care Center and School Age Program Regulations 1.8.G. ☐ Health, Safety and Nutrition, Environmental Health.**

**FCC: 218-RICR-70-00-2; 2.3.2.I**

**Family Child Care Regulations 2.3.2.I☐ Health, Safety and Nutrition, Environmental Health**

**GFCC: 218-RICR-70-00-7; 7.3.2.I**



**Group Family Child Care Regulations 7.3.2.I ☒ Health, Safety and Nutrition, Environmental Health**

**b. Pre-Service and Ongoing Training**

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

**Licensed family child care providers complete a preservice training prior to becoming licensed. Staff in licensed center programs must complete the training within three (3) months of hire. Child Care Center and School Age Program Regulations 1.12.E & F. ☒ Staff Orientation and Professional Development.**

**FCC: 218-RICR-70-00-2; 2.3.5.D**

**Family Child Care Regulations 2.3.5.D ☒ Staff Qualifications and Ongoing Professional Development, Staff Orientation**

**GFCC: 218-RICR-70-00-7; 7.3.5.D**

**Group Family Child Care Regulations 7.3.5.D ☒ Staff Qualifications and Ongoing Professional Development, Staff Orientation**

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

**Pre-Service**

**Orientation within three (3) months of hire**

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

**Yes**

**No**

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Rhode Island supports multiple free of charge and accessible professional development options for providers designed to engage adult learners in meaningful programs of study, as outlined in section seven (7) of this plan. These vendors and higher education partners work closely with the lead agency to adapt professional development options and content covered in course work, to ensure that both those new to the field and seasoned providers receive updated information as it pertains to health and safety standards. As appropriate, child care regulations are updated, either through emergency rule filing or a formal promulgation process, to reflect any updates. The lead agency works closely with the Rhode Island Department of Health to ensure that standards align to their recommendations and statute as well. The Rhode Island Department of Health also reviews all licensing regulations prior to promulgation.

### 5.3.9 Precautions in transporting children

Precautions in transporting children (if applicable).

#### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**Both licensed centers and licensed family child care providers are required to follow regulations related to the transportation of children. These regulations are found under the subsection titled "Transportation of Children". Specific practices include ensuring a provider has a transportation policy, adherence to state law and regulations of the state's Registry of Motor Vehicles and the possession of a chauffeur's license for any person who will be responsible for transporting children.**

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.  
**Licensed center providers, due to the large number of children they could potentially transport, have a few additional regulations not found in the family child care regulations. These include requirements for two-inch lettering on the vehicle, and audible door and back-up alarms.**
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Child Care Center and School Age Program Regulations 1.12.D. "Administration, Transportation of Children.**

**FCC: 218-RICR-70-00-2; 2.3.6.D**

**Family Child Care Regulations 2.3.6.D "Administration, Transportation of Children**

**GFCC: 218-RICR-70-00-7; 7.3.6.D**

**Group Family Child Care Regulations 7.3.6.D "Administration, Transportation of Children**

#### b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirements, including citations for both licensed and license-exempt providers.

**Child Care Center and School Age Program Regulations 1.12.E.& F ☑ Staff Orientation and Professional Development**

**FCC: 218-RICR-70-00-2; 2.3.5.D**

**Family Child Care Regulations 2.3.5.D ☑ Staff Qualifications and Ongoing Professional Development, Staff Orientation**

**GFCC: 218-RICR-70-00-7; 7.3.5.D**

**Group Family Child Care Regulations 7.3.5.D ☑ Staff Qualifications and Ongoing Professional Development, Staff Orientation**

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Rhode Island supports multiple free of charge and accessible professional development options for providers designed to engage adult learners in meaningful programs of study, as outlined in section seven (7) of this plan. These vendors and higher education partners work closely with the lead agency to adapt professional development options and content covered in course work, to ensure that both those new to the field and seasoned providers receive updated information as it pertains to health and safety standards. As appropriate, child care regulations are updated, either through emergency rule filing or a formal promulgation process, to reflect any updates. The lead agency works closely with the Rhode Island Department of Health to ensure that standards align to their recommendations and statute as well. The Rhode Island Department of Health also reviews all licensing regulations prior to promulgation.**

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standards

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**Both licensed center and family providers are required to provide evidence of current pediatric First Aid and CPR certification at initial licensure and as part of their license renewal process.**

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

**For centers, every staff member, within ninety (90) days of employment, must be trained under the most recent guidelines of the American Heart Association in Pediatric First Aid and CPR. Family child care providers must demonstrate that they, their assistants (if applicable) and their emergency assistants all have current certification.**

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Child Care Center and School Age Program Regulations 1.10.G.14 Enrollment and Staffing, Staffing Requirements,**

**FCC: 218-RICR-70-00-2; 2.3.5.A**

**Family Child Care Regulations 2.3.5.A Staff Qualifications and Ongoing Professional Development, Requirements for Family Child Care Home Providers**

**GFCC: 218-RICR-70-00-7; 7.3.5.A**

**Group Family Child Care Regulations 7.3.5.A Staff Qualifications and Ongoing Professional Development, Requirements for Group Family Child Care Home Providers**

**Amended: Effective Date 03/01/2024**

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

**218-RICR-70-00-1 1.11.14 (Child Care Center) Every staff member must be trained under the most recent guidelines of the American Heart Association in (a) Pediatric cardiopulmonary resuscitation (CPR) (b) Pediatric first aid**

**FCC: 218-RICR-70-00-2; 2.3.5.D**

**Family Child Care Regulations 2.3.5.D Staff Qualifications and Ongoing Professional Development, Staff Orientation**

**GFCC: 218-RICR-70-00-7; 7.3.5.D**

**Group Family Child Care Regulations 7.3.5.D ☐ Staff Qualifications and Ongoing Professional Development, Staff Orientation**

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**Licensed family child care providers complete a preservice training prior to becoming licensed. Staff in licensed center programs must complete the training within three (3) months of hire.**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Rhode Island supports multiple free of charge and accessible professional development options for providers designed to engage adult learners in meaningful programs of study, as outlined in section seven (7) of this plan. These vendors and higher education partners work closely with the lead agency to adapt professional development options and content covered in course work, to ensure that both those new to the field and seasoned providers receive updated information as it pertains to health and safety standards. As appropriate, child care regulations are updated, either through emergency rule filing or a formal promulgation process, to reflect any updates. The lead agency works closely with the Rhode Island Department of Health to ensure that standards align to their recommendations and statute as well. The Rhode Island Department of Health also reviews all licensing regulations prior to promulgation.**

**5.3.11 Recognition and reporting of child abuse and neglect**

Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**Both licensed centers and family child care providers are required to complete training related to identifying child abuse and neglect as well as state laws governing the reporting of child abuse and neglect. Licensed providers are then required to ensure that their staff are also receiving training on this topic. This topic is provided in pre-licensure training for Family Child Care providers as well as a topic in orientation for all center staff prior to working with children.**

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

**N/A**

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Child Care Center and School Age Program Regulations 1.8.E. ☒ Health and Safety, Medication Administration.**

**FCC: 218-RICR-70-00-2; 2.3.2.D**

**Family Child Care Regulations 2.3.2.D ☒ Health, Safety and Nutrition, Administration of Medication**

**GFCC: 218-RICR-70-00-7; 7.3.2.D**

**Group Family Child Care Regulations 7.3.2.D ☒ Health, Safety and Nutrition, Administration of Medication**

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement(s), including citations for both licensed and license-exempt providers.

**Child Care Center and School Age Program Regulations 1.12.E, F ☒ Staff Orientation and Professional Development**

**FCC: 218-RICR-70-00-2; 2.3.5.D**

**Family Child Care Regulations 2.3.5.D ☒ Staff Qualifications and Ongoing Professional Development, Staff Orientation**

**GFCC: 218-RICR-70-00-7; 7.3.5.D**

**Group Family Child Care Regulations 7.3.5.D ☒ Staff Qualifications and Ongoing**

## Professional Development, Staff Orientation

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Rhode Island supports multiple free of charge and accessible professional development options for providers designed to engage adult learners in meaningful programs of study, as outlined in section seven (7) of this plan. These vendors and higher education partners work closely with the lead agency to adapt professional development options and content covered in course work, to ensure that both those new to the field and seasoned providers receive updated information as it pertains to health and safety standards. As appropriate, child care regulations are updated, either through emergency rule filing or a formal promulgation process, to reflect any updates. The lead agency works closely with the Rhode Island Department of Health to ensure that standards align to their recommendations and statute as well. The Rhode Island Department of Health also reviews all licensing regulations prior to promulgation.**

### 5.3.12 Child development

Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

#### a. Pre-Service and Ongoing Training

- i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers.

**Both licensed center and family child care providers are required to participate in training specific to child development. Specific regulations outlining expectations for meeting these standards are outlined in the "Learning and Development" subsection of both the licensed center and family child care regulations. The requirement for initial and ongoing**

training related to child development principals is outlined in the "Professional Development" subsection of each set of promulgated regulations. With child development related trainings, using input from the CDC and the American Academy of Pediatrics, Our pre-service training, that is a requirement, will introduce new staff to age-specific developmental milestones. Early care and learning professionals know that developmental milestones are descriptions of typical behaviors and functional skills that can be related to certain periods of a child's development. These milestones can help the family child care provider to shape expectations and guide planning for the children you work with on a daily basis. When taking the course, the new staff will recall typical social emotional developmental milestones, cognitive developmental milestones and physical developmental milestones. Child development goes over the importance of experiences in a child's development and help new staff understand that each child is unique. It provides specific milestones to look for in all areas and activities you can specifically do with certain age groups to bring out those learning experiences. Everything in the class helps to focus on the classroom curriculum.

CCC: 218-RICR-70-00-1; 1.13

Child Care Center Regulations 1.13 " Learning and Development

FCC: 218-RICR-70-00-2; 2.3.7

Family Child Care Regulations 2.3.7 " Learning and Development

GFCC: 218-RICR-70-00-7; 7.3.7

Group Family Child Care Regulations 7.3.7 " Learning and Development

- ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**Licensed family child care providers complete preservice training prior to becoming licensed. Child development topics are included in this prelicensure training. Center child care staff are required to complete training on this topic within ninety (90) days of hire. Ongoing professional development for all types of licensed providers must be aligned to the Rhode Island Workforce Knowledge and Competencies. These competencies include the domains of child development, curriculum and assessment and are applicable to both licensed center and family child care providers, administrators and staff.**

- iii. To demonstrate compliance, certify by checking below when the state/territory



requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

**Rhode Island supports multiple free of charge and accessible professional development options for providers designed to engage adult learners in meaningful programs of study, as outlined in section seven (7) of this plan. These vendors and higher education partners work closely with the lead agency to adapt professional development options and content covered in course work, to ensure that both those new to the field and seasoned providers receive updated information as it pertains to health and safety standards. As appropriate, child care regulations are updated, either through emergency rule filing or a formal promulgation process, to reflect any updates. The lead agency works closely with the Rhode Island Department of Health to ensure that standards align to their recommendations and statute as well.**

#### 5.3.13 Ongoing training annual requirements

Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

**Amended: Effective Date 03/01/2024**

- a. Licensed child care centers:

**All Staff in year-round programs must complete twenty-four (24) hours of professional development (2 hours a month). All Staff in partial year programs are required to complete two (2) hours of training per month of operation. All Staff members at any program type who work less than twenty hours a week or are listed as a substitute are required to complete twelve (12) hours of professional development per year.**

- b. License-exempt child care centers:

**N/A**

- c. Licensed family child care homes:

**24**

- d. License-exempt family child care homes:

**N/A**

- e. Regulated or registered In-home child care:

**N/A**

f. Non-regulated or registered in-home child care:

N/A

#### 5.3.14 Optional standards compliance

In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

a. Nutrition:

Both licensed centers and licensed family child care homes have subsections in their regulations related to nutrition. These regulations can be found under the subsection  Health, Safety and Nutrition . Training on this topic is included in the prelicensure training for family child care providers and within the first ninety (90) days for center providers and staff.

The citation for the regulations are as follows: Child Care Center Regulations 1.8.M: Health, Safety and Nutrition, Nutrition.

FCC: 218-RICR-70-00-2; 2.3.2.L

Family Child Care Regulations 2.3.2.L  Health, Safety and Nutrition, Nutrition

GFCC: 218-RICR-70-00-7; 7.3.2.L

Group Family Child Care Regulations 7.3.2.L  Health, Safety and Nutrition, Nutrition

b. Access to physical activity:

Promulgated regulations for both licensed center and licensed family child care providers include the following standard  Opportunities for moderate to vigorous physical activity (sixty (60) minutes total for a program operating for more than four (4) hours a day, and thirty (30) minutes total for a program operating for less than four hours a day) must be available to children each day . Training supporting this standard is included in the Rhode Island Early Learning and Development (RIELDS) modules, which are required of all staff within the first ninety days of hire. The RIELDS are offered online, are free and are self-directed to ensure that all provider types and all staff have access to this training. The citation for the regulations are as follows: Child Care Center Regulations 1.13.B: Learning and Development, Curriculum: Process.

FCC: 218-RICR-70-00-2; 2.3.7.B

Family Child Care Regulations 2.3.7.B  Learning and Development, Process and Activities

GFCC: 218-RICR-70-00-7; 7.3.7.B

Group Family Child Care Regulations 7.3.7.B  Learning Development, Process and Activities

c. Caring for children with special needs:

Promulgated regulations for both licensed center and licensed family child care providers include a

subsection titled "Special Health Care Needs". Regulations found in this section include (1) If there are children in the program who have special health care needs, specific health procedures are delivered by a licensed/certified health professional or a staff person who has been trained to appropriately carry out such procedures. 2. Programs must be able to ensure safe participation of all children with special needs, who are enrolled, in all experiences, activities, and opportunities, including active play. Promulgated regulations also outline that both types of licensed providers must work with either Early Intervention (or children under three years of age) or the child's school district if the child receives special education services. Copies of the child's Individualized Family Service Plan (Early Intervention) or Individual Education Plan (local school district) are to be included in the child's file for both licensed centers and family child care providers.

The citation for the regulations are as follows: Child Care Center Regulations 1.8.D: Health, Safety and Nutrition, Special Health Care Needs.

FCC: 218-RICR-70-00-2; 2.3.2.E

Family Child Care Regulations 2.3.2.E "Health, Safety and Nutrition, Disabilities and Special Health Care Needs

GFCC: 218-RICR-70-00-7; 7.3.2.E

Group Family Child Care Regulations 7.3.2.E "Health, Safety and Nutrition, Disabilities and Special Health Care Needs

[x] d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). Describe:

Rhode Island Child Care regulations have other areas that promote child development and protect children's health and safety. In addition to all of the information listed previously, we have sections of the regulations that include hygiene. These regulations are promoting children's safe health practices by regulating hand washing as an important part of a child's day, The citation for the regulations are as follows: Child Care Center Regulations 1.8.H: Health, Safety and Nutrition, Hygiene. Family Child Care regulations are in the process of being promulgated and citations will be added when complete. Our regulations also have a section related to safe equipment and furniture, which articulated how it must be clean, durable, maintained and in good repair and free of hazards.

The citation for the regulations are as follows: Child Care Center Regulations 1.8.K: Health, Safety and Nutrition, Equipment and Furniture.

Hygiene FCC: 218-RICR-70-00-2; 2.3.2.J

Family Child Care Regulations 2.3.2.J "Health, Safety and Nutrition, Hygiene

Furniture FCC: 218-RICR-70-00-2; 2.3.2.P

Family Child Care Regulations 2.3.2.P "Health, Safety and Nutrition, Equipment and Furniture

Hygiene: GFCC: 218-RICR-70-00-7; 7.3.2.J

Group Family Child Care Regulations 7.3.2.J ☐ Health, Safety and Nutrition, Hygiene

Furniture: GFCC: 218-RICR-70-00-7; 7.3.2.P

Group Family Child Care Regulations 7.3.2.P ☐ Health, Safety and Nutrition, Equipment and Furniture

## 5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

### 5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

#### **Amended: Effective Date 03/01/2024**

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety **Standards** as described in Section 5.3.

**Licensed family child care providers are unable to move forward with becoming licensed without completing the required health and safety trainings and providing evidence of doing so. This is verified by the Office of Child Care through Certificates of Completion as well as routine, monthly reporting from the PDTA Hub. The PDTA Hub utilizes an online LMS platform to track utilization, and completion of, pre-service modules. Once licensed, providers are required to ensure their assistants and emergency assistants have completed these same online trainings during the first ninety days of hire. This is verified by the child care licenser during routine, unannounced monitoring. As part of renewing a license, a provider must submit evidence of training for themselves and their assistants/emergency assistants aligned with the Workforce Knowledge and Competencies (which include a focus on health and safety) as well as up to date pediatric first aid and CPR certification. Licensed centers are required to ensure that all staff, within 90-days of hire, complete the same Department approved health and safety preservice training modules.**

**All of the health and safety standards and reflected in the unannounced monitoring visits that are conducted every year for centers and family child care providers. Licensors go out to the home or center and ensure that all of the health and safety standards are being checked each time they go out. If they are non-compliant, it is a high risk non-compliance and need to be rectified in a set period of time. Licensors will check for all of the health and safety standards before the Department will even allow the opening of a program or family child care. All health and safety standards are considered high-risk violations and are looked at every time a licenser goes out. The plans will be monitored as part of the new provider application process and/or as part of the change of address for a program as well.**

**Rule change effective 11/29/23 contains requirements for all subcomponents of Emergency Preparedness and Response Planning with enforcement beginning 03/01/24. New regulations will be enforced for current programs during their annual monitoring visit.**

**Amended: Effective Date 03/01/2024**

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

Licensed family child care providers are unable to move forward with becoming licensed without completing the required health and safety trainings and providing evidence of doing so. Once licensed, they are required to ensure their assistants and emergency assistants have completed these same online trainings during the first ninety days of hire. As part of renewing a license, a provider must submit evidence of training for themselves and their assistants/emergency assistants aligned with the Workforce Knowledge and Competencies (which include a focus on health and safety) as well as up to date pediatric first aid and CPR certification. Licensed centers are required to ensure that all staff, within 90-days of hire, complete the same Department approved health and safety preservice training modules. The licensing department ensures this is done through the unannounced monitoring visits that are performed yearly for FCC and two times a year for centers. This updated regulation is added to the new monitoring report and will be monitored as part of monitoring visits as well as new program application. This is also embedded in the RISES workforce registry as a required field.

**Rule change effective 11/29/23 contains requirements for ONGOING training for Substitutes and enforcement began 3/1/24 and PRESERVICE CPR/First Aid for center based programs enforcement to begin 9/1/2024.**

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

**In order to become a licensed provider and renew subsequent licenses after initial issuance, licensed providers are required to submit inspection for fire, radon, lead and water potability as appropriate. Additionally, prior to licensing a center, the owner must provide evidence of an asbestos and building inspection.**

#### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory’s monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

**Amended: Effective Date 03/01/2024**

a. Licensed CCDF center-based child care

- i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

**Child Care centers are encouraged to alert the lead agency prior to purchasing a location. This will allow the lead agency to complete an initial walkthrough. A second walkthrough prior to a licensure also occurs. This includes the use of a monitoring form that outlines all high-risk regulations to ensure that the program is in compliance prior to licensing and enrolling children. In order to become a licensed provider and to renew subsequent licenses after initial issuance, licensed providers are required to submit inspection for fire, radon, lead and water potability as appropriate. Additionally, prior to licensing a center, the owner must provide evidence of an asbestos and building inspection.**

- ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

**As outlined in the promulgated regulations for both licensed child care centers and homes, all licensed providers are to allow access to their facility to either the lead agency, the Office of the Child Advocate or designee's of either agency/office. At a minimum, one unannounced inspection is completed per year to all provider types. The lead agency also requires that an additional annual unannounced visit occur at center locations. Additional, monthly unannounced visits will occur to licensed providers who currently have a probationary license. The monitoring report completed during these unannounced visits include all high-risk regulations as well as fire and other safety inspection compliance.**

**Rule change effective 11/29/23 contains requirements for with monitoring/enforcement beginning on the following dates: EPRR for center based program enforcement began 3/1/24, ONGOING training for Substitutes in center based care enforcement began 3/1/24 PRESERVICE CPR/First Aid for center based program enforcement to begin 9/1/2024**

- iii. Identify the frequency of unannounced inspections:

A. Once a year

B. More than once a year. Describe:

**The lead agency requires two unannounced inspections at center providers. Providers who are on a probationary license can expect more frequent visits until the probationary status is lifted.**

- iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

**The lead agency monitors all of the regulations at each monitoring visit and does not follow a differentiated monitoring process.**

- v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers.

**The citation for the regulations are as follows: Child Care Center Regulations 1.7.F.2: Licensing Provisions, Monitoring.**

b. Licensed CCDF family child care home

- i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards.

In order to become a licensed family child care provider, and to renew subsequent licenses after initial issuance, providers are required to submit inspection for fire, radon, lead and water potability as appropriate. Additionally, a preclosure walkthrough is completed at the provider's home using the lead agencies monitoring report. This monitoring report assesses for compliance in all high-risk regulations. If any noncompliance is observed during this initial visit, the provider is unable to become licensed until the lead agency receives evidence that all noncompliance has been addressed.

- ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.  
**Per state statute and as outlined in the promulgated regulations for both licensed child care centers and homes, all licensed providers are to allow access to their facility to either the lead agency, the Office of the Child Advocate or designee's of either agency/office. At a minimum, one unannounced inspection is completed per year to all provider types. Additional, monthly unannounced visits will occur to licensed providers who currently have a probationary license. The monitoring report completed during these unannounced visits include all high-risk regulations as well as fire and other safety inspection compliance.**
- iii. Identify the frequency of unannounced inspections:
  - A. Once a year
  - B. More than once a year. Describe:  
**The lead agency encourages additional unannounced inspections at both center and family child care providers. Providers who are on a probationary license can expect more frequent visits until the probationary status is lifted.**
- iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.  
**The lead agency monitors all of the regulations at each monitoring visit and does not follow a differentiated monitoring process.**
- v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers.  
**The citation for the regulations are as follows: Child Care Center Regulations 1.6.F: Licensing Provisions, Monitoring.**  
  
**FCC: 218-RICR-70-00-2; 2.2.2.C**  
  
**Family Child Care Regulations 2.2.2.C ☐ License Provisions, Monitoring**  
  
**GFCC: 218-RICR-70-00-7; 7.2.2.C**  
  
**Group Family Child Care Regulations 7.2.2.C ☐ License Provisions, Monitoring**

c. Licensed in-home CCDF child care

- i. Does your state/territory license in-home child care (care in the child's own home)?

No

Yes. If yes, answer A – E below:

- A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.
- B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.
- C. Identify the frequency of unannounced inspections:
  - 1. Once a year
  - 2. More than once a year. Describe:
- D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.
- E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

d. List the entity(ies) in your state/territory that is responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers.

**The Department of Human Services is the lead agency and the one responsible for conducting pre-licensure and unannounced inspections. Child Care centers are encouraged to alert the lead agency prior to purchasing a location. This will allow the lead agency to complete an initial walkthrough. A second walkthrough prior to a licensure also occurs. This includes the use of a monitoring form that outlines all high-risk regulations to ensure that the program is in compliance prior to licensing and enrolling children. In order to become a licensed provider and to renew subsequent licenses after initial issuance, licensed providers are required to submit inspection for fire, radon, lead and water potability as appropriate. Additionally, prior to licensing a center, the owner must provide evidence of an asbestos and building inspection.**

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

a. To certify, describe the policies and practices for the annual monitoring of:

License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.



N/A

- i. Provide the citation(s) for this policy or procedure.

N/A

- b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

N/A

- i. Provide the citation(s) for this policy or procedure.

N/A

5.4.4 Inspections for license-exempt in-home care (care in the child’s own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child’s home that are appropriate to the setting. A child’s home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

- a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

N/A

- b. Provide the citation(s) for this policy or procedure.

N/A

- c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

N/A

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state’s licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

- a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

**The lead agency developed a series of eight modules for the purpose of onboarding new licensing inspectors. Over the course of these modules, licensors (the term the lead agency uses to identify licensing inspectors) are trained on the following topics:**

foundations of licensing, regulations, general child care practices, monitoring systems, the technology used by the units, child abuse and neglect (identification and reporting process) as well as the system for handling complaints related to child care. Additionally, new licensors are encouraged to view the same health and safety modules as required of new child care providers. In conjunction with viewing these modules, licensors are also teamed up to shadow seasoned staff. Supervisory staff complete reliability checks with licensors at a minimum of once every three months to ensure that licensed child care providers are being monitored effectively and accurately.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

Newly hired licensors are directed to the Center for Early Learning Professionals (the lead agencies training and technical assistance vendor) to complete the most up to date health and safety training modules. These are the same modules that are required of child care providers. As these modules are updated to reflect current best practices, licensors are included in any communications to providers about updated materials and are encouraged to complete all relevant updated trainings on the top topic.

c. Provide the citation(s) for this policy or procedure.

(<http://www.hr.ri.gov/documents/jobs/HUMAN%20SERVICES%20POLICY%20AND%20SYSTEMS%20SPECIALIST.PDF>)

<http://www.hr.ri.gov/documents/jobs/HUMAN%20SERVICES%20POLICY%20AND%20SYSTEMS%20SPECIALIST.PDF>

Supplemental information on job postings for licensors specifically include the following context: Independently monitor, evaluate and inspect child care centers and family child care homes throughout the State to assess for compliance with applicable health and safety regulations as well as developmentally appropriate service delivery to determine licensure and/or enforcement actions. Conduct on site monitoring visits to document and track compliance with licensing regulations. Monitoring visits include completing a thorough inspection of physical space including, indoor and outdoor areas; reviewing program policies, inspection reports and staff/child files and observing interactions between children and staff. This position requires that specialists engage directly with providers to share monitoring reports, address compliance/non-compliance and follow up on any corrective action. Specialists are responsible for managing, tracking and communicating information related to the licensure including renewal dates, current status, and corrective actions including timely follow up. Responsible for addressing complaints received by DHS/DCYF, including investigations of abuse and/or neglect. May provide legal testimony related to licensure as requested. Must have the ability to maintain confidential and updated electronic and hard copy records.

Additionally, specialists provide technical assistance to programs related to improving service delivery and/or becoming a licensed child care provider. This may include participating, conducting and/or facilitating trainings for owners, administrators, child care staff members and/or caregivers working in conjunction with other State agencies and/or partners aimed at improving quality child care for Rhode Island families.

#### 5.4.6 Ratio of Licensing Inspectors

The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

- a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

**Prior to the transition of the Child Care Licensing Unit from the Department of Children, Youth and Families (DCYF) to the Lead Agency, the Child Care Licensing Unit was traditionally staffed with six (6) full-time employees. This consisted of one (1) supervisor and five (5) child care licensors. Upon the transition, the Lead Agency completed a full analysis on the staffing structure and developed a Business Plan for exceeding the federal standards and productivity expectations of child care licensors. This Business Plan developed clear workflows and justification for increasing the personnel dedicated to the Child Care Licensing Unit. Currently, the Lead Agency maintains nine (9) full-time employees in the Unit, an increase of three full-time employees (increasing the staffing model of the unit by thirty-three percent.) The unit's staffing now consists of two supervisors, six child care licensors and an administrative support staff person. The administrative staff member manages most components of the application processing, as well as coordination on comprehensive background checks and filing. This administrative capacity has enabled the Child Care Licensing Unit to significantly increase the number of visits (in-person) a licensor is able to conduct per week. The six (6) licensors for approximately 800 licensed child care centers and family homes. The approximate breakdown is 400 center-based providers (visits 2x per year) and 400 family based providers (visits 1x per year). Each licensor has a mixed caseload of approximately 130 providers. With office hours, travel time, and use of vacation and sick time, they have ample time to complete all licensing duties. Supervisors also conduct in-person monitoring to support increased efficiency for the unit and provide added presence across RI's child care system**

- b. Provide the policy citation and state/territory ratio of licensing inspectors.

**While there is no formal policy outside of the state's Collective Bargaining Agreement with SEIU 580 for staffing the Lead Agency's divisions, the Business Plan developed for the Child Care Licensing Unit outlines clear productivity standards and workflows for meeting the federal standards for onsite monitoring for RI child care providers. Currently, each licensor is responsible for oversight of approximately 125 providers.**

#### 5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or

supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

#### 5.5.1 Background check requirements

Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

##### a. Components of In-State Background Checks

###### i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

**218-RICR-70-00-1 Part 1  Child Care Center and School Age Programs Regulations for Licensure 1.11.A: Criminal Record Background Checks and Clearance of Agency Activity**

**FCC: 218-RICR-70-00-2; 2.3.5.A**

**Family Child Care Regulations 2.3.5.A  Staff Qualifications and Ongoing Professional Development, Requirements for Family Child Care Providers**

**GFCC: 218-RICR-70-00-7; 7.3.5.A**

**Group Family Child Care Regulations 7.3.5.A  Staff Qualifications and Ongoing Professional Development, Requirements for Group Family Child Care Providers**

[http://dhs.ri.gov/CCAPProvDoc/Background%20Check%20Infographic\\_Final.pdf](http://dhs.ri.gov/CCAPProvDoc/Background%20Check%20Infographic_Final.pdf)

All other providers eligible to deliver CCDF Services

Citation:

**Before caring for CCDF children, relative providers are required to obtain a comprehensive background check facilitated through the Office of the Attorney General.**

**218-RICR-20-00-4**

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

**218-RICR-70-00-1 Part 1 ☒ Child Care Center and School Age Programs Regulations for Licensure 1.11.A: Criminal Record Background Checks and Clearance of Agency Activity**

**FCC: 218-RICR-70-00-2; 2.3.5.A**

**Family Child Care Regulations 2.3.5.A ☒ Staff Qualifications and Ongoing Professional Development, Requirements for Family Child Care Providers**

**GFCC: 218-RICR-70-00-7; 7.3.5.A**

**Group Family Child Care Regulations 7.3.5.A ☒ ☒ Staff Qualifications and Ongoing Professional Development, Requirements for Group Family Child Care Providers**

[http://dhs.ri.gov/CCAPProvDoc/Background%20Check%20Infographic\\_Final.pdf](http://dhs.ri.gov/CCAPProvDoc/Background%20Check%20Infographic_Final.pdf)

All other providers eligible to deliver CCDF Services

Citation:

**Before caring for CCDF children, relative providers are required to obtain a comprehensive background check facilitated through the Office of the Attorney General.**

**218-RICR-20-00-4**

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

**218-RICR-70-00-1 Part 1 ☒ Child Care Center and School Age Programs Regulations for Licensure 1.11.A: Criminal Record Background Checks and Clearance of Agency Activity**

**FCC: 218-RICR-70-00-2; 2.3.5.A**

**Family Child Care Regulations 2.3.5.A ☒ Staff Qualifications and Ongoing Professional Development, Requirements for Family Child Care Providers**

**GFCC: 218-RICR-70-00-7; 7.3.5.A**

**Group Family Child Care Regulations 7.3.5.A ☒ ☒ Staff Qualifications and Ongoing Professional Development, Requirements for Group Family Child Care Providers**

[http://dhs.ri.gov/CCAPPProvDoc/Background%20Check%20Infographic\\_Final.pdf](http://dhs.ri.gov/CCAPPProvDoc/Background%20Check%20Infographic_Final.pdf)

All other providers eligible to deliver CCDF Services

Citation:

**Before caring for CCDF children, relative providers are required to obtain a comprehensive background check facilitated through the Office of the Attorney General.**

**218-RICR-20-00-4**

**b. Components of National Background Check**

**i. FBI Fingerprint Check**

Licensed, regulated, or registered child care providers

Citation:

**218-RICR-70-00-1 Part 1 ☒ Child Care Center and School Age Programs Regulations for Licensure 1.11.A: Criminal Record Background Checks and Clearance of Agency Activity**

**FCC: 218-RICR-70-00-2; 2.3.5.A**

**Family Child Care Regulations 2.3.5.A ☒ Staff Qualifications and Ongoing Professional Development, Requirements for Family Child Care Providers**

**GFCC: 218-RICR-70-00-7; 7.3.5.A**

**Group Family Child Care Regulations 7.3.5.A ☒ ☒ Staff Qualifications and Ongoing Professional Development, Requirements for Group Family Child Care Providers**

[http://dhs.ri.gov/CCAPPProvDoc/Background%20Check%20Infographic\\_Final.pdf](http://dhs.ri.gov/CCAPPProvDoc/Background%20Check%20Infographic_Final.pdf)

All other providers eligible to deliver CCDF Services

Citation:

**Before caring for CCDF children, relative providers are required to obtain a comprehensive background check facilitated through the Office of the Attorney General.**

**218-RICR-20-00-4**

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

**218-RICR-70-00-1 Part 1 ☒ Child Care Center and School Age Programs Regulations for Licensure 1.11.A: Criminal Record Background Checks and Clearance of Agency Activity**

**FCC: 218-RICR-70-00-2; 2.3.5.A**

**Family Child Care Regulations 2.3.5.A ☒ Staff Qualifications and Ongoing Professional Development, Requirements for Family Child Care Providers**

**GFCC: 218-RICR-70-00-7; 7.3.5.A**

**Group Family Child Care Regulations 7.3.5.A ☒ ☒ Staff Qualifications and Ongoing Professional Development, Requirements for Group Family Child Care Providers**

[http://dhs.ri.gov/CCAPPProvDoc/Background%20Check%20Infographic\\_Final.pdf](http://dhs.ri.gov/CCAPPProvDoc/Background%20Check%20Infographic_Final.pdf)

All other providers eligible to deliver CCDF Services

Citation:

**Before caring for CCDF children, relative providers are required to obtain a comprehensive background check facilitated through the Office of the Attorney General.**

**218-RICR-20-00-4**

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

**218-RICR-70-00-1 Part 1  Child Care Center and School Age Programs Regulations for Licensure 1.11.A: Criminal Record Background Checks and Clearance of Agency Activity**

**FCC: 218-RICR-70-00-2; 2.3.5.A**

**Family Child Care Regulations 2.3.5.A  Staff Qualifications and Ongoing Professional Development, Requirements for Family Child Care Providers**

**GFCC: 218-RICR-70-00-7; 7.3.5.A**

**Group Family Child Care Regulations 7.3.5.A  Staff Qualifications and Ongoing Professional Development, Requirements for Group Family Child Care Providers**

[http://dhs.ri.gov/CCAPProvDoc/Background%20Check%20Infographic\\_Final.pdf](http://dhs.ri.gov/CCAPProvDoc/Background%20Check%20Infographic_Final.pdf)

All other providers eligible to deliver CCDF Services

Citation:

**Before caring for CCDF children, relative providers are required to obtain a comprehensive background check facilitated through the Office of the Attorney General.**

**218-RICR-20-00-4**

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers



Citation:

**218-RICR-70-00-1 Part 1 ☒ Child Care Center and School Age Programs Regulations for Licensure 1.11.A: Criminal Record Background Checks and Clearance of Agency Activity**

**FCC: 218-RICR-70-00-2; 2.3.5.A**

**Family Child Care Regulations 2.3.5.A ☒ Staff Qualifications and Ongoing Professional Development, Requirements for Family Child Care Providers**

**GFCC: 218-RICR-70-00-7; 7.3.5.A**

**Group Family Child Care Regulations 7.3.5.A ☒ ☒ Staff Qualifications and Ongoing Professional Development, Requirements for Group Family Child Care Providers**

[http://dhs.ri.gov/CCAPProvDoc/Background%20Check%20Infographic\\_Final.pdf](http://dhs.ri.gov/CCAPProvDoc/Background%20Check%20Infographic_Final.pdf)

All other providers eligible to deliver CCDF Services

Citation:

**Before caring for CCDF children, relative providers are required to obtain a comprehensive background check facilitated through the Office of the Attorney General.**

**218-RICR-20-00-4**

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

**218-RICR-70-00-1 Part 1 ☒ Child Care Center and School Age Programs Regulations for Licensure 1.11.A: Criminal Record Background Checks and Clearance of Agency Activity**

**FCC: 218-RICR-70-00-2; 2.3.5.A**

**Family Child Care Regulations 2.3.5.A ☒ Staff Qualifications and Ongoing Professional Development, Requirements for Family Child Care Providers**

**GFCC: 218-RICR-70-00-7; 7.3.5.A**

**Group Family Child Care Regulations 7.3.5.A ☒ ☒ Staff Qualifications and Ongoing Professional**

## Development, Requirements for Group Family Child Care Providers

[http://dhs.ri.gov/CCAPProvDoc/Background%20Check%20Infographic\\_Final.pdf](http://dhs.ri.gov/CCAPProvDoc/Background%20Check%20Infographic_Final.pdf)

All other providers eligible to deliver CCDF Services

Citation:

**Before caring for CCDF children, relative providers are required to obtain a comprehensive background check facilitated through the Office of the Attorney General.**

**218-RICR-20-00-4**

### 5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per § 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in § 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

**In 2019 the Lead Agency executed an MOU with the RI Attorney General's Office (RIAG) to centralize, and adequately resource, the administration of comprehensive background checks for all licensed child care providers, their staff, and household members. Under this MOU, the Lead Agency funds the equipment and personnel for the RIAG's Office to ensure all child care providers, staff and household members have on-demand access to a federally compliant process for completing comprehensive background checks. Both licensed family child care homes and centers are able to request a comprehensive criminal background check through either their local police, state police or the Attorney General's office. All licensed provider types and their staff have access to a fingerprint affidavit form, developed by the lead agency in conjunction with state police and representatives from the Attorney General's office. This form clearly identifies the person requesting the check as a child care employee or provider, or household members over the age of 18 (for licensed family child care providers only). The form also lists all of the required checks to ensure that the agency conducting the check is searching through all of the required databases. Additionally, all licensed child care staff, family child care providers and household members of family child care providers are**

required to submit evidence of a child abuse and neglect registry check, through the state's child welfare agency- the Department of Children Youth and Families. This check includes a request to any out of state child welfare agency if the applicant (or household member) has lived out of the lead agency state in the last 5 years.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

**Currently, and for the duration of this state plan cycle, there are no fees being charged for background checks.**

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

**Child Care center staff cannot begin employment until they can document proof of their completed comprehensive background check and child abuse/neglect check with no findings which would preclude the individual from working with children. A list of disqualifying offenses has been developed per state statute 40-13.2-4. Criminal records check ☒ Operators of childcare facilities that must be licensed or registered with the department by the Director of Human Services and/or the Department of Children, Youth and Families If during a monitoring visit, the lead agency identifies staff working with children who either do not have evidence of the background checks being completed or have expired checks, those staff are not allowed to return to work until they've completed the necessary background checks. Family child care providers are not licensed until they provide evidence of compliance with the background check regulations. They must also submit updated checks as part of their renewal process. If the lead agency finds, either during a monitoring visit or upon review of renewal information, that a provider or household member has not completed the required background checks or that they are expired, additional steps are taken. These include but are not limited to the provider being unable to operate until they are complete (if the provider is missing the updated information), the assistant being unable to work until updated information is provided, and/or the household member needing to be out of the home during the hours of operation until they are able to provide updated information. If the household member is missing the required, updated documentation, they are required to submit proof of documentation of a completed check within forty-eight (48) hours to the Lead Agency. If the documentation is not submitted to the Department within forty-eight (48) hours, licensing action is taken.**

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

**Rhode Island's comprehensive background checks include electronic searches of both local and national criminal and sexual offender registries, which includes information about people who have resided in another state in the last five years. Our out of state child abuse and neglect requests are handled by DCYF, who conducts all child abuse and neglect checks in state and out of state, for family child care and center staff.**

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

**Child care providers, both center and family, are unable to either work with children or become licensed, if all components of the background check are not completed. Providers are reminded as part of their renewal process, that all staff (and household members) are required to have updated background checks as part of their employment and renewal. Each licensed child care provider type is monitored by the lead agency at a minimum of once a year. Files of staff and the provider are reviewed to ensure that the background checks are in compliance with the regulations. If they are not, a corrective action plan is issued to ensure these are updated quickly.**

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

**Center providers are responsible for ensuring that their new staff is in compliance with all background check requirements. Applicants are expected to complete a employment history affidavit as part of the new hire paperwork, and this would document if there has been a lapse in employment. Employers would use this as a guide on whether to use a background check they may have previously obtained. For Family child care, this employment history affidavit is submitted to the lead agency, where the licensing unit ensures that providers have an up-to-date applicable background check. When it might be unclear, the lead agency supports having providers obtain a new comprehensive background check.**

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

**[http://www.dhs.ri.gov/CCAPPProvDoc/Background%20Check%20Infographic\\_Final.pdf](http://www.dhs.ri.gov/CCAPPProvDoc/Background%20Check%20Infographic_Final.pdf)**

### 5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.

- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

**Local and state police as well as the Attorney General's office are responsible for conducting comprehensive criminal check investigations, including sex offender registries. The Department of Children, Youth and Families is responsible for completing the child abuse and neglect check. A list of disqualifying offenses has been developed per state statute 40-13.2-4. Criminal records check – Operators of childcare facilities that must be licensed or registered with the department by the Director of Human Services and/or the Department of Children, Youth and Families. Upon the discovery of any disqualifying information with respect to a proposed staff member, family child care provider or household member of a family child care provider, the Rhode Island Bureau of criminal identification informs the lead agency of the nature of the disqualifying information in writing. For child abuse and neglect checks, the lead agency is also notified in writing if an applicant has a disqualifying abuse or neglect indication. In 2019 the Lead Agency executed an MOU with the RI Attorney General's Office (RIAG) to centralize, and adequately resource, the administration of comprehensive background checks for all licensed child care providers, their staff, and household members. Under this MOU, the Lead Agency funds the equipment and personnel for the RIAG's Office to ensure all child care providers, staff and household members have on-demand access to a federally compliant process for completing comprehensive background checks. This MOU with the RIAG's office effectuates the centralization of background checks in order to ensure compliance standards are continually met for the required comprehensive background checks pursuant to federal regulations.**

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

**The procedure is not different from in-state background checks.**

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

**Local and state police as well as the Attorney General's office are responsible for conducting comprehensive criminal check investigations, including sex offender registries. A fingerprint affidavit is required to complete these checks at the local, state and Attorney General level. This document includes a list of states the applicant has lived in in the last five years. The lead agency has confirmed that this triggers a local level check for any states listed as well as the national checks outlined in statute. The Department of Children, Youth and Families is responsible for completing the child abuse and neglect check. A list of disqualifying offenses has been developed per state statute 40-13.2-4. Criminal records check - Operators of childcare facilities that must be licensed or registered with the department by the Director of Human Services and/or the Department of Children, Youth and Families. For any applicant that has identified as living in another state in the last five year, both in family child homes and centers, the lead agency**

**supports the applicant directly in accessing a child abuse and neglect registry check from those states. The lead agency is identified as the entity who should receive these results. In any states that only the individual is allowed to receive these results, the applicant is instructed to send the results directly to the lead agency contingent upon continued employment. Upon the discovery of any disqualifying information with respect to a proposed staff member, family child care provider or household member of a family child care provider, the Rhode Island Bureau of criminal identification informs the lead agency of the nature of the disqualifying information in writing. For child abuse and neglect checks, the lead agency is also notified in writing if an applicant has a disqualifying abuse or neglect indication.**

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

**The comprehensive background check is completed in one document and at the same time and is required of all hires in licensed child care programs. If the Lead Agency has not received the results of a comprehensive background check within the 45 day timeframe, that applicant would not be eligible for hire until we received the results.**

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

**Local and state police as well as the Attorney General's office are responsible for conducting comprehensive criminal check investigations, including sex offender registries. A fingerprint affidavit is required to complete these checks at the local, state and Attorney General level. This document includes a list of states the applicant has lived in in the last five years. The lead agency has confirmed that this triggers a local level check for any states listed as well as the national checks outlined in statute. For these applicants a local DCYF check will be completed immediately. The applicant will then be provided information by the lead agency on the process for completing the same child abuse and neglect registry check in their home state. The lead agency will be identified as the entity to receive the results of this check. In any states that only the individual is allowed to receive these results, the applicant is instructed to send the results directly to the lead agency contingent upon continued employment.**

#### 5.5.4 "Compact State" and participation in the National Fingerprint File program

State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

- No  
 Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state’s criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state’s criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

- No
- Yes

#### 5.5.5 Respond to Interstate Background Checks

Procedures for a Lead Agency to Respond to Interstate Background Checks: Interstate

##### a. Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

**The RI Attorney General's Office as well as local and state police are identified as the state agencies responsible for all criminal background checks, including out of state requests. Individuals who live out of state currently but requesting a state criminal history check, regardless of which law enforcement agency they request from, are required to complete a form that includes information authorizing the release of the information to a specific individual. This prevents agencies from directly requesting the results of a background check but does allow other lead agencies in other states to be the receiving entity.**

##### b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

**The RI Attorney General's Office as well as local and state police are identified as the state agencies responsible for all sex offender background checks, including out of state requests. Individuals who live out of state currently but requesting a state criminal history check, regardless of which law enforcement agency they request from, are required to complete a form that includes information authorizing the release of the information to a specific individual. This prevents agencies from directly requesting the results of a background check but does allow other lead agencies in other states to be the receiving entity.**

##### c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

**For child abuse and neglect checks, DCYF has a page on their website dedicated specifically related to**

**Rhode Island CPS History Search. This page is for child and family state agencies outside of Rhode Island to directly request these checks. The clearance result sent to the agency requesting the information would be similar to the one received by in state providers, indicating whether or not an indicated case was a disqualifier for employment. Any additional information would require the applicant to sign a release of information for the lead agency to receive additional information regarding the specifics of a case should there be a disqualifier.**

#### 5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

##### a. Interstate Criminal Background Check:

i. Agency Name

ii. Address

iii. Phone Number

iv. Email

v. FAX

vi. Website

vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

viii. Forms

ix. Fees

x. Is the state a National Fingerprint File (NFF) state?

xi. Is the state a National Crime Prevention and Privacy Compact State?



xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

**(<https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/background-checks>)**  
**<https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/background-checks>**

**Please note RI is not a NFF state or a National Crime Prevention and Privacy Compact State, these elements are N/A.**

b. Interstate Sex Offender Registry (SOR) Check:

i. Agency Name

ii. Address

iii. Phone Number

iv. Email

v. FAX

vi. Website

vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

viii. Forms

ix. Fees

x. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

**(<https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/background-checks>)**  
**<https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/background-checks>**

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

i. Agency Name

ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?

iii. Address

iv. Phone Number

v. Email

vi. FAX

vii. Website

viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

ix. Forms

x. Fees

xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State’s definition of “substantiated” instances of child abuse and neglect.

xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

**(<https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/background-checks>)**  
**<https://dhs.ri.gov/programs-and-services/child-care/child-care-providers/background-checks>**

#### 5.5.7 Child Care Staff Member Disqualification

Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory’s option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes— child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

No

Yes. If yes, describe other disqualifying crimes and provide the citation:

N/A

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

**When a comprehensive background check is completed, the results are provided directly to the applicant as well as to the applicant’s place of employment. The results that the applicant’s place of employment receives just provides them with information about whether they are able to work. The results provide no private information to the employer. The applicant, however, will receive more detailed information about their disqualification.**

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2- 4).

**Rhode Island has a process to review these cases through our Executive Office of Health and Human Services’ hearing office. They can apply for administrative appeal where the applicant would have the opportunity to demonstrate excellence in child care and to provide context as to why this felony drug offense should not be held against them.**

#### 5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member

(including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal
- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report
- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime
- The appeals process is completed in a timely manner for any appealing child care staff member
- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))
- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and **may** have different appeal processes than agencies that conduct the state CAN and state SOR checks.

**The appeal process for appealing the accuracy of the information collected from a criminal background check, completed by either local/state police or the Attorney General's office is dictated by those entities. Any applicant wishing to file an appeal related to disqualifying criminal information would be directed to the Attorney General's office to ensure they are receiving the most up to date information. For child abuse/neglect checks, an applicant is directed to contact the Department of Children, Youth and Families to request an appeal form. This appeals process is outlined in DCYF's Policies and Operating Procedures, available on line as well as per request.**

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

**The ownness of filing an appeal for an interstate check would be on the applicant. The lead agency could assist in directing the applicant to the appropriate entity but would not be responsible for initiating the appeal**

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

**The ownness of filing an appeal for an interstate Child Abuse and Neglect Registry Check would be on the applicant. The lead agency could assist in directing the applicant to the appropriate entity but would not be responsible for initiating the appeal.**

## 5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

### 5.6.1 Licensing Requirements (as described in Section 5.1)

a. Relative providers are exempt from all licensing requirements.

b. Relative providers are exempt from a portion of licensing requirements. Describe.

**N/A**

c. Relative providers must fully comply with all licensing requirements.

### 5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

a. Relative providers are exempt from all health and safety standard requirements

b. Relative providers are exempt from a portion of health and safety standard requirements. Describe.

**License exempt providers are required to complete the 18 hour health and safety training modules prior to becoming an approved CCAP provider and obtain first aid/CPR certificaion.**

c. Relative providers must fully comply with all health and safety standard requirements.

### 5.6.3 Health and Safety Training (as described in Section 5.3)

a. Relative providers are exempt from all health and safety training requirements.

b. Relative providers are exempt from a portion of all health and safety training requirements. Describe.

**. License exempt providers are required to complete the 18 hour health and safety training modules prior to becoming an approved CCAP provider and obtain first aid/CPR certificaion.**

c. Relative providers must fully comply with all health and safety training requirements.

### 5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements. Describe.

N/A

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

#### 5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
  - i. Criminal registry or repository using fingerprints in the current state of residency
  - ii. Sex offender registry or repository in the current state of residency
  - iii. Child abuse and neglect registry and database check in the current state of residency
  - iv. FBI fingerprint check
  - v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
  - vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
  - vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
  - viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

## 6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)) and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a

state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

## 6.1 Professional Development Framework

### 6.1.1 Professional development framework for training and professional development

Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a. Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

**In Rhode Island, the progression of professional development is described in a set of Workforce Knowledge and Competency Frameworks (WKC). Frameworks are intended to be used as a guide for professionals to understand what they should know and be able to do to promote optimal learning experiences for young children, <https://exceed.ri.gov/Pages/Professionals/ProfessionalsDefault.aspx>.**

**Rhode Island's professional development system is based on the following competencies and standards: WKC for Early Childhood Teachers and Early Intervention/Early Childhood Special Educator; WKC for Teacher Assistants; WKC for Family Child Care Educators; WKC for Family Child Care Educators; WKC for Family Child Care Educators; WKC for Early Childhood Administrators and Education Coordinators. They are based on the core competencies and domains including: 1. Physical and Mental Health, Safety, and Wellness (HSW), 2. Family Engagement (FE), 3. Development and Learning (DL), 4. Curriculum (C), 5. Assessment (A) 6. Professionalism (P). The WKC Framework for Professional Development Providers is organized into five domains, each of which is imperative to the practice of trainers, TA providers, and higher education faculty/staff. Though presented separately, each domain contains knowledge and skills that relate to competencies in other domains. Each domain should not be considered in isolation of the others, but rather be thought of as one critical area for supporting educators and improving educator knowledge and practice that feeds into a greater whole. The domains include:**

**1. Professionalism (P) 2. Building Relationships (BR), 3. Knowledge of Content (KC,), 4. Supporting Adult Learners (AL), and 5. Evaluating Outcomes (EO).**

ii. Career pathways. Describe:

The Rhode Island Workforce Knowledge and Competencies articulate the essential skills and knowledge for educators who work with young children by defining what they need to know and understand, to promote young children's healthy development and learning. The competencies are designed for many purposes including, but not limited to: As a framework for developing a state-wide professional development , to help teachers and teacher assistants focus on critical areas of professional development and recognize their own areas of exceptional skill and expertise, to help teachers and teacher assistants with the creation and implementation of their own individual professional development plans, to help program administrators articulate job expectations for teachers and teacher assistants including developing performance-based job descriptions and designing evaluation processes, to guide higher education and professional development providers with the creation of curricula for college courses and professional development opportunities offered in the community, to help families identify best practices and select high-quality programming for their children, and to serve as a tool for advocates and policy makers to develop initiatives, communications, and allocate funding based on what best supports early childhood professionals. Embedded within the WKC Frameworks are career pathways that specifies the formal education, experience and professional development activities that correspond with each level. Individuals advance from one level to the next through accumulation of formal education, experience, and professional development as outlined in the documents. Professional development pathways are funded by the Rhode Island Department of Human Services, Office of Child Care. The Frameworks are readily available and accessible to the early childhood community on the EXCEED website <https://exceed.ri.gov/> . The Rhode Island Center for Early Learning Professionals (CELP), <http://center-elp.org/>, offers a series of self-paced online modules to help early childhood educators understand and be able to use the WKC frameworks to assess their professional development strengths and needs, to develop an Individual Professional Development Plan and to measure their progression through the WKCs.

iii. Advisory structure. Describe:

The Rhode Island Department for Human Services, Office of Child Care is the state's lead agency overseeing the standards and competencies for the early care and education workforce. The lead agency solicits and receives recommendations from community partners and constituents through planned community input sessions and through consultation and collaboration with the Rhode Island Children's Cabinet and the Rhode Island Early Learning Council. The Children's Cabinet is comprised of appointed leaders from agencies servicing Rhode Island Children and Families, (<http://www.kids.ri.gov/>) <http://www.kids.ri.gov/>. Pursuant to R.I.G.L. §42-72.5 (1-3), the Children's Cabinet is authorized to engage in interagency agreements and appropriate data-sharing to improve services and outcomes for children. The Early Childhood Care and Education (ECCE) Strategic Plan for Rhode Island was updated in 2020 and adopted in 2021. The ECCE Strategic plan has five core objectives to ensure that all children are on a path to reading proficiently in third grade:

iv. Articulation. Describe:

Embedded within the WKC Frameworks are career pathways that specifies the formal education, experience, professional development, and professional activities that correspond with each level. Individuals advance from one level to the next through accumulation of formal education, experience, and professional development as outlined in the documents. State and Federal funds support the workforce to obtain professional development and career goals through a flexible and articulated process from entry level certificate programs to higher education credentials

v. Workforce information. Describe:

In recent years, RI has relied on data from a Workforce Data Registry Needs Assessment which was completed in the spring of 2019. This data is also no longer accurate given the impact of COVID-19

both on the workforce and on the number of licensed providers. During Race to the Top a consumer and provider website (Exceed.ri.gov) was developed with the intention of not only being a family search site but also workforce registry for the early childhood workforce. Registration in this system was not mandated nor was the system appropriately resourced for support when Race to the Top ended, therefore leaving a gap in the ability for the state to pull real time workforce data. In response to this, the state has begun exploring potential workforce registry systems that could be integrated into the newly developed consumer/provider website. Separate systems or leverage of current TA/PD systems will also be explored simultaneously to ensure that this new Workforce Registry will be not only able to pull reliable data but also user friendly for our workforce. While this project is in its infant stages, the lead agency intends to prioritize this workflow in the coming years and is working in consultation with other state agencies and community partners in the planning stage.

vi. Financing. Describe:

DHS combines state and federal funds at the state level for seamless service delivery of quality initiatives to support the early childhood education workforce to obtain professional development and technical assistance opportunities at all levels within the Workforce Knowledge and Competency frameworks. DHS supports several quality contracts that are designed to off-set the cost of quality by developing a graduated workforce pathway that is affordable and obtainable to the state's diverse workforce. The state supports several quality contracts designed to provide cost effective professional development, technical assistance and higher-ed pathways for the B-5 workforce. The workforce options are flexible and include, no cost PDTA administered through the CELP; Mental Health Consultation supports, through SUCCESS; CDA training, an ECE higher-ed certificates and degree attainment at no cost and/or through the RI T.E.A.C.H. scholarships. In 2020, as part of the RI Preschool Development Grant goals, the lead agency launched the Infant Toddler Registered Apprentice pilot. The pilot goals are to increase access to infant toddler quality care, support pay parade for infant toddler teachers. and to aid in reducing staff turnover. Additional models are in development. In 2021, the Governor allocated GEERS funding to the Office of the Post-Secondary Commissioner to support the development of a new pathway across higher education. That is currently in development. RI aims to pilot this new pathway in Spring of 2022.

b. The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

i. Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe:

The DHS office of Child Care-CCAP, funds several professional development pathways designed to prepare the working early childhood educator to advance along the career lattice, by obtaining affordable and stackable college credits, certificates and early childhood degrees at the Community College of RI, Rhode Island College and the University of Rhode Island. Financial incentives are supported through direct grants and/or through TEACH RI scholarships.

CCRI Early Care and Education Training Program (ECETP) CDA cohort-training.

Educators are recruited 2x year to enroll in a Pre-School, Infant Toddler or FCCP/Spanish CDA training. Weekly classes meet in the evening for 16-weeks; training, materials, books,



tutoring and mentoring are included. The cost of the National CDA exam is available through TEACH RI scholarship. CCRI CDA students are also eligible for a one-time TEACH CDA renewal grant. CCRI offers credit reciprocity for any certified CDA educators who matriculate into the Early Childhood Certificate (24-credit program) or the ECE, A.A. program.

#### CCRI ECETP 12-Credit ECE Cohort Model

Educators are recruited each spring. Students apply for an ECETP grant and enroll in the college as a CCRI HMNS student. Tuition, books, coaching, mentoring and academic tutoring are fully funded. Learning cohorts enroll in one course a semester in the evening. All courses directly apply to the CCRI Early Childhood Certificate (ECH) and the A.A. program, with reciprocity agreements with RIC and URI.

#### Community College of Rhode Island, Certificate in Early Childhood Education (ECH-24 credit program)

This pathway is complimentary to both ECETP workforce pathways and designed for the novice and seasoned professionals who wishes to improve or upgrade his/her knowledge and skills in early childhood development and childcare. Upon completion students can earn up to 24 core credits in ECE. Courses are offered days and evenings; courses directly apply toward the department's A.A. degree with reciprocity agreements with RIC and URI. The Early Childhood Certificate is not a teaching credential for the R.I. Department of Education. This program is eligible for a TEACH RI scholarship.

Early Childhood Education and Child Development Concentration (CHLD), Associate in Arts Degree in Education (AA). Child development and early childhood education majors can complete their A.A. degree at CCRI and transfer to RIC or URI ECE degree programs. Classes are held at varied times and locations. Students apply to CCRI and have access to all college supports and services. Courses are available at varied times and locations. This certificate is not a RIDE K-12 certification TEACH scholarship to complete this program of study.

Rhode Island College Feinstein School of Education, Early Childhood Education Certificate and B.S. programs of study. RIC offers 3 ECE BA programs of study as well as a 16-credit Infant Toddler Certificate (B3CUS) all of which are eligible for a TEACH RI scholarship. The Infant Toddler Certificate of Undergraduate Studies (RIBEST/Spanish), is a new pathway designed to remove the identified language barriers for our Spanish speaking Family Home Care providers by delivering core courses in Spanish paired with contextualized English language learning courses. In 2021, the program will expand to include a non-ELL option. Core credits transfer into the RIC B-3 B.A. degree, and has reciprocity with the CCRI A.A. degree. Students can also choose to enroll in one of three BA concentrations: Concentration

in Teaching (certification Pre-K through Grade 2), Concentration in Community Programs, Concentration in Birth to Three

#### **New Workforce Initiatives 2021**

TEACH RI agreements are in process to support ECE degree attainment in Early Childhood Education (BS) from URI. The URI ECE BA is a fully accredited certification program that leads to an initial teaching certificate for the pre-school and primary grades (Pre-K to 2) in Rhode Island.

DHS Infant Toddler Registered Apprentice Pilot-Spring recruitment. As part of the Federally funded Preschool Development Renewal grant, (PDG B-5), DHS in coordination with RIAEYC, Building Futures RI, and community partners, developed and piloted an Infant Toddler Registered Apprentice program (RA) that launched in January 2021. The pilot is part of the deliverables of the Pre School Development Grant renewal award. Objectives are designed to increase the availability of high-quality infant toddler educators, support compensation initiatives and reduce staff turnover.

The level I pilot is unique in that it is a whole classroom approach; In this level, the apprentice is the teacher assistant, who enrolls and participates in a prescribed PD pathway that includes Infant Toddler CDA training and certification achievement as well as completing additional professional development and on the job learning objectives. The lead teacher will assume the role of the mentor and participates in individual and group PD and TA to effectively mentor the apprentice. Participation requires financial commitments from the program sponsor and include apprentice wage agreements, that partially funded by DHS; from the apprentice who is required to complete formal professional development (ECETP CDA) and, on- the-job learning hours to meet defined benchmarks; the mentor, who will engage in professional development and technical assistance to gain leadership skills to actively monitor and support the apprentice. The completion timeline is approximately 16-months and includes generous participation compensation and incentives for the apprentice, the mentor and the sponsoring program. Recruitment for the second Level I RA will begin in late March 2021 for Fall enrollment when apprentices begin their formal studies through the CCRI CDA program. This RA Pilot also serves as a Wage Enhancement Strategy/Pilot for the infant/toddler workforce in center-based child care programs. The Lead Agency adopted a Wage Scale developed by RI advocates to offer incremental compensation increases to the apprentice in tandem with their achievement of core competencies (WKC) and on the job learning (OJL.) The University of RI serves as a third-party evaluator to the pilot and provides support to programs in coaching and mentoring of the apprentice.

ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe:

**The Lead Agency contracts with the Center for Early Learning Professionals to approve and/or design and offer professional development to Rhode Island's early learning workforce. All approved professional development must align to the workforce knowledge and competencies, Rhode Island Early Learning Development Standards and licensing standards outlined by the DHS. In addition, through the collective bargaining agreement between the State of Rhode Island and SEIU 1199 the Lead Agency contracts with the Education and Support Fund (ESF) to develop and deliver professional development and technical assistance opportunities for family child care providers participating in the State's CCAP program. These opportunities are designed to meet the unique training needs of the family child care provider.**

iii. Other. Describe:

**N/A**

#### 6.1.2 Consultation with state advisory council

Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

**The Rhode Island Children's Cabinet and the Early Learning Council collaborate to review systems and identify areas of need regarding all early care and education programming and supports. Rhode Island requires all state approved professional development offerings to be aligned with the Rhode Island Workforce Knowledge and Competencies Frameworks for the early care and education workforce and the Rhode Island Early Learning and Development Standards (RIDE). The Center for Early Learning Professionals administers the early childhood education and training approval process for all state supported and mandated PDTA. This process ensures access to high quality professional development and technical assistance are available to all CCDF providers at all levels and sectors of workforce and career pathway. Additionally, the alignment of PDTA for the early childhood workforce has been further bolstered by the ECCE governance framework as it is area of focus outlined in the ECCE Strategic Plan which was developed in 2019 with PDG.**

#### 6.1.3 Description of framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

**The ECE Workforce Knowledge and Competency Frameworks can be utilized by educators and directors to develop individual professional development plans to identify strengths and areas of need in order to advance from one level to the next. Rhode Island uses CCDF funding to develop and deliver accessible career and education pathways where educators can obtain certificates and higher education degrees at**

low or no cost. Educators have access to direct grants and RI T.E.A.C.H scholarships, that provide materials, bonus structures, wage enhancements, student and program supports, and career counseling. By design, DHS seeks continuous stakeholder feedback to intentionally monitor and expand PD pathways to meet the diverse learning and cultural needs of the workforce. Through collaborative partnerships, RI continues to assess the barriers and needs of both the employer and employee, resulting in modifications of T.E.A.C.H. models to lessen the financial burden of the employers, by offering a bonus or a wage option, and in some models eliminating the employer contribution, and with projects such as the expansion of PD and TA delivered in Spanish, to include the FCCP CDA and the Rhode Island College, ELL/Spanish, 15-credit Infant Toddler Certificate of Studies program, and new T.E.A.C.H. models, including partnerships with the University of Rhode Island and the development of RI's first Infant Toddler Registered Apprentice program that launched in January 2021.

## 6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements—as described in Section 5 for caregivers, teachers, and directors in CCDF programs—align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

### 6.2.1 Training and professional development descriptions

Describe how the state/territory incorporates into training and professional development opportunities:

- the knowledge and application of its early learning and developmental guidelines (where applicable);
- its health and safety standards (as described in section 5);
- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

Through the state's Department of Human Services Licensing division regulations, all providers are required to engage in 20 hours of professional development on a yearly basis. Ten of the required hours must be approved by the state's professional development approval process as administered through the Center for Early Learning Professionals; State approved professional development is aligned to the RIELDS, Rhode Island's Early Learning and Development Standards. Other requirements include: Health and Safety training, Child Abuse and Neglect training, annual CPR and First Aid. In 2019, the Lead Agency contracted with an independent consultant firm for a full review of health and safety trainings to assess content and quality of offerings. To meet enhanced Health and Safety standards defined by ACF, the state has contracted with ProSolutions Training to provide comprehensive on-line health and safety trainings accessible to all early childhood educators. The new suite of trainings became available

in April 2021 and include 18 hours of interactive, skills-based modules that include an assessment of knowledge and are aligned with CCDBG required health and safety topics. All new full and part-time staff in a DHS licensed program, including Family Child Care providers, emergency assistants and assistants, child care administration, teachers, and teacher assistants, floating staff and substitutes, will be required to complete the full suite of free online training modules within 90 days of hire. Existing full and part-time staff are encouraged to complete the new suite of trainings and will receive professional development hours credit for doing so. The Office of Child Care tracks completion through the LMS platform, verifying certificates of completion with the Center for Early Learning Professionals. All Family Child Care Providers must complete an orientation and training program that includes, a comprehensive pre-licensing program, called First Steps. This mandatory training is delivered through the Center for Early Learning Professionals and includes training in: licensing regulations, best business practices, and Health and Safety training. All CCDF-funded providers must also complete a CCAP Orientation that includes training in health and safety, CCAP regulations and billing and enrollment services administered within the CCAP Provider Portal (RI Bridges.) The Lead Agency also contracts with Emma Pendleton Bradley Hospital to provide Supporting Children's Competencies in Emotional and Social Skills (SUCCESS) program <https://exceed.ri.gov/success/default.aspx>. This is a DHS funded contract with Early Childhood Mental Health Consultants, who provide on-site consultation to address the social, emotional, and behavioral health needs of children and develop support strategies for families and providers who care for them.

#### 6.2.2 Accessibility of professional development for tribes and tribal organizations

Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

The Hand in Hand Child Care Center in Narragansett, Rhode Island is the single tribal-owned and operated child care facility in the State of Rhode Island. The tribal child care center participates in the state's professional development and technical assistance services through the Center for Early Learning Professionals. The Tribe has access to all CCDF support services. The Center for Early Learning professionals has systems in place to ensure that all professional development and technical assistance services are culturally relevant. As a result of the COVID-19 Pandemic, this provider closed temporarily. The program is working with the Lead Agency's licensing and CCAP teams, the Center has plans to reopen June 1, 2021.

#### 6.2.3 Accessibility for providers with limited English proficiency and disabilities

States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

##### a. with limited English proficiency.

The lead agency has prioritized the development of PDTA and higher education coursework in both English and Spanish. More specifically, the Lead Agency supports several ongoing CELP approved GED, PD\TA, CDA and college credit opportunities offered in Spanish. Through its contract with the Center for Early Learning Professionals, the Lead Agency contracts with the Genesis Center, an organization specializing in adult education, to offer contextualized ESOL coursework for family child care providers seeking to strengthen their English skills. The Center for Early Learning Professionals

has trainers and technical assistance specialists who can provide PDTA in Spanish. ESF, the Education and Support Fund, as part of the CBA between SEIU 1199 and the State, provides a suite of training and professional development opportunities to family child care providers engaged in the State's CCAP program with programming in Spanish. Quality contracts include mechanisms for translation services to ensure resources, materials and trainings are accessible to both English and Spanish speaking educators. All provider communications and presentations (All Provider Meetings) are facilitated in Spanish and English to ensure maximum participation from all of RI's child care workforce.

b. who have disabilities.

The ECE workforce has access to PD and TA to support their knowledge and skills to when working with children with disabilities. All providers and must make accommodations as required by law as guided by the U.S. Department of Education, section 504 of the Rehabilitation Act of 1973, civil rights statute which prohibits discrimination against individuals with disabilities and by design through DHS contracting and registration process.

#### 6.2.4 Training and professional development requirements for CCDF providers

Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

**Contracts administered by the Lead Agency for PDTA require that programs serving children in CCAP are prioritized for enrollment and service. CCDF funds support a myriad of professional development and technical assistance opportunities supporting the B-5 workforce to obtain high-quality state approved PD to meet all areas of child development, through in-person series and as accessed through the CELP's website. As a practice, through their online registration process, the CELP collects information from each registered participant so that they can adapt and modify sessions to best meet the needs of the workforce participants accessing the trainings, as well as, the communities served by these child care workers. Furthermore, the CELP is operated by EDC, a global nonprofit that advances lasting solutions to improve education, promote health, and expand economic opportunity. This global organization has extensive experience supporting the work of early childhood professionals and ensuring PD/TA is responsive to meet the needs of child care providers serving diverse populations, including those that serve Native American children, including Alaska Natives and Native Hawaiians. Additionally, the CELP subcontracts with community organizations such as the Genesis Center, an organization specializing in adult education, to offer contextualized ESOL, GED and RIELDS training for family child care providers seeking to strengthen their English skills. Rhode Island has identified the need to support Spanish speaking and/or bilingual providers by developing pathways to support certificate and credit bearing PD. To meet this need, FCCP's have access to CDA FCCP training delivered in Spanish. RIC offered a 15-credit ESOL 15-credit infant toddler certificate of studies pathway that is available to FCCP and center-based educators. The SEIU/ESF Training Fund provides professional development, technical assistance, coaching and mentoring to CCAP Family Child Care providers per the CBA between the State and SEIU1199. Most of the educators supports provided by ESF to the CCAP FCC provider community is provided in Spanish.**

## 6.2.5 Training and technical assistance to identify families experiencing homelessness

The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

- a. Describe the state/territory's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness (relates to question 3.2.2).

**The lead agency funds several initiatives to support professional development and technical assistance to providers who work with homeless families and children including: The Center for Early Learning Professionals offers a three-session professional development series for educators on the topic of trauma and young children. Included in the series is a focus on the relationship between homelessness and toxic stress and the adverse effects of homelessness on young children's development. The community has access to several online resources on the topic of serving children and families experiencing homelessness through the Center-ELP website. These resources, produced by reputable national organizations such as the federal Administration for Children and Families, provide relevant information to the ECE community on the following topics: the McKinney-Vento Act, the federal definition of homelessness, understanding the impact of homelessness on children and families and strategies for supporting these children and families.**

- b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

**The lead agency funds several initiatives to support professional development and technical assistance to providers who work with homeless families and children including: The Center for Early Learning Professionals offers a three-session professional development series for educators on the topic of trauma and young children. Included in the series is a focus on the relationship between homelessness and toxic stress and the adverse effects of homelessness on young children's development. The community has access to several online resources on the topic of serving children and families experiencing homelessness through the Center-ELP website. These resources, produced by reputable national organizations such as the federal Administration for Children and Families, provide relevant information to the ECE community on the following topics: the McKinney-Vento Act, the federal definition of homelessness, understanding the impact of homelessness on children and families and strategies for supporting these children and families.**

**Additionally, field staff at the lead agency are trained on identifying and supporting children and families experiencing homelessness through the eligibility intake process. These staff members connect children and families experiencing homelessness with appropriate community resources and referrals, and are trained on the myriad of programs the lead agency administers which enables them to effectively identify and support children and families during initial eligibility or at recertification.**

## 6.2.6 Strategies to strengthen business practices

Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen providers' business practices, which can include training and/or TA efforts.

- a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

Through quality contract agreements, the state offers ongoing supports for programs to develop operational skills and business training. CCDF-funded providers must complete a RI DHS CCAP Orientation, covering billing and enrollment practices in accordance with CCAP Rules and Regulations. Family Child Care Providers are required to complete a pre-licensure training that includes modulus dedicated to best business practices. The state supports year-round access to state approved professional development and technical assistance to support best business practices through CELP and LISC. Examples of course offerings include topics such as: Financial Management and Strategic Business Planning, Fiscal Management: budgeting; record keeping; hiring, Developing and retaining qualified staff; risk management; community relationships; marketing and public relations. The CELP works in coordination with licensing to provide aligned PD and TA with an emphasis on policies and practices that promote children’s health and safety in the child care setting, develop business practices, fiscal management and marketing strategies and in creating a business plan, budget, and marketing plan. This training is available in both English and Spanish. The CELP offers two distinct professional development series entitled Strengthening Business Practices - one series for center directors and one for family child care owners/providers. Center directors learn about sound systems for fiscal management, marketing and human resources and complete a self-assessment of their own program's practices using the Program Administration Scale (PAS) tool. The series for family child care owners/providers focuses on important elements for successfully managing a small business including budgeting, record keeping and marketing and are introduced to the Business Administration Scale (BAS) tool. Both the PAS and the BAS are nationally recognized tools for measuring the quality. The Center offers the family child care series in both English and Spanish and follow-up on-site technical assistance to participants, as requested. As a result of stakeholder feedback, the lead agency embedded technology training to support CCDF provider ability to use the CCAP portal. The goal is to eliminate paper enrollment reports for all CCAP providers by 2023. ESF, the Education and Support fund that provides professional development and technical assistance to CCAP Family child care providers per the CBA between the state and SEIU 1199 offers 20-hour business skills training specific to the needs of the family child care business. Mentors and interns support providers in their coursework and in practical implementation of business practices within their program. ESF also provides a course in Entrepreneurship for the FCCP as well as a suite of computer skills trainings suited to FCCP business needs. ESF’s programming is offered in English and Spanish.

b. Check the topics addressed in the state/territory’s strategies for strengthening child care providers’ business practices. Check all that apply.

i. Fiscal management

ii. Budgeting

iii. Recordkeeping

iv. Hiring, developing, and retaining qualified staff

v. Risk management

vi. Community relationships

vii. Marketing and public relations

viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance

ix. Other. Describe:

**Computer skills, grant applications**



### 6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

#### 6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age- appropriate strategies (98.53 (a)(1)(i)(A)). Describe the content and funding:

**Through the Center for Early Learning Professionals, PDTA Hub, the workforce has access to in person and online state approved PD with topics such as but not limited to: Child & Adult Care Food Program: Feeding Infants; 18-hour comprehensive required Health & Safety training; Health and Safety Guidance during the COVID-19 Pandemic; Child Development: Milestones from Birth to Age 12; Nutrition and physical activity for children ages birth to 5 Active Bodies, Active Minds: Incorporating Nutrition and Physical Activity into Each Day-3-part series. Beyond Bottles and Baby Food: Setting the Nutritional Foundation for Lifelong Wellness; From Food to Physical Activity; Two is Not the New Five: Understanding Infant and Toddler Development. CCDF funds support the LA's contract with PDTA providers CELP, ESF and LISC.**

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool- age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)). Describe the content and funding:

**Through the CELP PDTA Hub the workforce has access to in-person and online state approved PD with topics such as but not limited to:**

**Conscious Discipline 101**

**Two is Not the New Five: Understanding Infant and Toddler Development**

**The Power of Play: 3 Part Series 1) The Importance of Play 2) Engaging in Play 3) Structuring Play**

**Mental Health Consultation Model is available to all programs through the SUCCESS contract-**

**process offers provider supports and parental referrals.**

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)). Describe the content and funding:

**Through the CELP PDTA Hub the workforce has access to in person and online state approved PD with topics such as but not limited to:**

**Establishing and Sustaining Exceptional Relationships with Families**

**Create Healthy Habits: Developing a Wellness Plan for your Early Childhood Program**

**Family Engagement: Culturally Responsive Approach**

**Inclusive Practices for Children and Families**

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)). Describe the content and funding:

**Through the CELP PDTA Hub the workforce has access to in person and online state approved PD with topics such as but not limited to:**

**The RIELDS Project, led by the Rhode Island Department of Education (RIDE), which provides professional development that supports administrators and classroom professionals to implement curriculum, child assessment, and family engagement systems aligned with the standards. These courses are aligned with the state's quality rating continuum, including child care licensing regulations, BrightStars, and RIDE Comprehensive Early Childhood Education (CECE) standards. RIDE has developed a menu of PD offerings for teacher assistants, family child care providers, lead teachers, education coordinators, administrators, early intervention practitioners, and special educators.**

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe the content and funding:

**Through the CELP PDTA Hub the workforce has access to in person and online state approved PD with topics such as but not limited to:**

**Responsive Caregiving: Nurturing Relationships with Infants and Toddlers; Honoring all Families;**

**Mental Health Consultation Model is available to all programs through the SUCCESS contract-process offers provider supports and parental referrals.**

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii). Describe the content and funding:

**Through the CELP PDTA Hub the workforce has access to in person and online state approved PD with topics such as but not limited to: Using the CLASS, Using the ECERS 3, Using the ITERS 3, to Improve Program Quality. Other options include: What Infant Toddler Teachers Need to Know About the ITERS 3; What Preschool Teachers Need to Know about the ECERS-3 and An Introduction to Infant and Toddler Assessment: Observation and Documentation**

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe the content and funding:

**The Center for Early Learning Professionals offers a three-session professional development series for educators on the topic of trauma and young children. Included in the series is a focus on the**

relationship between homelessness and toxic stress and the adverse effects of homelessness on young children's development. The community has resources, produced by reputable national organizations such as the federal Administration for Children and Families, provide relevant information to the ECE community on the following topics: the McKinney-Vento Act, the federal definition of homelessness, understanding the impact of homelessness on children and families and strategies for supporting these children and families. The Center is working with DHS leadership to develop and produce a recorded webinar that will provide information to child care providers about specific state policies related to serving these children and families in child care settings. Educators also have access to several online resources on the topic of serving children and families experiencing homelessness through the CELP website.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B). Describe the content and funding:

**Through the CELP PDTO Hub the workforce has access to in person and online state approved PD with topics such as but not limited to:**

**Children with Special Needs: Physical Disabilities;**

**Developmentally Appropriate Activities for Children Under Two;**

**Safe Spaces and Places to Grow and Learn Fostering Healthy Gender Development in Early Childhood;**

**Autism 101;**

**Autism Thinking: Perspective of the Child**

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii). Describe the content and funding:

**Through the CELP/HUB the workforce has access to in person and online state approved PD with topics such as but not limited to: a center approved training called: How to Operate a High Quality School Age Program; the CELP website provides links to national and state resources supporting**

**school-age programming.**

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

x. Other. Describe:

**SEIU ESF, the Education Support Fund collectively bargained for by CCAP Family Child Care Providers as per the CBA between SEIU 1199 and the state provides family child-care specific professional development, technical assistance, coaching and mentoring to CCAP Family Child Care Providers. Programming is predominantly delivered in Spanish and reaches all topics noted above including: Business Skills and Computer Skills, Provider and Child Mental Health and well-being, Trauma Informed Care, Family Engagement and Child Development.**

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

What content is included under each of these training topics and what type of funds are used for this activity?

i. Coaches, mentors, consultants, or other specialists available to support access to post- secondary training, including financial aid and academic counseling.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.

iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.

Licensed center-based

License exempt center-based

Licensed family child care home

License-exempt family child care home

In-home care (care in the child's own home)

iv. Other. Describe:

Licensed center-based

License exempt center-based

Licensed family child care home

License-exempt family child care home

In-home care (care in the child's own home)

#### 6.3.2 Measurable indicators of progress

Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

**The state tracks the number of DHS-licensed programs rated at a 4- or 5-star based on the lead agency's QRIS system as a measure of quality. The state also aggregates this data based on DHS-licensed programs that serve children in the CCDF program. Additionally, there are several quantitative and qualitative measures that the lead agency collects and tracks through the vendors that are supporting much of the state's quality initiatives. This includes information on the number of participants served, demographics specific to the participating programs and workforce members, as well as workforce retention and continuing education data. Participant feedback is also collected regularly and used as a tool to inform program quality which ultimately is used to advance the overall quality of child care programs based on the professional development and technical assistance that is delivered.**

## 6.4 Early Learning and Developmental Guidelines

### 6.4.1 Implementation of early learning and developmental guidelines

States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth to three, three to five, birth to five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the

quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

Rhode Island's revised early learning and development standards incorporate principles from recent scientific advances and national-level indicators. For example, the National Early Literacy Panel (2008) and National Mathematics Advisory Panel (2008) have published groundbreaking reports that summarize the scientific literature on the development of literacy and mathematical skills in very young children. The Center for the Developing Child at Harvard University has also stimulated advancements in the field by articulating the key components of executive functioning—a set of skills that lay the foundation for adaptive, goal-directed thinking and behavior that enable children to override more automatic or impulsive actions and reactions. At the same time, Head Start and Early Head Start have adopted new national standards (2007), and most states have endorsed the K-12 Common Core State Standards for English language arts and mathematics. In 2011, Rhode Island was one of nine states to be awarded a federal Race to the Top Early Learning Challenge grant, which provided the state with the resources to revise its early learning standards. The Rhode Island Department of Education and the Executive Office of Health and Human Services worked collaboratively with national experts, Rhode Island's higher education community, and Rhode Island's early childhood stakeholders to articulate this new set of early learning and development standards that meet or exceed nationally recognized criteria and that are uniquely adapted for the children and families in the state. These standards extend educational expectations to infants and toddlers, and they are integrated with preschool early learning standards to create a seamless birth-to-60-month continuum.

ii. Developmentally appropriate.

The early learning and development standards outline a birth- to-60-month continuum, with six developmental benchmarks at 9, 18, 24, 36, 48 and 60 months. These standards support the understanding among caregivers and family members of key early learning milestones.

iii. Culturally and linguistically appropriate.

Resources, information, training and technical assistance are provided in both English and Spanish.

iv. Aligned with kindergarten entry.

The RI Early Learning Standards serve several purposes in the state's early childhood part of that system. First and foremost, these revised standards will guide early care and education practices, such as curriculum and assessment choices, to ensure children receive every opportunity to make progress in the designated learning domains. These standards also can support the understanding among caregivers and family members of key early learning milestones. Additionally, the standards promote optimal early learning trajectories into kindergarten and inform primary grade teachers of the educational path of the state's youngest learners so that these teachers are even better prepared to serve all children.

v. Appropriate for all children from birth to kindergarten entry.

The early learning and development standards outline a birth- to-60-month continuum, with six developmental benchmarks at 9, 18, 24, 36, 48 and 60 months. These standards support the

**understanding among caregivers and family members of key early learning milestones.**

- vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

**The Rhode Island Board of Education adopted the Rhode Island Early Childhood Learning and Development Standards in consultation with early childhood stakeholders including The Department of Human Services, Child Care Licensing, The RI Early Learning Council (ELC), ELC Early Learning and Development Standards Subcommittee, family child care providers, child care administrators and teachers, Head Start, providers participating in BrightStars, RIDE Pre K, public school, and special education programs and parents.**

- b. Describe how the required domains are included in the state/territory’s early learning and developmental guidelines. Responses for “other” are optional.

- i. Cognition, including language arts and mathematics.

**The Cognitive Development Domain includes four components: Component 1: Logic and Reasoning, Component 2: Memory and Working Memory, Component 3: Attention and inhibitory Control and Component 4: Cognitive Flexibility. The Literacy Domain includes 6 components: Component 1: Phonological Awareness, Component 2: Alphabet Knowledge, Component 3: Print Knowledge, Component 4: Comprehension and Interest, Component 5: Literacy Development for Dual Language Learners, Component 6: Emergent Writing. The Mathematic Domain includes 5 components: Component 1: Number Sense and Quantity, Component 2: Number Relationships and Operations, Component 3: Classification and Patterning, Component 4: Measurement, Comparison, and Ordering Component 5: Geometry and Spatial Sense . All Components have embedded learning goals.**

- ii. Social development.

**The Social and Emotional Development Domain includes 3 Components, each with related learning goals embedded. Component 1: Relationships with Others, Component 2: Sense of Self, Component 3: Self-regulation.**

- iii. Emotional development.

**Social and Emotional Development are combined into one domain with three components: Component 1: Relationships with Others, Component 2: Sense of Self, Component 3: Self-regulation.**

- iv. Physical development.

**The Physical Health and Motor Development Domain includes 3 Components, Component 1: Health and Safety Practices, Component 2: Gross Motor Development, Component 3: Fine Motor Development with embedded learning goals.**

- v. Approaches toward learning.

**The RIELD Standards represent expectations for young children’s learning and continual growth in all areas: intellectual, physical, and emotional and are grounded in foundational knowledge about how young children develop and learn. Successful approaches to supporting early learning are based on knowledge of the whole child, including a child’s individual strengths, characteristics, and culture; that learning is dependent upon experiences; that developmental domains are interconnected; that relationships and play are fundamental to a children’s learning; and that the intentionality of teachers and caregivers can greatly enhance growth and development. Essential practices outlined and embedded in implementation include: Educating all children, Integrated development, Executive function, The importance of relationships, The necessity of intentional teaching.**



vi. Describe how other optional domains are included, if any:

**Additional RIELDS domains include: Literacy, Science and Social Studies with attending components and embedded learning goals.**

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

**The 2003 RIELDS were originally created by the state's Early Childhood Taskforce. In 2011 RI was awarded a federal Race to the Top Early Learning Challenge grant, which provided the state with the resources to revise its early learning standards. The Rhode Island Department of Education and the Executive Office of Health and Human Services worked collaboratively with national experts, Rhode Island's higher education community, and Rhode Island's early childhood stakeholders to articulate this new set of early learning and development standards that meet or exceed nationally recognized criteria and that are uniquely adapted for the children and families in the state. These standards extend educational expectations to infants and toddlers, and they are integrated with preschool early learning standards to create a seamless birth-to-60-month continuum. Updates to the RIELDS training and delivery models took place between 2018-2020.**

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school timestandards.

**The state's quality rating improvement system, BrightStars, has a framework for assessing school age quality indicators often correlating to out-of-school time standards.**

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

**<https://rields.com/>**

#### 6.4.2 How early learning and guidelines are used

CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing program effectiveness
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2))

Describe how the state/territory's early learning and developmental guidelines are used.

**The RIELDS guide early care and education practices, such as curriculum and assessment choices, to ensure children receive every opportunity to make progress in the designated learning domains. These standards support the understanding among caregivers and family members of key early learning milestones and inform primary grade teachers of the educational trajectory of the state's youngest learners. The Standards are used to guide early educators in the development of curriculum, to inform families about learning milestones, to provide a framework for implementing high-quality early childhood programs and to promote optimal early learning trajectories into kindergarten. The Standards**

are not used as specific teaching practices or materials, as a checklist of competencies, or as a stand-alone curriculum or program. While presented in a stand-alone document, these standards are not considered in isolation. They comprise one key element of the state's early learning system and are designed to work in conjunction with other parts of the system—assessment, curriculum, professional development, program standards, and workforce competencies. The Standards are designed to promote high-quality care and education for the state's youngest children, including those at risk for entering kindergarten without adequate foundations for success. The RIELDS are not used as a mechanism to screen for CCAP eligibility or to assess program eligibility or effectiveness.

#### 6.4.3 Measurable Indicators for early learning and developmental guidelines

If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

**Measurable indicators for evaluation of the state's progress in improving the quality of child care include data around education participation and completion of RIELDS professional development and engagement in technical assistance. In 2020, approximately 350 early childhood educators completed RIELDS PD including Foundational courses: 9 Domains and Guiding Principles, Instructional Cycle and Curriculum Planning programs for Infant/Toddler educators and for Pre-school educators and Implementing a Standards Based Program. RIELDS training is embedded in the BrightStars QRIS as a quality measure. The state collects and reports on program advancement up the quality continuum and increases in BrightStars levels.**

## 7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care

workforce (Addressed in Section 6)

- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define “high quality” and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

## 7.1 Quality Activities Needs Assessment for Child Care Services

### 7.1.1 Assessment process and frequency of assessment

Lead Agencies must invest in quality activities based on an assessment of the state/territory’s needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

**In 2019 through the PDG B-5 Grant, DHS commissioned Abt Associates to conduct an evaluation of Rhode Island’s Birth through 5 early childhood workforce needs and family needs assessment, LISC to conduct an assessment of Rhode Island’s Early Learning Facilities needs and Public Consulting Group to conduct an early learning workforce pre-service training needs assessment. The Lead Agency (DHS) continues to utilize these**

resources and recommendations to engage stakeholders and community partners in quality improvement initiatives.

In light of the COVID-19 pandemic, and the impact of the pandemic on RI's child care system, the Lead Agency has contracted with LISC to update the 2019 Facilities Needs Assessment to reflect the evolving needs of families and employers as the state stabilizes from the COVID-19 pandemic.

#### 7.1.2 Assessment findings and identified quality improvement goals

Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

**The Abt Associates Early Learning Workforce Needs Assessment goal was to identify opportunities to strengthen the quality and stability of the B-5 workforce across sectors and provide information to help inform the state's plan for staffing high-quality State Pre-K seats and ongoing program quality improvement efforts throughout the B-5 system.**

The full study can be found here: <http://exceed.ri.gov/sites/default/files/Docs/PDG%20B-5%20Workforce%20Needs%20Assessment%20Final%20Report%2012-10-19%20sxf.pdf>

The family needs assessment can be accessed here:

<http://www.dhs.ri.gov/Documents%20Forms/PDGB-5FamilyNeedsAssessmentFinalReport10-2019.pdf>

The LISC Early Learning Facilities Needs assessment focused on review of facility conditions, evaluate access gaps, analyze financial needs, review regulations and regulatory issues and exploring models for additional quality spaces and provided solutions and strategies to promote growth in access and quality.

The full study can be found here.

<https://rilisc.org/2019-rhode-island-early-learning-facilities-needs-assessment/>

The Public Consulting Group pre-service professional development assessment focused on review of the state provided health and safety professional development. The study found some deficits in topics or depth of coverage. Based on the comprehensive analysis and study recommendations, the State has invested in a full suite of trainings for early childhood educators that meet and exceed the requirements defined by ACF. These will be accessible online for all ECE educators in Q2 2021.

## 7.2 Use of Quality Funds

### 7.2.1 Quality improvement activities

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

**PDG B-5 funds**

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

**PDG B-5 Funds used to support facilities planning projects with prioritization for programs serving I/T.**

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e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

**CARES Act and CRF funds used for grants to programs to meet increased Health and Safety compliance standards due to COVID-19 Pandemic.**

g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

h. Accreditation Support (Related Section: 7.8). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

**PDG B-5 funds used to support implementation of enhanced Health and Safety pre-service professional development.**

j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

i. CCDF funds

ii. State general funds

Other funds: describe

**PDG B-5**

### 7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving, and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

#### 7.3.1 QRIS or another system of quality improvement

Does your state/territory have a quality rating and improvement system or another system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

**State regulations establish the foundation for operating early care, education and school-age programs. These regulations specify the minimum standards that must be met to operate legally and are the first step in the quality rating and improvement system. Higher levels in quality rating systems recognize programs for exceeding basic regulatory requirements and implementing practices that research demonstrates are best for child outcomes. BrightStars is part of the state's aligned continuum of program standards, with linkages to state licensing/regulation and RI Department of Education Comprehensive Early Childhood Education Program Approval. The DHS Office of Child Care administers RI's QRIS, known as BrightStars through a quality contracting agreement with the Rhode Island Association for young Children (RIAIEYC). As part of this contractual agreement, BrightStars tracks and monitors the state-wide CCR&R activities. A link to the Rhode Island Quality Rating Improvement System, BrightStars, is available at: [www.brightstars.org](http://www.brightstars.org)**

- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available.
- e. Yes, the state/territory has another system of quality improvement. Describe the other system of quality improvement and provide a link, if available.

#### 7.3.2 QRIS or another system of quality improvement participation

Indicate how providers participate in the state or territory's QRIS or another system of quality improvement.

- a. Are providers required to participate in the QRIS or another system of quality improvement?

Check all that apply if response differs for different categories of care.

i. Participation is voluntary.

ii. Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

**All CCDF providers are required to enroll in the RI QRIS, BrightStars. New programs have 6 months to comply with this mandate. BrightStars' entry point is built upon minimum licensing standards and programs must hold a valid license at the 1 Star level.**

**Reimbursement rates are tiered based on program quality ratings achieved as defined by the quality rating improvement system.**

iii. Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS or another system of quality improvement? Check all that apply.

i. Licensed child care centers

ii. Licensed family child care homes

iii. License-exempt providers

iv. Early Head Start programs

v. Head Start programs

vi. State Prekindergarten or preschool programs

vii. Local district-supported Prekindergarten programs

viii. Programs serving infants and toddlers

ix. Programs serving school-age children

x. Faith-based settings

xi. Tribally operated programs

xiv. Other. Describe:

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

**Currently, the state has separate frameworks for family child care, child care centers and school age child care providers. These different frameworks account for the nuances found within each provider type. Additionally, the lead agency has developed a new governance structure aimed at allowing all licensed child care providers, and the higher**



**education/technical support providers who support them, to develop proposed changes to these frameworks. This will build off of several changes and ideas that were developed under the statewide QRIS Think Tank that occurred in 2018.**

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

No

Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.

a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system).

b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).

d. Programs that meet all or part of state/territory school-age quality standards.

e. Other. Describe:

**Rhode Island's QRIS, BrightStars, is aligned to the Rhode Island Child Care licensing standards and the Rhode Island Department of Education Comprehensive Early Childhood Education Program Approval Standards.**

7.3.4 Link between quality standards and licensing requirements

Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

No

Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.

a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

b. Embeds licensing into the QRIS.

c. State/territory license is a "rated" license.

d. Other. Describe:

N/A

7.3.5 Financial or other incentives through QRIS or another quality improvement system

Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

No

Yes. If yes, check all that apply.

a. If yes, indicate in the table below which categories of care receive this support.

Financial incentive or other supports	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home (care in the child's own home)
i. One-time grants, awards, or bonuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Ongoing or periodic quality stipends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Higher subsidy payments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Training or technical assistance related to QRIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Coaching/mentoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Scholarships, bonuses, or increased compensation for degrees/certificates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii. Materials and supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii. Priority access for other grants or programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Financial incentive or other supports	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home (care in the child's own home)
ix. Tax credits for providers	[ ]	[ ]	[ ]	[ ]	[ ]
x. Tax credits for parents	[ ]	[ ]	[ ]	[ ]	[ ]
xi. Payment of fees (e.g., licensing, accreditation)	[ ]	[ ]	[ ]	[ ]	[ ]

b. Other:

N/A

7.3.6 Measurable indicators of progress relevant to Subsection 7.3

Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Rhode Island supports multiple pathways for providers to obtain professional development related to quality improvement across all early childhood settings. The Center for Early Learning Professionals and SEIU 1199 Education and Support Fund provide ongoing access to professional development targeted toward increasing ECE educator professionalism and expertise across the Workforce Knowledge and Competencies and to best prepare programs for moving up the BrightStars QRIS. Successful completion of professional development requirements, self-assessed movement through and attainment of understanding of related WKC professionals and movement through the BrightStars QRIS are measured indicators of progress. Within the contractual agreements between DHS and the PDTA vendors are requirements for quarterly programming, targeted audiences and topics, feedback and satisfaction surveys and data collection around participation and completion rates. Regarding post-secondary education and training opportunities, information is communicated through direct contact, social media, marketing, and mailing strategies. Links and information are available on the kids.ri.gov and the lead agency's website. RI assesses outcomes by measuring the number and type of providers engaging in professional development and pathway achieved. DHS supports pathways through contractual agreements. Within these agreements are requirements for recruiting and training educators, collecting participant data and demographics, as well as pre- and post-skill set satisfaction surveys.

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or

needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

#### 7.4.1 Activities to improve supply and quality of infant and toddler care

Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

**Through the collectively bargained for Education and Support Fund benefit defined by the CBA between The State of RI and SEIU1199, ESF has begun the strategic planning process for designing and implementing a family childcare network to support FCCPs serving children enrolled in CCAP.**

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

**The Center for Early Learning Professionals and SEIU 1199/ESF provide professional development and technical assistance specific to supporting Infant Toddler teachers to develop and implement appropriate services for Infants and Toddlers. Additional supports and training are offered to ECE professionals participating the CDA credential program and in the Registered Apprentice Program for Infant Toddler educators.**

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

**The Center for Early Learning Professionals as well as IHEs CCRI and RIC have educators with Infant/Toddler credentials ranging from certificates to master's Degrees. All PD through the Center has TA and coaching embedded within the coursework. Coaching and mentoring are embedded in the ECETP 12 credit & CDA programs and the RIC bilingual infant/toddler program. The I/T Registered Apprenticeship Program combines TA and coaching from both of these resources.**

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

**Per licensing requirements, educators\providers must coordinate and cooperate with services designed to support children with disabilities and developmental delays. At the higher levels of the QRIS, programs support children and families of all abilities through program modifications and reasonable accommodations. Programs are required to collaborate with key partners to support children with developmental delays and disabilities into inclusive/integrative classroom settings. Head Start also maintains standards around this need for coordination. At the higher level of the quality continuum programs must make staff available to collaborate with IEP/IFSP teams by attending meetings, participating in relevant training, and/or sharing information (e.g., child assessment results) to support children with developmental delays or disabilities and their families.**

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

**RI QRIS BrightStars quality continuum includes specific infant and toddler measurements and requirements. Based on the number of classrooms and children served, ITERS assessments are part of program evaluation. RIELDS training which is embedded in the QRIS continuum incorporates infant and toddler specific components.**

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License-exempt family child care home
- In-home care (care in the child's own home)

**[x]** g. Developing infant and toddler components within the state/territory's child care licensing regulations.

**Rhode Island licensing for center-based and family child care providers requires educators to enroll in state-approved infant/toddler professional development.**

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

**[x]** h. Developing infant and toddler components within the early learning and developmental guidelines.

**RIELDS, RI's Early Learning Development Standards outline a birth- to-60-month continuum, with six developmental benchmarks at ages 9, 18, 24, 36, 48, 60 months.**

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

**[x]** i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

**In 2021 Rhode Island Office of Child Care launched new functionality on the consumer facing website to meet ACF requirements regarding public, family and provider access and usability. Families can access consumer friendly information through the QRIS web page and kids.ri.gov**

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

**[x]** j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

**The ECETP 12 credit & CDA programs, the RIC bilingual infant/toddler program, and the I/T Registered Apprenticeship Program were all designed to intentionally focus on improving the quality of infant/toddler classrooms by providing continuing education opportunities to the workforce directly serving this population of children.**

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

**[x]** k. Coordinating with child care health consultants.

**In 2021, the Lead Agency contracted with Meeting Street to implement a healthcare consultation model to provide health and safety service and support to licensed early childhood programs in RI. DHS partners and consults with the Rhode Island Department of Health that operates the state home visiting network to ensure families have access to quality maternal and child health services.**

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

**[x]** l. Coordinating with mental health consultants.

**The Center for Early Learning Professionals and SEIU ESF both coordinate with the Rhode Island Association for Mental Health (RIAIMH) professionals to offer Professional Development, TA and Coaching and to add or embed trauma informed care topics to support educators in their work with children. The Lead Agency also contracts with Emma Pendleton Bradley Hospital to provide mental health consultation services to early childhood programs across the state through the SUCCESS contract.**

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

**[x]** m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

**The consumer website, [earlylearningprograms.dhs.ri.gov](http://earlylearningprograms.dhs.ri.gov) (accessed through [kids.ri.gov](http://kids.ri.gov)) has this search function.**

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

**[x]** n. Other.

**In 2021, RI implemented the Infant Toddler Registered Apprenticeship program with plans to continue and expand this opportunity for Infant and Toddler educators. RI convened a task force to develop guidelines to implement and support an infant/toddler credential. Guidelines have been developed and program development is underway. DHS quality contracting supports multiple professional development, coaching and technical assistance opportunities for the Infant/Toddler**

workforce.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

#### 7.4.2 Measurable indicators of progress relevant to Subsection 7.4

Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

**Rhode Island will track data on the number of students who participate in and complete the RI Infant Toddler Registered Apprenticeship Program, earn the infant/toddler CDA certificate and enroll in the infant/toddler higher education pathway as well as review state approved professional development and technical assistance course offerings, attendance, completion and outcomes. Data analysis will include the pre- and post-knowledge assessment\surveys required of all contractors who provide state approved professional development and technical assistance.**

### 7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

#### 7.5.1 Child care resource and referral agencies' services

What are the services provided by the local or regional child care and resource and referral agencies?

**The lead agency contracts with the Rhode Island Association for the Education of Young Children (RIAEYC) to manage Child Care Resource and Referral. RIAEYC also administers BrightStars, the state's QRIS, that facilitates access to the community to link to the kids.ri.gov webpage where families and providers can access information related to the early care and education system. BrightStars assigns staff, as part of their administration of the QRIS system, to respond to both phone and email inquiries for families looking for child care. This service is offered in multiple languages and includes a brief assessment that allows the Resource and Referral specialist to identify other existing social service needs. If needs are identified, a referral to the United Way 24/7 phone/email system is made to assist in obtaining appropriate referrals. BrightStars reports specific data related to these calls to the LA as part of both monthly and quarterly reporting. Data reported includes the type of care being requested, the age group care is being requested for, location, and whether the referral was successful. BrightStars has developed and continues to use educational materials aimed at helping families understand and locate high quality care. These materials are available on their website, BrightStars.org and through kids.ri.gov and Exceed.ri.gov. Both websites were upgraded in 2021 with additional functionality to link to**



the new consumer website, making provider input and consumer access easier and more comprehensive. It allows families to search for licensed child care providers based on several factors including location, setting (center based/family child care), quality rating, and accreditation type. These updates also allow the LA to more accurately pull data related to types of providers, locations where care is prevalent and locations where more care options are needed. The updates also simplify provider input and updates and link to licensing renewal encouraging, and eventually requiring, full participation for all licensed programs.

#### 7.5.2 Measurable indicators of progress relevant to Subsection 7.5

Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

**DHS has established measurable indicators of progress through the funding of a Quality Rating System, known as BrightStars. The primary goal of QRIS implementation is to increase the number of high-quality options for early care and education by providing a framework and support for programs to move up the quality continuum. Quality contractors track and report the number of referrals received or given related to professional development and/or technical assistance needs on a quarterly basis. Upgrades to the CCR&R functionality provide easier data collection and tracking regarding parent/consumer needs and use as well as program and provider information.**

### 7.6 Facilitating Compliance with State Standards

#### 7.6.1 Activities to facilitate provider compliance with health and safety requirements

What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

**Quality funds are used to support child care licensing and monitoring and professional development and technical assistance resources to support program compliance with licensing standards and regulations and monitoring. The Center for Early Learning Professionals facilitates the mandatory family child care related professional development series called First Steps. This training is required for all new family child care providers and includes the required Health and Safety training that providers can access online. In 2021 the LA implemented new comprehensive, ACF compliant health and safety trainings as well as additional pre-service trainings made mandatory for all new early childhood educators and providers and highly recommended as essential training for the entire ECE workforce. These enhanced pre-service trainings provide the foundational health and safety and compliance content essential to all ECE educators. In addition, the Center for Early Learning Professionals and SEIU 1199 Education and Support Fund work with all programs and providers referred by the Licensing department for compliance related and/or health and safety related professional development and/or technical assistance.**

#### 7.6.2 Financial assistance to support complying with minimum health and safety requirements

Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

No

Yes. If yes, which types of providers can access this financial assistance?

a. Licensed CCDF providers

b. Licensed non-CCDF providers

c. License-exempt CCDF providers

d. Other. Describe:

N/A

### 7.6.3 Measurable indicators of progress relevant to Subsection 7.6

Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

**The state measures its progress related to quality programming through activities associated with the QRIS, licensing, and professional development offerings. The lead agency's child care licensing unit uses a monitoring checklist that assesses for all high risk regulations as well as several moderate and low risk regulations that impact quality at a foundational level. Updates to this monitoring report were completed during in 2020 in order to effectively monitor providers for COVID-19 safety and protocols. The QRIS system uses CLASSPK and ECERS-R, ITERS-R and FCCERS-R which generates data that is also used to inform measures of progress.**

## 7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

### 7.7.1 Measures of quality and effectiveness of child care programs

Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

No

Yes. If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

**Programs enrolled in the RI QRIS are required to conduct a comprehensive self-assessment at least once a year to assess compliance with regulations and standards and to determine its effectiveness in meeting the needs of the children and families it serves. The program then uses this information to create program goals to continually improve quality and then documents this progress towards achieving these goals.**

**There are 5 levels within the quality continuum to assess quality.**

**Level 1: In addition to licensing requirements and/or Basic Education Program Compliance (BEP) for public school level 1 requires programs to develop and implement an annual**

quality improvement plan (QIP) that includes all BrightStars domains and is informed by multiple sources of evidence used in the program self-assessment. This document is due 3 months from the date star rating is awarded.

**Level 2:** In addition to licensing requirements and/or BEP standards and Program Self-Assessment, programs are required to administer a comprehensive self-assessment which includes at least 2 sources of evidence such as:

Licensing monitoring report

Child assessment information

Family survey

Staff professional development plans

Board survey

Quality Improvement Plan

**Level 3:** All the above plus additional program self-assessment requirements: The program administers a comprehensive self-assessment which must include ECERS-R and ITERS-R findings (if available) and at least 2 other sources of evidence as noted above.

**Level 4:** All the above plus additional program self-assessment requirements: The program administers a comprehensive self-assessment which must include ECERS-R and ITERS-R findings (if available) and at least 3 other sources of evidence as noted above.

**Level 5:** All the above plus additional program self-assessment requirements: The program administers a comprehensive self-assessment which must include ECERS-R, ITERS-R and CLASS findings (if available), family survey results and at least 3 other sources of evidence as noted above.

7.7.2 Measurable indicators of progress relevant to Subsection 7.7

Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these

measures.

**The Lead Agency will track program application for quality rating increases and correlate the results of applications and movement up the quality continuum with other quality levers including, for example, the number of students who receive the Infant/Toddler CDA certificate and enroll in the Infant/Toddler higher education pathway and pre- and post- knowledge assessment\surveys required of all educators enrolled in professional development and technical assistance.**

## 7.8 Accreditation Support

### 7.8.1 Pursuit of Accreditation

Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers. Describe:

c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care. Describe:

d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide.

i. Focused on child care centers. Describe:

ii. Focused on family child care homes. Describe:

e. No, but the state/territory is in the in the development phase of supporting accreditation.

i. Focused on child care centers. Describe:

ii. Focused on family child care homes. Describe:

f. No, the state/territory has no plans for supporting accreditation.

## 7.8.2 Measurable indicators of progress relevant to Subsection 7.8

Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

N/A

## 7.9 Program Standards

### 7.9.1 High-Quality program standards

Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

#### a. Infants and toddlers

**High quality standards are integral to RI child care licensing standards and are aligned with the RI QRIS. The lead agency supports these standards and regulations through quality contracting, collaboration, as well as informal and formal assessment of the standards across all ECE systems. In 2021, RI through its partnership with RIAEYC will convene a QRIS standards review committee and in partnership with RIAYEC has developed a governance structure and will solicit proposals across stakeholders groups to consider refinements to the current QRIS framework.**

#### b. Preschoolers

**High quality standards are integral to RI child care licensing standards and are aligned with the RI QRIS. The lead agency supports these standards and regulations through quality contracting, collaboration, as well as informal and formal assessment of the standards across all ECE systems. In 2021, RI through its partnership with RIAEYC will convene a QRIS standards review committee and in partnership with RIAYEC has developed a governance structure and will solicit proposals across stakeholders groups to consider refinements to the current QRIS framework.**

#### c. and/or School-age children.

**High quality standards are integral to RI child care licensing standards and are aligned with the RI QRIS. The lead agency supports these standards and regulations through quality contracting, collaboration, as well as informal and formal assessment of the standards across all ECE systems. In 2021, RI through its partnership with RIAEYC will convene a QRIS standards review committee and in partnership with RIAYEC has developed a governance structure and will solicit proposals across stakeholders groups to consider refinements to the current QRIS framework.**

### 7.9.2 Measurable indicators of progress relevant to Subsection 7.9

Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

**DHS has partnered with the Local Initiatives Support Corporation (LISC) on a Thought Leadership and Convening initiative to address critical child care infrastructure needs. This initiative will include assessments to define and clarify the post-pandemic needs of RI's early childcare system including children, family and provider needs. It will focus on seven key areas defined by the state including: best practices and trends related to stimulus utilization as related to access and quality; family needs post-pandemic; facility needs post pandemic; family child care resource needs post pandemic; shared vision and recovery planning across Region 1 with an emphasis on**

public:private partnerships and regional economic recovery; the potential for involving and/or incentivizing businesses to include early learning spaces in development and the potential for greater business engagement in other geographies. This is a six-month project that will inform next steps in pandemic recovery progress and next steps in quality initiatives. DHS will use a variety of family and center provider satisfaction surveys, data analytics from the Early Childhood Education and Data System (ECEDS), and data gathered from workforce quality contractors to analyze and assist the lead agency in informing and targeting resources to support the continued development of the child care workforce and provide quality programming for families and children. Measurable outcomes will be determined for quality contracts to prioritize growth toward common goals across all partners. Effectiveness and quality of professional development, TA and continuing education at institutions of higher education delivered under quality contracts will be assessed based upon analysis of provider self-assessment of individual understanding of the related RI Workforce Knowledge and Competencies and movement through targeted professional development, completion rates for professional development programs such as the CDA, the Apprenticeship Program and RIELDS coursework and program movement along the QRIS continuum.

## 7.10 Other Quality Improvement Activities

### 7.10.1 Other quality improvement activities and measurable indicators of progress

List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

In 2021, RI voters passed a three-year \$15M Early Childhood Care and Education Capital Fund general obligation bond for early learning facilities infrastructure needs. The RI Department of Human Services (DHS) will manage this fund in partnership with the Local Initiative Support Corporation (LISC). This \$15M fund will be utilized for large-scale early child care facility renovations, expansions and additions, construction, infrastructure enhancements, health and safety improvements, and family child care facility supports. Project priorities will be developed to capitalize on other state initiatives focused on expansion and/or quality improvements including state-funded pre-k classrooms and development of infant/toddler spaces. Training and technical assistance related to grants awarded will encompass project readiness, development and management, financial planning, partnership and business practices.

DHS quality contracting funds the LISC to provide technical assistance and training to licensed child care providers to increase the supply of high quality child care in Rhode Island. LISC provides one-on-one and group technical assistance and training opportunities including training courses, webinars and ongoing access to resources and materials for early childhood programs including center based and family child care to meet health and safety standards both indoors and outdoors, to meet DHS licensing requirements and building code compliance and to plan for and implement facility improvements to increase quality programming. In addition to technical assistance, training and facilities improvements, LISC provided TA on facility planning for multiple programs looking to move, expand or substantially upgrade existing facilities. Project goals included pre-development and feasibility work such as site analysis, engineering, legal services, and environmental survey reviews. These projects, operationalized with CCDF funds with program grants funded through PDG, moved six programs toward facility expansion, renovation or relocation to provide additional capacity and higher quality. In 2020, LISC also

partnered with the lead agency as the fiscal intermediary and grant manager for the Coronavirus Relief Fund granting \$5 million in relief funds to RI early childhood programs and family child care providers for small capital improvements needed to meet enhanced health and safety requirements resulting from the COVID-19 pandemic and/or to offset operating costs incurred as a result of pandemic related closures. In this capacity, LISC designed the application process, provided training and TA around application requirements and capital improvements, provided oversight of project completion and made grant payments. 116 early childhood program received funds through this initiative resulting in quality improvements to facilities, enhanced health and safety measures and program stabilization.

The Rhode Island Early Learning and Development Standards (RIELDS) is a CCDF funded quality initiative. These standards articulate shared expectations for what young children should know and be able to along a specified age-related continuum. They provide common language for measuring progress toward achieving specific learning goals. RIELDS training is required as a higher-level quality indicator within the BrightStars quality continuum and encouraged as foundational study for CDA and Apprenticeship participants and all providers. In 2020, RIDE converted coursework to a virtual format allowing for greater flexibility and access for a wider audience of providers. RIELDS are offered in English and Spanish. All providers have access to informational modules through the Center for Early Learning Professionals. Plans are underway to review and revise the Implementing a Standards Based Program course.

The Department of Human Services uses quality dollars to contract with Bradley Hospital, specializing in mental health care for children, to provide clinical staff and onsite supports to families and center provides experiencing identified concerns with behavioral development. The program known as, SUCCESS, (Supporting Children's Competencies in Emotional and Social Skills), provides onsite early childhood mental health consultations to child care providers to support children's social and emotional development and to reduce challenging behaviors in the classroom.

DHS, in accordance with the CBA negotiated between the State of Rhode Island and SEIU 1199 provides funds for an education and support fund to ESF for developing and implementing professional development, technical assistance and program supports such as mentor programs, a substitute pool and network development for family child care providers who are enrolled in the state's CCAP program. Through this initiative professional development specific to the unique needs of the family child care educator, including coursework delivered in Spanish, as well as technical assistance and mentor support are made available to CCAP FCCPs. ESF has developed a Sub-pool model with an application to facilitate matching and connection between CCAP Family Child Care Providers and state approved substitutes. This initiative was paused during the COVID-19 pandemic for health and safety reasons but has been revisited for new release post-pandemic. The program will enable Family Child Care Providers participating in CCAP to utilize pre-approved substitutes for coverage for sick-time, professional development courses and/or course work and program related meetings (such as with DHS, LISC, BrightStars). ESF has completed a staffed family child care network strategic planning process in coordination with All Our Kin network based in Connecticut and with input from DHS and a cohort of RI Family Child Care provider stakeholders. This process informed development of a suite of professional development courses based on FCCP needs including business practices, provider needs, family and child needs, and will inform next steps related to the development of RI's family child care network.

The lead agency is using a portion of the state’s CRRSA funds to support the pilot of a new service-delivery model within the RI Pre-K program. This “pilot” will span two full school years (2021-2022 and 2022-2023) and will address learning loss among vulnerable 4-year olds in Rhode Island resulting from the COVID-19 pandemic. These funds will support the state’s broader efforts to increase the quality and availability of early learning care and education for children who participate in the Child Care Assistance Program (CCAP.) This program accomplishes two core goals for both the community-based organizations who offer these classrooms and the families in which they serve:

CCAP families will have priority access to RIDE’s high-quality program, with uninterrupted care due to their pre-existing enrollment within the center. CCAP families will matriculate into the classrooms, ensuring both continuity of services for the family and continuity of funding for the program.

CCAP will become a viable, long-term funding source for RI PreK’s mixed-delivery model, enabling community-based organizations to braid/blend funding to support increased access to care for RI’s four-year-olds.

## 8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity, and accountability apply to:

- Memorandums of understanding (MOUs) within the Lead Agency’s various divisions that administer or carry out the various aspects of CCDF
- MOUs, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF, such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

### 8.1 Internal Controls and Accountability Measures to Help Ensure Program Integrity

#### 8.1.1 Fiscal management practices

Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

a. Verifying and processing billing records to ensure timely payments to providers.

Describe: \_\_\_\_\_



In FY2020, several adjustments were made to RI Bridges functionality and the batch payment schedule to ensure accurate, timely and efficient payment to CCAP providers. These system enhancements and the way in which the State has operationalized them has ultimately led to automated payments that are administered in a more timely and effective manner, reducing the administrative burden on both child care providers and state employees. To further ensure accurate and timely payment to child care providers, the CCAP financial management team also conducts pre-payroll analysis of the data generated for biweekly payment. This information includes status of eligibility, number of records processed, and amounts for union, PAC, copay and net benefit. This information is validated across an average of the last ten batches and provides the Department with additional information to ensure payment integrity.

Additionally, as required by ACF each state must conduct standardized reviews of eligibility determinations for receipt of Child Care Development Fund (CCDF) grant funds and issue a report on error rates of improper payments. The designated review period for Rhode Island is in process and is on target for completion by June 30, 2021.

b. Fiscal oversight of grants and contracts. Describe:

Authorized under Rhode Island General Laws, the Grants Management Office is responsible for managing applications for federal funding, providing administrative assistance to agencies regarding reporting requirements, providing technical assistance and approving agreements with federal agencies. This office works in partnership with the state agencies on the following grant activities to: standardize, streamline, and improve federal award business process reducing administrative burden while maintaining compliance, results, and quality; monitor, measure, and report federal awards' effectiveness throughout the award lifecycle and assure that federal award funds are spent in accordance with applicable laws, regulations, and rules; ensure accountability through improved policies and procedures, enhanced coordination, and consistent communication; provide timely and accurate award information to stakeholders and the public; and, monitor federal and state legislation to assess impact on federal award administration and management. The Department follows a comprehensive annual monitoring plan to assess contractor compliance with all fiscal and programmatic requirements. Administrators supply oversight and management of all contracts developed to support the goals and objectives, and requirements supporting the Child Care Development Funds. The Division of Financial Management reviews all proposed and approved contracts to ensure they align with State purchasing policy and adhere to all federal rules. DHS Programming Services Officers (PSO) maintain continuous performance and fiscal oversight throughout the term of the agreement, ensuring contracts comply with CCDF regulations, adhere to line item budgets, and report measurable outcomes. Additionally, PSO's work in coordination with the DHS fiscal staff to review budgets, to ensure costs align with deliverables and allowable expenses as agreed upon and as determined by regulatory and contractual agreements.

Additionally, the Rhode Island Child Care Stabilization Fund, funded by CRRSA, was designed to prioritize secure fund distribution to eligible applicants. Fund distribution was facilitated by the state's fiscal intermediary, Public Consulting Group (PCG). Before posting the grant application, DHS Child Care Licensing shared with PCG a comprehensive list of eligible Child Care Centers, Family Child Care

providers, and License-Exempt providers (including provider ID numbers and detailed provider information). DHS apprised PCG of any eligibility status changes throughout the application window. Further, DHS held all decision-making responsibility in awarding applicants, which provided redundancy in ensuring that only eligible providers received a Stabilization Grant. To ensure the appropriate and secure transfer of funds, the state required that all providers provide a business bank account for receipt of funds. In an effort to ensure the appropriate use of grant funds, all application and technical assistance resources referenced allowable categories of spending, including illustrative examples. ARPA Child Care Stabilization Grants will be administered using a similar verification and disbursement process.

c. Tracking systems to ensure reasonable and allowable costs. Describe:

Each invoice is entered into an internal expenditure tracking worksheet prior to being entered into the State accounting system. Each internal expenditure tracking worksheet contains contract information including provider name, contract type, amount awarded, expenditures to date and amount remaining. Weekly encumbrance reports are reconciled with internal expenditure tracking worksheets. If there is a questionable cost, guidance can be found in the OMB circulars or the Child Care Assistance Program Manual.

d. Other. Describe:

To ensure accurate payments are made to child care providers in a timely and efficient basis, the Department maintains a few key metrics to ensure program integrity is upheld and to hold the agency accountable for the efficacy of its internal controls and processes.

Key Performance Indicators of success include:

-Decrease in attendance records included in the off-cycle payments

-Reduction in Improper Payments through monthly reviews, weekly monitoring of CCAP recertifications and improved training across the field on obtaining proper documentation verifying eligibility

-Increase in portal usage by CCAP providers

In addition, the Office of Child Care and the Office of Financial Management meet with the State's technology vendor, Deloitte, prior to each payroll execution to review the current payroll results to ensure COVID-19 payment and mitigation practices are valid.

The Office of Child Care and the Office of Financial Management continue to meet each week with the State's technology vendor, Deloitte, to review metrics on recertification progress, enrollment data, supplemental payroll analysis and portal usage. These metrics provide the Department with information to adopt procedures to ensure CCAP is operating efficiently and effectively and measure performance to provide context for improvement. A metric is retired when the goal of the Department has been met and monitored for consistency for an appropriate period of time.

### 8.1.2 Identifying risk

Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program (98.68(a)(2)). Check all that apply:

a. Conduct a risk assessment of policies and procedures. Describe:

b. Establish checks and balances to ensure program integrity. Describe:

**The lead agency will implement a system to conduct mock monthly reviews leading up to the next review cycle to better operationalize the improper payment review process. These mock reviews will allow DHS to codify the review process, identify discrepancies between operations and policy, and ultimately reduce the overall error rate and improper payments.**

c. Use supervisory reviews to ensure accuracy in eligibility determination. Describe:

**The Office of Child Care coordinates closely with field operations and the policy team at DHS to ensure program regulations are effectively implemented in the field and eligibility determinations are appropriately escalated when there is a need for further clarification on policy. Additionally, the lead agency employs a variety of agency wide initiatives to ensure accuracy in eligibility determination. These practices include developing three-minute tips for ongoing training and development, supervisory huddles to review policy transmittals, and overall quality reviews conducted routinely by supervisors on completed cases.**

d. Other. Describe:

### 8.1.3 Processes to train about CCDF requirements and program integrity

States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices. Describe:

**DHS uses electronic communication to notify child care providers, and quality contactors of any and all policy notices and/or changes. Programming Services Officers conduct bi-monthly contract meetings with vendors providing guidance and oversight of adherence to CCDF related regulations and policies. The Office of Child Care hosts quarterly, all provider meetings to review policies, procedures, and support opportunities for all CCAP and licensed childcare providers to provide feedback and ask questions about program/policy changes.**

ii. Issue policy manual. Describe:

**There is a CCAP Provider Handbook available on the lead agency's website for providers to reference program policies.**

iii. Provide orientations.

**CCAP providers are required to complete an online orientation to become familiar with program policies when they first become approved to accept CCAP. This training educates providers on the CCAP Rules and Regulations as well as functions within the CCAP Provider Portal (RIB) to serve CCDF children.**

iv. Provide training. Describe:

v. Monitor and assess policy implementation on an ongoing basis. Describe:

**The financial management, CCAP, and licensing units within the Office of Child Care meet regularly to review and discuss policy implementation and review any necessary changes across the program and assess additional training requirements or guidance that is needed to keep CCAP providers informed.**

vi. Meet regularly regarding the implementation of policies. Describe:

**The lead agency will present at a variety of external stakeholder groups when there are policy changes to communicate to the early childhood field. This includes monthly Children's Cabinet meetings, and Child Care Commission meetings, as well as quarterly Early Learning Council meetings and provider stakeholder meetings. In addition the information that is conveyed at quarterly stakeholder meetings is also shared via email with providers.**

vii. Other. Describe:

**The lead agency will also issue communication to child care providers via the Bridges system when there are policy changes that impact CCAP portal usage.**

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)).

Check all that apply:

i. Issue policy change notices. Describe:

**The lead agency's policy team, in consultation with the CCDF program administrators draft policy briefs for the broader staff when there are changes that occur to program policy. The lead agency's policy team also works closely with the staff development team to implement additional training when applicable.**

ii. Train on policy change notices. Describe:

iii. Issue policy manuals. Describe:

**Staff are trained upon hire and when subsequent changes are made to program and content of procedure. This training is completed by both the DHS Staff Development Unit and the Policy Unit.**

iv. Train on policy manual. Describe:

v. Monitor and assess policy implementation on an ongoing basis. Describe:

vi. Meet regularly regarding the implementation of policies. Describe:

**The lead agency's leadership team meets weekly and regularly reviews policy implementation across the department.**

vii. Other. Describe:

8.1.4 Evaluate internal control activities

Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

**The lead agency meets with its technology vendor on a weekly basis to continually evaluate its integrated eligibility system. As a result of these frequent meetings the policies and procedures in place to maintain strong internal controls are reviewed, discussed, and refined, when appropriate.**

**For example, in FY20, several adjustments were made to RI Bridges functionality and the batch payment schedule to ensure accurate, timely and efficient payment to CCAP Providers:**

**-In September 2019, the Department launched functionality in RI Bridges to automate rate enhancements for providers who experience an increase (or decrease) in their quality rating. The DHS worker now updates the star rating of the providers on a monthly basis and the system automatically updates the rates associated with the star-rating shift.**

**-In 2020, DHS adjusted the attendance generation date from a Monday to a Saturday to ensure all enrollments created during the attendance week are triggered for the batch payment. Prior to this adjustment, enrollments created after Monday were missed by the attendance generation process and required the DHS worker to manually create an attendance record for an off-cycle payment. This adjustment has reduced off cycle payments dramatically.**

8.1.5 Identify fraud and other program violations

Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

<b>[x]</b>	i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: <b>The lead agency uses an integrated eligibility system that maintains data for all of the public assistance programs the agency administers. The CCAP team intends to strengthen the coordination and reporting of this data between the Office of Child Care and field operations in the next plan cycle to ensure this activity is used to inform ongoing program practice.</b>
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<p>[x]</p>	<p>ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: <b>The Office of Child Care and the Office of Financial Management continue to meet each week with the State’s technology vendor, Deloitte, to review metrics on recertification progress, enrollment data, supplemental payroll analysis and portal usage. These metrics provide the Department with information to adopt procedures to ensure CCAP is operating efficiently and effectively and measure performance to provide context for improvement. A metric is retired when the goal of the Department has been met and monitored for consistency for an appropriate period of time. Examples of metrics tracked include number of recertifications returned and timeliness of processing, overlapping enrollments, potential payments made to ineligible children, backbilling payments, and portal usage by provider type. Some of the results associated with tracking these metrics over the past year include: mitigating system errors that allowed an overlapping enrollment resulting in 0 cases in the last six months, 0 active enrollment for ineligible children in the past 8 months, and all monthly recertifications worked timely and manual follow-up when cases required additional action happens monthly to ensure there is no delay to benefit issuance.</b></p>
<p>[x]</p>	<p>iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: <b>The CCAP finance office conducts frequent reviews of enrollment documents, billing records and attendance logs for discrepancies in reporting and potential miscalculation of services. If discrepancies appear when issuing payment to providers, the Office of Child Care will begin the process of a record review. CCAP Providers are required to submit accurate attendance reports online using the CCAP Provider Portal (RI Bridges) 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. When flagged, DHS Child Care licensors will conduct a review of the required sign-in/sign-out sheets to validate attendance for accurate payment. Additionally, the financial management team will conduct case research when specific activities are identified, examples include: if a provider notifies the lead agency of an overpayment, duplicate payment due to unintentional admin error, discrepancies in school age payments during school hours, incorrect rate due to change in QRIS. In the past 18 months, 24 claims have been identified based on these financial management activities.</b></p>

[x]	iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: <b>Weekly staff meetings conducted within the Office of Child Care ensure an ongoing process of quality checks and balances. Case reviews will begin to take place monthly to determine error-rate for payments. This process was redesigned in 2019 and is being further refined in 2021 to ensure fidelity to the internal process and to reduce the overall error rate and improper payments. The lead agency intends to start this activity in January 2022.</b>
[x]	v. Audit provider records. Describe the activities and the results of these activities: <b>In 2019, the Lead Agency transferred the Child Care Licensing department to Office of Child Care. The transfer of this department allows for a more focused and streamlined checks and balances process, utilizing regulations to audit and review operations to identify potentially fraudulent activities, such as is flagged during monitoring visits. No monitoring visits in the past year have flagged a further need to investigate providers for their CCDF program.</b>
[x]	vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: <b>The CCAP office team reviews policies during individual and weekly staff meetings; all CCAP teams have access to electronic depository. The lead agency intends to quantitatively track these activities in the next plan cycle to ensure the results are used to inform program integrity.</b>
[ ]	vii. Other. Describe the activities and the results of these activities:

b. Check and describe all activities the Lead Agency conducts, including the results of these activities, to **identify unintentional program violations**. Include in the description how each activity assists in the identification and prevention of unintentional program violations.

[x]	i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: <b>The lead agency uses an integrated eligibility system that maintains data for all of the public assistance programs the agency administers. The CCAP team intends to strengthen the coordination and reporting of this data between the Office of Child Care and field operations in the next plan cycle to ensure this activity is used to inform ongoing program practice.</b>
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[x]	<p>ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities:</p> <p><b>The Office of Child Care and the Office of Financial Management continue to meet each week with the State’s technology vendor, Deloitte, to review metrics on recertification progress, enrollment data, supplemental payroll analysis and portal usage. These metrics provide the Department with information to adopt procedures to ensure CCAP is operating efficiently and effectively and measure performance to provide context for improvement. A metric is retired when the goal of the Department has been met and monitored for consistency for an appropriate period of time. Examples of metrics tracked include number of recertifications returned and timeliness of processing, overlapping enrollments, potential payments made to ineligible children, backbilling payments, and portal usage by provider type. Some of the results associated with tracking these metrics over the past year include: mitigating system errors that allowed an overlapping enrollment resulting in 0 cases in the last six months, 0 active enrollment for ineligible children in the past 8 months, and all monthly recertifications worked timely and manual follow-up when cases required additional action happens monthly to ensure there is no delay to benefit issuance.</b></p>
[x]	<p>iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities:</p> <p><b>The CCAP finance office conducts frequent reviews of enrollment documents, billing records and attendance logs for discrepancies in reporting and potential miscalculation of services. If discrepancies appear when issuing payment to providers, the Office of Child Care will begin the process of a record review. CCAP Providers are required to submit accurate attendance reports online using the CCAP Provider Portal (RI Bridges) 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. When flagged, DHS Child Care licensors will conduct a review of the required sign-in/sign-out sheets to validate attendance for accurate payment. Additionally, the financial management team will conduct case research when specific activities are identified, examples include: if a provider notifies the lead agency of an overpayment, duplicate payment due to unintentional admin error, discrepancies in school age payments during school hours, incorrect rate due to change in QRIS. In the past 18 months, 24 claims have been identified based on these financial management activities.</b></p>



[x]	iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: <b>Weekly staff meetings conducted within the Office of Child Care ensure an ongoing process of quality checks and balances. Case reviews will begin to take place monthly to determine error-rate for payments. This process was redesigned in 2019 and is being further refined in 2021 to ensure fidelity to the internal process and to reduce the overall error rate and improper payments. The lead agency intends to start this activity in January 2022.</b>
[x]	v. Audit provider records. Describe the activities and the results of these activities: <b>In 2019, the Lead Agency transferred the Child Care Licensing department to Office of Child Care. The transfer of this department allows for a more focused and streamlined checks and balances process, utilizing regulations to audit and review operations to identify potentially fraudulent activities, such as is flagged during monitoring visits. No monitoring visits in the past year have flagged a further need to investigate providers for their CCDF program.</b>
[x]	vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: <b>The CCAP office team reviews policies during individual and weekly staff meetings; all CCAP teams have access to electronic depository. The lead agency intends to quantitatively track these activities in the next plan cycle to ensure the results are used to inform program integrity.</b>
[ ]	vii. Other. Describe the activities and the results of these activities:

c. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent agency errors**. Include in the description how each activity assists in the identification and prevention of agency errors.

[x]	i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: <b>The lead agency uses an integrated eligibility system that maintains data for all of the public assistance programs the agency administers. The CCAP team intends to strengthen the coordination and reporting of this data between the Office of Child Care and field operations in the next plan cycle to ensure this activity is used to inform ongoing program practice.</b>
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[x]	<p>ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: <b>The Office of Child Care and the Office of Financial Management continue to meet each week with the State’s technology vendor, Deloitte, to review metrics on recertification progress, enrollment data, supplemental payroll analysis and portal usage. These metrics provide the Department with information to adopt procedures to ensure CCAP is operating efficiently and effectively and measure performance to provide context for improvement. A metric is retired when the goal of the Department has been met and monitored for consistency for an appropriate period of time. Examples of metrics tracked include number of recertifications returned and timeliness of processing, overlapping enrollments, potential payments made to ineligible children, backbilling payments, and portal usage by provider type. Some of the results associated with tracking these metrics over the past year include: mitigating system errors that allowed an overlapping enrollment resulting in 0 cases in the last six months, 0 active enrollment for ineligible children in the past 8 months, and all monthly recertifications worked timely and manual follow-up when cases required additional action happens monthly to ensure there is no delay to benefit issuance.</b></p>
[x]	<p>iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: <b>The CCAP finance office conducts frequent reviews of enrollment documents, billing records and attendance logs for discrepancies in reporting and potential miscalculation of services. If discrepancies appear when issuing payment to providers, the Office of Child Care will begin the process of a record review. CCAP Providers are required to submit accurate attendance reports online using the CCAP Provider Portal (RI Bridges) 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. When flagged, DHS Child Care licensors will conduct a review of the required sign-in/sign-out sheets to validate attendance for accurate payment. Additionally, the financial management team will conduct case research when specific activities are identified, examples include: if a provider notifies the lead agency of an overpayment, duplicate payment due to unintentional admin error, discrepancies in school age payments during school hours, incorrect rate due to change in QRIS. In the past 18 months, 24 claims have been identified based on these financial management activities.</b></p>

[x]	iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: <b>Weekly staff meetings conducted within the Office of Child Care ensure an ongoing process of quality checks and balances. Case reviews will begin to take place monthly to determine error-rate for payments. This process was redesigned in 2019 and is being further refined in 2021 to ensure fidelity to the internal process and to reduce the overall error rate and improper payments. The lead agency intends to start this activity in January 2022.</b>
[x]	v. Audit provider records. Describe the activities and the results of these activities: <b>In 2019, the Lead Agency transferred the Child Care Licensing department to Office of Child Care. The transfer of this department allows for a more focused and streamlined checks and balances process, utilizing regulations to audit and review operations to identify potentially fraudulent activities, such as is flagged during monitoring visits. No monitoring visits in the past year have flagged a further need to investigate providers for their CCDF program.</b>
[x]	vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: <b>The CCAP office team reviews policies during individual and weekly staff meetings; all CCAP teams have access to electronic depository. The lead agency intends to quantitatively track these activities in the next plan cycle to ensure the results are used to inform program integrity.</b>
[ ]	vii. Other. Describe the activities and the results of these activities:

8.1.6 Identify and recover misspent funds

The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

**The lead agency (DHS) is responsible for pursuing fraud and overpayments.**

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

[ ] i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities:

[ ] ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities:

iii. Recover through repayment plans. Describe the activities and the results of these activities

**Improper payments are referred to the financial management unit within the lead agency. This unit will establish claims within the UHIP system and work with the provider to establish a repayment plan. The lead agency's legal department is also consulted when establishing repayment agreements.**

**A provider is asked to sign a repayment agreement that includes one of three recoupment options: 1) full lump sum repayment 2) incremental lump sum payments 3) a % decrease on future CCAP payments.**

iv. Reduce payments in subsequent months. Describe the activities and the results of these activities:

v. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:

vi. Recover through other means. Describe the activities and the results of these activities:

**The Rhode Island Department of Administration's Office of Internal Audits, when necessary, will conduct fraud investigations on the Lead Agency's behalf.**

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities:

viii. Other. Describe the activities and the results of these activities:

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.

ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities:

iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities:

iv. Recover through repayment plans. Describe the activities and the results of these activities:

**Improper payments are referred to the financial management unit within the lead agency. This unit will establish claims within the UHIP system and work with the provider to establish a repayment plan. The lead agency's legal department is also consulted when establishing repayment agreements.**

**A provider is asked to sign a repayment agreement that includes one of three recoupment options: 1) full lump sum repayment 2) incremental lump sum payments 3) a % decrease on future CCAP payments.**

**Due to COVID the lead agency is not currently pursuing payments on existing claims, but the financial management team continues to research and establish claims in the system. There are currently 245 overpayment claims (~\$577K) that the lead agency anticipates taking action on in 2022.**

v. Reduce payments in subsequent months. Describe the activities and the results of these activities:

vi. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:

vii. Recover through other means. Describe the activities and the results of these activities:

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities:

**The Rhode Island Department of Administration's Office of Internal Audits, when necessary, will conduct fraud investigations on the Lead Agency's behalf.**

ix. Other. Describe the activities and the results of these activities:

**In the case of unintentional fraud on behalf of a child care provider, the provider may be required to participate in a training to review proper billing and enrollment policies and procedures.**

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities:

iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities:

iv. Recover through repayment plans. Describe the activities and the results of these activities:

v. Reduce payments in subsequent months. Describe the activities and the results of these activities:

vi. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:

vii. Recover through other means. Describe the activities and the results of these activities:

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities:

ix. Other. Describe the activities and the results of these activities:

#### 8.1.7 Sanctions to reduce improper payments

What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities:

**Submitting false or inaccurate information for the purposes of obtaining CCAP eligibility shall result in denial of the application. Clients have the right to appeal the decision and request an appeals hearing. All notices informing clients of eligibility determinations and/or adverse actions includes information of their right to appeal and instructions on how to do so. Requests for appeal must be made in writing and submitted to the lead agency within 30 days from the date of notice. A discussion of the disputed issue(s) is usually arranged between the individual and the appropriate agency representative and his/her supervisor in order to clarify the issue and seek resolution. If the individual is still unsatisfied, a date is then set for an Appeal Hearing. At the hearing, the appeals officer endeavors to bring out all relevant facts bearing on the situation at the time of the questioned agency action or inaction and on agency policies pertinent to the issue. A decision letter will be prepared by the hearing officer and a copy sent to the provider. If unsatisfied with the outcome, an individual may appeal the decision of the hearing officer to the RI Superior Court.**

b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities:

**Providers that are found to be engaging in fraudulent or other unlawful acts: in obtaining or seeking to obtain CCAP approved status; in providing or receiving payment for CCAP; in utilizing the CCAP automated enrollment system shall be ineligible to participate in the program:**

- For a period of three (3) months for the first discontinuance;
- For a period of six (6) months for the second discontinuance; and,
- Permanently for the third occasion.

**Providers have the right to appeal the decision and request an appeal hearing. All notices informing providers of adverse actions includes information of their right to appeal and instructions on how to do so. Requests for appeal must be made in writing and submitted to the lead agency within 30 days from the date of notice. A discussion of the disputed issue(s) is usually arranged between the individual and the appropriate agency representative and his/her supervisor in order to clarify the issue and seek resolution. If the individual is still unsatisfied, a date is then set for an Appeal Hearing. At the hearing, the appeals officer endeavors to bring out all relevant facts bearing on the situation at the time of the questioned agency action or inaction**

and on agency policies pertinent to the issue. A decision letter will be prepared by the hearing officer and a copy sent to the provider. If unsatisfied with the outcome, an individual may appeal the decision of the hearing officer to the RI Superior Court.

**In the past year, there have not been any providers disqualified due to program violations. Providers that are involved in active fraud investigations are not eligible for CRRSA or ARPA stabilization funds.**

c. Prosecute criminally. Describe the activities and the results of these activities:

d. Other. Describe the activities and the results of these activities:

## Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered “extraordinary circumstance waivers” to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

Appendix A.1: The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance.
2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.
3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)

1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision.
2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.
3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.