Child Care and Development Fund (CCDF) Plan

for

RHODE ISLAND

FFY 2016-2018

This Plan describes the CCDF program to be administered by the State/Territory for the period 6/1/2016 – 9/30/2018. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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Introduction and How to Approach Plan Development

Access to stable, high quality child care and early learning experiences improves the odds of success for two generations – parents and children - who rely on child care across the country. The Child Care and Development Fund (CCDF) provides resources to State, Territory, and Tribal grantees that enable low-income parents to work or pursue education and training so that they may better support their families while at the same time promoting the learning and development of their children. The CCDF also provides funding to enhance the quality of child care for all children.

On November 19, 2014, President Obama signed the bipartisan-supported Child Care and Development Block Grant (CCDBG) Act of 2014 into law (Pub.L. 113-186) (https://www.acf.hhs.gov/sites/default/files/occ/child_care_and_development_block_grant_markup.pdf). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for State and Territory grantees. The law establishes minimum child care assistance eligibility periods, health and safety standards and training requirements for providers, monitoring, consumer information and other components that when fully implemented will strengthen child care in this country and support child and family success.

States and Territories must comply with the provisions of the Child Care and Development Block Grant (CCDBG) Act, as revised by reauthorization. The Office of Child Care (OCC) has provided interpretive guidance on the new requirements of the law through Program Instructions or responses to Frequently Asked Questions, which are available at: http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization. Pending the issuance of implementing regulations, States and Territories are to comply with the law based on their reasonable interpretation of the requirements in the revised CCDBG statute. Further Federal clarification through guidance and regulation is forthcoming. Once final rules are issued, any States and Territories that do not fully meet the requirements of the regulations will need to revise their policies and procedures to come into compliance, and file appropriate Plan amendments related to those changes.

CCDF Plan Overview. The Administration for Children and Families (ACF) re-designed the CCDF Plan to assist State and Territory grantees to plan for full implementation of the law. We recognize that the CCDBG Act of 2014 includes a significant number of changes, some of which are straightforward to implement, while others are complex and will be phased-in over several years. The level of effort needed for implementation will vary across the country depending on the number of changes a State or Territory needs to make. We encourage all States and Territories to take time to think systematically and consider large-scale changes to advance a coherent vision for their child care programs and achieve the goals of the reauthorization – that is, to improve the health, safety, and quality of child care and to improve low-income working families' access to child care assistance and care that promotes child development. Some States and Territories will need time to enact changes through their legislatures or rulemaking processes. In addition, some requirements will take time to fully operationalize. ACF will work with States and Territories to ensure that adoption and implementation of these important changes are done in a thoughtful and comprehensive manner.

The Plan process continues to be the primary mechanism by which ACF will determine State and Territory compliance with requirements in the new law. The CCDBG Act of 2014 changed the Plan cycle from a biennial to a triennial Plan period; thus, this Plan will cover a 3-year period. (658E(b)) States and Territories are required to submit their FY 2016-2018 CCDF Plans by March 1, 2016, and approved Plans will become effective June 1, 2016. This Pre-Print will provide a tool for States and Territories to describe to ACF their implementation plans to:

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

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

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The State/Territory acknowledges its responsibility to adhere to them regardless of these modifications. The Plan contains definitions where provided by law. For terminology not defined in the law, some illustrative examples may be provided. These should only be considered examples, and not requirements, for purposes of responding. If no definitions are provided, States/Territories should respond based on their own definitions for those terms.

CCDBG Implementation Deadlines. In some cases, the CCDBG Act of 2014 specifies a particular date when a provision is effective. Where the law does not specify a date, the new requirements became effective upon the date of enactment and States/Territories have until September 30, 2016 to implement the new statutory requirement(s). ACF has determined that when a State or Territory cannot certify compliance with a specific requirement at the time of CCDF plan submission, the grantee must provide a State/Territory-specific implementation plan for achieving compliance with such provision(s). The implementation plan must provide sufficient information to support approval of the Plan for funding.

Specifically, as part of its implementation plan, States/Territories will be asked to describe:

- Overall target completion date (no later than appropriate effective date deadline)

- Current status for any requirement in this section (not yet started, partially implemented, substantially implemented, other) including describing progress to date for any requirements already implemented and listing any unmet requirements that are not yet fully implemented
- Specific steps (activities) you will take to complete implementation of the unmet requirement(s) (e.g., secure legislative or rule changes, modify agreements with coordinating agencies, etc.)
- Timeline for implementation including projected start date and end date for each step
- Agency/entity responsible for completing implementation of the goal/objective, and partners who will work with the responsible agency to complete implementation of the goal/objective.

We recognize that it will take multiple steps and interim activities toward complete implementation of the requirement. We have included spaces to allow respondents to outline those interim steps and associated timelines (projected start and end dates) for those interim steps to be outlined. A comprehensive summary of the topical implementation plans across sections will be generated electronically to facilitate monitoring of progress towards completion.

ACF will work with States and Territories to monitor progress towards achievement of these requirements and will conduct ongoing reviews of implementation plans until fulfillment of the requirement. As part of the ongoing reviews, States and Territories will be asked to complete regular updates to the implementation plan through the e-submission site. Upon completion of the implementation plan, the State/Territory will submit a Plan amendment to certify fulfillment of the requirement(s). These updates and amendments can be submitted at any time prior to the effective date of the requirement. For example, States and Territories may, and are encouraged to, submit amendments to certify compliance with requirements upon completion, but no later than the effective date of the requirements (refer to the Program Instruction on Effective Dates for these deadlines https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02 and corresponding timeline of effective dates https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02- attachment-timeline-of-effective-dates-for-States-and-Territories-ccdbg-act-of-2014).

Lead Agencies can access a variety of federal technical assistance resources to support implementation of the new requirements at: https://childcareta.acf.hhs.gov/ccdf-reauthorization In addition to these materials, States and Territories will continue to receive support through the Office of Child Care's Technical Assistance Network (CCTAN) to assist with implementation of the new law. ACF recommends reviewing these resources prior to starting and completing each section of the Plan.

CCDF Plan Submission. States and Territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions in the ACF-118 site may be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities (see

http://www.section508.gov/ for more information). Until the final draft is approved, States and Territories may use the draft CCDF Plan preprint templates as they work to implement the new law. In responding to questions, States and Territories are asked to provide brief, specific summary text and/or bullet points only. Do not use tables or copy and paste charts, attachments or manuals into the Plan.

All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing CCDBG compliance monitoring efforts. . In cases where the CCDBG Act of 2014 did not change CCDF regulatory requirements (e.g., Public Hearing requirements), the CCDF regulations are still in effect and relevant questions are included in this Plan.

The CCDF Plan does not contain the Quality Performance Report (QPR) appendix included in previous Plans. The CCDBG Act of 2014 requires ongoing collection of some information that was included in the QPR. ACF will issue a separate information collection tool for public comment and approval linked to the CCDF Plan and updated based on the new requirements in the law.

1 Define CCDF Leadership and Coordination with Relevant Systems

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, to represent the State (or

Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E(c)(1))

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

Identify the Lead Agency or joint inter-agency office designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals, and disallowance notifications to the designated contact identified here. (658D(a))

- ☐ Name of Lead Agency Rhode Island Department of Human Services
- ☐ Address of Lead Agency 57 Howard Avenue, Cranston RI 02920
- ☐ Name and Title of the Lead Agency Official Melba Depeña Affigne
- ☐ Phone Number 401-462-2121
- ☐ E-Mail Address melba.depena@dhs.ri.gov
- ☐ Web Address for Lead Agency (if any) www.dhs.ri.gov

1.1.2 Who is the CCDF administrator?

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

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator Karen Beese

Title of CCDF Administrator Administrator, Family and Children's Services

Address of CCDF Administrator 57 Howard Avenue, Cranston RI 02920

Phone Number 401-462-1390

E-Mail Address Karen.Beese@dhs.ri.gov

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

Name of CCDF Co-Administrator n/a

Title of CCDF Co-Administrator _____

Phone Number _____

E-Mail Address _____

Description of the role of the Co-Administrator _____

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any) 401-462-5300

Web Address for CCDF program (for the public) (if any)

http://www.dhs.ri.gov/Programs/CCAPProgramInfo.php

Web Address for CCDF program policy manual (if any)

http://www.dhs.ri.gov/Regulations/CCAPProgram.pdf

Web Address for CCDF program administrative rules (if any)

http://www.dhs.ri.gov/Regulations/CCAPProgram.pdf

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

- ☐ Outreach and Consumer Education (section 2):
  - Agency/Department/Entity RI Department of Human Services
  - Name of Lead Contact Karen Beese
- ☐ Subsidy/Financial Assistance (section 3 and section 4)
  - Agency/Department/Entity RI Department of Human Services
  - Name of Lead Contact Karen Beese
- ☐ Licensing/Monitoring (section 5):
  - Agency/Department/Entity RI Department of Children, Youth, and Families
  - Name of Lead Contact Kevin Savage
- ☐ Child Care Workforce (section 6):
  - Agency/Department/Entity RI Department of Human Services
  - Name of Lead Contact Karen Beese
- ☐ Quality Improvement (section 7):
  - Agency/Department/Entity RI Department of Human Services
  - Name of Lead Contact Karen Beese
- ☐ Grantee Accountability/Program Integrity (section 8):
  - Agency/Department/Entity RI Department of Human Services
  - Name of Lead Contact Karen Beese

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

1.2.1 Which of the following CCDF program rules and policies are set or established at the

State/Territory versus the local level? In other words, identify whether CCDF program rules and policies are established by the State or Territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

■ All program rules and policies are set or established at the State/Territory level.

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

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

☐ State/Territory

☐ County. If checked, describe the type of eligibility policies the county can set _____

☐ Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set _____

☐ Other. Describe _____ Sliding fee scale is set by the:

☐ ☐ State/Territory

☐ County. If checked, describe the type of sliding fee scale policies the county can set __

☐ Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set _____

☐ Other. Describe _____ Payment rates are set by the:

☐ ☐ State/Territory

☐ County. If checked, describe the type of payment rate policies the county can set _____

☐ Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set _____

☐ Other. Describe _____

☐ Other. List and describe (e.g., quality improvement systems, payment practices) _____

1.2.2 How is the CCDF program operated in your State/Territory? In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or

nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

- [x] CCDF Lead Agency
- [ ] TANF agency. Describe. _____
- [ ] Other State/Territory agency. Describe. _____
- [ ] Local government agencies such as county welfare or social services departments. Describe. _____
- [ ] Child care resource and referral agencies. Describe. _____
- [ ] Community-based organizations. Describe._____Other.
- [ ] Describe. _____

b) Who assists parents in locating child care (consumer education)?

- [x] CCDF Lead Agency
- [ ] TANF agency. Describe. _____
- [x] Other State/Territory agency. Describe. Rhode Island's Early Care and Education Data System (ECEDS) serves as a centralized source of consumer education, and allows families to search for a child care program by multiple factors including, but not limited to, program type, quality level, geography, hours of operation, and languages spoken by staff and children.
- [ ] Local government agencies such as county welfare or social services departments. Describe. _____
- [x] Child care resource and referral agencies. Describe. Rhode Island's QRIS also serves as the child care referral agency for Rhode Island. All CCDF subsidized families are directed to the QRIS, BrightStars, to assist in locating child care. Rhode Island AEYC, who is contracted by DHS to oversee the day to day operation of BrightStars, provides consumer education and marketing to families and the public around choosing quality child care, and subcontracts with United Way 211 to provide referrals to parents 24 hours a day, 7 days a week in multiple languages.
- [ ] Community-based organizations. Describe._____
- [ ] Other. Describe. _____

c) Who issues payments?

- [x] CCDF Lead Agency
- [ ] TANF agency. Describe. _____

☐ Other State/Territory agency. Describe. _____

☐ Local government agencies such as county welfare or social services departments. Describe. _____

☐ Child care resource and referral agencies. Describe. _____

☐ Community-based organizations. Describe._____

☐ Other. Describe. _____

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan which serves as the application for a three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government.

(658D(b)(2)) General purpose local governments is defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf

The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply). For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

- ☐ [REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns Describe Due to our small size, Rhode Island administers the CCAP program at the state level, which in turn serves all RI communities at the local level.
- ☐ [REQUIRED, IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the CCDBG Reauthorization. he Head Start Act). Describe The Council Co-Chair and Council Coordinator were consulted prior to the development of the State Plan. Survey Monkeys were emailed to members of 4 of the Council's subcommittees (Workforce Development, Access, Early Learning and Development Standards, and Programs Standards & Quality Improvement) requesting input on relevant sections of the CCDF State Plan prior to drafting. The CCDF Plan Draft was sent to Council and subcommittee members for feedback.
    - If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?
        - ■ Yes
        - ☐ No.

- If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy _____

☐ [REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes. Describe, including which Tribe(s) you consulted with Check N/A if no Indian Tribes and/or Tribal organizations in the State. The CCDF Plan was sent to the Narragansett Indian tribe for feedback.

☐ State/Territory agency responsible for public education. Describe The Rhode Island Department of Elementary and Secondary Education (RIDE) has representation on the RI Early Learning Council, and was provided an opportunity to comment via that avenue. The State Plan draft was also distributed for public feedback via a listserv established by the lead agency, which includes contacts from RIDE. In addition, the CCDF Plan was sent to RIDE's Division of Educator Excellence and Instructional Effectiveness for feedback.

☐ State/Territory agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool). Describe The Rhode Island Department of Elementary and Secondary Education (RIDE) and the Rhode Island department of Health have representation on the RI Early Learning Council, and were provided an opportunity to comment via that avenue. The State Plan draft was also distributed for public feedback via a listserv established by the lead agency, which includes contacts from both agencies. In addition, the CCDF Plan was sent to the Part C and Section 619 coordinators for feedback.

☐ State/Territory institutions for higher education, including community colleges. Describe: Rhode Island's colleges and universities, as well as the office of higher education, have representation on the RI Early Learning Council, and have an opportunity to comment via that avenue. The State Plan draft was also distributed for public feedback via a listserv established by the lead agency, which includes contacts from higher education. In addition, the CCDF Plan was sent to all RI public higher education institutions (RIC, URI, CCRI) and the Rhode Island Board of Governors for Higher Education for feedback.

☐ State/Territory agency responsible for child care licensing. Describe The Rhode Island Department of Children, Youth, and Families (DCYF) assisted in drafting the health and safety, and monitoring sections of the plan. DCYF also has representation on the RI Early Learning Council, and was provided an opportunity to comment via that avenue. The State Plan draft was distributed for public feedback via a listserv established by the lead agency, which includes contacts from DCYF. A contractual agreement between the agencies includes language regarding compliance with CCDBG requirements.

☐ State/Territory office/director for Head Start State collaboration. Describe The lead agency houses the Head Start Collaboration Office.

☐ State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe Head Start grantees have representation on the RI Early Learning Council, and were provided an opportunity to comment via that avenue. The State Plan draft was also distributed for public feedback via a listserv established by the lead agency, which includes contacts from Head Start. In

addition, the CCDF Plan was sent to all RI Head Start grantees and the EHS-CC partnership Leadership Team for feedback.

- ☐ State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe The Rhode Island Department of Elementary and Secondary Education (RIDE) has representation on the RI Early Learning Council, and was provided an opportunity to comment via that avenue. The State Plan draft was also distributed for public feedback via a listserv established by the lead agency, which includes contacts from RIDE. In addition, the CCDF Plan was sent to the CACFP lead for feedback.
- ☐ State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe The Rhode Island Department of Health has representation on the RI Early Learning Council, and was provided an opportunity to comment via that avenue. The State Plan draft was also distributed for public feedback via a listserv established by the lead agency, which includes contacts from Health. In addition, the CCDF Plan was sent to the Rhode Island Department of Health for feedback.
- ☐ Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe The State Plan draft was distributed for public feedback via a listserv established by the lead agency, which includes contacts from agencies providing developmental services. In addition, copy of the CCDF Plan was shared with the Child Care Health Consultant Program and Strengthening Families for feedback.
- ☐ State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe The RI Department of Health, lead agency for the grant, has representation on the RI Early Learning Council, and have an opportunity to comment via that avenue. The State Plan draft was also distributed for public feedback via a listserv established by the lead agency, which includes contacts from Family Visiting. In addition, the CCDF Plan was sent to the Family Visiting Program lead.
- ☐ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe _____
- ☐ McKinney-Vento State coordinators for Homeless Education. Describe A copy of the CCDF Plan was shared with the RI McKinney-Vento coordinator. Distribution to the LEA McKinney-Vento coordinators was requested.
- ☐ State/Territory agency responsible for public health. Describe The RI Department of Health has representation on the RI Early Learning Council, and have an opportunity to comment via that avenue. The State Plan draft was also distributed for public feedback via a listserv established by the lead agency, which includes contacts from Health. In addition, the CCDF Plan was sent to the Rhode Island Department of Health for feedback.
- ☐ State/Territory agency responsible for mental health. Describe _____
- ☐ State/Territory agency responsible for child welfare. Describe The Rhode Island Department of Children, Youth, and Families (DCYF) assisted in drafting the health and safety, and monitoring sections of the plan. DCYF also has representation on the RI Early Learning Council, and was provided an opportunity to comment via that avenue. The

State Plan draft was distributed for public feedback via a listserv established by the lead agency, which includes contacts from DCYF. A contractual agreement between the agencies includes language regarding compliance with CCDBG requirements.

- ☐ State/Territory liaison for military child care programs. Describe _____
- ☐ State/Territory agency responsible for employment services/workforce development. Describe The CCDF Plan was sent to the Rhode Island Department of Labor and Training for feedback.
- ☐ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe. The lead agency houses the Temporary Assistance for Needy Families (TANF) program.
- ☐ State/community agencies serving refugee or immigrant families. Describe The lead agency houses the Refugee Resettlement Program.
- ☐ Child care resource and referral agencies. Describe _____
- ☐ Provider groups or associations. Describe The RI Child Care Directors Association , Family Child Care Homes of RI have representation on the RI Early Learning Council, and have an opportunity to comment via that avenue. The State Plan draft was also distributed for public feedback via a listserv established by the lead agency, which includes contacts from those organizations as well as CCDF providers that offered their email address to the lead agency. In addition, the CCDF Plan was sent to the leadership of RI Child Care Directors Association and Family Child Care Homes of RI for feedback.
- ☐ Labor organizations. Describe A copy of the CCDF State Plan was sent to SEIU 199NE for feedback.
- ☐ Parent groups or organizations. Describe A copy of the CCDF State Plan was sent to the RI Parent Information Network for feedback.
- ☐ Other. Describe A copy of the CCDF State Plan was sent to the Permanent Legislative Commission on Child Care, the Successful Start Steering Committee, and the RI Children's Cabinet for feedback.

1.3.2 Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)). Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a) Date(s) of notice of public hearing 1/29/2016 **Reminder** - Must be at least 20 calendar days prior to the date of the public hearing.

b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice. An email was sent to all interested parties and a notice was posted on the DHS website (www.dhs.ri.gov) and the RI Secretary of State's website

c) Date(s) of public hearing(s) 2/23/2016 **Reminder** - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.

d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed RI Department of Human Services, Louis Pasteur Building, West Wing Conference Room, 57 Howard Avenue, Cranston RI

e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) A Copy of the CCDF State Plan Draft was attached to the email notification, and was made available on the lead agency (www.dhs.ri.gov) and Secretary of State websites for download and review.

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? All input gathered from the public hearing is recorded by stenographer. This information, along with written testimony received as part of the public hearing process and responses from all other input/feedback mechanisms (Survey Monkeys, listening sessions, individual and group meetings, etc…), will be reviewed and considered prior to submitting the final version of the Plan. Additionally, Feedback review, and as needed additional solicitation of input, will be a key step within any implementation plans related to outstanding CCDBG Reauthorization requirements.

1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

- ☐ Working with advisory committees. Describe The CCDF State Plan was sent to the RI Early Learning Council (advisory body for the RI Children's Cabinet), the Permanent Legislative Commission on Child Care (advisory body to the RI General Assembly), and the DHS Child Care Community Exchange, which serves as an informal advisory committee to the lead agency, for feedback.
- ☐ Working with child care resource and referral agencies. Describe The CCDF Plan was sent to the Rhode Island Association for the Education of Young Children, as contracted agency for the State's child care referral services.
- ☐ Providing translation in other languages. Describe A Spanish interpreter was made available during the public hearing.
- ☐ Making available on the Lead Agency website. List the website www.dhs.ri.gov
- ☐ Sharing through social media (Twitter, Facebook, Instagram, email, etc.). Describe The lead agency will request that Exceed social media accounts be used to assist in notification
- ☐ Providing notification to stakeholders (e.g., provider groups, parent groups). Describe An email, which included a copy of the CCDF State Plan, was sent to a listserv maintained by the lead agency, which includes child care providers and interested stakeholders.
- ☐ Other. Describe _____

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/Territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the Federal, State/Territory, and local levels for children in the programs

listed below.

1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O)) Please describe the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school, enhancing and aligning quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

- ☐ [REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special services, etc.). Describe The lead agency encourages coordination between the state and federally funded Pre-K programs and child care programs to provide wraparound care for children. The State-funded Pre-K program requires providers to participate in the State's QRIS as a condition of eligibility, and a number of State funded Pre-K programs are operated in community based settings, with approximately half operated by Head Start grantees. Many of these Pre-K programs also participate in the Child Care Assistance Program, allowing for increased access to extended care for children in the same location.

  In addition, the Rhode Island Children's Cabinet was reconvened by Governor Gina Raimondo in 2016. The goals of the Children's Cabinet include improving the efficacy, efficiency, and coordination of service delivery for RI's children.

- ☐ [REQUIRED, IF APPLICABLE] Tribal early childhood programs. Describe, including which Tribe(s) coordinating with: The Hand in Hand Child Care Center, operated by the Narragansett Indian Tribe, is licensed by the RI Department of Children, Youth, and Families, and is approved by the lead agency to participate in the Child Care Assistance Program.
- ☐ Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.
- ☐ [REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities. Describe

  The lead agency holds membership with the Department of Health's Successful Start Early care and education systems initiative. For 2016-2017 the work of Successful Start will be to continue coordination with Project

Launch, developmental and mental health screenings through pediatric practices and supports for infants and toddlers in child care.

The Early Head Start-Childcare Partnership project will serve 100 infant and toddlers in Providence Pawtucket and Central Falls, who are EHS eligible, in child care and family child care. The Office of Child Care will continue to be a part of the Leadership team developing, and implementing policies which support continuous eligibility for subsidy to age 3.

The Children's Cabinet subcommittee has drafted a pathway as part of its" Getting to Kindergarten" initiative for all children in DCYF care determined to be at risk. A critical path has be identified from First Connections to Home Visiting to Head Start, Child Care and Pre-k to assure that all children have access to the Early Childhood system and programs, including child care.

- ☐ [REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act). Describe The lead agency is beginning discussions with the Head Start Collaboration Office to learn more about the Head Start programs currently serving homeless families in order to develop strategies to address the child care needs of these families, and determine how to provide support to their work. Additional discussions are planned with the McKinney Vento coordinator, TANF administrators, and the RI Coalition for the Homeless to inform and coordinate the need for services and share policy guidance.
- ☐ [REQUIRED] Early childhood programs serving children in foster care. Describe: DHS collaborates with DCYF to serve children in foster placement. All foster families are approved by DCYF, and those who are working are eligible to receive child care services from CCDF subsidized programs.
- ☐ State/Territory agency responsible for child care licensing. Describe The lead agency regularly collaborates with DCYF, who oversees child care licensing. This coordination ensures CCDF subsidized care is provided in settings meeting the state's health & safety requirements, and that all CCDF providers (including license exempt) are subject to comprehensive background checks.
- ☐ State/Territory agency with Head Start State collaboration grant. Describe The lead agency houses the Head Start Collaboration Office, and through that means, regularly works collaboratively with the Head Start Collaboration Director and the Head Start grantees.
- ☐ State Advisory Council authorized by the Head Start Act. Describe The lead agency has representation and a decision making role on the RI Early Learning Council, and collaborates on planning for early care and education.
- ☐ State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe The lead agency has representation on the EHS-CC partnership grant Leadership Team. In addition, DHS will be piloting extended CCDF eligibility for children participating in the EHS-CC grant, to ensure continued enrollment throughout the child's participation in the partnership.
- ☐ McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons. Describe The lead agency will send the CCDF State Plan to the McKinney-Vento coordinator, and other partners serving homeless families, and will seek opportunities for further collaboration.

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- ☐ Child care resource and referral agencies. Describe: The lead agency has contracted with RIAEYC to manage both the State's QRIS and Child Care referral services.
- ☐ State/Territory agency responsible for public education. Describe DHS partners with the RI Department of Elementary and Secondary Education (RIDE) on various projects, including the RI Early Learning and Development Standards and the Race to the Top-Early Learning Challenge grant.
- ☐ State/Territory institutions for higher education, including community colleges. Describe: The Lead Agency partners with the Community College of Rhode Island to implement the RI Early Care and Education Training Program, offering individuals currently working in the field access to 12 fundamental college credits in ECE delivered utilizing a cohort model, paired with coaching and mentoring. In addition, DHS administers the State's QRIS, which includes incremental requirements related to higher education coursework and degrees as part of the continuum. DHS will continue to collaborate with Higher Ed to support the workforce in meeting these requirements.
- ☐ State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe _____
- ☐ State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe _
- ☐ Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe _____

  State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant. Describe _____ The developing system of Maternal Infant and Early Childhood Home Visiting, (MIECHV) will be further coordinated with the Office of Childcare to insure eligible families are successfully referred for quality child care who are eligible.

  The Children's Cabinet subcommittee has drafted a pathway as part of its" Getting to Kindergarten" initiative for all children in DCYF care determined to be at risk. A critical path has be identified from First Connections to Home Visiting to Head Start, Child Care and Pre-k to assure that all children have access to the Early Childhood system and programs, including child care.

- ☐ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe _____

  State/Territory agency responsible for public health. Describe _

  The lead agency holds membership with the Department of Health's Successful Start Early care and education systems initiative. For 2016-2017 the work of Successful Start will be to continue coordination with Project Launch, developmental and mental health screenings through pediatric practices and supports for infants and toddlers in child care.

- ☐ State/Territory agency responsible for mental health. Describe _____
- ☐ State/Territory agency responsible for child welfare. Describe _ DHS regularly collaborates with DCYF. All foster families are approved by DCYF, and those who are working are eligible to receive child care services from CCDF subsidized programs. Additionally, DCYF and DHS coordinate provider management services to ensure CCDF subsidized care is provided in

settings meeting the state's health & safety requirements, and that all CCDF providers (including license exempt) are subject to comprehensive background checks.

- ☐ State/Territory liaison for military child care programs. Describe _____
- ☐ State/Territory agency responsible for employment services/workforce development. Describe The RI Department of Labor and Training collaborates with the lead agency on the Child Care for Training Program, which extends CCDF eligibility to families participating in eligible job readiness activities. In addition, the lead agency collaborates with DLT on the design and implementation of the Child Care Market Rate Survey.
- ☐ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe The lead agency also houses the TANF program. Families participating in Rhode Island's TANF Program, known as RI Works, who are participating in an approved training or work activity, are categorically eligible for CCAP. Co-payments are waived for these families.
- ☐ State/Territory community agencies serving refugee or immigrant families.
- ☐ Provider groups or associations. Describe _____
- ☐ Labor organizations. Describe In 2015, Rhode Island completed contract negotiations with SEIU 1199NE, as the union representative for home based providers (both licensed and license exempt, who participate in the Child Care Assistance Program. As part of these negotiations, the Family Child Care Training and Supports Benefit Fund was developed that will be jointly administered by SEIU and the lead agency. The purpose of the fund is to enhance the services delivered to CCAP families and to support the unique professional development needs of family child care providers.
- ☐ Parent groups or organizations. Describe _____
- ☐ Other. Describe _____

1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(O))(ii)) Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high quality care that meets the needs of children and families. For example, State/Territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a State/Territory may allow county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits (https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide

comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

■ Yes. If yes, describe at a minimum:

- How do you define "combine" _
  State and federal funds for subsidized child care are blended at the state level. This results in a seamless process for families applying for services. In other programs or activities, CCDF is used to supplement or support quality improvement activities within the early care and education system.
- Which funds will you combine _____
  - DHS combines state, TANF, SSBG, and CCDF funds to provide subsidized child care at the State level for seamless service delivery to families.
  - CCDF is used to provide wrap around care for both Head Start and Pre-K programs
  - CCDF funding is blended with RTT-ELC funding (through 9-30-2016) to support the following programs:
    - BrightStars QRIS
    - Center for Early Learning Professionals
    - RI Early Care and Education Training Program
    - RI Child Care Facilities Fund
    - RI Early Learning and Development Standards
    - RI Early Care and Education System
    - DCYF Licensing Unit Support
- Goal(s) of combining funds (why?) and expected outcomes, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations _
  The goal for combining funds is to increase access to services, extend the services available, and increase capacity for quality services through combined support for child care educators and programs.
- Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?) combined at the State level.
- How are the funds tracked and method of oversight _
  Subsidized child care expenditures are tracked at the state level. Expenditures

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

1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P)) ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level – State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services. _____

Rhode Island has a long history of collaborative planning across the early childhood/child care system. The Legislative Commission on Child Care originated in 1985, and was made permanent in 1989. The PLCCC acts as an advisory body to the Rhode Island State Legislature and relevant government bodies in order to adequately plan and advocate for the state's current and future child care and early education needs.

Originally launched in 1991, Governor Gina M. Raimondo reconvened The Rhode Island Children's Cabinet in July 2015, after working with the General Assembly to revise the statute establishing the Cabinet as a decision-making entity for children. The Cabinet is charged with engaging in interagency agreements and appropriate data-sharing to improve services and outcomes for children and youth, and membership consists of directors of all state agencies having programs impacting children 0-24. The Cabinet recently completed its 5 year strategic plan, and is in the process of launching a new cross-agency effort—***Getting to Kindergarten***—focusing on continuously improving the delivery of early childhood services to vulnerable young children who become involved with the State's child welfare system.

Successful Start, implemented in 2005, was established to facilitate interagency policies and approaches to serving vulnerable young children. Currently, the steering committee is focused on coordination with Project Launch, providing developmental and mental health screenings through pediatric practices, and supports for infants and toddlers in child care.

The Rhode Island Early Learning Council was created in June 2010 according to the guidelines for State Early Care and Education Advisory Councils outlined in the federal 2007 Head Start Reauthorization Act. The Council facilitates the development of high-quality systems of early

childhood education and care, from birth to age 8, with the goal of improving school readiness and success in school, and serves as an advisory body to the RI Children's Cabinet.

In addition to holding membership on the above groups, the lead agency continues to coordinate a significant portion of work with other agencies as outlined in 1.4. In addition, DHS is an active and engaged partner on other boards, committees and councils providing information to state partners about early care and education services, child, family, and provider needs, and available services. By working with programs and agencies, partners are able to work collaboratively, seeking solutions based on best practices, with the goal of maximizing service delivery across the system.

1.7 Coordination with Local or Regional Child Care Resource and Referral Systems

States and Territories may use funds to establish or support a system of local or regional child care resource and referral organizations (CCR&R) that is coordinated, to the extent determined by the State/Territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (also see section 7.4). If they do, the law identifies specific requirements for that entity or system receiving CCDF funds. (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faith- based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

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

1.7.1 Does the State/Territory fund a system of local or regional CCR&R organizations?

☐ Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4. If yes,

Describe the State/Territory's written agreement or contract with the CCR&R, what services are provided through the CCR&R, and any other activities for which the State partners with the CCR&Rs.

■ X No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States and Territories must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State/Territory's Statewide Child Care Disaster Plan.

☐ Fully implemented and meeting all Federal requirements outlined above. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan _____

■ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016

- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) partially implemented
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented :
        - Identified initial emergency preparedness workgroup members,
        - Reviewed RI licensing regulations to evaluate compliance with CCDBG regulations
        - Confirmed state requirements exist for licensed providers to have procedures and policies in place evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions
        - Confirmed State regulations exist for practice drills
        - Reviewed FEMA sample child care emergency action plan, FEMA Multihazard Planning Training outline, ACF Guide to preparedness planning, GSA Child Care Emergency Preparedness Toolbox, Head Start Emergency Preparedness manual, and sample emergency plans from other States
        - Identified the Head Start Emergency Preparedness Manual as the preferred guide for child care providers
        - Identified additional workgroup members needed for State Level coordination

    - Unmet requirement - Identify the requirement(s) not fully implemented
        - Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
    - In 2016, the lead agency will:
        - Convene Emergency preparedness workgroup to determine steps necessary to ensure that child care is included as part of any state level emergency preparedness planning
        - Review lead agency COOP plans to ensure compliance with CCDBG regulations, and update COOP as needed

    - Partners – Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
      Strengthening Families, RIEMA, DCYF, RI Red Cross

2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children's most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12.

The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to "promote involvement by parents and family members in the development of their children in child care settings." States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children's teacher and advocate. Key new provisions include:

1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
    a) the availability of child care assistance,
    b) the quality of child care providers (if available),
    c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify.
    d) Individuals with Disabilities Education Act (IDEA) programs and services,
    e) Research and best practices in child development, and
    f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
    a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
    b) Aggregate annual information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.

c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care assistance services. (658E(c)(2)(E)(i)(1))

2.1.1 Describe how the State/Territory informs families of availability of services.

a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?) Eligible families are identified through the application process conducted at regional field offices, which review and determine eligibility for a variety of benefit programs, including TANF, SNAP, Medicaid, and Child Care. When families apply for any DHS benefit program, they are also asked if child care assistance is needed, to ensure that at the initial time of application the family receives all benefits for which they are potentially eligible.

Information on the availability of child care subsidies is also included on the lead agency website, as well as the websites for the Economic Progress Institute, Exceed, and the BrightStars QRIS. Families also contact the lead agency's infoline to request information about benefit programs available to them.

b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations. The lead agency contracts with Rhode Island AEYC to manage the day to day operations of RI's QRIS, BrightStars. BrightStars also serves as a referral agency for parents and families in locating child care and also for consumer education.

BrightStars staff participated in outreach to local communities to ensure that organizations that work with families are aware of the services available. In 2014, BrightStars created a large scale family marketing campaign, which includes print ads, commercials and TV appearances, continued outreach to family events and radio ads, to raise awareness of BrightStars and services available to families.

c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach? Websites, media campaigns, telephone, in person

2.1.2 How can parents apply for services? Check all that apply.

- ■ Electronically via online application, mobile app or email. Provide link planned for 2016
- ■ In-person interview or orientation. Describe agencies where these may occur The lead agency's regional field offices.
- ☐ Phone
- ■ Mail
- ☐ At the child care site
- ☐ At a child care resource and referral agency
- ■ Through kiosks or online portals at related State/Territory/local agency or organization

serving low-income populations. Describe planned for 2016

- ■ Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time). Describe: DHS has a coordinated application process where parents can apply for cash assistance, SNAP benefits, child care, and medical benefits at regional DHS offices.
- ☐ Other strategies. Describe _____

2.2 Consumer and Provider Education Information

The CCDBG Act of 2014 added a purpose of the child care program "to promote involvement by parents and family members in the development of their children in child care settings." (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- Information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify,
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement,
- State/Territory policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (children from birth to five for purposes of this requirement)) in early childhood programs receiving CCDF.

■ Yes. The State/Territory certifies as of March 1, 2016 that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.7 below.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and

descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
    - Unmet requirement - Identify the requirement(s) to be implemented _____
        - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
        - Projected start date for each activity _____
        - Projected end date for each activity _____
        - Agency – Who is responsible for complete implementation of this activity _____
        - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access, including accessible to persons with disabilities. Describe how the State/Territory makes information about the full diversity of child care services available to 1) parents of eligible children, 2) providers and 3) the general public: Information is made available via the "Exceed" website (www.exceed.ri.gov). The website has pages dedicated to providers, families, professionals and programs and also serves as the entry point to the RI Early Learning Data System (ECEDS). The Program Search feature allows families to search for a program in various ways, including by program type, QRIS rating, location, hours of operation, and languages spoken by staff and children. The website also contains information related to all facets of child development and related milestones, provider quality, and best practices, as well links to information on other programs available to families. Select information is also available on the lead agency website, and on the Department of Children, Youth and Families (DCYF) and QRIS websites.

a) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.): In addition to its website, Exceed utilizes a newsletter, facebook page, and twitter account to continuously communicate with programs, families, and the public. The lead agency includes the Exceed website URL and contact information for the QRIS (which also serves as the RI's child care referral agency) in notices sent to CCDF applicant families to assist them in locating child care.

b) Describe who you partner with to make information about the full diversity of child care choices available: RI Dept. of Education, RI Dept. of Children, Youth and Families, RI Association for the Education of Young Children

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

a) Describe how the State/Territory makes information about child care quality available to 1) parents of eligible children, 2) providers and 3) the general public: Provider specific information, including QRIS ratings, are included on both the Exceed and BrightStars (QRIS) websites. Both sites also provide information on RI's continuum of quality standards, and links to brochures about choosing quality child care which can be downloaded in English and Spanish. In addition, United Way's 2-1-1 provides referrals to parents 24 hours a day, 7 days a week in multiple languages.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.): When families go to their local DHS field office, they receive information by way of direct communication, followed by written information within the family's "pending notice," provided to all Child Care Assistance applicants. The notice directs them to the Exceed website, and to the BrightStars QRIS for more information on finding a provider. Another resource is 2-1-1, which offers a free 24/7 phone hotline in multiple languages.

c) Describe who you partner with to make information about child care quality available: RIDE, DCYF, RIAEYC, United Way

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs. For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

a) Temporary Assistance for Needy Families (TANF): DHS has a coordinated application process where parents can apply for cash assistance, SNAP benefits, child care and medical benefits. Information about and the application for these programs may be found on the DHS website or at DHS field offices. The Exceed RI website provides links to the DHS website, so that parents can access information about other programs that may be of interest to them, including TANF.

b) Head Start and Early Head Start Programs: The Exceed RI website provides links to information on all Head Start programs in the state.

c) Low Income Home Energy Assistance Program (LIHEAP): The Exceed RI website provides links to DHS website, where families can learn more about LIHEAP assistance and other heating resources.

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps): DHS has a coordinated application process where parents can apply for cash assistance, SNAP

benefits, child care and medical benefits. Information about and the application for these programs may be found on the DHS website or at DHS field offices. The Exceed RI website provides links to the DHS website, so that parents can access information about other programs that may be of interest to them, including SNAP.

e) Women, Infants, and Children Program (WIC): The Exceed RI website provides links to the RI Department of Health website, so that parents can access information about the WIC program.

f) Child and Adult Care Food Program (CACFP): The Exceed RI website provides links to the RI Department of Education website, where programs can access information about the CACFP program.

g) Medicaid: DHS has a coordinated application process where parents can apply for cash assistance, SNAP benefits, child care and medical benefits. Information about and the application for these programs may be found on the DHS website or at DHS field offices. In addition, Rhode Island is operating a State-based Marketplace, known as HealthSource RI. The Exceed RI website provides links to the DHS website, so that parents can access information about other programs that may be of interest to them, including Medicaid.

h) Children's Health Insurance Program (CHIP): DHS has a coordinated application process where parents can apply for cash assistance, SNAP benefits, child care and medical benefits. Information about and the application for these programs may be found on the DHS website or at DHS field offices. In addition, Rhode Island is operating a State-based Marketplace, known as HealthSource RI. The Exceed RI website provides links to the DHS website, so that parents can access information about other programs that may be of interest to them.

i) Individuals with Disabilities Education Act (IDEA): The Exceed RI website provides links to the RI Department of Education website, where parents and programs can access information about the IDEA services.

j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten): The Exceed RI website provides links to information on all state and federally funded child care programs in the state, including State funded Pre-K.

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program): The Exceed RI website provides links to the RI Department of Health website, so that parents can access information about the Family visiting program.

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs. For example, does the State/Territory provide information to providers through CCR&R outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc.?

a) Temporary Assistance for Needy Families (TANF): Information is available through the lead agency's public website, www.dhs.ri.gov. In the future, DHS intends to use email distribution lists, as well as build upon provider monitoring visits, to share additional resources for families with subsidy providers so that they can disseminate the information to families. The Exceed website also provides links to DHS, where providers can learn about other programs available to families.

b) Head Start and Early Head Start Programs: The Exceed RI website provides links to information on all Head Start programs in the state.

c) Low Income Home Energy Assistance Program (LIHEAP): Information is available through the lead agency's public website, www.dhs.ri.gov. In the future, DHS intends to use email

distribution lists, as well as build upon provider monitoring visits, to share additional resources for families with subsidy providers so that they can disseminate the information to families. The Exceed website also provides links to DHS, where providers can learn about other programs available to families.

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps): Information is available through the lead agency's public website, www.dhs.ri.gov. In the future, DHS intends to use email distribution lists, as well as build upon provider monitoring visits, to share additional resources for families with subsidy providers so that they can disseminate the information to families. The Exceed website also provides links to DHS, where providers can learn about other programs available to families.

e) Women, Infants, and Children Program (WIC): The Department of Health provides a link to information on the WIC program on their website. The Exceed website also provides links to the Dept. of Health, where providers can learn about programs available to families.

f) Child and Adult Care Food Program (CACFP) The Department of Education provides a link to information on the CACFP program on their website. The Exceed website also provides links to the Dept. of Education, where providers can learn about programs available to families.

g) Medicaid: Information is available through the lead agency's public website, www.dhs.ri.gov. In the future, DHS intends to use email distribution lists, as well as build upon provider monitoring visits, to share additional resources for families with subsidy providers so that they can disseminate the information to families. The Exceed website also provides links to DHS, where providers can learn about other programs available to families.

h) Children's Health Insurance Program (CHIP): Information is available through the lead agency's public website, www.dhs.ri.gov. In the future, DHS intends to use email distribution lists, as well as build upon provider monitoring visits, to share additional resources for families with subsidy providers so that they can disseminate the information to families. The Exceed website also provides links to DHS, where providers can learn about other programs available to families.

i) Individuals with Disabilities Education Act (IDEA) The Department of Education provides a link to information on the IDEA program on their website. The Exceed website also provides links to the Dept. of Education, where providers can learn about programs available to families.

j) Other State/Federally Funded Child Care Programs (example-State Pre-K): The Exceed RI website provides links to information on all state and federally funded child care programs in the state.

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program): The Exceed RI website provides links to the RI Department of Health website, where providers can access information about the Family visiting program. In the future, DHS intends to use email distribution lists, as well as build upon provider monitoring visits, to share additional resources for families with subsidy providers so that they can disseminate the information to families.

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement. (658E(c)(2)(E)(VI))

a) Describe how the State/Territory makes information about research and best practices in child development available to 1) parents of eligible children, 2) providers and 3) the general

public: Information is provided to parents, providers, and the general public through the Exceed RI website. The website includes information on identifying a quality program, links to assistance in affording care, developmental milestones and screenings, and ways to support learning and development at home. Exceed also utilizes newsletters, facebook and twitter to communicate to families, providers, and the public. In addition, The Center for Early Learning Professionals serves as the central professional development hub for RI, and incorporates research and best practices into provider trainings.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.): Information is disseminated via websites and written materials about:

- Identifying high quality learning programs
- Assistance on affording high quality care
- Low and no cost quality programs
- Developmental milestones and developmental screening
- Supporting your child's learning and development at home
- RI's Workforce Knowledge Competencies and Frameworks
- Professional development opportunities
- Credential and degree programs for early childhood professionals
- DCYF licensing
- BrightStars (RI's QRIS)
- Resources to help providers improve quality
- Information on facilities-related quality issues
- Information on low-interest loans and/or grants to child care providers

c) Describe who you partner with to make information about research and best practices in child development available: RIDE, RIAEYC, The Center for Early Learning Professionals, United Way 211, RI LISC

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to 1) parents, 2) providers and 3) the general public. (658E(c)(2)(E)(i)(VII))

a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to parents of eligible children, providers and the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:

i. Parents Information is made available via the "Exceed" website (www.exceed.ri.gov), which has pages dedicated to providers, families, professionals and programs. The families page has information on developmental milestones and social-emotional development.

ii. Providers: Mental Health consultation services are available to providers through SUCCESS, a state-wide ECMHC program designed to support early learning

programs who have identified a child in need of child-focused consultation services. SUCCESS communicates primarily with early learning programs prior to initiating a consult. Written descriptions of the program (e.g., brochure), steps for completing the intake process, and strategies for talking with families about challenging behavior are provided to programs. Direct communication via telephone (and in person if necessary) is available to answer questions about the scope of services and provide support to programs as they initiate consultation. Programs are also provided a written document that informs the larger program community that a consultant will be working with their early learning program and programs are encouraged to distribute this to staff and families. A website and additional marketing materials are planned, that will be targeted to early learning programs but accessible to parents as well.

iii. General public: Information is made available via the "Exceed" website (www.exceed.ri.gov). The website has pages dedicated to providers, families, professionals and programs. The website contains information related to all facets of child development and related milestones, provider quality, and best practices, as well links to information on other programs available to families.

b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available: RI Department of Education, Bradley Children's Hospital, Gateway Healthcare, RI Department of Health, RI Center for Early Learning Professionals

c) Does the State have a written policy regarding preventing expulsion of:

- Preschool-aged children (from birth to five) in early childhood programs receiving child care assistance?

  ☐ Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link _____

  ■ No. Planned for future

- School-age children from programs receiving child care assistance?

  ☐ Yes. If yes, describe how the State/Territory makes information about that policy available to 1) parents, 2) providers and 3) the general public (what you provide, how you provide and any partners used) and provide a link _____

  ■ No. Planned for future

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening resources and services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) Early and Periodic Screening, Diagnosis, and Treatment program

under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays. Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency policy citation(s) will be added to lead agency rules in the first half of 2016. and:

a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened:

For children between birth and 3 years old: Pediatricians conduct regular developmental screenings at 9, 18 & 30 mos.

For children between 3 and 5 years old: The Child Outreach program conducts free annual developmental screenings. Child Outreach is a universal developmental screening system designed to screen all children, aged three to five years old. Screening must be conducted in each of the following areas:

- Vision
- Hearing
- Speech/Language Skills
- Social/Emotional Development
- General Development including, but not limited to, gross and fine motor skills, language and cognition

b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays: Screening will be made available in all Early Care and Education Centers, private pre-schools, center-based child care centers, Head Start Programs, public pre-school classrooms, ELL classrooms, licensed family child care homes, and neighborhood sites which are convenient and familiar to diverse (culturally, linguistically, low-resourced, hard-to-access) populations within the community. Information about general child development, and specifically, the development of the family's child, is provided. Child Outreach provides families with information regarding referrals to agencies and programs within their community as well as opportunities for family involvement in their child's development and education.

■ Not implemented. If not implemented, the State/Territory must provide a

State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
    - Unmet requirement - Identify the requirement(s) to be implemented
        - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
            - Projected start date for each activity _____
            - Projected end date for each activity _____
            - Agency – Who is responsible for complete implementation of this activity _____
            - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

a) How does the State/Territory define substantiated parental complaint A substantiated complaint is one that is investigated by Licensing and /or CPS and validated as a regulatory violations and /or child protective finding of abuse or neglect.

b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format): Complaints regarding licensed child care providers are handled by the state's Child Care Licensing Unit at DCYF. The RI DCYF Licensing Unit maintains information regarding all complaints received, investigative actions, and resolutions.

Complaints regarding license-exempt providers that has been approved by DHS for participation in the CCAP program are handled by DHS. A record of parental complaints and their resolutions are recorded on the provider's computerized record within DHS.

c) public on request:

Information regarding substantiated complaints against licensed providers is available to the public from DCYF on request. A person requesting information must complete a Public Records Request Form #205 and submit it to the contact person for public

records at DCYF.

d) Describe how the State/Territory defines and maintains complaints from others about providers Complaints regarding licensed child care providers are handled by the state's Child Care Licensing Unit at DCYF. The RI DCYF Licensing Unit maintains information regarding all complaints received, investigative actions, and resolutions.

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

- ■ X Application in other languages (application document, brochures, provider notices)
- ■ X Informational materials in non-English languages
- ■ X Training and technical assistance in non-English languages
- ■ Website in non-English languages
- ☐ Lead Agency accepts applications at local community-based locations
- ■ X Bilingual caseworkers or translators available
- ■ X Bilingual outreach workers
- ■ X Partnerships with community-base organizations
- ☐ Other _____
- ☐ None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages: English, Spanish and Portuguese

2.2.12 Describe how the Lead Agency or partners provide outreach and services to eligible persons with disabilities The lead agency offers Short Term Special Approval (SSACC) Child Care Assistance for instances when there is documented evidence indicating that either the child (child-based SSACC) or the parent (parent-based SSACC) has a serious health condition that constitutes a temporary "special" need for services based on the inability of the parent to provide the necessary level or kind of child care. Requests for SSACC shall only be considered for income eligible families who have been receiving authorized CCAP services and have, or are in jeopardy of, losing them because of the change in the need for services.

2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing the State/Territory processes for licensing and monitoring child care providers,

processes for conducting criminal background checks as required by law (see section 5.3), and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse in child care settings.

The State/Territory also must make public certain information about the results of such monitoring as required by law for both licensed and unlicensed providers receiving CCDF (see section 5.2) on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring and inspection reports on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website;

- ☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Provide the link to the website _____ and describe how the consumer education website meets the requirements to:

  a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe _____
  b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Describe _____
  c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Describe _____
  d) Provide information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe _____
  e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate. Describe _____

- ☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

  - Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the

website which is November 19, 2017) September 30, 2016 for all components of the website except posting the results of the monitoring on the website, which is November 19, 2017

- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, in progress, partially completed, substantially completed, other) partially implemented____
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
        - The Exceed website is an easy to navigate resource that includes or links to the following information:
            - A description of health and safety requirements and licensing or regulatory requirements for child care providers
            - A description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers.
            - Definitions of terms such as exempt care and corrective action plans
            - Frequently asked questions
            - A Program Search feature that allows for providers to be searched using multiple options, such as program type, geography, and QRIS rating
    - Unmet Requirement(s) – Identify the requirement(s) to be implemented
        - In 2016, the lead agency will work with the RI Department of Children Youth and Families and the RI Department of Education to ensure the following:
            - Ensure the Exceed website is available in multiple languages
            - Provide aggregate information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings
        - In 2016-2017, the lead agency will work with the RI Department of Children Youth and Families and the RI Department of Education to ensure the following:
            - Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations), presents the results of monitoring inspections in plain language, and differentiates between violations based on risk to children
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

        According to the above timelines:

DRAFT

- The RI Department of Education will continue to convene an Inter-agency Data Governance Team that will work to identify specifications and develop programming necessary to ensure compliance with CCDBG requirements.
- RI DCYF will determine the legal necessity for statutory changes related to posting monitoring reports/findings on the web, and work with the lead agency to propose legislation as needed

3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to "deliver high-quality, coordinated early childhood care and education services to maximize parents' options and support parents trying to achieve independence from public assistance"; and "to improve child care and development of participating children." (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements – and the opportunity for children to form trusting relationships with teachers – are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for job search of not less than three (3) months, and to describe policies for graduated phase- out of assistance. The definition of an eligible child includes that a family's assets may not exceed $1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children and children in foster care if served pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

3.1 Eligible Children and Families

At the point in time when eligibility is determined, children must (1) be under the age of 13, (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size, and whose family assets do not exceed $1,000,000 (as certified by a member of such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective

services and resides with a parent or parents not described in (3a.). (658P(4))

3.1.1 Eligibility Criteria Based upon Child's age

a) The CCDF program serves children from 1 week (weeks/months/years) to 12 years (through age 12).

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

- [x] Yes, and the upper age is 18 years. Provide the Lead Agency definition of physical or mental incapacity: a documented physical or mental disability which makes the child incapable of self-care
- [ ] No.

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

- [ ] Yes, and the upper age is _____
- [x] No.

3.1.2 How does the Lead Agency define the following eligibility terms?

a) residing with – In general, the CCAP household is the parent's home which serves as the principal place of residence of the applicant child - i.e. where the child lives the majority of the time.

b) in loco parentis – a child must be living with a relative of acceptable degree of relationship in a home maintained by such relative. When the relative with whom the child lives is not the biological or adoptive parent, the term in loco parentis (in place of the parent) is used.

3.1.3 Eligibility Criteria Based on Reason for Care

a) How does the Lead Agency define "working, attending job training and education" for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

- Working: **For income eligible families**: Paid employment for a minimum of an average of twenty (20) hours per week in a month, earning per hour an average of the greater of either the state or federal minimum wage. Self-employment is included in this definition, with the exception of those self-employed as child care providers. Travel time is calculated by adding 1 hour per day to account for 1/2 hour travel between work and child care provider. Families may request additional travel time with justification.

  For categorically eligible families: (RIWorks families who meet CCDF requirements and receiving CCAP services): working consists of any combination of education and work-related activities contained in a parent's written Employment Plan, as approved by their RIWorks caseworker. Volunteer activities or time spent in any capacity in which no wages are earned, paid, or expected, shall not count toward the hours required to meet

an acceptable need for services unless expressly approved as a component of an employment plan. Travel time is calculated by adding 1 hour per work day (to account for 1/2 hour travel to/from job activity and child care provider.

- Attending job training: **For income eligible families**: Families with income below one hundred eighty percent (180%) of the federal poverty level who are involved in training, apprenticeship, internship, on-the-job training, work experience, work immersion, or other job readiness/job attachment programs sponsored or funded by the RI Governor's Workforce Board or state agencies that are part of the coordinated program system. Training must be 20 hours per week or more and less than one year in duration.

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

  For categorically eligible families: RIWorks families who meet CCDF requirements are authorized to receive CCAP services while attending job training or education-related activities. Any and all such activities must be approved by their DHS caseworker as part of their written Employment Plan.

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

■ Yes.

☐ No. If no, describe additional requirements _____

c) Does the Lead Agency provide child care to children in protective services?

☐ Yes. If yes, how does the Lead Agency define "protective services" for the purposes of eligibility? Provide a brief description below.

1) Definition of protective services – _

2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis? (658E(c)(5))

☐ Yes.

☐ No.

Note – If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for purposes of CCDF these children are considered

to be in protective services and should be included in the protective services definition above.

■ No

3.1.4 Eligibility Criteria Based on Family Income

a) How does the Lead Agency define "income" for the purposes of eligibility at the point of determination?

- Definition of income:
  - Any money, goods or services available to the financial unit used to calculate eligibility for the CCAP. For the purposes of the CCAP, countable income includes, but is not limited to, any of the following:
  - Monetary compensation for services, including gross wages, salary, commissions, and any work-based fees, stipends, tips or bonuses;
  - Adjusted gross income from self-employment;
  - Social Security Benefits - Retirement, Survivors and Disability Insurance (RSDI)
  - Supplemental Security Income (SSI);
  - Dividends or interest on savings or bonds;
  - Income from estates or trusts;
  - Adjusted Gross Rental Income;
  - Adjusted Gross Room and Board Income;
  - Public assistance or RIW cash assistance payments;
  - Unemployment Compensation;
  - Temporary Disability Insurance (TDI);
  - Workers' Compensation;
  - Government civilian employee or military retirement;
  - Cash payouts for waiving employer sponsored health insurance;
  - Private pensions or annuities;
  - Adoption subsidies;
  - Alimony;
  - Child support payments;
  - Regular contributions from persons not living in the household;
  - Royalties;
  - Strike Benefits;
  - Trade Readjustment Allowance;
  - VA Compensation Payments;
  - VA Educational Benefits;
  - Spousal/Dependent Allowances;

DRAFT

- Military Allotments;
- Payments to volunteers under Americorps (payments to volunteers under Americorps/VISTA are excluded)
- Foster care payments made by the Rhode Island Department of Children, Youth and Families (when the child is included in the assistance unit);
- In-Kind Assistance; and
- Non-citizen Sponsor Income (includes income of the sponsor and sponsor's spouse)

b) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum "exit" eligibility level if applicable and below the federal limit of 85% of current SMI. Note – If the income eligibility limits are not statewide, check here ☐. Describe how many jurisdictions set their own income eligibility limits_____. Fill in the chart based on the most populous area of the state.

Family Size	(a) 100% of State Median Income (SMI) ($/month)	(b) 85% of State Median Income (SMI) ($/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) $/month Maximum "Entry" Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) $/month Maximum "Exit" Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1	**4011.90**	**3410.12**	**n/a**	**n/a**	**n/a**	**n/a**
2	**5226.07**	**4442.16**	**2371.12**	**45**	**2963.94**	**57**
3	**6048.53**	**5141.25**	**2990.32**	**49**	**3737.94**	**62**
4	**7427.67**	**6313.52**	**3609.52**	**49**	**4511.94**	**61**
5	**8097.48**	**6882.86**	**4228.72**	**52**	**5285.94**	**65**

Reminder - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal poverty guidelines are available at http://aspe.hhs.gov/poverty/index.cfm .

a) SMI Source and year US Dept of Justice, January 2015

b) These eligibility limits in column (c) became or will become effective on April 2015

c) Provide the link to the income eligibility limits http://www.dhs.ri.gov/Regulations/CCAPProgram.pdf

3.1.2 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E

(c)(2)(N)(iv)) This might be achieved through policies such as establishing a second income eligibility threshold at redetermination (e.g., establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called and "exit threshold") or by granting a sustained period of continued assistance to the family before termination.

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

■ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016; List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out:

The RI Department of Human Services has been implementing a Transitional Child Care Pilot Program that allows families currently eligible for child care to continue to receive child care after their income exceeds the initial eligibility threshold of 180% of the federal poverty level (FPL), as long as their income remains at or below 225% FPL. Legislation has been introduced that would remove the sunset date, making Transitional Child Care a permanent piece of RI's Child Care Assistance Program.

☐ Not implemented. The State must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable ___
  - Unmet requirement - Identify the requirement(s) to be implemented _____

3.1.3 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory's (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note – this change requires that States and Territories have policies to account for the fact that

some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory's policy related to the fluctuation in earnings requirement.

■ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement DHS Code of Rules 0850.02.04 In the process of determining eligibility for CCAP, prospective budgeting is used. Eligibility is established based on the knowledge and reasonable expectation of what income and circumstances will exist in the month for which a payment is authorized. The lead agency representative must determine all factors of eligibility prospectively for all payment months. The prospective budgeting method is used to determine the income which will exist during the period of eligibility.

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory- specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses
and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) ____
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
  - Unmet requirement - Identify the requirement(s) to be implemented _____
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) ___
      - Projected start date for each activity _____
      - Projected end date for each activity _____
      - Agency – Who is responsible for complete implementation of this activity _____

- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.1.4 Describe how the Lead Agency documents, verifies and maintains applicant information. Check the information that the Lead Agency documents and include in the description what information is required and how often. There are no federal requirements for specific documentation or verification procedures.

- Applicant identity. Describe: Driver's license, work or school ID, social security card (optional), or government issued ID required at initial application and determination of eligibility, at redetermination of eligibility or within ten (10) days of any changes in income, resources, family composition, or any other changes that affect the household.
- Applicant's relationship to the child; Describe: Birth certificate/baptismal certificate, proof of USCIS Immigration status, adoption papers/records, hospital or public health records, child support paternity records, BIA or Tribal records, divorce/custody papers, court records of parentage, guardianship records required at initial application and determination of eligibility.
- Child's information for determining eligibility (eg;, identity, age, etc.). Describe: Birth certificate; paternity affidavit; court documents (If none, then school records, or other federal/state agency records) required at initial application and determination of eligibility.
- Work. Describe: Documentation from the employer, other federal/state agency records, check stubs, written statement from employer, call to Work Number, other federal/state agency records required at initial application and determination of eligibility, at redetermination, and within 10 days of reported changes
- Job training or Educational program. Describe: Documentation from the educational
- institution or job training agency at initial application and determination of eligibility, at redetermination, and within 10 days of reported changes
- Family income. Describe: Check stubs, written statement from employer, other federal/state agency records at initial application and determination of eligibility, at redetermination, and within 10 days of reported changes
- Household composition. Describe: Self-reported at initial application and determination of eligibility, at redetermination, and within 10 days of reported changes
- Applicant residence. Describe: Lease, rent receipt, utility bills, mortgage bill, other federal/state agency records at initial application and determination of eligibility, at
- Other. Describe:
  Resources: Bank statements at initial application and determination of eligibility. Self-attestation, verification required if over $9500.
  Disability: SSI Paperwork or Physician's documentation at initial application and determination of eligibility.
  Citizenship/Immigrant Status: Birth certificate or hospital record or birth, government issued ID, passport, Social Security card (optional), alien resident card, or naturalization documentation at initial application and determination of eligibility. Child only, self-declaration for parent.

Reminder – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and

Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI- CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start – Child Care Partnerships, or public educational standards which may include pre-k settings (http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01).

3.1.5 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

- ■ Time limit for making eligibility determinations. Describe length of time: Within 30 days of receiving complete application, including verification documentation (however, cases can be held open longer with the client's permission or to verify changes in applicant's information).
- ■ Track and monitor the eligibility determination process
- ☐ Other. Describe _
- ☐ _____ None

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

Per CCDF regulations, Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization, however Lead Agencies may wish to re-examine those definitions in light of new purposes articulated in Reauthorization and to promote alignment across programs. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State/Territory TANF agency in accordance with section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care. **NOTE**: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

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

State/Territory TANF Agency: RI Department of Human Services

Provide the following definitions established by the TANF agency.

- "appropriate child care": An individual or program that : (1) has met the requirements established by the Department of Human Services to participate in the CCCAP; and (2)

entered into a signed and valid agreement with the Department specifying the terms and conditions for enrolling eligible children and receiving payment for CCAP allowable child care expenses

- "reasonable distance": The distance between the child care provider and the individual's residence and/or their job or work activity is not substantially greater than the distance that others living in the same town or city would travel for child care services and then to their work activity.
- "unsuitability of informal child care": Care that does not meet the criteria in the definition of appropriate child care would be considered unsuitable.
- "affordable child care arrangements": All child care arrangements for RI Works/ TANF recipients are deemed affordable, as these families are not required to pay a co-payment to RI DHS CCAP Approved Providers. In addition, providers are prohibited from charging families the difference between the maximum reimbursement rate and their private pay rate.

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

■ In writing
■ Verbally
☐ Other. Describe _____

3.1.7 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed $1,000,000. A check-off on the application is sufficient.

■ Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed $1,000,000 no later than September 30, 2016.

3.2 Increasing Access for Vulnerable Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did not change under reauthorization.
Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

a. Provide definition of "Children with special needs" and describe how services are prioritized defined as Children of Teen Parents. Teen parents participating in the Youth Success program that are employed, attending school or participating in education related activities for a minimum of twenty (20) hour per week on average, may be authorized for a CCAP child care services

b. Provide definition of "Families with very low incomes" and describe how services are prioritized Co-payments are waived for families with incomes at or below 100% of Federal Poverty level

c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act). Families participating in the Rhode Island TANF Program, known as RI Works, who are participating in an approved training or work activity, are categorically eligible for CCAP. Co-payments are waived for these families.

3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges.

Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children's learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)I)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory's procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe the following:

a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements _____

b. Procedures to conduct outreach to homeless families to improve access to child care services _____

c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services _____

■ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) not yet started
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
        - Unmet requirement - Identify the requirement(s) to be implemented _____
            - Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements
            - Procedures to conduct outreach to homeless families to improve access to child care services
            - Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
        - In February 2016, the lead agency will convene a workgroup to review and modify CCAP policy to ensure a grace period for homeless families to comply with immunization and health and safety requirements, as well as expedited enrollment policies for children who are in foster care
        - Promulgate revised Policy upon completion of necessary revisions
        - Procedural memos will be drafted and statewide staff training will be conducted to ensure complete understanding and consistent application of the new policies and procedures
        - Request Re-programming of eligibility system to reflect revised policies and procedures
        - Conduct outreach to providers to ensure understanding and application of

policies and procedures related to grace periods and expedited enrollment.

- Identify and collaborate with other programs and agencies serving homeless children to align and coordinate outreach to homeless families

3.3 Protection for Working Parents

3.3.1 Twelve-Month Eligibility

The CCDBG Act of 2014 establishes a minimum 12-month eligibility and redetermination period for CCDF families. States and Territories are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for a minimum of 12 months before the State/Territory redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) & (ii))

Note that this change means a State/Territory may not terminate CCDF assistance during the 12- month period if a family has an increase in income that exceeds the State's income eligibility threshold, but not the federal threshold of 85% SMI.

In addition, this change means the State/Territory may not terminate assistance prior to the end of the 12-month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. Examples of temporary changes include but are not limited to: absence from employment due to maternity or extended medical leave, changes in seasonal work schedule, or if a parent enrolled in training or educational program is temporarily not attending class between semesters.

Describe the status of the State/Territory's establishment of 12-month eligibility and redetermination periods for CCDF families.

- ☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination _____
- ■ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) partially implemented
    - Implemented requirement(s) – Identify any requirement(s) implemented to date _____ The lead agency has implemented a 12 month eligibility and

period

- Unmet requirement - Identify the requirement(s) to be implemented The lead agency needs to modify policies and procedures to ensure that eligibility cannot be redetermined within the 12 month eligibility period, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities.

  - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
    - In February 2016, the lead agency will convene an internal workgroup to review and modify CCAP policy to ensure that eligibility cannot be redetermined within the 12 month eligibility period, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities.
    - Promulgate revised Policy upon completion of necessary revisions
    - Procedural memos will be drafted and statewide staff training will be conducted to ensure complete understanding and consistent application of the new policies and procedures
    - Request Re-programming of eligibility system to reflect revised policies and procedures

3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option – but does not require them – to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible. (658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period – the State/Territory may not exercise the option to terminate assistance based on a parent's non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent's non-

temporary loss of work or cessation of attendance at a job training or education program?

- ■ Yes, the State/Territory terminates assistance prior to 12 months due to parent's loss of work or cessation of attendance at a job training or education program ONLY. List the Lead Agency's policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs In February 2016, the lead agency will convene an internal workgroup to review and modify current CCAP policy, which allows for assistance to be terminated for a variety of reasons, rather than for the limited reasons required for CCDBG compliance. Once policy has been modified, the amended rules will be Promulgated, Procedural memos will be drafted and statewide staff training will be conducted to ensure complete understanding and consistent application of the new policies and procedures, and RI's eligibility system will be re-programming to reflect the revised policies and procedures
- ☐ No, the State/Territory does not allow this option.

3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance; (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility;

- ■ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment DHS Code of rules 0850.02.02 RI has been working towards aligning eligibility requirements with other public benefits programs offered by the lead agency in order to ensure that families only need to "tell their story" one time. As such, CCAP policy was amended to clarify that when information is known to DHS from other DHS benefit program sources, and meets the minimum verification requirements of each program, independent verification is not required and previous verified information is used in determining and redetermining CCAP eligibility.

In addition, the lead agency is developing a new eligibility system, planned for July 2016, that will allow families to complete redetermination and upload verification documentation utilizing an online portal.

Beginning in February 2016, the lead agency will convene an internal workgroup to review and modify CCAP policy to ensure compliance with all CCDBG requirements. At that time, the lead agency will conduct an additional review of redetermination policies and requirements to identify any additional means of preventing disruption of work for families.

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable
  - Unmet requirement - Identify the requirement(s) to be implemented _____
  - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _

3.4 Family Contribution to Payment

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

3.4.1 Provide the CCDF copayments in the chart below according to family size for one child in care. Note – If the sliding fee scale is not statewide, check here ☐ and describe how many jurisdictions set their own sliding fee scale_____. Fill in the chart based on the most populous area of the State.

Family Size	(a) Lowest "Entry" Income Level Where Copayment First Applied	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b) ?	(d) Highest "Entry" Income Level Before No Longer Eligible	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1						
2	19,913	33.18	2%	23,895	99.55	5%
3	25,113	41.85	2%	30,135	125.55	5%
4	30,313	50.52	2%	36,375	151.55	5%
5	35,513	59.18	2%	42,615	177.55	5%

a) What is the effective date of the sliding fee scale(s)? April 2015

b) Provide the link to the sliding fee scale http://www.dhs.ri.gov/Regulations/CCAPProgram.pdf

3.4.2 How will the family's contribution be calculated and to whom will it be applied? Check all that apply.

- ☐ Fee is a dollar amount and
  - ☐ Fee is per child with the same fee for each child
  - ☐ Fee is per child and discounted fee for two or more children
  - ☐ Fee is per child up to a maximum per family
  - ☐ No additional fee charged after certain number of children
  - ☐ Fee is per family
- ■ Fee is a percent of income and
  - ☐ Fee is per child with the same percentage applied for each child
  - ☐ Fee is per child and discounted percentage applied for two or more children
  - ☐ Fee is per child up to a maximum per family
  - ☐ No additional percentage applied charged after certain number of children
  - ■ Fee is per family
  - ☐ Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe _____
  - ☐ Other. Describe _____

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

- ☐ Yes, and describe those additional factors using the checkboxes below.
  - ☐ Number of hours the child is in care

☐ Lower copayments for higher quality of care as defined by the State/Territory

☐ Other. Describe other factors _____

■ No.

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.42(c)). Will the Lead Agency waive family contributions/co-payments for families whose incomes are at or below the poverty level?

■ Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is $20,090.

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

3.4.5 How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable and not a barrier to families receiving CCDF? Check all that apply.

☐ Limits the maximum co-payment per family. Describe _____

■ Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit and describe:

LEVEL	FEDERAL POVERTY LEVEL	AMOUNT
Level 0	Less than or equal to 100%	No Family Share
Level 1	Above 100% up to and including 125%	2% of Countable Gross Income
Level 2	Above 125% up to and including 150%	5% of Countable Gross Income
Level 3	Above 150% up to and including 180%	8% of Countable Gross Income
Level 4	Above 180% up to and including 200%	10% of Countable Gross Income
Level 5	Above 200% up to and including 225%	14%of Countable Gross Income

■ Minimizes the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.1.5. Describe: Beginning October 1, 2013 the Department of Human Services has been implementing a pilot Transitional Child Care program. This pilot is time-limited and is currently set to end on September 30, 2016. Transitional Child Care allows families currently eligible for child care to continue to receive child care after their income exceeds 180% of the federal poverty level (FPL), as long as income remains below 225% FPL.

■ Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying. Describe: All approved child care providers must sign an agreement with DHS that establishes the respective responsibilities and obligations of both the department and the provider and the grounds for discontinuation of

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approval. The provider agreement stipulates that the child care provider agrees to accept the DHS payment as full and total payment for authorized child care for eligible recipients.

☒ Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider. Describe In 2015, Rhode Island completed contract negotiations with SEIU 1199NE, as the union representative for home based providers (both licensed and license exempt, who participate in the Child Care Assistance Program. As part of these negotiations, licensed family child care providers who charge a registration fee to private pay families will be reimbursed up to $50 per child as an annual registration fee for CCDF subsidized families.

☐ Other. Describe _____

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

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory's payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children

of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

4.1 Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2)):

DHS staff, at the time of application, and via the pending letter sent to each family within one week of application for child care assistance, inform parents that they are able to use any category of Provider approved by the lead agency to care for their child(ren) and refer them to the State's Referral Agency/QRIS, as well as the State's consumer education website, for specific information on providers in their area of choice.
The State's consumer education website, Exceed, has pages dedicated to providers, families, professionals and programs and also serves as the entry point to the RI Early Learning Data System (ECEDS). A Program Search feature allows families to search for a program in various ways, including by program type, QRIS rating, location, hours of operation, and languages spoken by staff and children. The website also contains information related to all facets of child development and related milestones, provider quality, and best practices, as well links to information on other programs available to families.

BrightStars serves as the state's QRIS and CC Referral Center, and is able to provide families with information on how to identify and choose a quality child care provider, consumer education on the importance of quality, and contact information and QRIS ratings for regulated providers throughout the state.

Select information is also available on the lead agency website, and on the Department of Children, Youth and Families (DCYF) websites.

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

- ■ X Certificate form provides information about the choice of providers, including high quality providers
- ■ X Certificate is not linked to a specific provider so parents can choose provider of choice
- ■ X Consumer education materials on choosing child care
- ■ X Referral to child care resource and referral agencies
- ☐ Co-located resource and referral in eligibility offices
- ■ X Verbal communication at the time of application
- ☐ Community outreach, workshops or other in-person activities

■ Other. Describe

4.1.3 Child Care Services Available through Grants or Contracts

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

☐ Yes. If yes, **describe:**

- the type(s) of child care services available through grants or contracts _____
- the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.) _____
- the process for accessing grants or contracts _____
- the range of providers available through grants or contracts _____
- how rates for contracted slots are set through grants and contracts _____
- how the State/Territory determines which entities to contract with for increasing supply and/or improving quality _____
- if contracts are offered statewide and/or locally _____

■ No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

☐ Increase the supply of specific types of care with grants or contracts for:

☐ Programs to serve children with disabilities

☐ Programs to serve infants and toddlers

☐ Programs to serve school-age children

☐ Programs to serve children needing non-traditional hour care

☐ Programs to serve homeless children

☐ Programs to serve children in underserved areas

☐ Programs that serve children with diverse linguistic or cultural backgrounds

☐ Programs that serve specific geographic areas

☐ Urban

☐ Rural

☐ Other. Describe _____

☐ Improve the quality of child care programs with grants or contracts for:

☐ Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs

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☐ Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards

☐ Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation

☐ Programs to serve children with disabilities or special needs

☐ Programs to serve infants and toddlers

☐ Programs to serve school-age children

☐ Programs to serve children needing non-traditional hour care

☐ Programs to serve homeless children

☐ Programs to serve children in underserved areas

☐ Programs that serve children with diverse linguistic or cultural backgrounds

☐ Programs that serve specific geographic areas

☐ Urban

☐ Rural

☐ Other. Describe _____

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access: The Dept. of Children, Youth and Families Child Care Licensing regulations specifically state that all providers (including those that do not participate in CCAP) shall have an open door policy permitting parents to have access to the facility anytime their child is in attendance. In addition, providers participating in CCAP subsidy program enter into an agreement with the lead agency. That agreement includes language around afford parents unlimited access to their children.

License-exempt providers receiving CCDF funds sign an agreement with the lead agency that includes language ensuring that parents have unrestricted access to their children while in their care.

4.1.5 The Lead Agency must allow for in-home care (i;e;, care provided in the child's own home) but may limit its use. Will the Lead Agency limit the use of in-home care in any way?

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

☒ Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act. Describe: Providers are limited to caring for three (3) unrelated children, or six (6) children if an acceptable degree of relationship to the provider can be proven. The provider's children under six (6) years of age shall be included in the maximum number of six (6) related children.

☒ Restricted based on provider meeting a minimum age requirement. Describe: The provider must be at least twenty-one (21) years old as verified by a birth certificate or other legal document that contains the provider's date of birth.

☐ Restricted based on hours of care (certain number of hours, non-traditional work hours). Describe ___

☐ Restricted to care by relatives. Describe _____

☐ Restricted to care for children with special needs or medical condition. Describe _____

☒ Restricted to in-home providers that meet some basic health and safety requirements. Describe: The provider must complete a Health and Safety Training module prior to receiving CCDF payment for child care services.

☐ Other. Describe:

☐ No

4.2 Assessing Market Rates and Child Care Costs

The new law revises the provisions for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the price to parents of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval (see http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq).

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State/Territory must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Internet in an easily interpretable and understandable form.

The State/Territory must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the law requires States and Territories to take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider

such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

- ■ MRS
- ☐ Alternative Methodology. Describe _____
- ☐ Both. Describe _____
- ☐ Other. Describe _____

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities which could include worker organizations prior to developing and conducting the MRS or alternative methodology.

The RI Early Learning Council, the Permanent Legislative Commission on Child Care, and the DHS Community Exchange were informed of MRS and assistance in notifying providers of the survey was requested.

4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable. To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory. _____

The "Statewide Survey of Child Care Rates in Rhode Island" was sponsored by the Rhode Island Department of Labor and Training (DLT) on behalf of the Rhode Island Department of Human Services (DHS), pursuant to section 40-6.2-1.1 of the General Laws of State of Rhode Island, as amended. The survey was conducted between May 15 and July 15, 2015 by the Schmidt Labor Research Center (SLRC) at the University of Rhode Island (URI). The questionnaires used in the survey were prepared jointly by SLRC researchers and employees of the lead agency.

All Family or Group Family Child Care Homes (hereinafter, homes) and Child Care Centers (hereinafter, centers) licensed by the Rhode Island Department of Children, Youth, and Families (DCYF) were included in the survey. Every center received an English questionnaire. Homes received either English or Spanish questionnaire depending on DCYF's record of their preferred language. Since all homes and centers licensed by DCYF were included in the survey, there is no concern with sampling error

370 responses were received: 159 from homes and 211 from centers. The overall response rate, therefore, was 38.1%, with 28.5% of homes and 51.1% of centers responding. As a one hundred percent response rate was not achieved, there remains the possibility of response bias—that is, the possibility that non-respondents would have replied differently than respondents. Although our ability to estimate response bias is limited, we can compare the respondent pool with the

total population on at least two variables. The response rate for centers was higher than for homes. Therefore, aggregate measures are biased toward centers. In the report, however, responses were disaggregated so that the results for home and centers can be seen separately.

The survey compares the geographic dispersion of respondents (all and broken down by provider type) within the child care provider population. Most communities are represented in the pool of respondents in relatively close relation to their presence in the population.

4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:

a) Geographic area (e.g., statewide or local markets): The survey compares the geographic dispersion of respondents (all and broken down by provider type) within the child care provider population. Most communities are represented in the pool of respondents in relatively close relation to their presence in the actual population. No significant difference in geographical rates was noted.

b) Type of provider: All licensed child care programs were surveyed. Responses were compared both as a whole, and dis-aggregated by provider type (centers and homes).

c) Age of child: The survey compared weekly rates as they aligned with the State's defined age categories of Infant (0-18 Months), toddler (18-36months); preschool (3-5 years), and school age (5-12 years).

d) Describe any other key variations examined by the market rate survey, such as quality level: In addition to rates, RI's Market Rate Survey also looks at characteristics of providers, such as hours of operation, number of children served, % of enrollment that is CCAP, how providers charge parents, and other fees charged to families.

4.2.5 Describe the process used by the State/Territory to prepare a detailed report containing the results and make the report widely available to the public.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016) January 11, 2016

b) Date report containing results was made widely available, no later than 30 days after the completion of the report January 14, 2016

c) How the report containing results was made widely available and provide the link where the report is posted if available The final Market Rate Survey report was distributed via a listserv established by the lead agency, which includes contacts from state agencies, child care providers, and stakeholders, including the Early Learning Council,, Exceed, and Permanent Legislative Commission in Child Care. The report will be posted on the lead agency website in the coming month. (www.dhs.ri.gov)

4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS or alternative methodology) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be

comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children). Note – If the payment rates are not set by the State/Territory, check here . Describe how many jurisdictions set their own payment rates.

a) Infant (6 months), full-time licensed center care in most populous geographic region
   - Rate $ 193.64 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile 12th
b) Infant (6 months), full-time licensed FCC care in most populous geographic region
   - Rate $ 169.85 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile 55th
c) Toddler (18 months), full-time licensed center care in most populous geographic region
   - Rate $ 193.64 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile 21st
d) Toddler (18 months), full-time licensed FCC care in most populous geographic region
   - Rate $ 169.85 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile 56th
e) Preschooler (4 years), full-time licensed center care in most populous geographic region
   - Rate $ 161.71 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile 18th
f) Preschooler (4 years), full-time licensed FCC care in most populous geographic region
   - Rate $ 154.50 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile 54th
g) School-age child (6 years), full-time licensed center care in most populous geographic region
   - Rate $ 146.26 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile 19th
h) School-age child (6 years), full-time licensed FCC care in most populous geographic region
   - Rate $ 146.26 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile 40th
i) Describe the calculation/definition of full-time care: Full time child care is defined as thirty (30) or more hours per week.

j) Provide the effective date of the payment rates July 5, 2015

k) Provide the link to the payment rates: http://www.dhs.ri.gov/Regulations/CCAPProgram.pdf

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care. In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

- ☐ Tiered rate/rate add-on for non-traditional hours. Describe _____
- ☐ Tiered rate/rate add-on for children with special needs as defined by the State/Territory. Describe_____
- ☐ Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe _____
- ☐ Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. Describe. Under RTT-ELC, Rhode Island began issuing quality awards to licensed providers achieving a 3, 4, or 5 star QRIS rating, provided at least 10% of their children were enrolled in the CCAP subsidy program. Quality Awards were intended to both incentivize providers to achieve higher levels of quality, as well as support high-quality providers in covering the cost of implementing a quality program. Quality Awards were offered to programs through December 2015, utilizing funding from the State's Race to the Top-Early Learning Challenge grant. Rhode Island is currently exploring the implementation of a tiered subsidy reimbursement system based on a program's QRIS rating, in addition to various financial incentives tied to quality (QRIS participation and advancement).
- ☐ Tiered rate/rate add-on for programs serving homeless children. Describe _____
- ☐ Other tiered rate/rate add-on beyond the base rate. Describe _____
- ☐ None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology:

Effective July 5, 2015, a 3% increase in the CCAP Reimbursement Rates was implemented for all Licensed and License Exempt Child Care Programs serving CCDF children. At this time,

reimbursement rates cannot be further raised as a result of the new survey results without impacting the number of Rhode Island families and children that can be served. Family Child Care Rates are currently around the 50th percentile of the MRS, ranging from the 40th to the 56th percentiles, while Center Rates are around the 20th percentile, ranging from the 12th to the 21st percentile.

However, Rhode Island is exploring the use of a tiered reimbursement system based on the QRIS ratings of programs serving CCDF children. A proposal was submitted to the Governor's office and General Assembly outlining several options for tiered reimbursement, and included a discussion of the need to raise base rates to be more in line with the private market (specifically to at least the 50th percentile), as determined by the recent MRS.

4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014. For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary. _____

Effective July 5, 2015, a 3% increase in the CCAP Reimbursement Rates was implemented for all Licensed and License Exempt Child Care Programs serving CCDF children, regardless of the quality of care offered. At this time, reimbursement rates cannot be further raised as a result of the new survey results without impacting the number of Rhode Island families and children that can be served. Family Child Care Rates are currently around the 50th percentile of the MRS, ranging from the 40th to the 56th percentiles, while Center Rates are around the 20th percentile, ranging from the 12th to the 21st percentile.

However, Rhode Island is exploring the use of a tiered reimbursement system based on the QRIS ratings of programs serving CCDF children. A proposal was submitted to the Governor's office and General Assembly outlining several options for tiered reimbursement, and included a discussion of the need to set rates that are sufficient to cover the cost of operating a quality child care program, as well as an analysis of the current quality level of CCAP programs and the percent of children receiving care at each level of the QRIS.

4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access – such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

- ☐ Payment rates are set at the 75th percentile or higher of the most recent survey. Describe _____

- ☐ Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.
- ☐ Rates based on data on the cost to the provider of providing care meeting certain standards. Describe
- ☐ Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile. Describe _____
- ☐ Data on the proportion of children receiving subsidy being served by high-quality providers. Describe

  Approximately 64% of CCDF providers are at the one star level, while only 48% of CCDF children are cared for by a 1 star program.

  Approximately 21% of CCDF providers are at the two star level, while 25% of CCDF children are cared for by a 2 star program.

  Approximately 8% of CCDF providers are at the three star level, while 17% of CCDF children are cared for by a 3 star program.

  Approximately 6% of CCDF providers are at the four star level, while 8% of CCDF children are cared for by a 4 star program.

  Approximately 2% of CCDF providers are at the one star level, and 2% of CCDF children are cared for by a 5 star program.

  It should be noted that the one star percentages include programs that were automatically awarded a 1 Star by virtue of their participation in the CCAP program. Because they were not assessed, there may be some programs that meet the standards outlined at higher QRIS levels.
- ☐ Data on where children are being served showing access to the full range of providers. Describe: Data analysis shows that CCAP providers are available in 38 out of 39 RI cities and towns, and that 85% of licensed child care centers and 91% of licensed family child care homes accept children participating in the CCAP Program.
- ☐ Data on how rates set below the 75th percentile allow CCDF families access to the same quality of care as families not receiving CCDF. Describe: approximately 99% of CCAP families utilize licensed providers to care for their children, while less than 1% choose license exempt care, indicating that CCAP families are not having difficulty accessing licensed child care programs to meet their needs. In addition, the lead agency requires all licensed CCDF providers to participate in the state's QRIS, ensuring that these programs are on the quality improvement pathway.
- ☐ Feedback from parents, including parent survey or parent complaints. Describe Planned for 2016-2017
- ☐ Other. Describe_____

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

☐ X Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access by March 1, 2016. Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access. CCAP families are able to access the vast majority of State's child care market, with little to no geographical restrictions. Additionally, while only 37% of CCAP programs are providing care that is above the state's basic health and safety requirements (2-5 Star), 52% of children are cared for by a 2-5 Star program.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
  - Unmet requirement - Identify the requirement(s) to be implemented _____
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
      - Projected start date for each activity _____
      - Projected end date for each activity _____
      - Agency – Who is responsible for complete implementation of this activity _____
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory's payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory —so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory's payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the

State/Territory.

- ☐ X Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 4.5.2 through 4.5.3 below.

- ☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

  - Overall Target Completion Date (no later than September 30, 2016) _____
  - Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
    - Unmet requirement - Identify the requirement(s) to be implemented _____
      - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
        - Projected start date for each activity _____
        - Projected end date for each activity _____
        - Agency – Who is responsible for complete implementation of this activity _____
        - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. Check all that apply and describe. The Lead Agency

- ☐ Pays prospectively prior to the delivery of services. Describe _____
- ☐ X Pays within no more than 21 days of billing for services. Describe: Payments to providers are made 13 days from the due date for receipt of a billing invoice from the provider.
- ☐ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance. Describe including the State/Territory's definition of occasional absences _____For CCAP payment to be made, an eligible child enrolled with an approved licensed provider shall attend at least some portion of their CCAP

authorized enrollment each week, with the exception of the two (2) weeks of allowed absences per child, per calendar year.

- ☐ X Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe: For CCAP payment to be made, an eligible child enrolled with an approved licensed provider shall attend at least some portion of their CCAP authorized enrollment each week, with the exception of the two (2) weeks of allowed absences per child, per calendar year.
- ☐ X Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month. Specify the number of absence days allowed and paid for and describe: When a child is enrolled with a licensed provider, DHS shall make payment for up to two (2) weeks of CCAP authorized child care services per calendar year during which an eligible child is absent and the parent authorizes payment.
- ☐ X Pays on a full-time or part-time basis (rather than smaller increments such as hourly):
  CCAP child care services are authorized as follows:
  - Full-time, for thirty (30) or more hours per week;
  - Three-quarter time from twenty (20) up to twenty-nine (29) hours per week.
  - Half-time, from ten (10) up to nineteen (19) hours per week; and
  - Quarter time, for less than nine (9) hours per week.
- ☐ Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.) In 2015, Rhode Island completed contract negotiations with SEIU 1199NE, as the union representative for home based providers (both licensed and license exempt, who participate in the Child Care Assistance Program. As part of these negotiations, licensed family child care providers who charge a registration fee to private pay families will be reimbursed up to $50 per child as a registration fee for CCDF subsidized families.
- ☐ Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment When there is a change to a family's schedule or income, the InRhodes eligibility system auto-generates a letter to the child care provider informing them of any changes in the family's time authorization or family co-payment amount. This notice is sent 10 days prior to any changes taking effect.
- ☐ X Has a timely appeal and resolution process for payment inaccuracies and disputes. Describe: A written Request for Hearing form must be submitted, signed & dated by the provider, and received by the department within 30 days of the notice of action being appealed. A discussion of the disputed issue(s) is usually arranged between the individual and the appropriate agency representative and his/her supervisor in order to clarify the issue and seek resolution. If the individual is still unsatisfied, a date is then set for an Appeal Hearing. At the hearing, the appeals officer endeavors to bring out all relevant facts bearing on the situation at the time of the questioned agency action or inaction and on agency policies pertinent to the issue.

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A decision letter will be prepared by the hearing officer and a copy sent to the provider. If unsatisfied with the outcome, an individual may appeal the decision of the hearing officer to the RI Superior Court.

- ☐ Other. Describe _____
- ☐ For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory Data is needed to determine if this is standards practice in the private pay market. The lead agency will add additional questions to the next Market Rate Survey to determine if prospective billing is standard practice for private pay families.

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

- ☐ Policy on length of time for making payments. Describe length of time Payments to providers are made 13 days from the due date for receipt of a billing invoice from the provider. In addition, providers have up to 12 months from the date of care to bill the lead agency for services provided to an eligible child.
- ☐ Track and monitor the payment process _____
- ☐ Use of electronic tools (e.g., automated billing, direct deposit, etc.) Describe: Providers caring for CCAP children utilize an automated, web-based enrollment system to collect and process enrollment information for subsidized children. The option to use direct deposit is available to providers. Providers with limited or no access to technology are able to call the tele-enrollment hotline to use the system by proxy.

  In 2016, the lead agency will be transitioning to a new eligibility system which will allow providers to report attendance and submit billing invoices online.
- ☐ Other. Describe_____

4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

- ☐ Yes. Describe data sources _
- ☐ No. If no, how does the State/Territory determine most critical supply needs? _____ In Rhode Island, all families that are eligible are served. Regardless, the lead agency is working to better understand needs of RI workforce, providers, and families, and to predict future CCDF caseloads in order to continue to ensure adequate funding as the economy recovers.

4.6.2 Describe what method(s) is used to increase supply and improve quality for:

a) Infants and toddlers (check all that apply)

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks

- ☐ Start-up funding
- ☐ Technical assistance support – Center for Early Learning Professionals, CCHC, LISC
- ☐ Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.4.1) – suggested as part of tiered reimbursement proposal
- ☐ Other. Describe

b) Children with disabilities (check all that apply)

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☐ Technical assistance support Center for Early Learning Professionals
- ☐ Recruitment of providers – plan for future?
- ☐ Tiered payment rates (as discussed in 4.4.1) lead agency has requested data and will consider in the coming year, in collaboration with SEIU 1199NE
- ☐ Other. Describe _____

c) Children who receive care during non-traditional hours (check all that apply)

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☐ Technical assistance support Center for Early Learning Professionals
- ☐ Recruitment of providers lead agency will be considering in coming year
- ☐ Tiered payment rates (as discussed in 4.4.1)lead agency has requested data and will consider in the coming year, in collaboration with SEIU 1199NE
- ☐ Other. Describe _____

d) Homeless children (check all that apply)

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☐ Technical assistance support Center for Early Learning Professionals
- ☐ Recruitment of providers (based on quality)lead agency will develop in coming year
- ☐ Tiered payment rates (as discussed in 4.4.1)
- ☐ Other. Describe _____

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms

of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q)) Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

- ☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe In Rhode Island, the Child Care Assistance Program functions as an entitlement, with all eligible families being served. However, the lead agency will be reviewing data regarding geographic fluctuations in unemployment rates within the State to better inform the need for services.
- ☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
  - Overall Target Completion Date (no later than September 30, 2016) _____
  - Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
    - Unmet requirement - Identify the requirement(s) to be implemented _____
      - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
        - Projected start date for each activity _____
        - Projected end date for each activity _____
        - Agency – Who is responsible for complete implementation of this activity _____
        - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain

why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

5.1 Licensing Requirements and Standards

Each State/Territory is required to certify it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(F) Nothing in the statute prohibits the State/Territory from exempting child care providers from licensing requirements. But, if the State/Territory exempts any child care providers from State/Territory licensing requirements, the CCDBG Act of 2014 requires States and Territories to describe how such licensing exemptions do not endanger the health, safety, and development of children receiving CCDF who are cared for by the license-exempt providers. (658E(c)(2)(F)(ii))

5.1.1 The State/Territory certifies that it has licensing requirements applicable to all child care services provided within the State. (658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

Child Care Center: means any person, firm, corporation, association, or agency who, on a regular basis, receives any child under the age of 16 years, for the purpose of care and/or supervision, not in the home or residence, apart from the child's parent or guardian for any part of a twenty-four (24) hour day irrespective of compensation or reward. It shall include child care programs that are offered to employees at the worksite. It does not include nursery schools or other programs of educational services subject to approval by the commissioner of education.

Family Child Care Home: means any home other than the child's home in which child care in lieu of parental care and/or supervision is offered at the same time to four (4) or more children who are not relatives of the care giver

Group Family Child Care Home: means a residence occupied by an individual of at least twenty one (21) years of age who provides care for not less than nine (9) and no more than twelve (12) children, with the assistance of one or more approved adults, for any part of twenty-four (24) hour day. The maximum of twelve (12) children shall include children under six (6) years of age who are living in the home; school age children under the age of

twelve (12) years whether they are living in the home or are received for care, and children related to the provider who are received for care

5.1.2 Does your State/Territory exempt any child care providers that can receive CCDF from its licensing requirements?

- ☐ X Yes. Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers any relative, friend or neighbor of a family eligible for CCAP, providing child care in the home of the child or the provider's home (not to exceed 3 unrelated or 6 related children), who has been successfully screened by the lead agency. License exempt providers are not required under applicable State laws to obtain licensure from the Rhode Island Department of Children, Youth and Families. License Exempt providers are only approved in CCAP as long as they have a CCAP pending or eligible child in their care.

- ☐ No

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

- ☐ X Fully implemented and meeting all Federal requirements outlined above. Describe using 5.1.4 and 5.1.5 below.

- ☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

  - Overall Target Completion Date (no later than September 30, 2016) _____
  - Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
    - Unmet requirement - Identify the requirement(s) not fully implemented _____
  - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
    - Projected start date for each activity _____

- Projected end date for each activity _____
- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant
   - State/Territory age definition: **6 weeks to 18 months**
   - Ratio: **1:4**
   - Group size**: 8**
2. Toddler
   - State/Territory age definition: **18 months to 3 years**
   - Ratio: **1:6**
   - Group size: **12**
3. Preschool
   - State/Territory age definition: **3 years to 5 years**
   - Ratio: **1:9 up to 1:12 (most restrictive applies)**
   - Group size : **18 – 24 (most restrictive applies)**
4. School-Age
   - State/Territory age definition: **5 years – 18 years**
   - Ratio: **1:13**
   - Group size: **26**
5. If any of the responses above are different for exempt child care centers, describe **License-exempt providers are not to exceed 3 unrelated or 6 related children.**
6. Describe, if applicable, ratios and group sizes for centers with mixed age groups **Meet the staff/child ratio and group size requirements for the younger age grouping**

b) Licensed Group Child Care Homes:

1. Infant
   - State/Territory age definition: **Newborn to 18 months**
   - Ratio: **4 infants with one provider; no more than 8 under 18 months 2 assistants required**
   - Group size: N/A
2. Toddler
   - State/Territory age definition: **18 months - 3**
   - Ratio: **6 children with one provider;**
   - Group size: **N/A**
3. Preschool:

- State/Territory age definition: **3 years – 5 years**
- Ratio: **6 children with one provider**
- Group size: **N/A**

4. School-Age
   - State/Territory age definition: **5 years -18 years**
   - Ratio: **6 children with one provider**
   - Group size: N/A

5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day: **no less than 9 and no more than 12 children for any part of a twenty-four (24) hour day. Children under age 6 that reside in the home should be counted in determining the maximum number for licensure.**

6. If any of the responses above are different for exempt group child care homes, describe: **n/a**

☐ N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios **6 children with 1 provider**, group size **6**, the threshold for when licensing is required **3 children**, maximum number of children that are allowed in the home at any one time **6**, if the State/Territory requires related children to be included in the Child- to-Provider ratio or group size **Children under age 6 that reside in the home should be counted in determining the maximum number for licensure** , or the limits on infants **no more than 2 children under 18 months** and toddlers or additional school-age children that are allowed for part of the day

2. If any of the responses above are different for exempt family child care home providers, describe: **License exempt providers shall not to exceed 3 unrelated or 6 related children in their care at any given time**

d) Any other eligible CCDF provider categories:

Describe the ratios:_____, group size _____, the threshold for when licensing is required **,** maximum number of children that are allowed in the home at any one time , if the State/Territory requires related children to be included in the child-to-provider ratio or group size _____, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

1. Infant lead teacher and assistant teacher qualifications
2. Toddler lead teacher and assistant teacher qualifications

3. Preschool lead teacher and assistant teacher qualifications
4. School-Age lead teacher and assistant teacher qualifications
5. Director qualifications

1,2, and 3:

- Teacher must possess A) a minimum of a high school diploma with a vocational concentration in child care that includes two years of supervised experience in a licensed/approved early childhood program or B) A high school diploma or GED certificate and three years of supervised experience in a licensed/approved early childhood program or certified family day care home
- Teacher Assistants must be at least 18 years old, and possess a high school diploma or GED certificate

4. Teacher must be at least 21 years old and possess a minimum of an Associate's Degree or sixty (60) college credits, with 18 of them in a field relating to education, child development, human services or recreation from an approved and accredited institution of higher education or has at least one year of supervised experience working with children

5. Directors must have a minimum of 3 years of experience working in a licensed/approved early childhood program and/or has successfully completed at least 18 credits in early childhood education.

b) Licensed Group Child Care Homes:

1. Infant lead teacher _____ and assistant qualifications _____
2. Toddler lead teacher _____ and assistant qualifications _____
3. Preschool lead teacher _____ and assistant qualifications _____
4. School-Age lead teacher _____ and assistant qualifications _____

☐ N/A. State/Territory does not have group child care homes.

Both teachers and assistants shall be at least twenty–one (21) years of age and show evidence of having successfully completed the following: High School or GED (Individuals holding a FCC home license issued prior to the effective date of these regulations shall not be subject to these requirements).

c) Licensed Family Child Care home provider qualifications:

Both provider and assistant shall be at least twenty–one (21) years of age and show evidence of having successfully completed the following: High School or GED (Individuals holding a FCC home license issued prior to the effective date of these regulations shall not be subject to these requirements).

d) Other eligible CCDF provider qualifications

A license exempt provider shall be a least twenty-one (21) years of age, and must pass comprehensive background check for themselves and any adult members of the household.

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1)

establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics. (658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

a) The State/Territory certifies that it has health and safety requirements for providers receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

■ Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____

- Unmet requirement - Identify the requirement(s) not fully implemented _____

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
  - Projected start date for each activity _____
  - Projected end date for each activity _____
  - Agency – Who is responsible for complete implementation of this activity _____
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address these training requirements.

- Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above.

  Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements _____

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

  - Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
  - Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully

implemented (not yet started, partially implemented, substantially implemented, other) partially implemented

- Implementation progress to date – Identify any requirement(s) partially or substantially implemented Rhode Island has pre-service requirements in place for licensed Family Child Care providers, who are required to complete a 21 hour training series prior to receiving their license, as well as a required pre-service online health and safety module for license exempt providers.
- Unmet requirement - Identify the requirement(s) not fully implemented
  - Pre-service/orientation training requirement for licensed centers
  - Ongoing health and safety training requirement for all provider types

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) ____
  - In March 2016, the lead agency will collaborate with DCYF to review and revise CCAP policy to address the new CCDBG requirements
  - Promulgate revised Policy upon completion of necessary revisions
  - Conduct outreach to providers to ensure awareness of and compliance with new policies.

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

- ☐ Nutrition. Describe DCYF licensing regulations include requirements around nutrition, including that staff training on nutrition and physical activity is conducted annually, and also outlines nutritional guidelines for snacks and beverages offered by the program, such as restricting programs from serving artificially sweetened or caffeinated beverages.

- ☐ Access to physical activity. Describe DCYF licensing regulations include requirements around physical activity, such as that staff training on nutrition and physical activity is conducted annually, requiring daily physical activity for children, and that children cannot be deprived of physical activity as a form of punishment.
- ☐ Screen time. Describe DCYF licensing regulations include requirements around screen time, such as restricting screen time for children under 2, setting limits for older children, and clarifying appropriate use of media related to instruction.
- ☐ Caring for children with special needs. Describe Children with Special Needs: DCYF licensing regulations include requirements around obtaining written recommendations about the child's needs from the parent/guardian, physician or other authorized personnel; care being provided in accordance with IEP; specific health care procedures being delivered by a trained professional; and opportunities for active play.

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☐ Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety. Describe

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from CCDF health and safety training requirements. Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics? Note this exception applies if the individual cares ONLY for relative children.

☐ Yes, all relatives are exempt from all health and safety training requirements. If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care. _____

☐ Yes, some relatives are exempt from health and safety training requirements. If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care. _____

■ No, relatives are not exempt from CCDF health and safety training requirements.

5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory has in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

■ Yes. The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities. List the policy citation__For licensed child care programs, licensing regulations contain these requirements: http://www.dcyf.ri.gov/licensing.php
For License Exempt CCDF providers, requirements can be found in the lead agency's policies at http://www.dhs.ri.gov/Regulations/CCAPProgram.pdf

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet

started, partially implemented, substantially implemented, other) _____

- Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
- Unmet requirement - Identify the requirement(s) not fully implemented _____

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
  - Projected start date for each activity _____
  - Projected end date for each activity _____
  - Agency – Who is responsible for complete implementation of this activity _____
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives).

a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. (658E(c)(2)(K)(i)(I))

X Yes. The State/Territory certifies that it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting :RIGL Chapter 42-72.5 (10) licensing inspectors are required to attend 20 hours of mandatory training per year, and must hold a minimum of a bachelors' degree in social work or closely related field

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
  - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
  - Projected start date for each activity _____
  - Projected end date for each activity _____
  - Agency – Who is responsible for complete implementation of this activity _____
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

b) **Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

☐ Yes. The State/Territory certifies that it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits : http://www.dcyf.ri.gov/licensing.php. DCYF conducts pre-licensure visits to all licensed providers, and conducts at least one unannounced monitoring visit per year.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

c) **Inspections for License-Exempt CCDF Providers (except those serving relatives)** – It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

- ☐ Yes. The State/Territory certifies that it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements :_____

- ☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

  - Overall Target Completion Date (no later than November 19, 2016) November 19, 2016
  - Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) not yet implemented
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented
    - Unmet requirement - Identify the requirement(s) not fully implemented Ensure policies and practices are in place that require qualified monitors designated by the lead agency to perform an annual monitoring visit of each license-exempt CCDF provider.
  - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
    - Beginning in February 2016, the lead agency will :
      - Collaborate with DCYF, and other partners as identified, to ensure alignment of monitoring policies, forms, and procedures
      - Develop and implement training curriculum for monitors
      - Revise CCAP policy to comply with CCDBG requirements
      - Inform CCDF providers of new policies and procedures
      - Begin conducting monitoring visits

d) **Ratio of Licensing Inspectors** – It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

- Yes. The State/Territory certifies that it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors : Rhode Island has practices in place that ensure that the ratio of licensing inspectors to child care providers and facilities allow for each provider to receive a minimum of one unannounced monitoring visit annually, in addition to site visits conducted in response to the receipt of a complaint. The lead agency has amended its contractual agreement with DCYF to include CCDBG language regarding the ratio of licensing inspectors to child care programs, and to provide funding to allow two additional licensing inspectors to be hired by DCYF to reduce licensing caseloads

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented
  - Unmet requirement - Identify the requirement(s) not fully implemented _
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
  - Projected start date for each activity _____
  - Projected end date for each activity _____
  - Agency – Who is responsible for complete implementation of this activity _____
  - Partners – Who is the responsible agency partnering with to

complete implementation of this activity _____

e) **Child Abuse and Neglect Reporting –** That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

- ☐ Yes. Fully implemented and meeting all Federal requirements outlined above. List the policy citation(s) **DCYF Policy 500.000**
- ☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
  - Overall Target Completion Date (no later than November 19, 2016) _____
  - Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
    - Unmet requirement - Identify the requirement(s) not fully implemented _____
  - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
    - Projected start date for each activity _____
    - Projected end date for each activity _____
    - Agency – Who is responsible for complete implementation of this activity _____
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from inspection requirements. Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

- ☐ Yes, all relatives are exempt from all inspection requirements. If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care. _____
- ☐ Yes, some relatives are exempt from inspection requirements. If the State/Territory exempts some relatives from the inspection requirements, describe which relatives

are exempt and include how the State/Territory ensures the health and safety of children in relative care. _____

☐ X No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories are required to have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as any other individuals in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry.

Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State**/**Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.

Fees for background checks – Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency – The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.

Appeals process – The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks. They may release aggregated data by crime as long as the data does not include personally identifiable information.

5.3.1 Describe the status of the State/Territory's requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

- ☐ Fully implemented and meeting all Federal requirements outlined above. List the policy citation within the Lead Agency's rules and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.
- ☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

  - Overall Target Completion Date (no later than September 30, 2017) September 30, 2017
  - Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) substantially implemented
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented Rhode Island currently requires criminal background checks on all child care staff members and prospective staff members of child care providers. For family child care homes and license exempt providers approved by the lead agency, this includes the caregiver requesting a check of him/herself, as well as any other adults in the household. Background checks include fingerprinting, an employment background check, a CANTS (child abuse and neglect tracking system) check of substantiated complaints, and State and national criminal records check. Employees or potential employees with disqualifying information and/or refusal to submit to a background check are ineligible for employment. Applicants (and adult household members as specified above) are informed in writing of the results, as is the employer, or in the case of License exempt providers, the lead agency, without disclosing the nature of the disqualifying information. Appeals policies and procedures are in place. Policies and procedures for conducting background checks on

child care providers and employees are included on the DCYF and EXCEED websites.

- Unmet requirement - Identify the requirement(s) not fully implemented Rhode Island does not currently include the National Sex Offender Registry in the comprehensive background check, does not have specified timelines for completing background checks, and does not have language specifying a re-check of employees after 5 years.
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
    - DCYF has access to the sex offender registry, and will work with the lead agency to review the need for rule changes in order to implement changes in comprehensive background check process for child care providers and employees, including to specify re-checks every 5 years.
    - The lead agency will review and revise CCAP policy to update DCYF citations as needed, and to specify changes to background checks requirements for license exempt providers
    - The lead agency will continue to work collaboratively with DCYF, and others as identified, to assist with regulatory and/or legislative changes, and to ensure related policies and procedures are in place, and to inform child care providers, families, and the general public of any changes

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and appealing the results of background checks.

5.3.3 Describe how the State/Territory is helping other States process background checks, including any agencies/entities responsible for responding to requests from other states _____

5.3.4 Does the State/Territory have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

☐ Yes. Describe._____

☐ No

5.3.5 Does the State/Territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 5.3?

☐ Yes. Describe._____

☐ No

5.3.6 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from background check requirements. Note this exception only applies if the individual cares ONLY for relative children. Does your State State/Territory exempt relatives from background checks?

- ☐ Yes, all relatives are exempt from all background check requirements.
- ☐ Yes, some relatives are exempt from the background check requirements. Describe which relatives are exempt._____
- ☐ No, relatives are not exempt from background checks.

5.3.7 Describe how the State/Territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether conducted by the State/Territory or a 3rd party vendor or contractor, Lead Agencies can report that no fees are charged if applicable. _____

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue _____

5.3.9 Does the Lead Agency release aggregated data by crime?

- ☐ Yes. List types of crime included in the aggregated data _____
- ☐ No

6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a "career ladder" that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States

and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children's development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

6.1.1 Describe the status of the State/Territory's professional development system or framework, including training and professional development requirements to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

The Lead Agency assures that the State/Territory's training and professional development requirements:

a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).

b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood

Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.

c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)

d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF

e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

■ Fully implemented and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
  - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
  - Projected start date for each activity _____
  - Projected end date for each activity _____
  - Agency – Who is responsible for complete implementation of this activity _____
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

6.1.2 Describe how the State/Territory provides ongoing training and professional development that is accessible for the diversity of providers in the State/Territory, provides for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities) and improves the quality and stability of the child care workforce. Use the checkboxes below to identify and describe the elements of the progression of professional development. Check all that apply.

- ☐ State/Territory professional standards and competencies. Describe _____ In RI, the progression of professional development is described in a set of Workforce Knowledge and Competency Frameworks (WKCs) to help professionals understand what they should know and be able to do. These include the following frameworks:
  - WKCs for Early Childhood Teachers and Early Intervention/Early Childhood Special Educators
  - WKCs for Teacher Assistants
  - WKCs for Family Child Care Educators
  - WKCs for PD Providers and Higher Education Faculty/Staff
  - WKCs for Early Childhood Administrators and Education Coordinators (Draft)

  The Frameworks are readily available and accessible to the early childhood community on the EXCEED website. In addition, RI's Center for Early Learning Professionals has designed and posted a series of self-paced online modules to help early childhood providers better understand the WKC frameworks and use the frameworks to assess their professional development strengths and needs and develop an Individual Professional Development Plan.
- ☐ Career ladder or lattice. Describe Embedded within the WKC Frameworks are career pathways that specifies the formal education, experience, professional development, and professional activities that correspond with each level. Individuals advance from one level to the next through a combination of formal education, experience, and professional development as outlined in the documents.
- ☐ Articulation agreements between two- and four-year postsecondary early childhood education or degree programs. Describe _____
- ☐ Community-based training approved by a state regulatory body to meet licensing or regulatory requirements. Describe The RI Department of Human Services has contracted with the Center for Early Learning Professionals, to develop and implement a system to approve community-based trainings to meet licensing and regulatory requirements. The system is designed to ensure the quality of these opportunities. The Center for Early Learning Professionals—in partnership with DHS, RIDE and DCYF—designed the professional development (PD) approval process. As of June 1, 2014, all PD activities for the early childhood community must meet certain criteria in order to qualify under the state's requirements for ongoing professional development. The approval system ensures that PD offered across the state:
  - Articulates learning objectives and content aligned with the state's Workforce Knowledge and Competency domains and career levels
  - Links to the Rhode Island Early Learning and Development Standards
  - Is facilitated by individuals who meet the qualifications and expectations found in Rhode Island's *Workforce Knowledge and Competencies for Professional Development Providers and Higher Education Faculty/Staff*
  - Incorporates activities and presentation methods appropriate for adult

learners
- Assesses participant progress toward desired learning outcomes
- Includes references that demonstrate ties to research, theory, and best practice

There are two options for obtaining PD approval: PD Approval for Trainers and PD Approval for Participants. Applicants complete an online application process. Center staff members assist applicants to strengthen their applications, when necessary, in order to pass the Centers review process.
The Center for Early Learning professionals maintains a current listing of all approved PD offerings available to Rhode Island's early learning community on its website

☐ Workforce data, including recruitment, retention, registries or other documentation, and compensation information. Describe
Under RTT-ELC, Rhode Island completed its first comprehensive early childhood workforce study in 2013. Since then, Rhode Island has built an early care and education data system (ECEDS) that houses a workforce registry for staff working in early childhood and OST programs. The workforce registry went live late 2015, and in RI is working to promote awareness, understanding, and participation in the workforce registry. RI will use the registry to complete annual workforce reports, beginning in 2016, that include data on the educational levels, compensation, and other characteristics of the workforce in order to identify and address the professional development and other needs of those working in the field.

☐ Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework. Describe The Center for Early Learning Professionals PD system receives recommendations through the Center's interagency management team, as well as though the State's Early Learning Council and Early Learning Council sub-committees.
The Center for Early Learning Professionals, as the state's system for PD and TA, started as a conceptualized partnership between state agencies, led by DHS in partnership with the Department of Education (RIDE) as the RTT-ELC grant fiscal agent, and included the expertise of the Departments of Children, Youth, and Families, and Health.
The Center has become the established comprehensive PD/TA system in Rhode Island in charge of providing high quality PD trainings that are aligned with the RI Workforce Knowledge and Competencies (WKC). In addition, the Center provides TA support and services and awards and manages Quality Improvement Grants (QIG) to eligible programs in congruence with state and federal guidelines. PD trainings, TA support services, and QIG offerings target the educational needs of the state's English and Spanish early learning educators.

The Center's Management Team, includes the Center's Director and assigned staff and representatives from DHS, RIDE, DCYF, and DOH. The management Team meets quarterly, at a minimum, to review data and continuous improvement efforts and approve all of the over-arching policy decisions and policy revisions.

The Management Team also ensures the alignment of the Center's professional development activities with CCDF and RTT-ELC goals.

In addition, the Center is represented on RI's Early Learning Council (SAC) as a core member and has a seat on each of the ELC sub-committees:

- Access to High Quality Programs
- Program Quality Improvement
- Effective and Sustainable Workforce
- Early Learning and Development Outcomes
- Workforce Registry and Data

Through active participation on the Council and its sub-committees, the Center shares regular updates and obtains community feedback to help shape and continually improve professional development services.

☐ Continuing education unit trainings and credit-bearing professional development. Describe _____

☐ State-approved trainings. Describe All trainings provided by the state's Center for Early Learning Professionals are regarded as state-approved. In addition to the Center's training catalogues that are published on the website four times each year, the Center has a host of community-based vetted trainings that are available to the public, including a series of RI Early Learning and Development Standards trainings. The Center ensures that professional development trainings are designed to enable child care educators to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. They are accessible and appropriate across settings and types of educators and include family child care educators, child care center staff, license exempt educators, and as applicable, Tribal organizations. The Center ensures that offerings meet the needs of the early education community at all levels of their career pathway.

Examples of the state-approved trainings that will be offered through the Center in the upcoming months include:

- CLASS Pre-K and CLASS Toddler overview series, Environmental Rating Scales (ERS), revised management systems series for 1 and 2 star center-based programs and 3, 4, and 5 star center-based programs; social/emotional development and behavior management, child assessment modules, infant/toddler development and curriculum, formative child assessment, executive function (B-5), quality interaction in play settings/inclusionary practices/ and family engagement and cultural competence, combined "Essentials" and "Moving Forward" series for FCC with one (1) star rating, First Steps series for prospective FCC educators, and Leadership Series for early childhood directors between January 2016 and September 2016.
- A total of 15 PD training series per semester, expanding the number of multisession series to 35 between January and September 2016.
- Revised version of the required CCAP health and safety training series for licensed exempt providers in English and Spanish available online by February 2016.
- Additional webinars on health and safety practices in center-based settings by September 2016.

- PD trainings and TA support for educators "identifying and serving homeless children and families and improving trauma and informed care" between January 2016 and September 2016.
- A First Steps series as a preservice training requirement for FCC educators.

☐ Inclusion in state and/or regional workforce and economic development plans. Describe_____

☐ Other. Describe _____

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC

The Workforce Development Subcommittee of the RI Early Learning Council developed a Plan for developing a Statewide Professional Development System in 2012 that was used to guide the development of the State's PD work under RTT-ELC. The workforce subcommittee meets quarterly, and reviews relevant workforce data, as well as progress on workforce initiatives within the State, and provides valuable input and feedback on these progress and real-world implications of the State's workforce initiatives and programs.

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6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements The State uses CCDF funding to contract with the RI Department of Education to develop and implement training that incorporates knowledge and application of the RI Early Learning and Development Standards for children ages birth to five. Participation in these trainings is a required element in the State's QRIS system – both administrators and educators must complete the training in order to advance the program along the quality continuum.

State Child Care Licensing standards outline specific topical requirements for professional development. Center-based and family child care providers are required to participate in annual health and safety training. Prior to licensing, family child care providers must attend 21 hours of training on the following topics: Regulations, Health and Safety, Professionalism and Ethics, Setting up an Appropriate Learning Environment, and Child Abuse and Neglect.

In addition, all license-exempt providers must complete health and safety training prior to receiving CCDF approval. In all three cases, the Center for Early Learning Professionals has been involved in the collaboration to design and provide high-quality, accessible professional development to meet these requirements.

Through the Center for Early Learning Professionals, the workforce can also access professional development and technical assistance supports to build their knowledge of research-based social-emotional/behavioral and mental health intervention models such as *The Incredible Years* and the *Center for the Social and Emotional Foundations of Early Learning (CSEFEL)*.

6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable)

The Hand in Hand Child Care Center in Charlestown, RI is the single tribal-owned and operated child care facility in the State of Rhode Island. The tribal child care center has fully participated in the state's technical services as well as its quality improvement grant funds through the Center for Early Learning Professionals to improve their current quality rating status. They have participated in technical assistance services to address the competencies and requirements aligned with improving their teacher and administrative practices and have embedded trainings into their quality improvement plan. Services have been provided in a culturally-appropriate way to address the specific and unique needs of the children in their care.

6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children), English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians. _____

The State's QRIS, BrightStars, includes standards that require that each staff member at facilities that are rated 2 Stars or higher develop an annual professional development plan. In addition, the Center for Early Learning Professionals has designed and posted a series of self-paced online

modules to help early childhood providers better understand the WKC frameworks and use the frameworks to assess their professional development strengths and needs and develop an Individual Professional Development Plan.
DHS contracts with the Center for Early Learning Professionals stipulates to "serve all of the state's early care sectors and education programs including: family child care educators (including English language limited and non-English speaking providers), child care centers, Pre-K, Head Start, and public school preschool programs with the focus on those who serve underserved children." In response, the Center ensures that their quarterly catalogue of professional development offerings and individualized and small group TA services meet this contract deliverable. The Center submits monthly and quarterly statistical reports that are monitored internally and by DHS to ensure that this goal is being met and that service delivery systems are adjusted, when necessary, to reach all sectors.

The Center for Early Learning Professionals will increase the number of PD training series offered in English and Spanish and provide scheduling during non-traditional hours and in a variety of local community settings across the state.

6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

- ☐ Financial assistance for attaining credentials and post-secondary degrees. Describe The lead agency partners with Community College of RI to offer the 12 credit Early Care and Education Training Program to individuals currently working in the field. The cost of tuition and books is funded completely by the program, providing the current workforce with a no-cost means of gaining foundational knowledge in ECE, combined with supportive mentoring and coaching.

  The State's RTT-ELC grant also funds RI's TEACH program, which offers scholarships and support to professionals, and financial support to the programs that employ them, in order to assist in the workforce in achieving AA and BA degrees in ECE.
- ☐ Financial incentives linked to education attainment and retention. Describe _____
- ☐ Registered apprenticeship programs. Describe _____
- ☐ Outreach to high school (including career and technical) students. Describe _____
- ☐ Policies for paid sick leave. Describe _____
- ☐ Policies for paid annual leave. Describe _____
- ☐ Policies for health care benefits. Describe _____
- ☐ Policies for retirement benefits. Describe _____
- ☐ Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services). Describe _____
- ☐ Other. Describe _____

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language. The lead agency will employ a bilingual specialist who will focus on the needs of CCDF funded providers that do not speak English as their first language. The Specialist will assist providers that speak Spanish by providing a dedicated resource for questions and support. The Specialist will also assist in providing Spanish translation of communications and forms used by CCDF funded providers, and may also assist in outreach and program integrity efforts as needed.

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is

not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

■ Informational materials in non-English languages

■ Training and technical assistance in non-English languages

■ CCDF health and safety requirements in non-English languages

☐ Provider contracts or agreements in non-English languages

■ Website in non-English languages

■ Bilingual caseworkers or translators available

■ Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce (workforce registry data)

☐ Other _____

☐ None

If the Lead Agency checked any option above related to providing information or services in other non- English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages _ English, Spanish, Portuguese

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

■ Yes. The State certifies that no later than September 30, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families. Describe that training and technical assistance for providers As of January 2016, the Center for Early Learning Professionals is contracted to work with the lead agency to include training and technical assistance for providers on serving homeless children and families. Specifically, DHS and the Center will collaborate to design a series of informational webinars on the topic. The webinars will be available to all sectors of the ECE workforce via the Center's website. The webpage will contain a link to the state's Infoline so that participants can submit questions and receive a timely reply.
In addition, the Center's technical assistance specialists will participate in training to solidify their understanding of the new requirements and policies for serving homeless children and families so they can support providers' capacity to effectively serve this population.

☐ No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities,

necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
    - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
    - Projected start date for each activity _____
    - Projected end date for each activity _____
    - Agency – Who is responsible for complete implementation of this activity _____
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

6.2.1 Does the State/Territory fund the training and professional development of the child care workforce?

■ Yes. If yes,

- Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.
  Rhode Island will assess progress utilizing the following measures:
    - # of individuals at each level of relevant career pathway
    - # of individuals completing relevant AA/BA/MA degrees
    - # of individuals completing RI Early Care & Education Training Program
    - Retention data
    - # of programs with staff at each level within QRIS' staff qualifications standard
    - # of programs and/or educators receiving training/technical assistance
    - # of programs and/or educators completing approved professional

development opportunities

- Indicate which funds will be used for this activity (check all that apply)
  - ■ CCDF funds. Describe quality setaside
  - ■ Other funds. Describe general revenue, RTT through 9-30-2016
- Check which content is included in training and professional development activities. Check all that apply.
  - ■ Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c. Describe _____ The Center for Early Learning Professionals provides training to the early care and education workforce in the area of social and emotional development, cognitive development, and health, safety and nutrition. Training content is informed by Rhode Island's Workforce Knowledge and Competencies for Early Childhood Teachers and Early Intervention/Early Childhood Special Educators. Supervisor sessions are available for Education Coordinators to support the implementation of new content knowledge at the classroom level.
    Specific training includes but is not limited to:
    - *Supporting Social and Emotional Development:* a comprehensive overview of social and emotional development in preschool aged children focusing on understanding the definition of social and emotional development, building relationships, creating nurturing environments, fostering self-esteem and positive social behavior, and promoting problem solving skills.
    - *Learning to Learn: Supporting Essential Skills in Young Children*: exploring recent research about the cognitive domain of self-regulation, otherwise known as executive function.
    - *Keeping Children Healthy: Nutrition and Physical Activity*: an in-depth overview of good health and nutrition practices for infants, toddlers and preschoolers in early childhood settings emphasizing the critical role that proper nutrition and sufficient physical activity play in the development of young children.
  - ■ Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social -emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2). Describe _____
    The Center for Early Learning Professionals provides support to the early care and education workforce in the area of behavior management, positive behavior intervention and reducing challenging behavior through multi-series training in the area of social and emotional development.

Supervisor sessions are available for Education Coordinators to support the implementation of new content knowledge at the classroom level.
Specific training includes but is not limited to:

- *Understanding, Preventing, and Responding to Behaviors that Challenge Us*: identifying what we know about challenging behaviors, exploring contributing factors and the impact on future growth and development, and exploring promotion and prevention through observations, building on strengths, relationships, environment, partnerships with families, and teaching social and emotional skills.

The Center offers training of trainers and workforce training in The Incredible Years®, an evidence-based program for building in competence in reducing challenging behaviors in children and increasing social emotional learning and self-control skills.
Technical Assistance (TA) provides a customized process that helps early learning programs and providers improve quality and outcomes for children. Supports include improvements to Program Quality Improvement Plan by identifying action steps and resources and designing a system of staff support to build knowledge and skill related to the Workforce Knowledge and Competencies framework in the area of curriculum planning and implementation.

■ Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. Describe _____ The Center for Early Learning Professionals provides training to the early care and education workforce in the area of engaging families in culturally and linguistically appropriate ways. Training content is informed by Rhode Island's Workforce Knowledge and Competencies for Early Childhood Teachers and Early Intervention/Early Childhood Special Educators.
Supervisor sessions are available for Education Coordinators to support the implementation of new content knowledge at the classroom level.
Specific training includes but is not limited to:

- *Family Engagement: Culturally Responsive Approach:* developing respectful, reciprocal, and responsive relationships with families contributing to successful child outcomes by exploring strategies for building strong relationships with families and engaging them in their children's development and learning.
- Technical Assistance, on-site or small group, supports programs in the developing action steps and resources to strengthen family engagement, and design a system of staff support to build knowledge and skill related to the Workforce Knowledge and Competencies framework in the area of family engagement.

■ Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards. Describe _____ The Center for Early

Learning Professionals provides training in developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula and learning environments to a broad range of early childhood professional; administrators, education coordinators, center-based teachers, and family child care providers that is aligned with the state's Workforce Knowledge and Competencies.

Administrators and education coordinators:

- *Promoting Teachers' Professional Growth: The Role of the Education Coordinator:* explores the role of the education coordinator as supervisor and pedagogical leader in curriculum planning and implementation.
- *Using the CLASS PreK to Improve Program Quality:* provides an overview of the quality indicators in the Classroom Assessment Scoring System® (CLASS®) tool.
- *Using the Environmental Rating Scale (ECERS-R) to Improve Program Quality* and *Using the Infant Toddler Environment Rating Scale (ITERS-R) to Improve Program Quality*: provides an overview of the Environment Rating Scales –tools that directors, education coordinators, and supervisors can use to assess quality in preschool and infant/toddler classrooms.

Classroom teachers and teacher assistants:

- *Young Children, Big Thinkers: Using Effective Instructional Interactions:* a series designed to help preschool teachers learn more about evidence-based practice that supports high-quality teacher-child interactions.
- *Beyond Activities: Responsive Curriculum for Infants and Toddlers*: a research-based approach to planning and implementing a comprehensive infant and toddler curriculum that is individualized, family-centered, focused on relationships, and play-based.

Family childcare providers:

- *Using the Family Child Care Environment Rating Scale (FCCERS-R) to Improve Program Quality*: provides family child care owners and educators with an overview of the Family Child Care Environment Rating Scale and strategies for using the tool to assess and improve program quality.
- *Planning and Implementing Curriculum in a Multiage Setting*: planning and implementing curriculum that is responsive to the wide range of ages, needs and abilities of the children in their care.

Technical Assistance, on-site or small group, supports programs in the developing action steps and resources to strengthen curriculum development, alignment, and implementation, and design a system

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of staff support to build knowledge and skill related to the Workforce Knowledge and Competencies framework in the area of Curriculum.

- On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development. Describe Technical Assistance specialists work with early childhood program leaders and family child care providers, both individually and in small groups. The professional development activities support programs in the development of goals, action steps, and the identification of resources aligned with Workforce Knowledge and Competencies for Administrators and Education Coordinator and Teachers in the areas of Family Engagement and Community Partnerships. TA builds capacity for strengthening competencies family access to services that support children's learning and development.

- Using data to guide program evaluation to ensure continuous improvement. Describe The Center for Early Learning Professionals has created a variety of approaches to support programs to use data to guide program assessment and determine the direction of quality improvement. The Center offers a training series in Management Systems as well as individual and small group technical assistance all focused on the effective use of data. The Center has also worked with RTT-ELC partners to create a Continuous Quality Improvement Tip Sheet describing how program data informs the quality improvement process. The tip sheet is available on the Center's website and is used as a foundational document during all professional development opportunities. Programs also receive support in selecting valid and reliable data sources and increasing their skills in using the data to improve program practices in areas such as learning environments, child assessment systems, family engagement, and fiscal management systems. These opportunities support administrators in developing competencies in collecting, analyzing, interpreting, and using data to make informed program decisions. Early childhood administrators are taught to use program data to assess their program's strengths, areas of growth, resources need to make improvements, and to develop a Quality Improvement Plan that maps their plan for continuous quality improvement in ways that will increase their star rating in the BrightStars QRIS system.

- Caring for children of families in geographic areas with significant

concentrations of poverty and unemployment. Describe _ The Center's professional development training is designed to support the growth and development of all children. The professional development series *Understanding the Impact of Trauma on Young Children* identifies poverty and family stressful experiences that have a lasting effect on children's growth and development. This series provides a comprehensive overview of the impact of these experiences on young children and introduces effective strategies for working with these children in a child care setting. Technical assistance builds capacity within all programs, including those who serve children in areas of high poverty and unemployment.

- Caring for and supporting the development of children with disabilities and developmental delays. Describe _____The Center for Early Learning Professionals provides training to the early care and education workforce in the area of caring for and supporting the development of children with disabilities and developmental delays. Training content is informed by Rhode Island's Workforce Knowledge and Competencies for Early Childhood Teachers and Early Intervention/Early Childhood Special Educators. Supervisor sessions are available for Education Coordinators to support the implementation of new content knowledge at the classroom level. Specific trainings include but not limited to:
    - *Inclusive Practices for Children and Families*: supporting educators to engage and include ALL children in their classrooms and family child care settings by exploring what inclusion is and how it benefits children and families, identify classroom and community resources to support their work, and acquire skills and strategies for modifying their environments to meet the needs of all children, including children with disabilities and those with challenging behaviors.

  Technical Assistance positions Programs to make progress in Rhode Island's quality rating and improvement system, BrightStars, Standard 9: Inclusive Classroom Practices. Through on-site or small group support, TA builds Program capacity to develop a written program philosophy the supports children and families of all abilities, modifies the program, makes reasonable accommodations, and collaborates with key partners to support children with developmental delays and disabilities in inclusive/integrative classroom settings.

- Supporting positive development of school-age children. Describe _ The Center for Early Learning Professionals provided Quality Improvement grants, technical assistance, and professional development to Out-of-School Time (OST) programs participating in BrightStars, RI's QRIS system. Many of the OST grantees included science materials in their budgets and expressed interest in increasing the quality or quantity of STEM programming they offer their students. The Center for Early Learning Professionals determined that they would respond to this

request and the knowledge that programs need support in providing positive development for school age children, by offering a series of professional development opportunities that combine both topics. This contextualized professional development introduced best practices that impact students' enjoyment, support positive development, and increase skills associated with STEM learning. The series included:

- Level 1: Intro to Science in Afterschool. A hands-on workshop for OST staff on one *Design It!* curriculum project, introducing afterschool staff to the nature and pedagogical approach of project-based science in informal, out of school settings.
- Level 2: Working with Kit-based materials. OST staff bring a selection of the high tech and kit based science materials to the workshop from among those purchased with OST grant money. The facilitator engages staff in brainstorming and creative experimentation with some of the materials to find aspects of these materials which can go beyond the initial attractions of new and surprising "toys" or "science sets", to challenge sustained student engagement, critical thinking and problem solving.
- Level 3: Best Practices for Leading Afterschool Science. This session deepens staffs confidence and skill in supporting positive development in school age children while leading science-based projects with students.

☐ Other. Describe _____

- Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

☐ Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling

■ State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities

☐ Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education

☐ Other. Describe _____

☐ No

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas? States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address training hour requirements.

■ Yes. If yes, describe:

a) Licensed Center-Based Care

1) Number of pre-service or orientation hours and any required areas/content
Although orientation of staff is required via DCYF regulations in the areas of child abuse and neglect, state regulations, and program policies and procedures, it is not prescriptive as to the number of hours.

All CCDF-funded providers must also complete a CCAP Orientation, covering billing and enrollment practices, prior to receiving payment

2) Number of on-going hours and any required areas/content 20 hours per year

b) Licensed Group Child Care Homes

1) Number of pre-service or orientation hours and any required areas/content
Required to complete designated CCDF funded pre-service training, which totals 21 hours in length
All CCDF-funded providers must also complete a CCAP Orientation, covering billing and enrollment practices, prior to receiving payment

2) Number of on-going hours and any required areas/content 24 hours over 2 year period

c) Licensed Family Child Care Provider

1) Number of pre-service or orientation hours and any required areas/content
Required to complete designated CCDF funded pre-service training, which totals 21 hours in length
All CCDF-funded providers must also complete a CCAP Orientation, covering billing and enrollment practices, prior to receiving payment=

2) Number of on-going hours and any required areas/content 24 hours over 2 year period

d) Any other eligible CCDF provider

1) Number of pre-service or orientation hours and any required areas/content
Must complete designated, CCDF-funded 4 –part health and safety training. Because the training is delivered via online module, the number hours necessary to controlled by the individual.
All CCDF-funded providers must also complete a CCAP Orientation, covering billing and enrollment practices, prior to receiving payment

2) Number of on-going hours and any required areas/content none at this time

☐ No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

■ Fully implemented. Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting,

record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance _____The Center for Early Learning Professionals, through evaluation and needs assessment data, has concurred the need for child care programs to strengthen their business practices, especially in the areas identified in CCDF Reauthorization. In response to this need, the Center designed and implemented a Management Systems series for program administrators and leaders focused on developing an understanding of key management systems , including fiscal management, self-assessment, and system of staff support, and supporting participants in assessing and improving their current systems. Based on the success of this series and the ongoing need for supports in this area, the Center will enhance support in the area of business practices between now and September 30, 2016.

This will be achieved by adding content experts to the Center staff related to financial management and strategic business planning , including fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations. In addition, the Center will subcontract with the McCormick Center, Chicago, IL to provide three in-depth professional development institutes for (1) Spanish speaking family child care providers, (2) English-speaking family child care providers, and (3) Center-based directors, that focus on improving business practices as they learn about best practices related to leadership and management, the nature of organizational change and the director's role as change agent, the nationally-recognized BAS and PAS tool that programs can use to measure quality, and using BAS and PAS information to enhance the program's QIP. They will also work with Center technical assistance staff to build their capacity to provide follow-up support to early childhood administrators participating in the three series.

- ☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text

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responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented
    - Unmet requirement - Identify the requirement(s) not fully implemented
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
  Projected start date for each activity _____
    - Projected end date for each activity _____
    - Agency – Who is responsible for complete implementation of this activity _____
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____
    -

6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State/Territory's early learning and development guidelines appropriate for children from birth to kindergarten entry.

■ The State/Territory assures that the early learning and development guidelines are:

- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten

- Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
- Updated as determined by the State. List the date or frequency The RIELDS were last updated in 2013 to incorporate birth-three standards. _____

■ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
  - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
  - Projected start date for each activity _____
  - Projected end date for each activity _____
  - Agency – Who is responsible for complete implementation of this activity _____
  - Partners – Who is the responsible agency partnering with to complete implement this activity _____

6.3.2 Check for which age group(s) the State/Territory has established early learning and development guidelines:

☐ Birth-to-three. Provide a link

☐ Three-to-Five. Provide a link _____

■ Birth-to-Five. Provide a link _____

http://www.ride.ri.gov/InstructionAssessment/EarlyChildhoodEducation/EarlyLearningandDev

elopmentStandards.aspx

☐ Five and older (check if State/Territory has standards for five and older that complement but cover child development areas not covered by k-12 academic standards). Describe and provide a link _____

☐ Other. Describe _____

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children's cognitive, physical, social and emotional development and support children's overall well-being?

■ Yes, the State/Territory has a system of technical assistance operating State/Territory-wide

☐ Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities but not State/Territory-wide

☐ No, but the State/Territory is in the development phase

☐ No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

■ Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines. Describe The Center for Early Learning Professionals provides a range of technical assistance services – including coaching and consultation – to providers working with children ages birth to five. For this sector of the workforce, technical assistance is designed to support the implementation and application of content learned in professional development sessions. This may include on-site visits by the instructor, small group technical assistance sessions to address common issues, and use of technology platforms to build on-line learning communities. These services to providers are planned and conducted jointly with the provider's supervisor as an internal capacity-building strategy. In conjunction with the technical assistance, the Center offers professional development sessions for supervisors designed to build their skill in using reflective practices and coaching to support providers' professional growth.

■ The technical assistance is linked to the State's/Territory's quality rating and improvement system. Describe _____The Center for Early Learning Professionals provides a range of technical assistance services – including coaching and consultation – to providers working with children ages birth to five. For this sector of the workforce, technical assistance is designed to support the implementation and application of content learned in professional development sessions. This may include on-site visits by the instructor, small group technical assistance sessions to address common issues, and use of technology platforms to build on-line learning

communities. These services to providers are planned and conducted jointly with the provider's supervisor as an internal capacity-building strategy. In conjunction with the technical assistance, the Center offers professional development sessions for supervisors designed to build their skill in using reflective practices and coaching to support providers' professional growth.

■ Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines. Describe _____The Center for Early Learning Professionals provides a range of technical assistance services – including coaching and consultation – to providers working with children ages birth to five. For this sector of the workforce, technical assistance is designed to support the implementation and application of content learned in professional development sessions. This may include on-site visits by the instructor, small group technical assistance sessions to address common issues, and use of technology platforms to build on-line learning communities. These services to providers are planned and conducted jointly with the provider's supervisor as an internal capacity-building strategy. In conjunction with the technical assistance, the Center offers professional development sessions for supervisors designed to build their skill in using reflective practices and coaching to support providers' professional growth.

■ Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines. Describe _____The Center for Early Learning Professionals provides a range of technical assistance services – including coaching and consultation – to providers working with children ages birth to five. For this sector of the workforce, technical assistance is designed to support the implementation and application of content learned in professional development sessions. This may include on-site visits by the instructor, small group technical assistance sessions to address common issues, and use of technology platforms to build on-line learning communities. These services to providers are planned and conducted jointly with the provider's supervisor as an internal capacity-building strategy. In conjunction with the technical assistance, the Center offers professional development sessions for supervisors designed to build their skill in using reflective practices and coaching to support providers' professional growth.

☐ Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines. Describe _____

b) Indicate which funds are used for this activity (check all that apply)

■ CCDF funds. Describe quality setaside

■ Other funds. Describe RTT-ELC funds through 9-30-2016

6.3.4 Check here ■ to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care; These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 1) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

1) Supporting the training and professional development of the child care workforce (as described in Section 6)
2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
4) Improving the supply and quality of child care programs and services for infants and toddlers
5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
6) Supporting compliance with State/Territory requirements for licensing, inspection,

monitoring, training, and health and safety (as described in Section 5)

7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
8) Supporting providers in the voluntary pursuit of accreditation
9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
10) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible.

Throughout this Plan, States and Territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

7.1 Activities to Improve the Quality of Child Care Services

7.1.1 What are your overarching goals for quality improvement? Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services

The overarching goals for quality improvement is to increase the number of subsidized children in high quality care. This is achieved by focusing on the following elements:

- Ensuring that foundational health and safety requirements are consistently applied and enforced and that CCDF providers have the necessary supports and resources to achieve and maintain compliance.
- Implementing a QRIS, and supporting providers in achieving and maintaining higher levels of quality within the State's QRIS (BrightStars)
- Ensuring that the current child care workforce has access to relevant, high quality professional development and college level coursework to support the achievement of milestones included within relevant WKC career pathways and within the QRIS.
- Consumer Education to ensure families understand the characteristics of quality care and the choices available to them.

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

■ Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2.

Indicate which funds will be used for this activity (check all that apply)

■ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) Quality set-aside

■ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) general revenue, RTT-ELC funding through 9-30-2016

■ Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3.

☐ Indicate which funds will be used for this activity (check all that apply)

■ CCDF funds. Describe CCDF funds (e.g., quality set-aside,, including whether designated infant- and toddler set aside, etc.)funds are being used along with other CCDF funds Quality set-aside

☐ ■ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) RTT-ELC funding through 9-30-2016

☐ Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4.

☐ Indicate which funds will be used for this activity (check all that apply)

☐ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc)

■ Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5.

Indicate which funds will be used for this activity (check all that apply)

■ CDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) Quality set-aside

■ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) general revenue

■ Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6.

☐ Indicate which funds will be used for this activity (check all that apply)

☐ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) ■ RTT-ELC funding through 9-30-2016

☐ Supporting accreditation. If checked, respond to 7.7.

☐ Indicate which funds will be used for this activity (check all that apply)

☐ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____

☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

☐ Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8.

☐ Indicate which funds will be used for this activity (check all that apply)

☐ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

■ Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9.

☐ Indicate which funds will be used for this activity (check all that apply)

■ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) quality setaside

■ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) RTT-ELC funds through 9-30-2016

7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

■ Yes, the State/Territory has a QRIS operating State/Territory-wide. Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available The lead agency retains administrative oversight of the QRIS, with day to day operations contracted to RIAEYC. The QRIS operates statewide, and includes standards for licensed centers and public preschool classrooms, family child care, and out of school time programs. www.brightstars.org

☐ Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels but not fully operating State/Territory-wide. Provide a link, if available _____

☐ No, but the State/Territory is in the development phase

☐ No, the State/Territory has no plans for development

a)If yes, check all that apply to your QRIS.

■ Participation is voluntary for licensed providers that do not receive CCDF funding

■ Participation is mandatory for providers serving children receiving subsidy. If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.) Providers approved by the Department of Human Services to accept children with subsidies are required to participate and maintain active participation in BrightStars at any star level. New providers being approved by DHS to accept children with subsidies are required to submit an application to BrightStars within 6 months of receiving their CCAP approval.

☐ Participation is required for all providers

■ Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels Programs that have achieved NAEYC accreditation receive a 5 star rating in the following 3 standards (out of a total 10): curriculum, child assessment, and family communication and involvement.

■ Supports and assesses the quality of child care providers in the State/Territory

■ Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers

■ Embeds licensing into the QRIS. Describe BrightStars is built upon minimum licensing standards. Programs must hold a valid license at the 1 Star level and be in full compliance with licensing at Star levels 2-5.

■ Designed to improve the quality of different types of child care providers and services

■ Describes the safety of child care facilities

☐ Addresses the business practices of programs

■ Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled

■ Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services. If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality. Under RTT-ELC, Rhode Island implemented a number of

financial incentives tied to participation and advancement within the State's QRIS, BrightStars. The lead agency is currently reviewing available funding, data on the impact of the various incentives and on the needs of programs/the workforce, to determine which incentives will be funded, and at what levels, in the coming years.

■ Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

X Licensed child care centers

X Licensed family child care homes

☐ License-exempt providers

X Early Head Start programs (program based, licensed)

X Head Start programs

X State pre-kindergarten or preschool program

X Local district supported pre-kindergarten programs

X Programs serving infants and toddlers

X Programs serving school-age children

X Faith-based settings (if licensed)

☐ Other. Describe. _____

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

Rhode Island will assess progress utilizing the following measures:

- #/% of programs participating in QRIS
- #/% of FCC programs at each level of QRIS (statewide and CCDF subsidized)
- #/% of centers programs at each level of QRIS (statewide and CCDF subsidized)
- #/% of OST programs at each level of QRIS (statewide and CCDF subsidized)
- # of programs increasing/decreasing their rating each year
- #/% of CCAP children cared for at each level of QRIS

7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and the capacity of the infant and toddler

workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

7.3.1 What activities are being implemented by the State/Territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe.

■ Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe: Ready to Learn Providence, a partner organization in the Center for Early Learning Professionals, functions as community center for child care providers. Professional development, technical assistance, and communities of practice, in both English and Spanish, are available to the child care providers evenings and weekends throughout the year, and includes content specific to infants and toddlers. Ready to Learn Providence is physically located in a low income community and is in walking distance (and a convenient bus route) from several centers and family child care homes that serve low income children.

☐ Establishing or expanding the operation of community or neighborhood-based family child care networks. Describe.

X Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe: The Center for Early Learning Professionals provides professional development and technical assistance to early care and education providers serving infants and toddlers in both center based and family child care settings. The Center offers a variety of research based professional development offerings throughout the year, focused on the unique needs of infants and toddlers. Topics include: supporting infant and toddler development, brain development, the links between and social and emotional development to learning, responsive caregiving, facilitation of learning and development, developmentally appropriate infant and toddler curriculum, and family engagement.

The Center also provides technical assistance to support program managers to create program level policies and procedures aimed at increasing the quality of infant and toddler care. The Center recognizes the importance of development in the first three years of life and the high need for support for professionals who serve infants and toddlers. Therefore, the Center intentionally hires highly qualified content area expert staff and consultants to do the work of providing this support. In addition, both professional development and technical assistance staff provide guidance in the context of state adopted quality assessment tools and standards. The Center regularly communicates and collaborates with state stake holders invested in ensuring high quality infant and toddler care in Rhode Island.

The Rhode Island Early Learning and Development Standards (RIELDS) were developed to assist families and educators in understanding the typical development of children from birth through 60 months. These Standards were revised in 2013 to include infants and toddlers. RIELDS offers multiple levels of professional development to ensure a continuous growth in the number of early childhood programs engaged in the implementation of a RI Early Learning Standards-based program. The RIELDS are aligned with BrightStars QRIS framework.

X Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care. Describe _____

The Center for Early Learning Professionals has awarded 7 million dollars in grants to the child care community through Quality Improvement Grants funded by a combination of RTT-ELC and CCDF dollars. A large percentage of the providers that received Quality Improvement Grants serve children 0-3 years of age. Below are many of the areas that QI Grants funds were used by awardees:

- Materials and furnishings that aligned with ITERS and enabled providers to increase their ITERS scores
- Professional Development for Infant/Toddler teaching staff
- Consultants that worked specifically around Infant/Toddler curriculum, assessment, learning environments, etc.
- College tuition for Infant/Toddler teaching staff

As Rhode Island's RTT-ELC grant comes to a close, the lead agency is reviewing available funding, data on the impact of the various incentives and on the needs of programs/the workforce, to determine which incentives will be funded, and at what levels, in the coming CCDF State Plan period.

In addition to Quality Improvement Grants, the RTT-ELC grant also funded monthly Quality Awards, available to licensed providers achieving a 3, 4, or 5 star QRIS rating, provided at least 10% of their children were enrolled in the CCAP subsidy program. An additional per child bonus was given to these providers if they served CCAP infants and toddlers. Quality Awards were intended to offset the costs of operating a high quality program and provide an incentive for programs to reach the highest levels of quality within the BrightStars QRIS. In January 2016, DHS submitted a proposal to RI's Governor and General Assembly, which outlines options for implementing a tiered reimbursement system in RI, and if implemented, would replace quality awards once RTT-ELC funding has ended. The proposal highly incentivized and prioritized infant-toddler care, including both an increase to the base rates of reimbursement for infant-toddler care, as well as tiered bonuses for infant toddler care, both of which at a higher level than for preschool or school age care.

The Early Head Start-Child Care Partnership program provides Early Head Start (EHS) child care slots in licensed community-based child care centers and family child care homes. The lead agency will begin implementation of a pilot program this year which will ensure that EHS-CC partnership children whose families are utilizing CCAP subsidies will have an extended eligibility period that allows the family to continue in the partnership until the child's third birthday.

The Local Initiatives Support Corporation (LISC) is contracted by DHS to operate the RI Child Care Facilities Fund, which provided grants to address health and safety and quality issues impacting centers, many of which serving infants and toddlers.

X Providing coaching and/or technical assistance on this age groups unique needs from Statewide networks of qualified infant-toddler specialists Describe:_

In addition to offering an expanded repertoire of professional development opportunities on the content and application of best practice for working with infants and toddlers, the Center for Early Learning Professionals provides technical assistance services to all administrators and education coordinators who are committed to quality improvement within their program. All programs serving infants and toddlers are eligible to participate in technical assistance services through the Center.

The Center has created multiple service system delivery options to increase the number of high quality programs accessible for this very young population. TA services are provided by experts in the field. The Technical Assistance Specialist works closely with the administrative leadership to increase his/her competencies in overseeing services to infants and toddlers that reflect best practice and research in the field and providing support to teaching staff to hone their own skill and competencies in serving our youngest children in developmentally appropriate ways. Individualized technical assistance is provided to programs on site to address the unique needs of each program in this area. Program leaders work with their TA specialist to create quality improvement plans based on the newly adapted RI Early Learning and Development Standards that provide a descriptive continuum of the development of infants and toddlers and the Workforce Knowledge and Competencies for Teachers, which explicitly outlines the levels of knowledge and competencies a teacher should have when working with infants and toddlers.

Additionally, all program leaders are offered the opportunity to engage in community of practice discussions in small group settings throughout the state. The community of practice forums are designed to support the leaders of programs serving infants and toddlers by discussing challenges, common concerns, and creating strategies and new and innovative ways to address the needs of this population.

Child Care Health Consultants are available to licensed child care providers providing infant-toddler care, and provides an alternative means of meeting the licensing requirement that mandates that programs serving infants have a nurse on the premises a minimum of three hours per day.

The Local Initiatives Support Corporation (LISC) is contracted by DHS to operate the RI Child Care Facilities Fund, which provides facility related technical assistance to address health and safety and quality issues impacting centers, many of which serving infants and toddlers.

Student enrolled the 12 college credit Early Childhood Education and Training Program at the Community College of Rhode Island receive on-site coaching and mentoring, some of these students are infant/toddler teachers.

The Early Childhood Mental Health Consultation model, called SUCCESS, provides on-site assistance supporting the social emotional competencies and behavioral health needs of identified children in child care programs.

- ☐ Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) Describe _____
- ☐ Developing infant and toddler components within the State's/Territory's QRIS. Describe _____
- ■ Developing infant and toddler components within the State/Territory's child care licensing regulations. Describe Rhode Island's licensing regulations include a number of requirements specific to infant-toddler care, such as ensuring that programs serving infants have a nurse on site a minimum of 3 hours per day.

X Developing infant and toddler components within the early learning and development guidelines. Describe The RIELDS were revised in 2013 to include birth- five, previously the RIELDS addressed only pre-school children.

X Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care. Describe The Exceed website, www.exceed.ri.gov, is the hub for early learning communication. The website has pages dedicated to providers, families, professionals and programs. Parents are able to search for a child care program by multiple factors including age of children or quality rating of the program. Information of various developmental milestones, characteristics of quality child care, and links to developmental screening information are also available on the website.

X Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being. Describe

In 2013, the city of Providence won the Bloomberg Challenge with an ambitious plan to focus on the language development of infants and toddlers. "Providence Talks" was initially designed as a program exclusively for parents, but beginning in 2016, through a partnership with Ready to Learn Providence, Providence Talks will offer 16 hours of professional development on language and literacy development to infant toddler teachers and family child care providers.

The Infant Toddler Methods college course offered at the Community College of Rhode Island was redesigned and aligned with the State's WKC. This class was re-introduced in the fall 2105 semester. The AA degree in Early Childhood Education was awarded NAEYC accreditation in the summer of 2015.

The new Institute for Early Childhood Teaching and Learning began enrolling student in September 2014. Its purpose is to improve the skills and credentials of early childhood educators currently working in the field. Students can earn a Bachelor's degree in Early Childhood Learning with either a PreK-2nd certification or a Concentration in Birth-5 studies.

T.E.A.C.H scholars from center-based and family child care programs receive college credit at either the Community College of Rhode Island or RI College. T.E.A.C.H students must enroll in in a early childhood degree program.

Rhode Island offers five evidence-based family visiting programs:

- Healthy Families America serves vulnerable pregnant women and families with infants. The program continues until the child turns four.
- Nurse-Family Partnership serves pregnant women expecting their first child. The program continues until the child turns two.
- Early Head Start serves low income pregnant women and families with a child under three.
- Parents as Teachers serves vulnerable pregnant women and families with infants. The program continues until the child turns four.
- First Connections serves pregnant women and families with young children birth to three.

☐ Other. Describe _____

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the

State's progress in improving the quality of child care programs and services in the State/Territory

Rhode Island will assess progress utilizing the following measures:

- QRIS rating of programs serving infants & Toddlers
- Number of high quality infant-toddler slots statewide
- #/% of CCAP infants-toddlers in high quality care
- Number of programs and/or educators receiving training/technical assistance related to infant-toddler care
- Number of individuals completing Birth-5 Bachelor's degree

7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system (as discussed in Section 1.7)

State/Territory has a CCR&R system operating State/Territory-wide. Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated and if it is voluntary. Rhode Island AEYC, which is contacted by the lead agency to oversee the day to day implementation of the BrightStars QIS, also serves as the primary child care referral agency. RIAEYC provides consumer education and parent referrals to families participating the Child Care Assistance Program. BrightStars currently subcontracts with United Way 211 to provide referrals to parents 24 hours a day, 7 days a week in multiple languages by phone. . In addition, parent referrals are made through a shared website, www.exceed.ri.gov, where families can search for all licensed programs in the state, learn their licensing status, BrightStars rating and if the program participates in other quality initiatives including Head Start, State-funded PreK and Early Childhood Comprehensive Education (CECE) approval. BrightStars also works with a marketing firm to create parent marketing and educational materials that are provided to all families who seek referrals. In 2016, a large scale, state-wide marketing campaign called Quality Matters also marketed BrightStars to families and agencies and organizations working with families. The campaign includes TV, advertising, social media and print materials.

☐ State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide. Describe _____

☐ State/Territory is in the development phase

7.4.2. Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory. _

Rhode Island will assess progress utilizing the following measures:

- Website analytics
- Number of phone calls/requests received,
- Number of referrals made
- Number of programs receiving referrals
- Family and Provider satisfaction surveys

7.5 Facilitating Compliance with State Standards

7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards? Describe _

CCDF funds are utilized to support personnel within the child care licensing unit at the RI Department of Children, Youth and Families (DCYF) to ensure the effective operation of the

unit, including compliance with CCDBG/CCDF requirements, as well as support coordination and collaboration of provider management systems and protocols between DCYF's licensing unit and the lead agency's Office of Child Care.

CCDF funds the mandatory pre-service training, offered in English and Spanish, required for licensure as a Family Child Care Provider.

CCDF funds the Child Care Health Consultation (CCHC) project. DCYF licensing regulations for child care centers requires programs serving infants to have a nurse on the premises a minimum of three hours per day. Programs advocated for a lower cost alternative to hiring a Registered Nurse, which is achieved through utilizing one of CCHC's Child Care Health consultants, specially trained health professionals who offer consultation, training and technical assistance to center-based providers.

CCDF funds are utilized for the implementation of a health and safety training module that is required before license-exempt providers can participate in the CCAP subsidy program. These on-line modules are available in English and Spanish.

CCDF funds are utilized to support the Child Care Facilities Fund operated by the RI Local Initiatives Support Corporation (LISC). This program has provided expertise and facility grants to assist providers with addressing quality issues identified by BrightStars QRIS, as well as complying with the updated DCYF licensing regulations.

7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Rhode Island will assess progress utilizing the following measures:

- # of licensed programs, by provider type
- # of revoked/suspended licenses,
- licensing caseloads,
- # of FCC programs completing pre-service training
- # of license exempt programs completing health & safety modules
- #/Amount of grants issued to support compliance with licensing requirements/ERS
- # programs utilizing CCHC services to ensure compliance

7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings. Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children .

CCDF funds Rhode Island's Quality Rating and Improvement System, called BrightStars, for

licensed child care programs and public preschool programs. BrightStars utilizes ERS tools at the 3-5 Star levels, as well as CLASS observations at the 5 star level, to assist in assessing program quality in early childhood programs. School Age programs also utilize ERS, as well as the RIPQA-Younger Youth Version, which is composed of two separate tools: the School Age Program Quality Assessment (SAPQA), developed by the Weikart Center for Youth Program Quality, and an administrative component (Form B) developed locally in Rhode Island. Results from these tools are also shared with the Center for Early Learning Professionals to assist in supporting the program's quality improvement planning.

The Early Childhood Mental Health Consultation project recently trained their staff on the CLASS and they will begin utilizing this tool at child care programs.

THE CCHC project utilizes the ITERS to inform practice. They also utilize the recommended tools from *Caring for Our Children*: 1) Health and Safety Assessment of Practices and 2) Policy Review.

The RI Department of Education (RIDE) requires that public Pre-K classrooms serving children with disabilities, and state funded PreK classrooms, use Teaching Strategies GOLD to measure children's progress and inform curriculum development. Teaching Strategies GOLD is an authentic, ongoing observational system for assessing children from birth through kindergarten that is also utilized by many child care providers. RIDE also utilizes the CLASS tool as part of the Comprehensive Early Childhood Education Classroom approval process.

7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory _____

Rhode Island will assess progress utilizing the following measures:

- #/% of programs participating in QRIS
- # of programs increasing / decreasing their QRIS rating
- Distribution of QRIS ratings (overall and by standard) across providers (statewide and CCDF funded)
- #/% of CCDF funded children in programs at each QRIS level
- # of programs receiving CECE approval

7.7 Accreditation Support

7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

☐ Yes, the State/Territory has supports operating State/Territory-wide. Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation _____

☐ Yes, the State/Territory has supports operating as a pilot or in a few localities but not State/Territory-wide. Describe _____

☐ No, but the State/Territory is in the development phase

X No, the State/Territory has no plans for development

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory _____

7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development? Please describe

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory _____

7.9 Other Quality Improvement Activities

7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten. __ CCDF funding is used for limited support of the RI Early Care and Education data system (ECEDS), in order to ensure compliance with CCDBG's web-based consumer education requirements. Measures include a variety of website analytics, family and provider satisfaction surveys, as well as full compliance with CCDF requirements.

In addition to consumer education, ECEDS also houses the State's developing workforce registry, which will provide data to assist the lead agency in informing and targeting resources to support the continued development of the child care workforce. Measures include #/% of participating program staff, and analysis of early educator workforce data.

8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead

Agency, including those cases suspected of and/or prosecuted for fraud.

8.1 Program Integrity

8.1.1 Describe how the State/Territory ensures that their definitions for violations have been modified, and program integrity procedures revised to reflect new requirements.

In February of 2016, the lead agency will begin a review of all current CCAP policy to ensure compliance with all CCDBG requirements. In addition, in July 2016, the lead agency will launch a new eligibility system, which will be reprogrammed, as necessary, to reflect any changes in policy.

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements. Check all that apply.

- ■ Issue policy change notices
- ■ Issue new policy manual
- ■ Staff training
  - ☐ Orientations
  - ■ Onsite training
  - ☐ Online training
- Regular check-ins to monitor implementation of the new policies. Describe _____
- Other. Describe _____

8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF. The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements.

Rhode Island does not utilize sub-recipients to determine eligibility or issue payments for child care subsidies.

The lead agency enters into formal contractual agreements with other governmental and non-govermental agencies to provide various services intended to improve the quality of child care (CCDF Quality dollars). Each contract includes a scope of work that outlines the activities to be performed and associated timelines for completion; a detailed budget itemizing categorical expenditures; reporting schedules, and objective measures to assess performance. The lead agency monitors compliance with all fiscal and programmatic requirements. Contracting agencies submit monthly financial statements and quarterly programmatic reports that are reviewed by DHS contract administrators prior to reimbursement to review activities and expenditures. In addition, as each contract is renewed, amended, and/or re-procured in the coming plan period, the lead agency will ensure that, where it is not already present, CCDF language is included/updated to ensure that each subrecipient understands the lead agency's role and responsibility as administrative oversight of fiscal and programmatic activities to ensure fidelity to State and Federal guidelines.

In addition to the above, the DHS Financial Management Unit reviews the agency's financial activities. Routine functions include formulating the annual budget based on federal awards and state general fund appropriations; monitoring overall program expenditures; ensuring that subsidy and quality activities are managed within appropriated amounts; and performing periodic desktop reviews of reimbursements to sub-recipients to ensure that funds are used according to federal and state guidelines. Upon identification of ineffective internal controls, the Financial Management Unit and the contract administrator will collaborate to develop guidance documents to correct identified deficiencies.

Definition: "Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93).Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as "vendors").The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified."

8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

- ■ Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))
- ■ Run system reports that flag errors (include types). Describe The lead agency will be exploring this option once the RI Bridges eligibility system is operational.
- ■ Review of enrollment documents, attendance or billing records
- ■ Conduct supervisory staff reviews or quality assurance reviews
- ■ Audit provider records
- ■ Train staff on policy and/or audits
- ☐ Other. Describe _____
- ☐ None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

- ■ Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))
- ■ Run system reports that flag errors (include types). Describe The lead agency will be exploring this option once the RI Bridges eligibility system is operational.
- ☐ Review of enrollment documents, attendance or billing records
- ■ Conduct supervisory staff reviews or quality assurance reviews
- ☐ Audit provider records
- ☐ Train staff on policy and/or audits
- ☐ Other._____Describe_____
- ☐ None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

8.1.5 Which activities (or describe under "Other") the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory? The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

a) Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations?

- ☐ Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount
- ☐ Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- ■ Recover through repayment plans
- ☐ Reduce payments in subsequent months
- ☐ Recover through State/Territory tax intercepts
- ☐ Recover through other means
- ☐ Establish a unit to investigate and collect improper payments. Describe _____
- ■ Other. Describe In the case of unintentional fraud on behalf of a child care provider, the provider may be required to participate in a training to review proper billing and enrollment policies and procedures
- ☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines _____

b) Check which activities the Lead Agency will use for intentional program violations or fraud?

- ☐ Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount _____
- ■ Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
- ■ Recover through repayment plans
- ☐ Reduce payments in subsequent months
- ☐ Recover through State/Territory tax intercepts

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- ☐ Recover through other means
- ☐ Establish a unit to investigate and collect improper payments. Describe composition of unit below
- ☐ Other. Describe_____
- ☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, including action steps and completion timelines _____

c) Check which activities the Lead Agency will use for administrative error?

- ☐ Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount _____
- ☐ Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
- ■ Recover through repayment plans
- ☐ Reduce payments in subsequent months
- ☐ Recover through State/Territory tax intercepts
- ☐ Recover through other means
- ☐ Establish a unit to investigate and collect improper payments. Describe composition of unit below
- ☐ Other. Describe_
- ☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines _____

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

- ■ Disqualify client. If checked, please describe, including a description of the appeal process for clients who are disqualified. _

Submitting false or inaccurate information for the purposes of obtaining CCAP eligibility shall result in denial of the application. Clients have the right to appeal the decision and request an appeals hearing. All notices informing clients of eligibility determinations and/or adverse actions includes information of their right to appeal and instructions on how to do so. Requests for appeal must be made in writing and submitted to the lead agency within 30 days from the date of notice.

A discussion of the disputed issue(s) is usually arranged between the individual and the appropriate agency representative and his/her supervisor in order to clarify the issue and seek resolution. If the individual is still unsatisfied, a date is then set for an Appeal Hearing. At the hearing, the appeals officer endeavors to bring out all relevant facts bearing on the situation at the time of the questioned agency action or inaction and on agency policies pertinent to the issue. A decision letter will be prepared by the hearing officer and a copy sent to the provider. If unsatisfied with the outcome, an individual may appeal the decision of the hearing officer to the RI Superior Court.

■ Disqualify provider. If checked, please describe, including a description of the appeal process for providers who are disqualified. _

Providers that are found to be engaging in fraudulent or other unlawful acts: in obtaining or seeking to obtain CCAP approved status; in providing or receiving payment for CCAP; in utilizing the CCAP automated enrollment system shall be ineligible to participate in the program:

- For a period of three (3) months for the first discontinuance;
- For a period of six (6) months for the second discontinuance; and,
- Permanently for the third occasion.

Providers have the right to appeal the decision and request an appeals hearing. All notices informing providers of adverse actions includes information of their right to appeal and instructions on how to do so. Requests for appeal must be made in writing and submitted to the lead agency within 30 days from the date of notice.

A discussion of the disputed issue(s) is usually arranged between the individual and the appropriate agency representative and his/her supervisor in order to clarify the issue and seek resolution. If the individual is still unsatisfied, a date is then set for an Appeal Hearing. At the hearing, the appeals officer endeavors to bring out all relevant facts bearing on the situation at the time of the questioned agency action or inaction and on agency policies pertinent to the issue. A decision letter will be prepared by the hearing officer and a copy sent to the provider. If unsatisfied with the outcome, an individual may appeal the decision of the hearing officer to the RI Superior Court.

- Prosecute criminally –
- Other. Describe _____

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