

Rhode Island Department of Human Services

Initial Data Documentation Quick Reference Guide

Version 02, May 05, 2025



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PURPOSE

This document provides support to the CCC and FCC Providers in submitting the Initial Data Documentation on the RISES portal.

PERSONAS

Personas	Responsibilities
Child Care Center Provider/ Family Child Care Provider	Submitting the Initial Data Documentation

INTRODUCTION

For data-migrated accounts (those providers that were already licensed when RISES launched in February), submitting the Initial Data Documentation is necessary to capture information for the required fields found in RISES. This is also information that will be fed into your renewal and is required to be completed prior to accessing your renewal application. This Quick Reference Guide (QRG) supports CCC and FCC providers in completing the submission process, ensuring efficient retrieval of essential information.



LOGGING IN TO YOUR ACCOUNT

Prerequisite: To log in to the RISES portal as a Child Care Center Provider, please ensure you already have an active workforce registry login for RISES. If you need help with your workforce registry profile, please see the <u>User Guide</u>.

To log in to your RISES account, perform the following steps:

- 1. Click <u>here</u> to access the RISES Program login page.
- 2. Enter the registered **Email Address** and **Password** in the designated text boxes, then click the **Login** button.

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SUBMITTING INITIAL DATA DOCUMENTATION BY CCC PROVIDER

This section outlines the step-by-step process for CCC Providers to submit the Initial Data Documentation.

Note: FCC Providers must refer to the <u>Submitting Initial Data Documentation by FCC Provider</u> section for specific instructions relevant to their submission workflow.

To submit the Initial Data Documentation, perform the following steps.

1. On the Provider Portal, click the View/Add Child Care Programs button on the Child Care Provider(s) tile.

Update your Profil Please keep updating your	e Go to My Profile profile.	Important Communications Action Required: Automation Regression CommunicationFXO Mark as Complete
Professional Registry	My Child Care Program(s)	II Action Required: Automation Regression Communication ✓ Mark as Complete
If you are currently affiliated with a child care program, you have the option to locate and include the program details right here.	View or add a child care program associated with you as an owner, organization or provider. This section allows you to create a new owner/organization and/or new	l View All →
View Dashboard →	View/Add Child Care Programs →	Quick Links

The Owner/organization/Corporation page will be displayed.

2. On the Organization tile, click the Programs button.

Owner/Organization/Corporation		+ Add Owner/Organization/Corporation
CC1 1050 Floyd Dr, Lexington, Kentucky, United States, 40505 Type Status Corporation/Organization Active No. of Programs Owner 1 Noami Bell Organization Update Request Approved	OrgName43850 ✓ A3850 Main Street, Smithfield, RI, 43850 ✓ Type Status Corporation/Organization Active No. of Programs Owner 3 Noami Bell	Add Owner/Organization/Corporation

The Manage Programs page will be displayed with the list of Programs.



3. On the Program tile, click the Select Program button.



The Dashboard page will be displayed.

4. On the left panel, click the New Applications tab.

Department of Human Services			₩ Home Ma	anage Staff	L. Notifications	More	English 🗸	NB Me 🔻
← Back				Workfo	orce ID: A002	93	と Download	Profile
	OrgName43850 (ProgramName 43850 Main Street, Smithfield, Rhode Islan License Details License Status Active License Start Date 12/20/2024	43850) d, United States, 43850 License Sub-Status Licensed License Expiration Date 12/31/2025		License Regula	Change Proj 2 Decision ar	gram	Program (Closure
License	Dashboard Program Details Welcome to ProgramName43850! This page serves as your home page for this process related to your program, review and licensing process. You may also use the Quick Links section to submit a ticket for assistance or contact the families of Rhode Island.	program. From here, you can comple update submitted documents, and r get answers to frequently asked que Office of Child Care. Thank you for p	ete initial or renev make payments a stions and the su oroviding care to t	wal applica sssociated v upport butt the childre	tions, make with the on to n and		r	

The New Applications page will be displayed.



5. On the New Applications page, click the **Initial Data Documentation** button, available on the Initial Data Documentation tile.



The Instructions page will be displayed.

6. On the Instructions page, read the information, then click the **Proceed** button.

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Child Care	e Center - Initial RISES Data Docume	entation		Workf	orce ID: A002	293	± Download	Profile
0 0 0 0	Instructions Core Questions Program Capacity Schedule of Operation Program Leadership	Instructions Please complete this Initial RISES Data docu entirety prior to renewal. Completion of this having your basic licensing information in th Back to Program	umentation t ; documentat le RISES syst	o ensure your tion will also s tem. This will i	ability to acco treamline you not take the p	ess the ur renew place of	system in its val process by your renewa Proceec	,
9	Upload Documents							
0	Review Summary			Accessibility,	data, and pri	vacy po	licies Sup	port



The **Core Questions** page will be displayed with the non-editable Corporate/Organization Information, Corporate/Organization Physical Address and Corporate/Organization Mailing Address.

		Department of Human Services	na ≗+ C [#] III ⊕ Na Norme Manage Staff Notifications More Crystols • Ne •
		Child Care Center - Initial RISES Data Documentation	Workforce ID: A00293 & Download Profile
0-0	Instructions Core Questions	Core Questions	file for you. You are unable to edit any core questions during this request. If any of this is incorrect,
000	Program Capacity Schedule of Operation Program Leadership Upload Documents	Is your program owned by a corporation/organization or by an independent owner? Corporation/Organization Information Corporation/Organization Information	
0	Review Summary	Corporation/Organization Name	Corporation/Organization Contact Name
		OrgName43850	Noami Bell
		Corporation/Organization Email	Corporation/Organization Phone
		hiddenemail43850@invalid.com.invalid.invalid	(000) 004-3850
		Federal Employee Identification Number (FEIN)	Corporation/Organization Type
		000043850	Select an Option 👻
		Corporation/Organization Physical Address Number & Street 43850 Main Street	
			4
		City/Town	State
		Smithfield	RI
		Zip Code	Country
		A Geod	United states

7. Scroll to the **Program Information** section. Update the answers to the questions in the Program Information section as necessary.

		Smithfield	K
•	Program Capacity		
	Cabadula of Operation	Zip Code	Country
	Schedule of Operation	43850	United States
0	Program Leadership		
0	Upload Documents	Corporation/Organization Mailing Address	
Ó	Review Summary	Is the mailing address different than the physical address?	
	,	Yes No	
		Program Information	
		* Program Name	
		ProgramName43850	
		* Program Phone	* Program Email
		(000) 004-3850	invalidhiddenemail43850@invalid.com
		* Is this location served by a public water supply?	* Does this location have a swimming pool on site?
		Yes No	○ Yes ○ No



8. Scroll to the Owner/Operator Information section, select Yes/No for "Are they currently part of the RISES Workforce Registry?" question. Family Child Care providers will not be required to complete this section.

Note: Selecting **Yes** displays the Search Member link, while **No** shows fields to add Owner information.

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Ch	ild Care Center - Initial RISES Data	a Documentation	Workforce ID: A00293 🕹 Download Profile
o	Instructions	43850 Main Street	
0	Core Questions	* City/Town	* State
	Program Capacity	Smithfield	Rhode Island 💌
	Schedule of Operation	* Zip Code	* Country
	Program Leadership	43850	United States
	Upload Documents	Program Mailing Address 👩	
	Review Summary	Is the mailing address different than the physical address? Yes No	
		Owner/Operator Information * Are they currently part of the RISES Workforce Registry?	
		Search Member	Previous Save & Next

- a. To search for a member, click the **Search Member** link. The Search Member pop-up window will be displayed.
- b. You can search for a member using the Workforce ID or Demographic. **Note**: The member must be part of RISES to be added to a program.

Court Marthan	
Search Member	
tiodiantee serviced field	
" indicates required neid	
Search by	
Workforce ID Demographics	
A Mandalana 10	
* Workforce ID	
	Reset Search

c. To search for a member using the demographic details, click the radio button to select **Demographics**.



d. Enter the First Name and Last Name.

Search Member	address different than the ohvsical address?		×
Search Member You can search for an exising member to add * indicates required field Search by	Å.		
♥ Workforce ID ♥ Demograph • First Name Vinit	Middle Name	* Last Name Vaishnav	
7			Cancel Add

e. Enter the Date of Birth or Email Address, then click the Search button.

0	Instructions	Program Mailing Address				
0	Search Member				×	
1	* First Name		Middle Name	* Last Name		
C I	Vinit			Vaishnav		
0	One of the fields I Date of Birth MM/DD/YYYY	below is required to complete this s	earch. Email Address vinit.vaishnav@mtxb2b.com			
	1				Reset	

The Employee details will be displayed.

f. To add the employee, click the radio button on the select column, then click the **Add** button.

MM/DD/YYYY	iii vinit.vaishna	v@mtxb2b.com	
			Reset Search
Select	Employee Name	Workforce ID	Email Address
	Vinit Vaishnav	A00018	vinit.vaishnav@mtxb2b.com
1			



If the Owner/operator is not a part of the RISES system, then perform the following steps:

- a. Click **No** for "Are they currently part of the RISES Workforce Registry?" question.
- b. Enter the Owner First Name, Owner Last Name, Owner Primary Phone and Owner Email Address.
- c. Click the Save & Next button to continue.

0-0	Instructions Core Questions Program Capacity	Program Mailing Address * Is the mailing address different than the p Yes No	hysical address?	
	Schedule of Operation Program Leadership Upload Documents Review Summary	Owner/Operator Information * Are they currently part of the RISES Workf Yes No	orce Registry? ail to register within RISES Workforce Registry	
		* Owner First Name Chinmayee * Owner Primary Phone (456) 789-0345 Back to Program Save & Exit	Owner Middle Name Enter Owner Middle Name Owner Secondary Phone Enter Owner Secondary Phone	Owner Last Name Chirasmita Owner Email Address chinmayee.chirasmita@mtxb2b.com Previous Save & Next

The Program Capacity page will be displayed.

Enter the NUMBER OF CLASSROOMS for all the AGE GROUPS. Family Child Care providers will not see this section.
 Note: You cannot update the Age group you are currently licensed for.

Child Care Center - Initial RISES Data Documentation Workforce ID: A00293 2 Download Profile

Instructions	Program Capacity o			
Core Questions	* indicates required field			
Program Capacity	* Age groups you are currently licensed fo	n		
Schedule of Operation	Infant Toddler 🗸 Combined Infan	t/Toddler Classroom Preschool	✓ Pre-K	✓ Combined Preschool/Pre-K Classroom
Program Leadership	School Age Select All			
Upload Documents	AGE GROUPS	NUMBER OF CLASSROOMS		TOTAL CAPACITY
Upload Documents Review Summary	AGE GROUPS Combined Infant/Toddler Classroom (6 weeks up to 36 months)	NUMBER OF CLASSROOMS		TOTAL CAPACITY
Upload Documents Review Summary	AGE GROUPS Combined Infant/Toddler Classroom (6 weeks up to 36 months) Pre-K (4 - 5 yrs)	NUMBER OF CLASSROOMS		ТОТАL САРАСІТУ 7 27
Upload Documents Review Summary	AGE GROUPS Combined Infant/Toddler Classroom (6 weeks up to 36 months) Pre-K (4 - 5 yrs) Combined Preschool/Pre-K Classroom (3 - 5 yrs)	NUMBER OF CLASSROOMS		TOTAL CAPACITY 7 27 27



10. In the Additional Program Information section, select Yes/No to answer the questions, then click the **Save & Next** button.

Note: Selecting Yes will display some additional fields to complete.

Ó	Program Capacity	School Age (5 yrs and in Kindergarten through 16 yrs)	2		19
	Schedule of Operation				
	Program Leadership	Total Capacity Requested		80	
	Upload Documents Review Summary	Additional Program Information * Do you currently have any Head Start Cla	issrooms?		
		Yes No			
		* Do you currently have any Early Head Sta	art Classrooms?	* Total capacity of Earl	ly Head Start Children
		Yes No		5	
		* Do you currently have any RI State Pre-K	Classrooms?		
		Back to Program Save & Exit			Previous Save & Next

The Schedule of Operation page will be displayed.

11.Select the days and corresponding **START TIME** and **END TIME** that you anticipate operating your Program.

Note:

- Click the Copy to All button to apply the Start and End Time to every day of the week.
- Child Care Center Initial RISES Data Documentation Workforce ID: A00293 🕹 Download Profile 0 Instructions **Schedule of Operation** 0 Core Questions * indicates required field Ó Program Capacity **Schedule Details** * Please select the days and corresponding hours that you anticipate operating your program 0 Schedule of Operation ✓ Monday ✓ Tuesday ✓ Wednesday Thursday Friday Select All Saturday Sunday Program Leadership DAY START TIME END TIME Upload Documents 11:00 AM Monday 8:30 AM 0 0 + 2nd Shift 🗊 Copy to All Review Summary Tuesday 8:30 AM 0 11:00 AM 0 + 2nd Shift 8:30 AM 0 11:00 AM 0 + 2nd Shift Wednesday Select All Months * Please check all months your program is in operation
- You can also add a second shift using the + 2nd Shift button.



- 12. Select the **Months** your program is in operation and all **Holidays** and **Closures** you have planned annually.
- 13. Select the **Services** your center provides.
- 14. Enter the number of hours you consider a full day.

	0 Dep Hur	partment of man Services	home ,	Anage Staff Notifi	¢ <mark>18 Ⅲ ⊕ ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●</mark>	NB
	Child Care Ce	enter - Initial RISES Data Documentation		Workforce ID	D: A00293 & Download Pro	file
		* Please check all months your program is in operation			Select All Months	
0	Instructions	January	February	~	March	
Ó	Core Questions	April	May		June	
Ĩ		July	August		September	
9	Program Capacity	October	November		December	
0	Schedule of Operation					_
	Program Leadership	* Please check all holidays that your program will not be in	operation	-	Select All Holidays	
		New Year's Day	Martin Luther King Day	Presid	ient's Day	
	Upload Documents	Memorial Day	Juneteenth	Indep	endence Day	
	Review Summary	Victory Day	Labor Day	_ Colun	nbus Day/Indigenous People's D	lay
		 Election Day (every other year) 	Veterans Day	Thank	sgiving Day	
		* Please check which additional services your program is p Full day care	lanning to provide Half-day care (defined as 4 hours or la dav)	ess of care per	Partial week (less than 5	days a week care)
		Night care (care after 7pm on a consistent basis)	Weekend care (Saturday and/or Sunda)	ay)	Before school care	
		After school care	School age care - school vacations		🗌 School age care - summ	er vacation
		School age care - holidays/professional development days/snow day care	Transportation to/from public schools	5	Meals included	
		Accepts DCYF/005 payment	Snacks included		Ability to work with child Intervention Services	iren who have an IEP/Early
		 Offers Kids Connect and/or additional support to children behavioral needs 	en with 🗌 Other (please specify)			
		* How many hours do you consider a full day?				

15. Scroll down, then select Yes/No for the questions. Click the **Save & Next** button to save the information and continue the application.

Note: Selecting Yes will display some additional fields to fill the information.

T		Services
Ó	Schedule of Operation	Offers Kids Connect and/or additional support Other (please specify)
•	Program Leadership	to children with behavioral needs
•	Upload Documents	* How many hours do you consider a full day?
0	Review Summary	8
		* Does this Center establish any limits on the number of hours a child may attend if enrolled for full time care?
		This Center does not impose specific limits on the number of hours a child may attend if enrolled for full time care, unless otherwise specified by the individual care agreement or <u>regulatory</u> guidelines
		* Is the program nationally accredited? Yes No
		Back to Program Save & Exit Save & Next

The Program Leadership page will be displayed.



16.On the Program Leadership page, you can add a member using the **+ Add Member** button.

Notes:

- You can view the member details, edit the member information and delete the details using the icons displayed on the Actions column.
- You must assign a role and enter/update other required details by clicking the **Edit** pencil icon.
- You must add an Education Coordinator, Administrator/Director, and Site Coordinator on the Member Details page.

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Child Ca	re Center - Initial RISES Data Documer	ntation			Workf	orce ID: A0029	3 🛃 Download Profile
0-0-0	Instructions Core Questions Program Capacity	Program Lea Members Detai	idership				+ Add Member
0	Schedule of Operation	Full Name	Role	Date of Birth	Email	Workforce ID	Actions
o	Program Leadership	Data Migration	Administrator/ Director	07/13/1986	brc@gmail.com	A00108	⊘ / [±]
•	Upload Documents Review Summary	Back to Program	n Save & Exi	t		Previous	S Save & Next

	Child Care Co	enter - Initial RISES Data Documen	tation		Workforce ID: A00293	± Dow	mload Profile
0-0-0-0	Instructions Core Questions Program Capacity Schedule of Operation	Program Leadershi Members Details Edit Member	p			×	+ Add Member
0	Program Leadership Upload Documents Review Summary	* Are they an Administrator/I Yes No Schedule Details * Please select the days and	Director at any other locations? (If	yes, please ONLY list hours for a second sec	onsite at this location)		Previous Save & Next
		Monday Tuesday	Wednesday Thursday Fr START TIME 6:00 AM O	iday Saturday Sunday END TIME 8:30 AM	Select All ACTION + 2nd Shift		Support
					Cancel	Save	



17. Click the Save & Next button to continue.

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Chil	ld Care Center - Initial RISES Data	Documentation			Wo	orkforce ID: A002	93 ± Do	wnloa	d Profile
0-0-0	Instructions Core Questions Program Capacity	Program Leade	rship					+ Add	Member
-0	Schedule of Operation	Full Name	Role	Date of Birth	Email	Workforce ID	Acti	ons	
0	Program Leadership	Data Migration	Education Coordinator	07/13/1986	brc@gmail.com	A00108	ø	1	â
0	Upload Documents Review Summary	Chinmayee Chirasmita	Administrator/Directo r	06/03/1994	chinmayee.chirasmita @mtxb2b.com	A00299	٥	1	â
		Vinit V	Site Coordinator	10/15/1998	chinmayee.chirasmita +123@mtxb2b.com	A00397	0	1	â
		Back to Program	Save & Exit			[Previous	Sav	/e & Next

The Upload Documents page will be displayed.

18. To upload the documents, click the **Upload** button, then click the **Save & Next** button to continue.

Note: Uploading documents is optional. However, many of these documents will be required at your renewal. We encourage you to begin uploading these documents as part of this process.

(Department of Human Services				1 Home	음+ 대 Manage Staff Notification	s More English ▼ Me ▼
Ch	ild Care Center - Initial RISES Data D	ocumentation				Workforce ID: A	Download Profile
o	Instructions	Additional enrollment information for Infants/Toddlers	Universal	≗ Upload	View (0)		Unsubmitted
þ	Core Questions	Injury Reports 🚯	Universal	≗ Upload	③ View (0)		Unsubmitted
þ	Program Capacity	Transition Plan 🚯	Universal	⊉ Upload	③ View (0)		Unsubmitted
þ	Schedule of Operation	Photo/Video Consent Form	Universal	≗ Upload	View (0)		Unsubmitted
0	Program Leadership	Transportation Policy and Permission	Universal	⊉ Upload	View (0)		Unsubmitted
0	Upload Documents	Chauffeur License 🚯	Site specific	호 Upload	View (0)		Unsubmitted
	Review Summary	Vehicle Registration 🚯	Site specific	⊉ Upload	View (0)		Unsubmitted
		Vehicle Insurance 🕧	Site specific	€ Upload	③ View (0)		Unsubmitted
		Vehicle Inspection 🚺	Site specific	⊉ Upload	② View (0)		Unsubmitted
		Other Licensing Documents					
		DOCUMENT TYPE	RESPONSIBLE PARTY	DOCUMENT		UPLOADED DATE	STATUS
		Other	Provider	⊉ Upload	View (0)		Unsubmitted
		Back to Program S	ave & Exit				Previous Save & Next



The Review Summary page will be displayed.

19. Review the information entered in the previous sections using the **Show Details** button, then click the **Submit** button.

Note: You can edit the information using the Edit pencil icon.

• Instructions	Are they currently part of the RISES Wo No	rkforce Registry?	
Core Questions	Owner First Name Chinmayee	Owner Middle Name	Owner Last Name Chirasmita
Schedule of Operation	Owner Primary Phone (456) 789-0345	Owner Secondary Phone	Owner Email Address chinmayee.chirasmita@mtxb2b.com
 Program Leadership Upload Documents 			
Review Summary	Program Capacity		✓ Edit ^(☉) Show Details ∧
	Schedule of Operation		
	Program Leadership		
	Upload Documents		🖉 Edit 💿 Show Details 🤿
	Back to Program		Previous

The Confirmation of Application Submission pop-up window will be displayed.

20.0n the Confirmation of Application Submission pop-up window, click the Yes button.

Department of Human Services			☆ Home Man	2+ Ĺ	tations More	B English ▼ Me ▼
Child Care Center - Initial RISES Data Do	Child Care Center - Initial RISES Data Documentation					🕹 Download Profile
Instructions	Owner First Name Chinmayee	Owner Middle Name 		Owner Las Chirasmit	it Name ta	
Core Questions	Owner Primary Phone (456) 789-0345	Owner Secondary Phone		Owner Em chinmaye	ail Address ee.chirasmita	@mtxb2b.com
Schedule of Operation Program Leadership	Confirmation of Appl Pro	ication Submission	×		/ Edit	© Show Details ∧
Review Summary	Do you want to close this Sc l	application?	Yes		/ Edit	© Show Details ∧
	Program Leadership				/ Edit	◎ Show Details ∧
	Upload Documents				/ Edit	◎ Show Details ∧



Upon successful submission, you will be redirected to the application page displaying the Application ID with the Application Submitted Successfully status.

Notes:

- Click the **Download** Application button to download the application
- You can go back to the Dashboard using the Go to Dashboard button

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		Workf	orce ID: A00	293 ± D	ownload F	Profi
Application Submitted Successfully Thank you for submitting your application! Your application has been received and is currently being proce We appreciate your interest and will carefully review the information you have provided. Application ID: APP-00002695 Next Steps • Please keep this Application ID for your records, as it will be used for any future correspondence regard your application. • Our team is dedicated to ensuring a thorough and fair review of all applications. You will be notified of th outcome as soon as the review process is complete. • If you have any inquiries or need further assistance, please feel free to contact our support team at (401 3009 or email us at <u>DHS.ChildCareLicensing@dhs.ri.gov</u> .	ssed.	AL SLAN		PARTA	INT OF 2 SZ	
Download Application Go to Dashboard → Image: Control of the second		Accessibility	data, and pr	ivacy policie	es Sup	port



SUBMITTING INITIAL DATA DOCUMENTATION BY FCC PROVIDER

To submit the Initial Data Documentation as an FCC provider, perform the following steps.

1. On the Provider Portal, click the View/Add Child Care Programs button on the Child Care Provider(s) tile.

Update your Profil Please keep updating your	e Go to My Profile profile.	Important Communications Action Required: Automation Regression CommunicationFXO Mark as Complete
Professional Registry	My Child Care Program(s)	 ▲ Action Required: Automation Regression Communication ✓ Mark as Complete
If you are currently affiliated with a child care program, you have the option to locate and include the program details right here.	View or add a child care program associated with you as an owner, organization or provider. This section allows you to create a new owner/organization and/or new provider/program.	View All →
View Dashboard \rightarrow	View/Add Child Care Programs →	Quick Links 回 My Tickets

The Family Child Care page will be displayed.

2. On the Program tile, click the Select Program button.

+ Back			Workforc	e ID: A003	329 🕹	Download	Prof
Let's get you started! Thank you for your interest in providing safe, quality c If you are interested in opening a Family Child Care (Fi Care". Once this is approved, you may use the "Program" but	hild care to the children and families of Rhode Island. CC), please scroll down to the Family Child Care box on this tons to access any application information.	s page. Begin t	he proces	s by select	ting "Add F	Family Chil	ld
Family Child Care							
First50799 Last50799 50799 Main Street, Providence, Rhode Island, United States, 50799 Status Active Select Program →	Ashley Walters 350 Champion Way, Georgetown, Rhode Island, United States, 40324 Status Not Licensed Select Program →						



The Dashboard page will be displayed.

3. On the left panel, click the New Applications tab.

Department of Human Services			home Manage :	Staff Notifications	₩ AW More English ▼ Me ▼
← Back			V	Vorkforce ID: A003	329 🛃 Download Profile
 Dashboard New Applications Document Library Quick Links Support DHS Monitoring Inspections License 	First50799 Last50799 50799 Main Street, Providence, F License Details License Status Active License Start Date 12/20/2024 CCAP Details CCAP Status Active	thode Island, United States, 50799 License Sub-Status License Expiration Date 12/31/2026 CCAP Expiration Date 06/30/2025		icense Decision Regular	Program Closure
	Dashboard Manage Staff				
	Welcome to First50799 L	ast50799!			

The New Applications page will be displayed.

4. On the New Applications page, click the **Initial Data Documentation** button, available on the Initial Data Documentation tile.

Department of Human Services		A Home	2+ Manage Staff	رمی Notifications	More Eng	AW AW	
 Eack Dashboard New Applications Document Library Quick Links Support DHS Monitoring Inspections License 	First50799 Last50799 50799 Main Street, Providence, Rhode Island, United States, 50799 Mew Applications Note: Applications Initial Data Documentation Please complete this Initial RISES Data documentation to ensure your ability to access the system in its entirety prior to renewal. Completion of this documentation will also streamline your renewal process by having your basic licensing information in the place of your renewal. Initial Data Documentation >		Workf	orce ID: A003	29 🕹 Down	nload Profile	
	© 2024 Rl.gov.		Accessi	bility, data, an	d privacy polic	cies Suppo	ort

The Instructions page will be displayed.



5. On the Instructions page, read the information, then click the **Proceed** button.



The Applicant Information page will be displayed with the non-editable Applicant Information and Mailing Address Search section.

- 6. Scroll to the Physical Address section.
- 7. You can make necessary changes to the answers to the questions in the Physical Address section.
- 8. Click the Save & Next button to continue.

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	Family Chi	ld Care - Initial RISES Data Documentation	Workforce ID: ۸۵۵۵۲۹ خ Download Profile	
0-0	Instructions Applicant Information	Physical Address * Number & Street 50799 Main Street		
0 0 0	Plan for Mandatory Assistant Program Capacity and Schedule Upload Documents	* City/Town Providence * Zip Code 50799	* State Rhode Island * Country United States	
0	Review Summary	* Is this location served by a public water supply?	* Do you intend to provide transportation for children in your care (either to/from a school or to/from home)? Yes No	public
		Back to Program Save & Exit	Previous	& Next

The Household Members page will be displayed with the list of Household Members.



9. To add a new household member, click the + Add Household Member button.

Note: You can view, edit, and delete the Household member using the View, Edit pencil icon, and Delete bin icon from the Actions column.

	Department of Human Service	15		A Home	Anage Staff Notifications	More English T Me
	Family Child Care - Init	ial RISES Data Documentation			Workforce ID: A00	329 🕹 Download Profile
0-0-0	Instructions Applicant Information Household Members Plan for Mandatory Assistant Program Capacity and Schedule	Household Mem Please list every relation. Per regu Failure to disclos Member". To dele Household Member	Ibers erson who currently lives in your hou iations, the Department must know ev a ny member of the household will re te a household member, simply click o rs/Individuals	sehold. This includes any adult eryone that is living in your ho sult in a denial of Family Child n the delete button next to the	as well as any child living in y me with you at all times if you Care licensure. To add a new ł rir name.	our home with you, regardless of age or are caring for children in that home. yousehold member, "Add Household + Add Household Member
	Upload Documents Review Summary	Name	Relation to Applicant	Email Address	Date of Birth	Actions
		HHMFirst50799 HHMLas	t50799		06/08/1962	⊘ ≠ â
		HHMFirst50799 HHMLas	t50799		04/08/1981	◎ / 音
		HHMFirst50799 HHMLas	t50799		02/01/1966	◎ / 亩
		HHMFirst50799 HHMLas	t50799		04/21/2005	◎ / 亩
		HHMFirst50799 HHMLas	t50799		10/19/2018	◎ / 盲
		Back to Program	Save & Exit			Previous Save & Next

The Add New Household Member pop-up window will be displayed.

10. Enter the First Name, Last Name, and Date of Birth.

11. Select the Gender and Relation to Applicant.

Note: Fields marked with a red asterisk (*) are mandatory fields.

pplicant Informatio ousehold Members an for Mandatory sisistant rogram Capacity an chedule pload Documents	Add New Household Member * Indicates required field * First Name Vinit	Middle Name		X Maiden Name/Other	you, regardless of age or children in that home. hber, "Add Household + Add Household Member
an for Mandatory ssistant rogram Capacity an chedule pload Documents	* indicates required field * First Name Vinit	Middle Name		Maiden Name/Other	nber, "Add Household + Add Household Member
pload Documents	Vinit				
		Enter Middle Name		Enter Maiden Name	
eview Summary 🖊	* Last Name Vaishnav	* Date of Birth 5/13/1997	-	Age	tions
/	* Gender	Email Address		* Relation to Applicant	> / ii
/	Male	Enter Email Address		Relative Foster Child 👻	> / ₫
				Cancel Save	> / ii
ev	view Summary	 * Last Name Vaishnav * Gender Male The background check has been corr HHMF#rist50789 HHMLast5078 	 * Last Name * Date of Birth 5/13/1997 * Gender * Gender * Email Address * Inter Email Address * The background check has been completed for this member 	 * Last Name * Date of Birth 5/13/1997 Gender * Gender * Email Address Male * Enter Email Address * The background check has been completed for this member * The Market S0789 HHMLast S0789 	<pre>itew Summary * Last Name * Date of Birth Age Vaishnav 5/13/1997 Cancel Save HHMFirst50789 HMLast50789 D1082018</pre>



- 12.Select **The background check has been completed for this member** checkbox, if the background check of the Household member is completed.
- 13.Select **Where was the background check completed?** and enter the **Completion Date**, then click the **Save** button.

Household Members	Eult Household Melliber			X	
Plan for Mandatory	- Last Name	· Date of birth		vRa	+ Add Household Mem
Assistant	Vaishnav	5/13/1997	Ē	27	
Program Capacity an Schedule	* Gender	Email Address		* Relation to Applicant	tions
Unload Documents	Male 👻	Enter Email Address		Relative Foster Child 👻	
				1	
	* Completion Date				0 / 1
	* Completion Date 5/1/2025	ä			
	* Completion Date 5/1/2025	8			

A success message will be displayed, and you will be navigated to the Household Members page.

14. On the Household Members page, click the **Save & Next button** to continue.

	Department of Human Service	s		G Home	Anage Staff Notifications	More English ▼ Me ▼
	Family Child Care - Init	ial RISES Data Documentation			Workforce ID: A0032	9 🛎 Download Profile
o	Instructions	Household Members				
0-0	Applicant Information Household Members	Please list every person relation. Per regulations, Failure to disclose any n Member". To delete a ho	who currently lives in your hou the Department must know e nember of the household will r usehold member, simply click o	usehold. This includes any adult as veryone that is living in your home esult in a denial of Family Child Ca on the delete button next to their	s well as any child living in you e with you at all times if you a are licensure. To add a new ho name.	ır home with you, regardless of age or re caring for children in that home. busehold member, "Add Household
	Assistant Program Capacity and Schedule	Household Members/Ind	ividuals			+ Add Household Member
	Upload Documents	Name	Relation to Applicant	Email Address	Date of Birth	Actions
	Review Summary	HHMFirst50799 HHMLast50799			06/08/1962	⊙ ≠ ÷
		HHMFirst50799 HHMLast50799			04/08/1981	⊘ ≠ ² ²
		HHMFirst50799 HHMLast50799			02/01/1966	⊘ メ 盲
		HHMFirst50799 HHMLast50799			04/21/2005	⊘ x ² ¹ ¹ ¹ ¹
		HHMFirst50799 HHMLast50799			10/19/2018	⊘ ≯ [±]
		Vinit Vaishnav	Relative Foster Child		05/13/1997	⊘ ≠ [±] [±]
		Back to Program Save	& Exit			Previous Save & Next

The Plan for Mandatory Assistant page will be displayed.



15. To add a Plan for Mandatory Assistant, click the + Add Assistants button.

Note: It is mandatory to add an Assistant. You can't proceed without adding the assistant.

Department of Human Services		A Home	2+ Manage Staff	Line Constitutions	More	⊕ English ▼ M	AW le 🔻
Family Child Care - Initial RISES Da	a Documentation		Work	orce ID: A00	329 ± Do	ownload Pro	ofile
 Instructions Applicant Information Household Members Plan for Mandatory Assistant Program Capacity and Schedule Upload Documents Review Summary 	Plan for Mandatory Assistant Note - Any assistants must complete a workforce registry profit Assistants Back to Program Save & Exit	le.	ants listed	[Previous	- Add Assist	tants

The Add New Assistant pop-up window will be displayed.

16.Select Yes/No to confirm whether the Assistant is a part of the RISES system.

Notes:

- Selecting Yes enables you to search for the members using their Workforce ID or demographic information
- Selecting No enables you to add a new member

Applicant	Add New Assistant	×	
Househol Plan for M Assistant Program (Schedule Upload D	* indicates required field * Are they currently enrolled in the RISES System? Yes No		- Add Assistants
Review ar	Cancel Sa	ive	



To search for the member using their Demographics, perform the following steps:

a) On the Add New Assistant pop-up window, select Yes.

		With the state of		
0-0	Household Members Plan for Mandatory	Add New Assistant	×	+ Add Assistants
0 0 0 0	Assistant Program Capacity and Schedule Upload Documents Review and Summary Acknowledgement Payment	*Indicates required field *Are they currently enrolled in the RISES System? Yes No Search Member * Indicates required field Search by @ Workforce ID Demographics		Previous Save & Next
		Cancel	Save	

The Search Member field will be displayed, and the Workforce ID will be selected.

b) Click the radio button to search for the member using **Demographics**.

1		Fian for Manuatory Assistant	
0	Applicant Informatio	Add New Assistant ×	
0	Household Members		
-0	Plan for Mandatory Assistant Program Capacity an Schedule	* indicates required field * Are they currently enrolled in the RISES System?	+ Add Assistants
	Upload Documents	Yes No	
	Review and Summar		l.
	Acknowledgement	Search Member	
	Payment	* indicates required field	
		Search by	
		Workforce ID Demographics	Previous Save & Next
		Cancel Save	

c) Enter the First Name, Last Name, and Date of Birth/Email Address, then click the Search button.

0-0	Applicant Informatio	Add New Assistant			×	
0	Plan for Mandatory Assistant Program Capacity an Schedule	* First Name Vinit	Middle Name Enter Middle Name	* Last Name vaishnav		+ Add Assistants
2	Upload Documents	③ One of the fields below	is required to complete this search.			
9	Review and Summar	Date of Birth	Email Address			
9	Acknowledgement	MM/DD/YYYY	init.vaishnav@mtxb2b.com			
0	Payment		7	Reset	rch	Previous Save & Next
				Cancel	Save	

The member details will be displayed.



d) To add the member, click the radio button, then click Save.

-0	Household Members	Add New Assistant					×	
-0	Plan for Mandatory Assistant Program Capacity an Schedule	MM/DD/YYYY	a	tmail Address vinit.vaishnav@mtxb2b.com				+ Add Assistants
0	Upload Documents Review and Summar					Reset Search		
Q	Acknowledgement	Select	Employee Name	Workforce ID	Email Address	Status		
0	Payment	1	Vinit Vaishnav	A00018	vinit.vaishnav@mtxb2b.com	5a		
		/				Cancel	•	Previous Save & Next

A success message will be displayed.

To add a New Assistant, perform the following steps:

a) On the Add New Assistant pop-up window, select No.

Note: The new user will be added to the RISES system and receive an email to complete their registration.

	Assistant Program Capacity an	Add New Assistant	×	
	Schedule Upload Documents			
	Review and Summar	* indicates required field		
-	Acknowledgement	Yes No		
0	Payment	7		
			Cancel Save	Previous Save & Next

Some additional fields will be displayed to fill in the required information.

- b) Enter the First Name, Last Name, and Email Address.
- c) Select the **Date of Birth** and **Gender**, then click the **Save** button.

0	Instructions	Add New Assistant		>	K
0	Applicant Infor	* Are they currently enrolled in the RIS			
Ó	Household Mer	Yes O No			
0	Plan for Manda Assistant	* First Name	Middle Name	* Last Name	+ Add Assistants
	Program Capac Schedule	John	Enter Middle Name	Maria	
	Upload Docum	* Date of Birth	Age	Gender	
	Review and Sur	Nov 23, 1990	33	Male	
	Acknowledgem	* Email Address		7	
	Payment	John.maria@gmail.com			
		7			
				Cancel	ous Save & Next



A success message will be displayed, and you will be directed to the **Plan for Mandatory Assistant** page, where the newly added member details will be displayed.

17.To continue, click the Save & Next button.

Note: The buttons in the Action column provide options to view, edit, or delete the Member Details, each represented by the left, middle, and last buttons, respectively.

<u>(</u>	Department of Human Services				企 Home Mar	음+ 년 ³³ nage Staff Notifications	More English V Me V
Far	nily Child Care - Initial RISES Data	Documentation				Workforce ID: A003	29 🕹 Download Profile
0-0-0	Instructions Applicant Information Household Members	Plan for Mand O Note - Any assi	atory Assista stants must compl	nt ete a workforce registry p	rofile.		
0	Plan for Mandatory Assistant	Assistants					+ Add Assistants
	Schedule	Full Name	Gender	Date of Birth	Email Address	Workforce ID	Actions
0	Upload Documents Review Summary	Chinmayee Chirasmita	Female	06/03/1994	chinmayee.chirasi @mtxb2b.com	mita A00299	◎ 🖋 亩
		Back to Program	Save & Exit				Previous Save & Next

The Program Capacity and Schedule page will be displayed.

18. Update the necessary information on the Program Capacity page, then click the **Save** & **Next** button.

(Department of Human Services					1 ਸ	ome Manage	⊦ Staff Not	433 Cifications	More	English 🗸	AW Me 🔻
Fai	mily Child Care - Initial RISES Da	ta Documentation						Workforce	ID: A003	329	± Download	Profile
		Friday	9:00 AM	0	2:15 PM	0	+ 2nd Shift					
0	Instructions											
0	Applicant Information	Saturday	9:00 AM	O	2:15 PM	0	+ 2nd Shift					
Ī												
	Household Members	Sunday	9:00 AM	O	2:15 PM	0	+ 2nd Shift					
0	Plan for Mandatory Assistant							_				
ò	Program Capacity and	* Please check all mo	nths your progran	n is in ope	ration			Sel	lect All N	lonths		
Ī	Schedule	January		✓ F	ebruary			March	h			
	optoad Documents	April			lay			June				
	Review Summary	July		A	ugust			Septe	ember			
		October		✓ N	lovember			Decei	mber			
		* Please check all holi	idays that your pr	ogram will	not be in opera	ation		Sel	lect All H	Iolidays	;	
		New Year's Day		~	Martin Luther K	ing Day	P	resident's [Day			
		Memorial Day		~	Juneteenth		🗹 Ir	dependend	ce Day			
		Victory Day		~	Labor Day		🔽 C	olumbus D	ay/Indige	nous P	eople's Day	
		Election Day (every	other year)	~	Veterans Day		7 T	nanksgiving	g Day			
		Christmas Day			Other							
		Back to Program	Save & Exit						[Previo	Save	& Next



The Upload Documents page will be displayed.

19. To upload the documents, click the **Upload** button, then click the **Save & Next** button to continue.

Note: Uploading documents is optional. However, many of these documents will be required at your renewal. We encourage you to begin uploading these documents as part of this process.

Family	child Care - Initial RISES Data Docume	ntation				Workforce ID: A00329 🕹	Download Profile
	Parent Handbo	ok 🚺	May be either Universal or Site Specific	오 Upload	@ View (0)		Unsubmitted
Instructions	Staff Schedule	0 :	Site specific	호 Upload	View (0)		Unsubmitted
Applicant Infor	nation Emergency Res	ponse Plan 😗 🕴	Site specific	오 Upload	@ View (0)		Unsubmitted
Household Men	bers Application for	Enrollment 😗	Universal	호 Upload	@ View (0)		Unsubmitted
Assistant Program Capac Schedule	ty and information for Infants/Toddle	llment S	Universal	호 Upload	@ View (0)		Unsubmitted
Upload Docume	nts Injury Reports	0	Universal	호 Upload	@ View (0)		Unsubmitted
Review Summa	'Y Photo/Video Ci	insent Form 👩 🛛 I	Universal	2 Upload	View (0)		Unsubmitted
	Transportation Permission	Policy and 0	Universal	호 Upload	View (0)		Unsubmitted
	Chauffeur Lice	nse ()	Site specific	2 Upload	@ View (0)		Unsubmitted
	Vehicle Registr	ation 😗 🕴	Site specific	≗ Upload	View (0)		Unsubmitted
	Vehicle Insurar	ce () :	Site specific	2 Upload	@ View (0)		Unsubmitted
	Vehicle Inspec	ion 😗 🕴	Site specific	호 Upload	@ View (0)		Unsubmitted
	Other Licensing	Documents					
	DOCUMENT TYP		RESPONSIBLE PARTY	DOCUMENT		UPLOADED DATE	STATUS
	Other	1	Provider	호 Upload	@ View (0)		Unsubmitted
	Back to Progr	am Save & Exi	t				Previous Save & N

The Review Summary page will be displayed.

20. Review the information entered in the previous sections using the **Show Details** button, then click the **Submit** button.

Note: You can edit the information using the Edit pencil icon.

	Family Child Care - Initial I	RISES Data Documentation	Workforce ID: A00329	🗄 Download Profile
o	Instructions	Do you own your own home? Yes		
Ó	Applicant Information	Mailing Address		
Ó	Household Members	is the mailing address different than the physical address?		
0	Plan for Mandatory Assistant Program Capacity and Schedule	Employment Information		
Ó	Upload Documents	No		
•	Review Summary	Household Members		🖌 Edit 💿 Show Details 🤿
		Plan for Mandatory Assistant		✓ Edit ^③ Show Details ∧
		Program Capacity and Schedule		✓ Edit
		Upload Documents		✓ Edit ^③ Show Details ∧
		Back to Program		Previous



The Confirmation of Application Submission pop-up window will be displayed.

21. On the Confirmation of Application Submission pop-up window, click the Yes button.

0	Instructions	Mailing Address	
Ó	Applicant Information	Is the mailing address different than the physical address?	
Ó	Household Members	NO	
Ó	Plan for Mandatory Assistant	Employment Information	
Ó	Program Capacity and Schedule	Are Commation of Application Submission	
Ŷ	Upload Documents	Do you want to close this application?	
0	Review Summary	Ho No Yes	🖉 Edit 💿 Show Details 🥆
		Plan for Mandatory Assistant	🖉 Edit 💿 Show Details 🔨

Upon successful submission, you will be redirected to the application page displaying the Application ID with the Application Submitted Successfully status.

Notes:

- Click the **Download** Application button to download the application
- You can go back to the Dashboard using the Go to Dashboard button

Department of Human Services	1 Home	C+ Manage Staff	Lange Constructions	More	English ▼ Me ▼
		Workf	orce ID: A00	329	🗄 Download Profile
Application Submitted Successfully Thank you for submitting your application! Your application has been received and is currently being processed we appreciate your interest and will carefully review the information you have provided. Application ID: APP-00002713 Please keep this Application ID for your records, as it will be used for any future correspondence regarding your application. Our team is dedicated to ensuring a thorough and fair review of all applications. You will be notified of the success as soon as the review process is complete. If you have any inquiries or need further assistance, please feel free to contact our support team at (401).462 3000 or email us at <u>DHS.childCareLicensing@dhs.ri.gov</u> . Download Application		OF HUMA	N SE	PAA	TCP A

This concludes the Initial Data Documentation Quick Reference Guide