Rhode Island Department of Human Services

Universal Child Care Application: Center and School Age Programs

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

This Universal Child Care Application has three parts:

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

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

Rhode Island Department of Human Services
Office of Child Care Licensing Team
25 Howard Avenue, Building 57, 4th Floor
Cranston, RI 02920

Select Programs

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

❑ Child Care License for a Center and/or School Age Program

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

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

*If you are a NEW applicant for a child care license, please reach out to the Child Care Licensing team at DHS.ChildCareLicensing@dhs.ri.gov or 401-462-3009 **prior** to the completion of this application, as there are requirements you need to complete before it will be accepted. In addition, please review the list of Application Requirements for Child Care Center and School Age Program Licensure outlined in Part 2 of this application.

My DHS Licensing ID (Renewals only): _____

❑ CCAP Provider Certification

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

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

My DHS CCAP Provider ID (Renewals only): _____
[DHS Use Only HQ PID: _____]

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

Part 1: Core Questions

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

Section 1: Corporation/Organization Information

Is your program owned by a corporation or organization that has other licensed child care or school age programs in the State of Rhode Island?	☐ Yes ☐ No
If no, please skip to Section 2.	**If yes, please complete all of Section 1.**

Corporation/Organization Name:			
FEIN#:			
Organization Contact Name:		**Phone:**	
Incorporated:	☐ Yes ☐ No	**Non-Profit:**	☐ For Profit ☐ Not for Profit 501(c)(3)
Email:			

Physical Address			
Number & Street:		**City/Town:**	
State:	**Zip Code:**	**Phone Number:**	

Mailing Address **If different than the above address*			
Person of Contact for Mailing Address:			
Number & Street:		**City/Town:**	
State:	**Zip Code:**	**Phone Number:**	

Section 2: Program Information

Owner/Operator Information			
First Name:		**Last Name:**	**Middle Initial:**
Primary Phone:		**Secondary Phone:**	
Email:			
Program Name:			
FEIN#:		**Non-Profit:**	☐ For Profit ☐ Not for Profit 501(c)(3)
We may need to contact you regarding the status of your application and/or request additional information. What is your preferred method of contact?			☐ Email ☐ Paper Mail

Program Site Address			
Number & Street:			
City/ Town:	**Zip Code:**	**Phone:**	

Mailing Address **If different than the above address*	
Person of Contact for Mailing Address:	
Number & Street:	

Section 2: Program Information

City/Town:		Zip Code:	

Section 3: Program Operation

Ages Served	Infant *(6 wks. – 18 mos.)*	Toddler *(18 mos. – 35 mos.)*	Preschool *(3 – 5 yrs.; not in K)*	School Age *(5 yrs. in K – 16 yrs.)*
	☐	☐	☐	☐
Anticipated Capacity:				

Schedule of Operation

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Please identify all months your program is in operation						
	☐ January	☐ February	☐ March	☐ April	☐ May	☐ June
	☐ July	☐ August	☐ September	☐ October	☐ November	☐ December

Holidays and Closures

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

Part 2: Licensing

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

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

Section 1: Renewal License Application

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

DHS License Number:	
DHS Provider ID:	

Section 2: Staff Leadership

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

Program Administrator

Name:		**Degree/ Cert.**	
First Aid Exp. Date:		**CPR Exp. Date:**	

Schedule	**Sunday**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
From:							
To:							

Education Coordinator

Name:		**Degree/ Cert.**	
First Aid Exp. Date:		**CPR Exp. Date:**	

Schedule	**Sunday**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
From:							
To:							

Site Coordinator

Name:		**Degree/ Cert.**	
First Aid Exp. Date:		**CPR Exp. Date:**	

Schedule	**Sunday**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
From:							
To:							

Night Coordinator *(if applicable)*

Name:		**Degree/ Cert.**	

First Aid Exp. Date:		CPR Exp. Date:					
Schedule	**Sunday**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
From:							
To:							

Section 4: Staff

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

ROLE	Name:				Degree/ Cert.			
❑ Teacher ❑ Assistant Teacher ❑ Other/specify:	First Aid Exp. Date:		CPR Exp. Date:					
	Schedule	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	From:							
	To:							

ROLE	Name:				Degree/ Cert.			
❑ Teacher ❑ Assistant Teacher ❑ Other/specify:	First Aid Exp. Date:		CPR Exp. Date:					
	Schedule	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	From:							
	To:							

ROLE	Name:				Degree/ Cert.			
❑ Teacher ❑ Assistant Teacher ❑ Other/specify:	First Aid Exp. Date:		CPR Exp. Date:					
	Schedule	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	From:							
	To:							

ROLE	Name:				Degree/ Cert.			
❑ Teacher ❑ Assistant Teacher ❑ Other/specify:	First Aid Exp. Date:		CPR Exp. Date:					
	Schedule	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	From:							
	To:							

Section 5: CCAP Provider Certification

The CCAP Provider Certification can subsidize the cost of child care for families that are residents of Rhode Island. Programs that accept CCAP provide children and families in need with the opportunity to have access to high quality child care and early education.

Please select ONE of the following options

☐ I **WILL** apply to become **a** CCAP Provider; by signing below **and submitting Part 3** of this application, I choose to opt in to the CCAP program and all relative incentives.	☐ I **WILL NOT** apply to become a CCAP Provider; by signing below, I choose to opt out of the CCAP program and all relative incentives.

Section 6: Acknowledgement

PLEASE READ CAREFULLY BEFORE SIGNING:
Misrepresentation of any information submitted to DHS in conjunction with this application will be considered grounds for denial or revocation of licensure.

I/We Hereby Certify:

☐That the DHS License for Child Care Centers and/or School Age Programs will be posted in a conspicuous place within the facility so that it may be visible to parents and other interested parties.

☐ That DHS will be notified in writing of major changes which affect the license including, but not limited to: intent to change the name or location of the program; intent to change the ownership of the program; intent to make a change to leadership roles (Administrator, Education Coordinator, Site Coordinator); intent to make a change to the physical facility; intent to make any changes to the number or ages of children served; or any other major changes in the program.

☐ That DHS will be notified in writing at least thirty (30) days prior to the closure or discontinuation of the program operation.

☐ That I have read and agree to comply with the Child Care Center and School Age Program Regulations for Licensure (2017) in their entirety.

☐ That the information contained herein is true and correct to the best of my knowledge.

Printed Name of Applicant	**Title of Applicant**
Signature of Applicant	**Date**

Application and Renewal Application Checklist

Beginning Monday, October 28, 2019, the following fees and forms must be submitted to the Department of Human Services as listed below. For any additional questions or inquiries, please contact: DHS.ChildCareLicensing@dhs.ri.gov

Application Fees

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

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

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

All Fees Must be Made Out to: Rhode Island General Treasury

Mailing Applications and Fees

Applications and fees should be mailed to:

Rhode Island Department of Human Services
Office of Child Care Licensing Team
25 Howard Avenue, Building 57, 4th Floor
Cranston, RI 02920

Fingerprinting and Background Check Fees

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

NEW

Application Requirements for Child Care Center and School Age Program Licensure

NEW APPLICANTS ONLY

General

- ❑ Completed and signed Application (*Part 1 & Part 2 of this document*)
- ❑ $500.00 non-refundable fee (*Made out to the "Rhode Island General Treasury"*)

Physical Facilities

- ❑ Labeled sketch of indoor floor plan with square footage of all classroom and activity areas to be used by children. Include staff and children's bathrooms with toilets and sinks designated, diaper change areas, kitchen areas, and office space. All exits and entrances should be clearly marked.
- ❑ Labeled sketch of outdoor play area with square footage including point of entry for children.

Program

- ❑ Daily schedule of activities for each age group
- ❑ Program Level Curriculum
  - o Informed by program philosophy, beliefs, practices, and relevant research
  - o Developmental goals for each age group served
- ❑ Classroom Level Curriculum
  - o Sample list of daily opportunities that will support the program level curriculum
- ❑ List of materials and equipment (indoor and outdoor)
  - o Materials and equipment that are needed to support activities and opportunities
- ❑ Evidence of a purchased evacuation crib for every 5 children under 2 years of age
- ❑ Emergency Preparedness Plan (see *Child Care Center and School Age Program Regulations for Licensure, 2016, Section 1.8.L.1*)

Nutrition

- ❑ A two-week sample menu of snacks and meals (if applicable)
- ❑ Nutritional guidelines that will be shared with parents when meals are sent from home

Administration

- ❑ Letter of Understanding of consultant services from a licensed physician, physician's assistant, or nurse practitioner, who practices pediatric medicine
- ❑ Documentation that the program is financially stable

Copies of Forms to be Shared with Parents

- ❑ Parent Handbook
- ❑ Disciplinary/classroom management policy
- ❑ Policies and procedures on the release of children
- ❑ Names of individuals to whom the child may be released
- ❑ Written authorization form for Emergency Medical treatment
- ❑ Sick child procedure
- ❑ School calendar
- ❑ Hours of operation
- ❑ Days closed/vacations

Children's Record Requirements – *copies of forms to be used in files*

- ❑ Application for enrollment (must include)
  - o Date of enrollment
  - o Child's name
  - o Date of birth
  - o Current home address
  - o Parent/guardian's name
  - o Parent/guardian phone number
  - o Parent/guardian work or school address
  - o Parent/guardian work or school phone number
- ❑ Pertinent social/emotional information on the child
- ❑ Written authorization for the child to participate in and be transported for field trips/other special activities
- ❑ Health record and preadmission exam form (including allergies)

NEW

Application Requirements for Child Care Center and School Age Program Licensure

NEW APPLICANTS ONLY

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

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

For each staff member, the following must be included:

- ❑ Personnel sheet
- ❑ Employment History Affidavit *Notarized
- ❑ Criminal History Affidavit *Notarized
- ❑ DCYF Clearance Requests/Results (Facility)
- ❑ Required immunizations for Rhode Island Child Care Workers
- ❑ Fingerprint Affidavit- nationwide background check and fingerprint results
  - o Staff-fingerprinting
  - o Owner/Administrator
  - o **All fingerprinting will be completed at the Rhode Island Attorney General's office to be fingerprinted. The AG's office is located in the Pastore Center at 4 Howard Avenue in Cranston. Payment for fingerprint background checks is $40.00 and can be made by credit card, debit card, check or money order. For questions, please call the Attorney General's office at 401-274-4400.*

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

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

Inspections

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

RENEWAL

Part 2: Licensing

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

Forms are available for applicants at https://exceed.ri.gov/ExceedMVC/Home/Login.

If you are having trouble logging in, please reach out to the RIDE help desk, https://support.ride.ri.gov/support/home, or the DHS Child Care Licensing email: DHS.ChildCareLicensing@dhs.ri.gov

ATTENTION:
You have completed the Child Care License section of the Application.

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

Part 3: CCAP Provider

*Required for applicants who want to become a **NEW** CCAP Provider or **RENEW** their current CCAP Certification.*

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

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

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

Applicants must also a submit copy of the following:

- ❑ BrightStars rating certificate, if applicable

Applicants must also review and complete the following:

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

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

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

Section 2: Program Services

Is this Center approved by RIDE to provide educational programs for KINDERGARTEN children?	☐ Yes ☐ No
Does this Center participate in the Child and Adult Care Food Program?	☐ Yes ☐ No

Please check the program(s) that this Center provides *(check all that apply):*

- ☐ Infant child care: for children birth to 18 months old
- ☐ Toddler child care: for children 18 to 36 months old
- ☐ Pre-school child care: for children 3 to 5 years old
- ☐ Before and after kindergarten care
- ☐ Nursery school programs
- ☐ Kindergarten
- ☐ School-age care: For children in first grade or higher between 6 and 12 years old- up to what maximum age/grade? _____
- ☐ Youth care: for youth 12 to 15 years old
- ☐ Head Start programs (i.e. you are an accredited Head Start provider)
- ☐ Other program(s) (please specify): _____

Please check which services this Center provides *(check all that apply):*

- ☐ Full day: How many hours do you consider full day? _____ hours
- ☐ Half-day
- ☐ Partial week
- ☐ Evening care
- ☐ Weekend care
- ☐ Before school care
- ☐ After school care
- ☐ School-age, school year vacations
- ☐ School-age, summer vacation
- ☐ School-age, single days, school out-of-session
- ☐ Other (please specify): _____

Does this Center limit the number of DHS CCAP assisted children you will accept in care?	☐ Yes ☐ No

Section 2: Program Services	
If YES, explain →	

Section 3: Terms and Condition of Payment

PLEASE READ CAREFULLY BEFORE SIGNING

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

I agree to enroll all CCAP assisted children using the Provider Portal upon receipt of a CCAP Certificate Number and a signed Parent/Provider Enrollment Agreement.

The department will reimburse for child care services given to CCAP eligible children according to the time authorization for each individual child in accordance with the reimbursement rate established by law for your particular child care provider type. Additionally, I agree to maintain written attendance records on a weekly basis for all DHS children for a period of at least three years and make them available upon request by DHS or their designee.

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

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

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

Signature of Applicant	**Date**
Print Name	**Position/Title**
Witness Print Name	**Date**
Witness Signature	

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person ▶** **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Cat. No. 10231X Form **W-9** (Rev. 10-2018)

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting,* later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the instructions for Part II for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code,* later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships,* earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code,* later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester,* later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/Businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code,* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships,* earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Visit *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

CCAP Provider Agreement

Child Care Center and/or School Age Programs

Agreement with _____

(Provider Name)

an approved Center-Based Child Care/School Age Program, located at

_____

_____

(Program Address)

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

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

1. To ensure that all of the terms and conditions specified and agreed to as part of this agreement are endorsed and maintained at each individual CCAP approved licensed site operating as part of this child care agency (as appropriate for single or multiple sites).

2. To ensure that every separately licensed site operating as part of this child care agency where care is provided to CCAP assisted children is included in the terms of this agreement and identified in **Addendum I - CCAP Approved Individually Licensed Child Care Sites Operated by this Provider (**as appropriate for single or multiple sites).

3. To provide child care services to eligible children as determined by **DHS** and to request reimbursement for same in accordance with the **DHS policy manual** for child care services, in accordance with CCAP Rules and Regulations and your CCAP Provider Agreement, as amended, and to comply with all state and federal laws, rules and regulations governing the **DHS** starting right CCAP.

4. To ensure the safety and well-being of all children in the **Provider's** care at all times by delivering safe, healthy and age appropriate child care that takes into account the diverse needs of the children and families enrolled in the Provider's program.

5. To submit a CCAP **Approved Provider Rate Report** (APRR) to **DHS** verifying the true and accurate lowest rate charged by the Provider to non-CCAP assisted families and to report any reductions in those rates at least thirty (30) days before the change takes place and any increases in those rates at least sixty (60) days before the change takes place using an **Approved Provider Rate Change Form** (APRC). The current published rate schedule as reported to **DHS** and confirmed in writing to the **Provider** is maintained in the **Provider's** permanent file at **DHS** and is incorporated herein by reference and made part of this agreement.

   a. For multiple sites, if the **Provider's** lowest published rates are the same across all sites, a single rate report may be submitted covering all sites listed in **Addendum I – CCAP Approved Individually Licensed Child Care Sites** if the **Provider's** lowest published rate varies from site to site, a separate rate report must be submitted for each site and these shall be maintained in the **Provider's** permanent file at **DHS.**

6. To attend CCAP approved **Provider Introductory Training** as provided by **DHS** Office of Child Care and to ensure that all staff members responsible for reporting enrollments to or requesting payments from **DHS** at any site have attended an authorized training and are familiar with CCAP regulations and procedures identified in the **DHS** Policy Manual, Section 0850, as amended, and the CCAP Rules and Regulations Policy 4.12, as amended.

7. To officially report enrollment of children who are eligible or potentially eligible for Child Care Assistance through CCAP using the **DHS** Automated Web-Based Enrollment System. If the **Provider** anticipates assistance from **DHS** for any family in making payments for child care services, or accepts a child with the understanding that the family is eligible or potentially eligible for CCAP, the **Provider** will officially enroll the child before or during the first week that

CCAP Provider Agreement

Child Care Center and/or School Age Programs

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

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

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

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

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

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

13. To submit true and accurate attendance reports and documentation in a form designated by and acceptable to **DHS** and on a schedule in accordance with the **DHS** CHILD CARE ATTENDANCE AND PAYMENTS SCHEDULE PUBLISHED ANNUALLY BY **DHS** and to request and resolve payment for child care services rendered to any child authorized for assistance from the CCAP within twelve (12) months from the date those services were delivered.

14. To request payment from **DHS** in accordance with the **DHS** authorized payment rate for **Provider's** as identified in RIGL 40-6.2-1 and in the **DHS P**olicy Manual, Section 0850.04.02, as amended. In the event a child care payment is made to the **Provider** over the allowable rate or allowable amount, whether due to **DHS** error, or **Provider** error, omission, misrepresentation or fraud, the **Provider** agrees to promptly refund to **DHS** the amount of the overpayment upon demand by **DHS**, or **DHS**, at its option, may offset the amount of the overpayment against future billings received from the **Provider**.

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

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

17. To monitor enrollment patterns of all children in care at each single and multiple site, as appropriate, including **DHS** CCAP assisted children and all other children in care, and ensure that the number of children receiving child care services at any one time remains within the **Provider's** maximum capacity at each site, as appropriate, as authorized and designated by **DHS**, or authorized regulatory authority for child care in the **Provider's** state, and recorded on the **Provider's** authorized license or certificate as part of the regulatory process. In accordance with these requirements, as applicable, the **Provider** has executed **Addendum II – Certification Regarding the Operation of a School Age Summer Program In CCAP**.

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

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

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

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

22. To comply with the requirements of Title VI of the civil Rights Act of 1964 (42 USC 2000d et seq.); Section 504 of the Rehabilitation Act of 1973, AS AMENDED (29 USC 794 et seq.); Title IX of the Education Amendments of 1972 (20 USC 1681 et seq.); The United States Department Of Health and Human Services Regulations found in 45 CFR, Parts 80 and 84; and the United States Department of Education implementing regulations (34 CFR, PARTS 104 AND 106); which prohibit discrimination on the basis of race, color, national origin, handicap, or sex, in acceptance for or provision of services, employment, or treatment in educational or other programs or activities. The **Provider** acknowledges receipt of **Addendum III - Notice to DHS Providers of their Responsibilities under Title VI of The Civil Rights Act of 1964 and Addendum IV - Notice to DHS Providers of their Responsibilities under Section 504 of the Rehabilitation Act of 1973** incorporated herein by reference and made part of this agreement.

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

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

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

i. The **Provider** agrees to not use or disclose protected health information other than as permitted or required by the agreement or as required by law.

ii. The **Provider** agrees to use appropriate and most updated industry safeguards to prevent use or disclosure of the protected health information other than as provided by this agreement.

iii. The **Provider** agrees to mitigate, to the extent practicable, any harmful effect that is known to **Provider** of a use or disclosure of protected health information by **Provider** in violation of requirements of this agreement.

iv. The **Provider** agrees to report to the department any use or disclosure of the protected health information not provided for by this agreement of which it becomes aware.

v. The **Provider** agrees to maintain the security of protected health information it receives by establishing, at minimum, measures utilized in current industry standards.

vi. The **Provider** agrees to notify the department within twenty-four (24) hours of receiving a report of suspected or actual breach of security that may result or has resulted in the use or disclosure

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of protected health and other confidential information for purposes other than such purpose as specified in this agreement.

vii. The **Provider** agrees that it is subject to and shall ensure compliance with all HIPAA regulations in effect at the time of this agreement and as shall be amended, under HIPAA, from time to time, and any and all reporting requirements required by HIPAA at the time of this agreement and as shall be amended, under HIPAA, from time to time. As well as ensuring compliance with the Rhode Island Confidentiality of Health Care Information Act, RGIL, Section 5-37.3 seq.

viii. Notwithstanding any other requirement set out in this contract, the **Provider** acknowledges and agrees that the health information technology for economic and clinical health act and its implementing regulations (collectively, "HITECH") impose new requirements with respect to privacy, security and breach notification and contemplates that such requirements shall be implemented by regulations to be adopted by the Department of Health and Human Services. The HITECH requirements, regulations and provisions are hereby incorporated by reference into this contract as if set forth in this contract in their entirety. Notwithstanding anything to the contrary or any provision that may be more restrictive within this contract, all requirements and provisions of HITECH, and implementing regulations currently in effect and promulgated and/or implemented after the date of this contract, are automatically effective and incorporated herein. Where this contract requires stricter guidelines, the stricter guidelines must be adhered to.

25. To comply with the requirements of the **DHS** for safeguarding of client information and confidentiality and to require and ensure that all of the single and multiple site **Provider's** employees with access to confidential information about **DHS** CCAP assisted children and families likewise comply with safeguarding client information and confidentiality. In accordance with these requirements the **Provider** has executed **Addendum V – DHS Acknowledgement and Pledge of Confidentiality.** Failure to comply with this item may be the basis for cancellation of this agreement.

26. To comply with the requirements of the **Governor's Executive Order NO. 91-14** and the Federal Anti-Drug Abuse Act OF 1988. As a condition of contracting with the State of Rhode Island, the **Provider** hereby agrees to abide by **Addendum VI – Drug Free Workplace Policy**, and in accordance therewith has executed **Addendum VII – Provider Certifications, A. Drug Free Workplace Policy Certification**. Furthermore, the **Provider** agrees to submit to **DHS** any report or forms that may be required to determine the **Provider's** compliance with this policy. The **Provider** acknowledges that a violation of the drug free workplace policy may, at **DHS'** option, result in termination of this agreement.

27. To comply with all requirements of **The Pro-Children Act of 1994 (ACT)** regarding environmental tobacco smoke. As a condition of contracting with the state of Rhode Island, the **Provider** hereby agrees that smoking will not be permitted in any portion of this licensed child care facility and in accordance with the **ACT** has executed **Addendum VII - Provider Certifications, B. Environmental Tobacco Smoke Certification**.

28. To comply with any requirements or standards established in federal or state law or regulation in regard to debarment, suspension and other responsibility matters. The **Provider** acknowledges receipt of **Addendum VIII - Instructions for Certification Regarding Debarment, Suspension and Other Responsibility Matters – Primary Covered Transactions** incorporated herein by reference and made part of this agreement and has executed **Addendum VII - Provider Certifications, C. Certification Regarding Debarment, Suspension, and Other Responsibility Matters – Primary Covered Transactions.**

29. Either party may cancel this agreement hereto by giving thirty (30) days written notice of their intent to cancel.

30. The term of this agreement shall be from: _____ to _____
MM/DD/YYYY *MM/DD/YYYY*

Attached hereto and made a part of this agreement are the following addenda:

Addendum I	List of All CCAP Approved Licensed Sites Operated by This Provider

CCAP Provider Agreement

Child Care Center and/or School Age Programs

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

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

By:

Witness Signature

Authorized Agent Signature (**Provider**) Signature

Witness Name (Print)

Authorized Agent Name (**Provider**) Print

Authorized Agent Title/Position

By:

Director of the Department of Human Services

Addendum I

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

Date:

Provider:

Date #	DHS CCAP Provider ID	Site Name (As it appears on license)	Site Location (As it appears on license)	Current License on File (X)
				☐
				☐
				☐
				☐
				☐
				☐
				☐

Addendum II

School Age Summer Program Only

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

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

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

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

1. In that all school age summer programs are approved under the auspices of a CCAP approved, DHS licensed school age program, and share the same federal employer identification number with the licensed program, the provider named in this agreement, assumes all fiscal, legal and operational responsibility for all aspects of the school age summer program;

2. All terms set out in every part of the DHS approved provider agreement entered into by the provider apply also and equally to school age summer programs operated by the provider;

3. School age summer programs enrolling additional school age children at a DHS licensed school age program facility have provided a facility map documenting that a minimum of an additional thirty-five (35) square feet and adequate toileting facilities are available at the site for each additional child enrolled in summer care;

4. School age summer programs utilizing an outdoor recreational site have been approved by RI Department of Health to operate a youth day camp recreational facility for the period of time that the school age summer program is in operation;

5. All school age programs agree to maintain compliance with all DHS regulations for school age programs as published in child day care center school age child day care program regulations for licensure (1993 and as amended) including background checks for all employees, health and safety standards, staff/child ratios and all other standards at all times that the school age summer program is in operation;

6. School age summer programs acknowledge that they are approved to provide child care services to CCAP approved children during those weeks in June, July and August that schools are not in session only and that their unique CCAP provider number will be de-activated during the school year;

7. The terms of this agreement and any approval to provide child care services for school age children in the summer months applies to CCAP assisted children only. No part of CCAP approval or of this agreement may be construed to pertain to services provided to children not approved in CCAP.

Signature of Authorized Agent / **Provider** Date

Print Name of Authorized Agent / **Provider**

Signature of Witness Date

Print Name of Witness

Addendum III

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

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

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

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

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

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

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

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

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

The regulations address the following topics:
Section:

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

Addendum IV

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

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

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

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

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

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

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

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

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

Subpart A - General Provisions

Section:

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

Addendum IV

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

84.9 Administrative Requirements for Small Recipients
84.10 Effect of State or Local Law or Other Requirements and Effect of Employment Opportunities

Subpart B - Employment Practices
Section:
84.11 Discrimination Prohibited
84.12 Reasonable Accommodation
84.13 Employment Criteria
84.14 Preemployment Inquiries
84.15 - 84.20 (Reserved)

Subpart C - Program Accessibility
Section:
84.21 Discrimination Prohibited
84.22 Existing Facilities
84.23 New Construction
84.24 - 84.30 (Reserved)

Subpart F - Health, Welfare, and Social Services
Section:
84.51 Application of This Subpart
84.52 Health, Welfare, And Other Social Services
84.53 Drug and Alcohol Addicts
84.54 Education and Institutionalized Persons

Addendum V

Acknowledgement and Pledge of Confidentiality

I, _____ _____
Provider Name Title

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

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

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

_____ _____
Signature of Authorized Agent / **Provider** Date

_____
Print Name of Authorized Agent / **Provider**

_____ _____
Signature of Witness Date

_____
Print Name of Witness

Addendum VI

Drug-Free Workplace Policy

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

1. Any unauthorized employee who gives or in any way transfers a controlled substance to another person or sells or manufactures a controlled substance while on duty, regardless of whether the employee is on or off the premises of the employer will be subject to discipline up to and including termination.

2. The term "controlled substance" means any drugs listed in 21 USC, Section 812 and other federal regulations. Generally, all illegal drugs and substances are included, such as marijuana, heroin, morphine, cocaine, codeine or opium additives, LSD, DMT, STP, amphetamines, methamphetamines, and barbiturates.

3. Each employee is required by law to inform the agency within five (5) days after he/she is convicted for violation of any federal or state criminal drug statute. A conviction means a finding of guilt (including a plea of nolo contendere) or the imposition of a sentence by a judge or jury in any federal or state court.

4. The employer (the hiring authority) will be responsible for reporting conviction(s) to the appropriate federal granting source within ten (10) days after receiving notice from the employee or otherwise receives actual notice of such conviction(s). All conviction(s) must be reported in writing to the Office of Personnel Administration (OPA) within the same time frame.

5. If an employee is convicted of violating any criminal drug statute while on duty, he/she will be subject to discipline up to and including termination. Conviction(s) while off duty may result in discipline or discharge.

6. The state encourages any employee with a drug abuse problem to seek assistance from the Rhode Island Employee Assistance Program (RIEAP). Your department personnel officer has more information on RIEAP.

THE LAW REQUIRES ALL EMPLOYEES TO ABIDE BY THIS POLICY.

Addendum VII

Provider Certifications

THE **PROVIDER** HEREBY CERTIFIES AS FOLLOWS:

A. Drug Free Workplace Policy Certification

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

B. Environmental Tobacco Smoke Certification

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

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

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

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

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

Signature of Authorized Agent / **Provider**	Date
Print Name of Authorized Agent / **Provider**	
Signature of Witness	Date
Print Name of Witness	

Addendum VIII

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

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

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

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

- Licensed Child Care Center and School Age Weekly Rates
- Time Authorized and Enrolled
- Child Age Categories
- RI Works Program Regulations
- Public Assistance Act

For more information, please visit:
http://www.dhs.ri.gov/

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

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

Time Authorized & Enrolled	
Full Time	30 hours or more per week
Three Quarter-Time	20-29 hours per week
Half Time	10-19 hours per week
Quarter Time	0-9 hours per week

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

TITLE 40
Human services
CHAPTER 40-5.2
The Rhode Island Works Program
SECTION 40-5.2-26

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

(b) In furtherance thereof:

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

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

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

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

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

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

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

History of Section.
(P.L. 2008, ch. 100, art. 16, § 1.)

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TITLE 40
Human services
CHAPTER 40-6
Public Assistance Act
SECTION 40-6-12

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

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

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

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

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

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