



May 2026 Caseload Estimating Conference

RI Department of Human Services
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Caseload Testimony

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May 2026 Caseload Conference

Rhode Island Department of Human Services

The members of the Caseload Estimating Conference have requested that the Department of Human Services (DHS) provide written answers to various questions in addition to the presentation of their estimates. Red text denoting the start of a question and response is highlighted throughout the document.

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Rhode Island Works (RIW) Program

RI Works is Rhode Island's name for the federal Temporary Assistance for Needy Families (TANF) program. Authorized under Public Law 104-193 in 1996 (the welfare reform legislation "Personal Responsibility and Work Opportunity Reconciliation Act" or PRWORA), the TANF program is a block grant to states to achieve the following purposes:

- Assisting needy families so that children can be cared for in their own homes
- Reducing the dependency of needy parents by promoting job preparation, work, and marriage
- Preventing out-of-wedlock pregnancies
- Encouraging the formation and maintenance of two-parent families

States create their own programs within the parameters of TANF. RIGL § 40-5.2 authorizes RI Works. It was previously known as the Family Independence Program (FIP) when enacted in 1997. In 2008, it was revised as the RI Works program to align with TANF's employment goals and policies and to help recipient families become employed and self-sufficient. The goal of RI Works is to eliminate or reduce the harmful effects of poverty on families and children by fostering employment and opportunity as a means to economic independence (RIGL § 40-5.2-6 (a)); and to eliminate the stigma of welfare by promoting a philosophy and a perception that the purpose of welfare is to eliminate or reduce the harmful effects of poverty on families and children by promoting work opportunities for all Rhode Island residents (RIGL § 40-5.2-6 (c)).

All activities and services provided through the RI Works program are intended to promote stability and economic progress for families through the provision of supportive services, the development of employment skills, and intensive work readiness services. The RI Works program supports adult family members to work by offering the following benefits and services:

- **Cash Assistance** is provided to families experiencing poverty that meet certain regulations
- **Comprehensive Assessment and Service Planning** for families receiving cash assistance
- **Child Care Assistance** is provided to support the family, when needed
- **Employment Supports** which include assistance with job training, adult education, and obtaining employment at livable wages
- **Food Assistance** is provided by the Supplemental Nutrition Assistance Program (SNAP)
- **Transportation** reimbursement and/or bus passes are available to support preparation for employment
- Parents are strongly encouraged to apply for **Healthcare** while on RI Works

The TANF Block Grant is the funding source for RI Works. In order to draw Rhode Island's \$94.7 million federal grant, the State is required to maintain an historic level of investment in programs that serve low-income families. This investment is called Maintenance of Effort (MOE), and these expenditures are calculated each fiscal year and must be at least 80 percent of historic "qualified" state expenditures under the former Aid to Families with Dependent Children (AFDC) Program. In Rhode Island; 80 percent MOE is \$64.4 million.

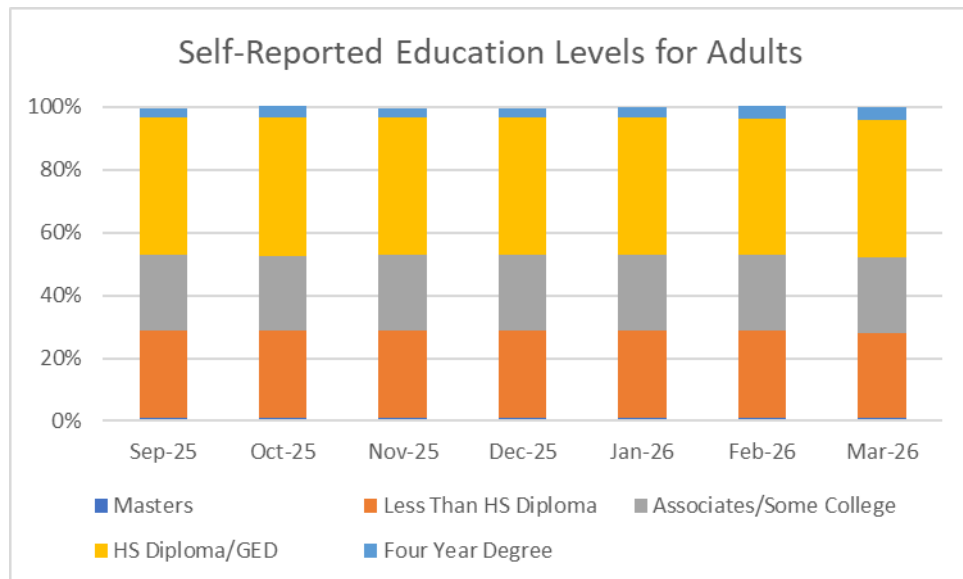
Profile of RI Works

Household Breakdown	
Households with 1 parent	62.18%
Households with 2 parents	4.48%
Households with child-only cases	33.33%

Race and Ethnicity	
American Indian or Alaskan Native, Non-Hispanic	1.14%
Asian, Non-Hispanic	1.51%
Black or African American, Non-Hispanic	22.31%
Native Hawaiian or Other Pacific Islander, Non-Hispanic	0.33%
White, Non-Hispanic	23.69%
Hispanic, including Mexican, Puerto Rican, and Cuban	35.6%
Unable to Determine the Ethnicity or Race	15.42%

Recipients per Household	
1 individual	22.3%
2 individuals	37.4%
3 individuals	24.1%
4+ individuals	16.1%

Self-Reported Education Levels for Adults	
Less Than 8th Grade	2%
8th Grade	2%
9th Grade	4%
10th Grade	6%
11th Grade	13%
12th Grade or GED Completed	44%
Some College, Not Graduated	20%
Two Year Degree	4%
Four Year Degree	4%
Post Four Year Degree	1%
Unknown	0%



City/Town	Cases	Individuals
Barrington	11	30
Bristol	22	49
Burrillville	19	49
Central Falls	129	319
Charlestown	3	8
Coventry	33	73
Cranston	130	305
Cumberland	39	104
East Greenwich	9	21
East Providence	100	243
Exeter	3	9
Foster	3	8
Glocester	3	6
Hopkinton	3	3
Jamestown	3	7
Johnston	46	115
Lincoln	32	70
Little Compton	1	2
Middletown	37	98
Narragansett	3	6
Newport	95	260
North Kingstown	32	82
North Providence	57	127
North Smithfield	11	30
Pawtucket	404	957
Portsmouth	10	28
Providence	1,087	2,656
Richmond	6	17
Scituate	5	14
Smithfield	13	32
South Kingstown	9	25
Tiverton	16	40
Warren	18	40
Warwick	104	258
West Greenwich	2	6
West Warwick	92	218
Westerly	13	27
Woonsocket	333	858
Unknown	4	12
Total	2,940	7,212

City/Town	2021	2022	2023	2024	2025
Barrington	0	0	2	3	7
Bristol	0	0	1	2	4
Burrillville	0	0	1	5	10
Central Falls	29	52	21	32	37
Charlestown	0	0	0	0	0
Coventry	0	4	2	6	6
Cranston	7	15	11	31	29
Cumberland	7	15	6	10	10
East Greenwich	7	15	0	0	0
East Providence	7	15	15	24	32
Exeter	7	15	0	0	1
Foster	0	0	1	3	2
Glocester	0	2	0	0	0
Hopkinton	0	2	1	2	2
Jamestown	0	8	0	0	0
Johnston	13	29	6	9	13
Lincoln	20	31	1	7	4
Little Compton	0	0	1	1	1
Middletown	23	19	6	18	14
Narragansett	0	0	0	0	1
New Shoreham	0	0	0	0	0
Newport	62	95	23	41	50
North Kingstown	7	9	4	9	10
North Providence	2	23	9	18	21
North Smithfield	0	0	1	1	2
Pawtucket	105	132	33	88	106
Portsmouth	0	1	2	4	5
Providence	524	537	141	320	388
Richmond	0	0	0	0	1
Scituate	0	11	3	3	0
Smithfield	4	11	3	7	8
South Kingstown	0	2	1	2	3
Tiverton	0	0	4	7	5
Warren	0	0	3	4	3
Warwick	42	32	11	21	19
West Greenwich	0	3	0	0	0
West Warwick	4	24	5	25	30
Westerly	0	0	1	1	1
Woonsocket	74	170	48	95	102
Other/Multiple City	2	2	0	0	68
Total	946	1,274	367	800	859

Question: Please provide a profile of current 1-parent, 2-parent, and child only cases by demographics (such as age and residence) and by duration of benefits.

Question: Please provide a current profile of hardship cases by similar criteria as listed above and for the past five years.

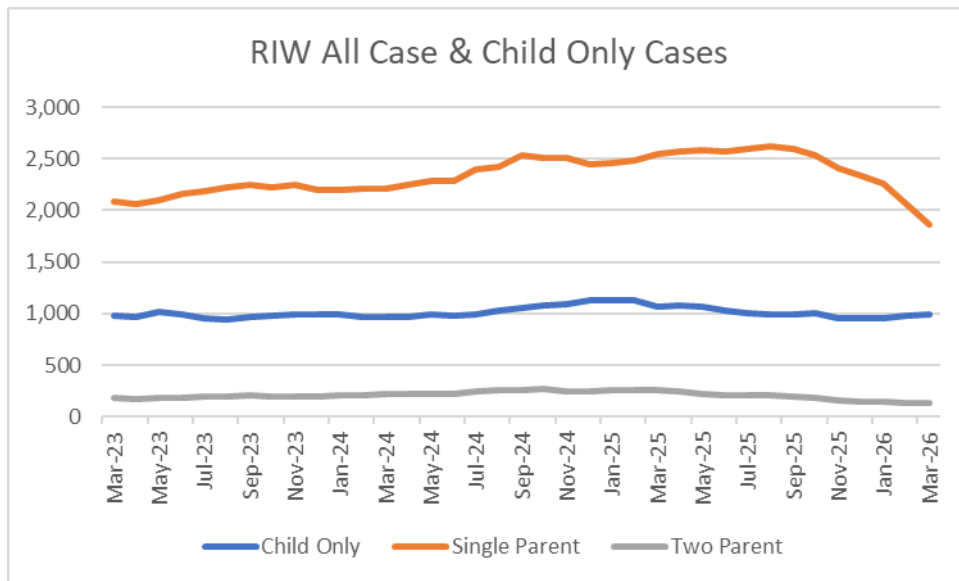
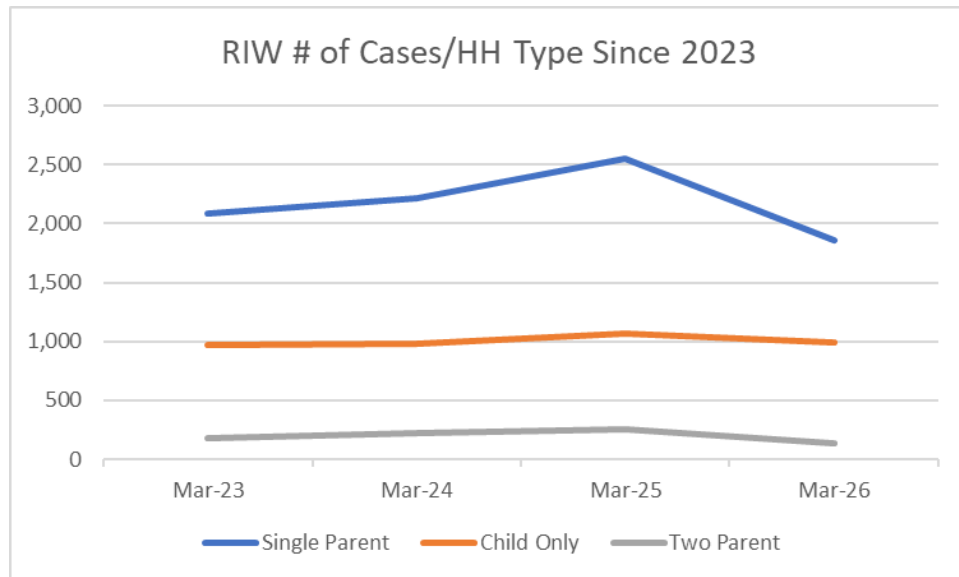
Answer: Please see charts above and below.

Months on RI Works					
	0-24	25-48	49-60	>60	Total
Single-Parent	822	481	201	354	1858
Two-Parent	168	58	22	20	268
Total	990	539	223	374	2126

Year	Median Duration of Benefits
2022	36
2023	36
2024	42
2025	27
2026	28

Question: How many child-only cases are included in the estimate for FY 2026 and FY 2027? How many families receive the payment(s)? Please include data for the last five years.

Answer: Currently the child-only cases are at 33.3 percent for a total of 996 cases. Please see graphs below.



Question: Please provide for the last five years how many parents are currently without a plan due to:

- a. Exemption from employment planning

Answer: 239 cases are **currently active with exemptions**

Exemptions	Yearly Data
2021	121
2022	147
2023	155
2024	234
2025	239
2026	200

- b. Being between plans

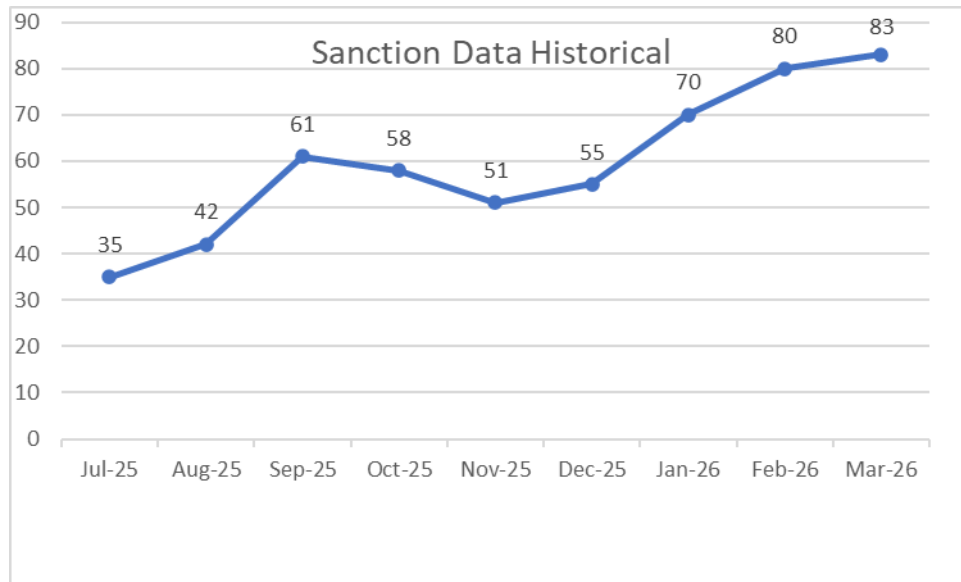
Answer: 56 cases are **currently active without a plan***

Between Plans	Yearly Data
2021	95
2022	66
2023	101
2024	26
2025	42
2026	56

- c. Sanction—by month, the number of parents sanctioned for not complying with work requirements in FY2026 and FY2027 – please see chart below.

Answer: Please see graphs and charts below.

- From July 1, 2024, state Law removed the full family sanction. The result is the case will remain open with a decrease in the monthly benefit amount. The benefit amount is based on the number of children and compliant adults, minus the amount owed to any adults under sanction status. The benefit amount will always support the number of eligible children in the household. The statutory change means that cases will remain open to RI Works under sanction status. The number of sanction cases have not increased above the level prior to the change.
- RI Works employment plans are a required component for the eligible adult to maintain an open case. RI Works participants cannot have an open case without an employment plan. A system enhancement that was implemented in the fall of 2024 was to send out system generated notices earlier to inform parents the employment plan was expiring and provide direction to remedy. Programmatically, DHS has vendors send notices ensuring customers know their case is in danger of closing if they are noncompliant with required activities as detailed in their employment plan.



RI Works Trends

The RIWorks program has seen a decrease in participation during SFY26. Current data suggests this decline in caseload appears to be continuing. DHS analyzed data for participants exiting Rhode Island Works and found some minor trends. The sample data demonstrated consistency with census data. There was an increase in cases closing for “child aged out”. RI Kids Count reported the birth rate in RI has decreased 18% from 2002 to 2022, minimizing the population of possible RI Works participants. More specifically, the rate of newborns added to open RI Works cases dropped by 9% from calendar year 2024 to 2025. In the sample size, 11.69% of the cases exited due to moving out of state.

Program and Operations staff initiated a review of hardship cases over the last six months to determine barriers and provide services. The initiative included the collection of documents confirming hardship eligibility. Hardship cases dropped by approximately 200 during this initiative. The percentage of the caseload of hardship cases currently is 9.66%. We expect this number to remain flat moving forward. The program saw a slightly higher exit of smaller household sizes that coincided with the increase in the minimum wage.

The RIW persons caseload has decreased overall by 24% when comparing March 2026 to October 2025. This is an average month-over-month decline of close to 5%. The March persons count of 6,922 reflects a 28% decrease from April 2025 (9,567). It is not clear how long the rapid decline in cases will continue and how much impact factors such as another minimum wage increase in January 2027 will impact the caseload. For those reasons, only a fraction of a percent decline, -0.5%, was applied month-over-month through SFY27 to forecast the continued decline.

This was based on applying an average month-over-month growth determined by averaging the monthly growth of the past 6 and 12 months. DHS anticipates the caseload stabilizes before the next estimating conference so a more deliberate forecast can be provided.

RI Works families face multiple barriers to stabilization, usually for multiple generations. The result is chronic issues needing additional specialized services to help the family stabilize and become self-sufficient. Two of the newest providers were onboarded via the 2024 RFP for RI Works. One adding additional behavioral health support to address the specific barriers associated with the issues experienced by deep poverty and insecurities. This agency has been introducing their contracted services to each field office via in-person meetings and providing monthly office hours for staff support.

The goal is to target cases that have not exited the program to employment due to behavioral health concerns and provide staff with direction. The second agency specializes in financial literacy with a targeted audience with very low income. The agency has success with enrolling the eligible population in classes, developing small business plans, credit repair and protection. In December of 2025, a new class was added for high schoolers on Saturdays. The financial literacy class currently has a waiting list.

RI Works families have reported significant barriers related to housing security. DHS implemented a Housing Stability Pilot (HSP) in January of 2025 that helps prevent eviction and helps resolve housing issues that have families to be separated or to resolve specific cases of homelessness. The HSP is implemented via the contracted providers for RI Works. DHS has continued to see this program grow with increased applications submitted by over 30 agencies throughout the state. As of March 2026, 930 households have been assisted, or specifically, 3,199 Rhode Islanders.

RI Works Recent Legislative Changes

RI Works had three (3) legislative changes that had an effective date of July 1, 2024. The monthly benefit amount was increased by 20 percent, the Earned Income Disregard increased from \$300 to \$525, and the Full Family Sanction was removed. Due to the need to update the electronic system, RIBridges, the changes were made retroactively for the first two (2) months. Families were notified of the changes in July, however, the benefits were provided in August 2024 for both the benefit increase and the increase in the Earned Income Disregard. Case closings due to sanctions were suppressed, meaning cases were not closed due to a Full Family Sanction, but the benefit amount was decreased to only include the number of children in the household included on the case.

In the months of July and August of 2025, there was a caseload increase of five percent. Post-legislative changes, DHS is seeing an average cost per case from August through September, of approximately \$737, an increase from the \$611 benefit in the prior months. These increases allow more families to access the program and receive a higher benefit amount.

Cases with a sanction status appear to increase slightly over the last quarter since the removal of the full family sanction. However, the number is not higher than before the change. Prior to the benefit increase in July 2024, the RI Works caseload was stable, with only marginal average

month-over-month increases. As previously stated, the increase did cause a large increase in August caseload, but the increase since then flattened and even declined.

-see next page-

Question: Please provide an update on field office operations and any staffing challenges and any impact on enrollment from those challenges.

Answer: DHS field operations continue to evolve as part of DHS's modernization strategy, with a strong emphasis on multi-channel access, workload balancing, and accuracy. The agency has expanded its appointment-based service model to reduce lobby congestion and improve customer service expectations, while maintaining walk-in access at designated locations.

At the same time, Technology Adoption Days and dedicated processing time are being used to prioritize casework, reduce backlog risk, and improve first-touch accuracy. The statewide expansion of SNAP Connect, now fully implemented across all cities and towns, has significantly shifted interviews to phone-based channels, with approximately 70% completed telephonically. Together, these operational changes have strengthened system stability and allowed DHS to maintain service delivery despite increasing federal workload and complexity.

DHS is currently managing approximately 6,282 pending applications, including 2,147 overdue, with 1,483 awaiting state action. While total volume has increased compared to prior periods, this is largely driven by growth in new applications, particularly in Medicaid, and the added complexity of implementing federal policy changes under H.R.1.

In addition, recent operational analysis shows that a portion of pending work reflects non-actionable or system-generated tasks, reinforcing the need for improved task logic and front-end processing. Importantly, application timeliness remains stable, with approximately 83% of SNAP applications processed on time in March 2026.

DHS continues to distinguish between delays driven by customer action versus state processing, providing a more accurate view of performance, and overall continues to meet or closely approach federal timeliness standards across programs.

Staffing remains the primary operational constraint, particularly in eligibility and customer-facing roles. Approximately 89% of positions are filled but current capacity is impacted by 78 staff on approved leave and a rising leave rate of approximately 10.78%.

While DHS has made progress in hiring, including 17 new staff in the most recent period, operational capacity continues to be affected by hiring timelines, onboarding and training requirements, and increased workload complexity. In practice, when accounting for vacancies, leave, and onboarding, an estimated 12–17% of the workforce may be unavailable at any given time. To help mitigate these impacts, DHS has expanded its use of light duty assignments in partnership with the Department of Administration's Disability Management Unit, creating opportunities for staff on extended medical leave to contribute to appropriate, modified work activities. Despite these constraints, field operations have remained stable, with no office closures or service disruptions.

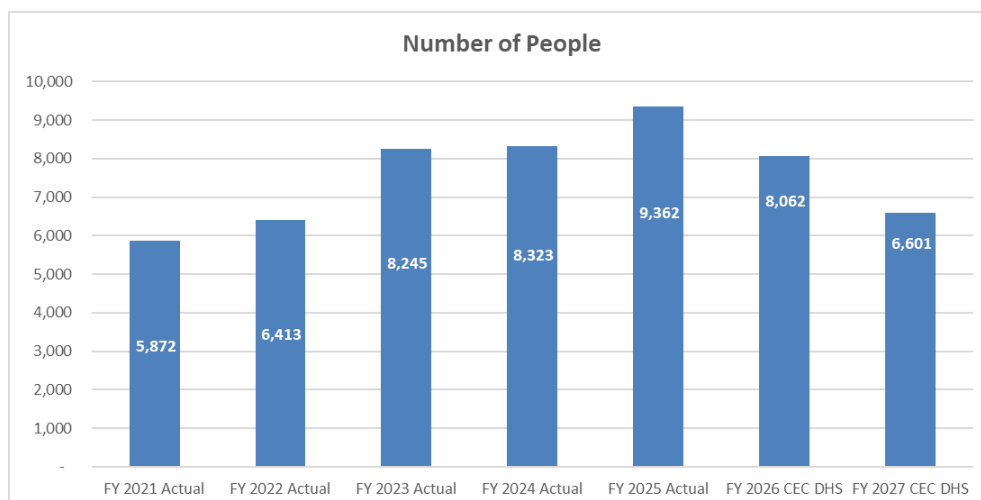
Customer contact volume also remains elevated, driven in part by federal SNAP changes. Average call wait times are approximately 27 minutes, with peak weekly volumes reaching nearly 26,900 calls in March. DHS has mitigated these pressures through SNAP Connect, expanded self-service tools, and ongoing call center modernization efforts, which have helped maintain service levels and reduced abandonment rates.

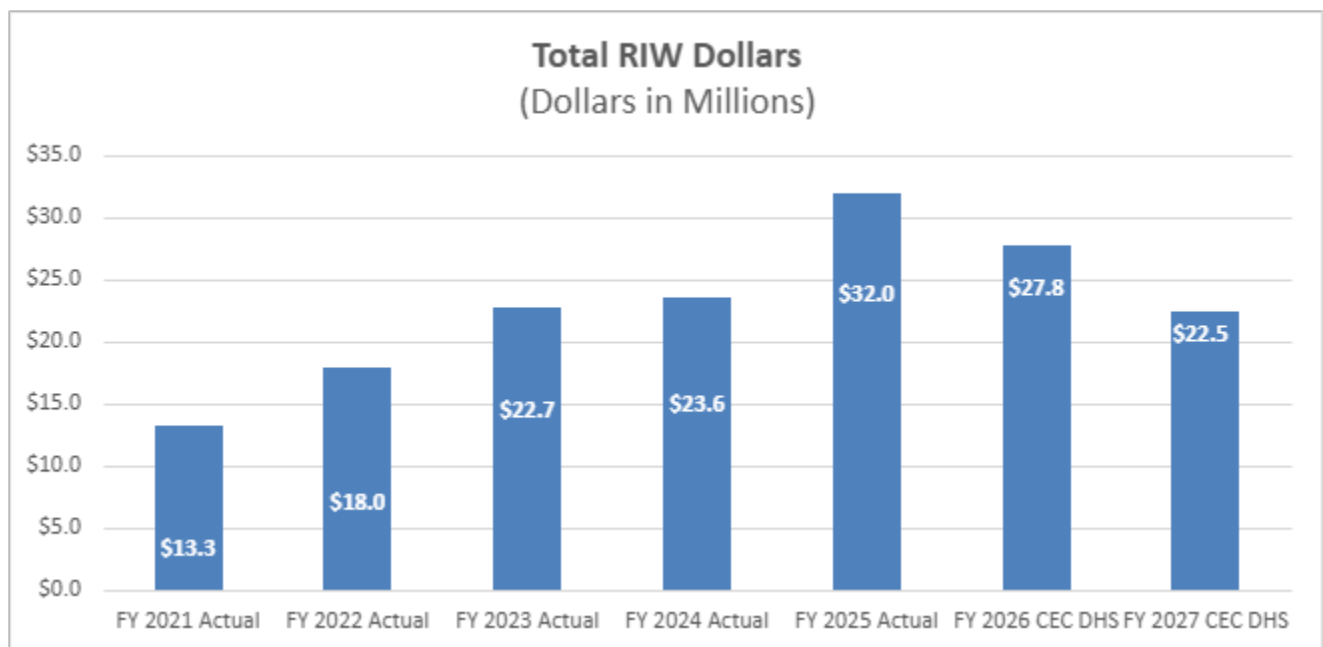
Overall, while staffing constraints and increased workload complexity continue to create operational challenges, DHS has effectively mitigated impacts on enrollment and service delivery through its hybrid service model, expanded digital tools, and targeted processing strategies.

At the same time, sustaining and improving accuracy remains a central priority. Current trends show early stabilization; however, if workforce capacity constraints and system inefficiencies persist, there is risk that progress toward reducing the SNAP Payment Error Rate (PER) could be impacted. DHS is actively addressing this through a coordinated strategy that includes business process redesign, strengthened QA/QC integration, enhanced training aligned to error drivers, and system improvements focused on prevention and first-touch accuracy. Implementation is progressing across these areas, but remains dependent on key policy, system, and legal decisions that will influence timing and full impact.

Federal changes under H.R.1 continue to influence enrollment trends, including increased application volume and shifts in SNAP participation, but the Department is monitoring these impacts in real time and adjusting operations accordingly. In this context, DHS operations remain stable and responsive, maintaining timely access to benefits while advancing both accuracy and long-term performance improvement.

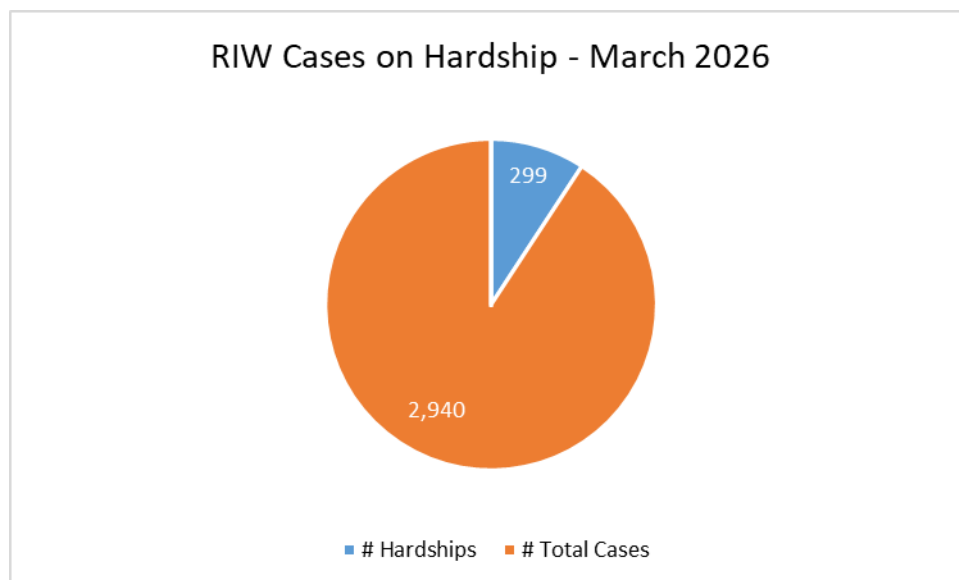
Prior to the benefit increase in July 2024, the RI Works caseload was stable, with only marginal average month-over-month increases. As previously stated, the increase did cause a large increase in August caseload, but the increase since then flattened and even declined.





Hardships Extensions

Hardship extensions are available to families reaching time limits. There are five criteria in DHS regulations for hardship extensions. Currently, hardship extensions are granted for six-month increments. Cases classified as “hardship” cannot have employment plan exemptions, cannot be “between plans”, and cannot be under sanction.



The number of hardships as a percentage of the total caseload remains below the federal statutory ceiling of 20 percent. Rhode Island's hardship cases constitute approximately 9.66 percent of the state caseload. Rhode Island's hardship cases are now counted only after a case exceeds 60 months on the RI Works benefit. RI Works vendors continue additional programming to target the cases exceeding 60 months on their state time clock.

Work Participation Rate (WPR) Overview

RI Works parents are required to participate in employment preparation activities and must do so for a minimum number of hours per week on average for the month, per Federal TANF regulations. The required minimum hours differ based on the age of the youngest child and whether there is a second parent in the household.

- Parents whose youngest child is under the age of six must participate for a minimum of 20 hours per week.
- Parents whose youngest child is six or older must participate for a minimum of 30 hours per week.
- Two-parent families must participate for a minimum of 35 hours per week.

Not all RI Works parents are required to participate in employment-related activities. Some are exempt for reasons including being disabled, caring for a child under the age of one, caring for a disabled child or family member, or being in the third trimester of pregnancy and medically unable to work. Others are exempt because they are "child-only" cases where the payment is entirely for the child(ren), and the parents or caretaker relatives do not receive a cash payment for themselves (e.g., parent on SSI or children in kinship care).

Unless exempt, parents receiving a cash payment are required to comply with an employment plan. Parents can be sanctioned if they are not meeting the minimum required employment plan hours without good cause. If parents can provide good cause for a failure to comply with their employment plans, then their case will not be sanctioned.

Question: Please provide the “all families” and “two-parent families” work participation rate for FY 2026, along with a work participation rate target. Please include data for the past five years.

Answer:

- FY 2020 Required all families: Required 0.0 percent (met 6.8 percent)
Required 2-parent families: Required 27.6 percent (not met 7.3 percent)
- FY 2021 Required all families: Required 0.0 percent (met 6.5 percent)
Required 2-parent families: Required 26.3 percent (not met 8.0 percent)
- FY 2022 Required all families: Required 0.0 percent (met 7.6 percent)
Required 2-parent families: Required 15.2 percent (not met 8.6 percent)
- FY 2023 Required all families: Required 0.0 percent (met 11.6).
Required 2-parent families: Required 14.5 percent (not met 12.9 percent)
- FY 2024 required all families: Required 0.0 percent (met 11.3)
Required 2-parent families: Required 19.3 percent (met 19.5)
- FY 2025 and FY 2026 data not yet available.

Federal Work Participation Rate (WPR) data is derived from a quarterly data interface that is reviewed by the Administration for Children and Families (ACF). The State cannot currently calculate WPR. Instead, ACF provides the State with feedback based on data submissions. For FFY 2024 Rhode Island met the two-parent families required WPR for the first time.

Question: Please provide an update on the status of current or potential federal penalties associated with the work participation rate.

Answer: ACF confirmed there are no pending penalties.

2026 & 2027 TANF Budget							
Appropriation	Agency	LIS Name	FY26 Enacted Budget	FY26 Governor's Recommended	FY27 Governor's Recommended	FY26 Expenditures as of 03/31/2026 (WORKDAY)	Description of the Services Funded by TANF
26015	079	TANF/EA-CM Program-Federal Share	885,164	1,708,386	1,517,727	972,907	DCYF for TANF eligible youth to be served
26083	079	TANF/EA-CW Program-Federal Share	6,903,696	8,846,328	8,870,884	5,781,663	DCYF for TANF eligible youth to be served
26084	079	TANF/SSBG Grant	300,000	500,000	500,000	-	DCYF for TANF eligible youth to be served
26085	079	TANF - HCBS	1,070,174	1,300,558	1,300,558	-	DCYF for TANF eligible youth to be served
26102	079	TANF - SSBG Transfer	2,888,732	2,001,007	2,001,007	-	DCYF for TANF eligible youth to be served
26130	079	TANF - DCYF Hoteling	640,943	687,500	687,500	-	DCYF Hoteling for TANF eligible youth to be served
26134	079	TANF - DCYF Hoteling SSBG Transfer	5,411,268	3,558,587	3,558,587	1,231,261	DCYF Hoteling for TANF eligible youth to be served
24081	075	DHS Home Visiting Coop	200,000	200,000	200,000	-	RIDOH for RIW parents in the Family Visiting
22189	28	UHIP - TANF Federal Allocation	-	869,691	1,360,258	459,001	Administrative funds for UHIP
22191	28	UHIP - Non IAPD TANF Federal Allocation	-	914,825	-	422,984	Administrative funds for UHIP
23225	069	Early Head Start Supplemental Support	3,001,200	3,001,200	3,001,200	1,469,690	Funding of head start care with TANF funds
23080	069	FIP CM and Work Programs	14,106,000	15,306,000	15,406,000	10,314,242	Contracted vendors engaging in direct services for RIW parents
23081	069	FIP Administration	7,002,946	6,774,510	6,147,131	5,829,478	Administrative funds for DHS
23082	069	TANF - Subsidized Employment Enhancement	200,000	-	-	-	Contract to provide services to homeless families
23083	069	UHIP - TANF Federal Allocation	49,525	-	-	395	Administrative funds for UHIP
23134	069	FIP/TANF - Regular	37,063,000	34,075,118	34,840,760	25,756,823	Cost for TANF/RIW benefits to families
23135	069	AFDC Catastrophic Aid	1,200	800	1,000	-	Costs for families who have experienced a catastrophic event like fire or flood
23136	069	Child Care - TANF Funds	45,952,869	41,730,357	49,457,532	21,596,221	Funding of low income child care with TANF funds
23137	069	RIPTA Transportation Benefit	536,064	510,279	520,322	9,955	Funding of bus passes for RIW parents
32085	072	Project Opportunity	1,350,000	1,400,000	1,400,000	309,125	Adult Education (ABE, ESL, GED)
			\$ 127,562,781	\$ 123,385,146	\$ 130,770,466	\$ 74,153,742	

Fiscal Year	Awarded	Expensed	Planned Expenses	Cumulative Carry Forward
SFY 2020	\$94,294,105	\$ 85,644,437	\$ -	\$ 15,800,878
SFY 2021	\$94,608,671	\$ 69,204,618	\$ -	\$ 41,204,931
SFY 2022	\$95,675,713	\$ 60,891,460	\$ -	\$ 75,989,184
SFY 2023	\$94,708,016	\$ 72,545,481	\$ -	\$ 98,151,719
SFY 2024	\$93,842,484	\$ 83,406,354	\$ -	\$ 108,587,849
SFY 2025	\$94,708,016	\$ 106,220,486	\$ -	\$ 97,075,379
SFY 2026	\$94,700,000	\$ 74,153,742	\$ 46,375,765	\$ 71,245,872
SFY 2027	\$94,700,000	\$ -	\$ 117,884,988	\$ 48,060,884
SFY 2028	\$94,700,000	\$ -	\$ 108,999,226	\$ 33,761,659
SFY 2029	\$94,700,000	\$ -	\$ 108,999,226	\$ 19,462,433

Question: Please update FY2026 and FY2027 TANF block grant estimates. After adjusting for these estimates, please include the TANF balance and report any plans for its use in the out-years.

Answer: The TANF carryforward amount is projected to continue to decrease as a result of increased spending and investments made beginning in FY24. The outyears' forecast is slightly less aggressive than previous testimony due to projected reductions in both the RIW and CCAP caseload estimates. Carryforward projections incorporate current caseload estimates for RIW and CCAP caseload and increases in vendor contracts supporting the TANF population. For FY26 and FY27, TANF is projected to support the CCAP caseload with \$36.5 million and \$37.7 million, respectively.

Question: Transportation: Please provide the basis for the agency projection for transportation costs? What is the utilization for bus passes and how has it changed in the last five years?

Answer: Projected transportation costs are calculated by a presumed usage rate of total RI Works persons multiplied by the adjusted cost of the monthly bus pass. We have not seen a fluctuation in the 5.5 percent of persons on RI Works who are currently utilizing their bus pass option from MTM for the last couple of years. As such, DHS continues to project a usage of 5.5 percent for the remainder of FY 2027. Trends over the past five years have significantly dropped the transportation costs, both the increased virtual training with virtual participation hours. The RIPTA voucher program is largely for ADA and expanded paratransit, this population is unlikely to affect the RI Works transportation costs. There are multiple programs offered by other programs that support shared populations.

TANF Maintenance of Effort (MOE)

The TANF Maintenance of Effort (MOE) is a requirement that a state must spend at least a specified amount of state funds for benefits and services for families in need each year. A broad array of benefits and services for low-income families with children can count toward satisfying a state's MOE obligation. A state may count any state funds used for TANF program services or any funds that meet the federal TANF purposes as TANF MOE toward the required \$64.4 million benchmark.

Federal law allows six types of expenditures that can be counted toward MOE requirements:

1. Cash assistance
2. Child care assistance
3. Educational activities designed to increase self-sufficiency
4. Job training and work

5. Any other use of funds reasonably calculated to accomplish a TANF purpose
6. Administrative costs in connection with other allowable purposes

The consequences for not meeting the MOE are that the TANF grant will be reduced the following year on a dollar-for-dollar basis, and the state will be required to expend additional state funds in its TANF program to the amount by which the state fell short of meeting the MOE.

Question: Please indicate how the state will meet its maintenance of effort (MOE) requirement and identify which MOE items are state costs and which are in-kind contributions.

Answer: DHS seeks MOE from both state agencies and other philanthropic agencies statewide. MOE is calculated using the methods provided by a previous vendor. DHS exceeded the MOE requirement by \$5.7M in 2025.

State Costs: \$59,730,225

In-kind: \$10,424,526

Total: \$70,154,754

For FY 2020 and future years, DHS has been instructed by ACF to calculate MOE differently by removing a provision previously allowed due to a prior law grandfathering. The grandfathering has ended. This significantly reduces the amount of allowable expenditures and MOE allowed from DCYF Residential and the Office of Postsecondary Commission. DHS is working on utilizing other avenues to collect the MOE.

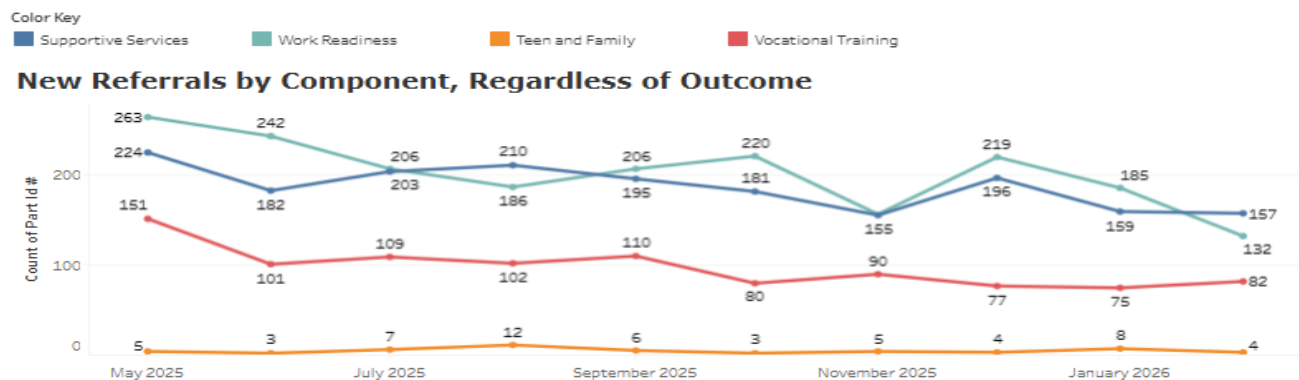
	FFY 2021 Reported to ACF	FFY 2022 Reported to ACF	FFY 2023 Reported to ACF	FFY 2024 Reported to ACF	FFY 2025 Reported to ACF
RIW Admin - DHS	\$4,740,191	\$3,855,901	\$4,829,497	\$5,289,294	\$5,145,982
Child Care MOE DHS	\$5,351,126	\$5,351,126	\$5,321,207	\$5,321,126	\$5,297,111
Emergency Assistance - DCYF	\$1,635,450	\$1,131,567	\$1,734,050	\$1,817,429	\$685,529
DCYF Other	\$16,084,231	\$15,774,162	\$25,201,254	\$18,272,718	\$16,157,651
DEFRA (Child Support Pass-Thru)	\$208,803	\$217,814	\$232,095	\$280,233	\$316,846
RIDE Adult Ed	\$1,050,000	\$1,050,000	\$1,151,165	\$1,131,644	\$279,456
CAP Agencies (Leg. Grants)	\$287,820	\$210,180	\$210,960	\$226,200	\$144,776
Head Start	\$1,190,000	\$1,190,000	\$1,188,618	\$1,190,000	\$1,137,045
SSI	\$2,472,240	\$2,228,503	\$2,209,901	\$2,227,599	\$2,271,015
GWB-DLT Youth Work Readiness	\$442,080	\$754,407	\$966,433	\$848,968	\$653,236
Earned Income Tax Credit	\$15,963,386	\$19,364,568	\$18,656,693	\$20,439,680	\$20,368,600
Property Tax Relief Program (Circuit Breaker)	\$120,234	\$121,851	\$164,945	\$150,108	\$139,972
DCYF Residential	\$2,982,641	\$4,174,996	\$3,624,546	\$5,163,737	\$6,862,503
Weatherization	\$6,979,035	\$5,159,377	\$7,284,662	\$7,954,370	\$3,965,404
Rhode Island Food Bank	\$3,218,941	\$2,900,173	\$3,537,371	\$940,955	\$2,319,075
Community Organizations (Listed Below)	\$2,338,768	\$2,172,515	\$2,242,561	\$2,387,124	\$4,410,550
OPC / Promise	\$0	\$4,389,791	\$4,138,215	\$4,141,348	\$0
Total	\$65,064,947	\$70,046,931	\$82,694,173	\$77,782,533	\$70,154,751

The tables below show MOE expenditures by category and community organizations:

	FFY 2021 Reported to ACF	FFY 2022 Reported to ACF	FFY 2023 Reported to ACF	FFY 2024 Reported to ACF	FFY 2025 Reported to ACF
Roman Catholic Diocese of Providence	\$25,036	\$111,513	\$51,243	\$45,752	\$57,797
United Way of Rhode Island	\$310,145	\$0	\$284,688	\$302,587	\$825,302
Boys and Girls Club	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,915,733
Rhode Island Foundation	\$480,709	\$466,077	\$236,913	\$327,311	\$746,997
SStarbirth	\$35,363	\$41,999	\$50,386	\$55,045	\$3,909
Crossroads	\$390,104	\$87,227	\$175,871	\$134,376	\$59,486
Dorcas International Institute	\$24,170	\$12,720	\$220,680	\$106,231	\$393,653
Non-Violence Institute	\$0	\$1,080	\$0	\$0	\$0
RI Coalition Against Domestic Violence	\$2,427	\$390,329	\$149,625	\$171,341	\$258,332
Com CAP	\$70,814	\$8,566	\$5,971	\$6,876	\$7,866
Genesis Center	\$0	\$53,004	\$67,184	\$237,605	\$141,475
Total	\$2,338,768	\$2,172,515	\$2,242,561	\$2,387,124	\$4,410,550

RI Works Contracted Vendors

There are three original contracted vendors that support the RI Works customers with basic services. These vendors provide support to customers through the four program components: Supportive Services, Youth Services, Vocational Training and Job Readiness, Employment & Retention. The programs provided to RI Works families streamline supportive services, education and/or training programs with the goal of stabilizing families. The vendors' programs result in more parents being engaged in work activities that would be reflected in higher wages and assisting them in obtaining successful employment outcomes.



The contracts are based on performance metrics that incentivize the vendors to assist parents in obtaining long-term employment at a living wage. DHS will continue to request vendors to

provide extensive data to DHS on a monthly basis so that progress and trends can be tracked and changes can be put into effect as needed.

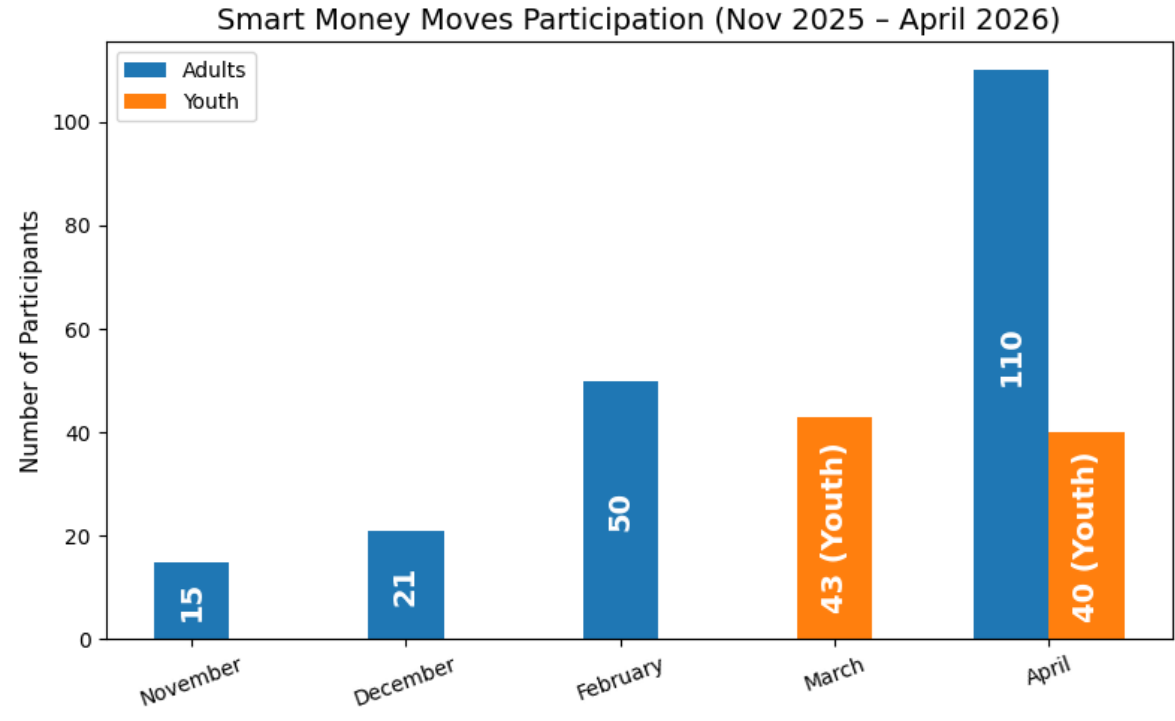
DHS utilized the Grant Management System to solicit new RI Works vendors in 2024, providing a broader array of services that focused on key areas. A subpopulation of RI Works families need specialized support to become working ready. As mentioned previously, a vendor has been added to focus on mental health barriers specific to employment. This vendor will also provide consultation for DHS staff on mental health interventions. Another vendor will focus on personalized financial literacy that includes credit repair and small business plan development and teen classes. New vendors were also selected on their ability to reach specialized populations facing barriers to accessing services. These selections were based on location and subject matter expertise, such as those with immigration barriers, those experiencing homelessness, underserved populations, and those with unidentified barriers.

Additionally, as mentioned above, DHS has added a pilot across the larger supportive contracts to address housing instability through the Housing Stability Pilot (HSP). HSP is used to mitigate the effects of trauma and stress related to housing insecurity, allowing RI Works participants to focus on work readiness. HSP is a homeless prevention program that is assisting low-income families who meet eligibility criteria. The short-term assistance is being used to prevent evictions and assist in establishing housing for participants.

Since the rollout of these prior contracts, two important new or expanded services have been implemented:

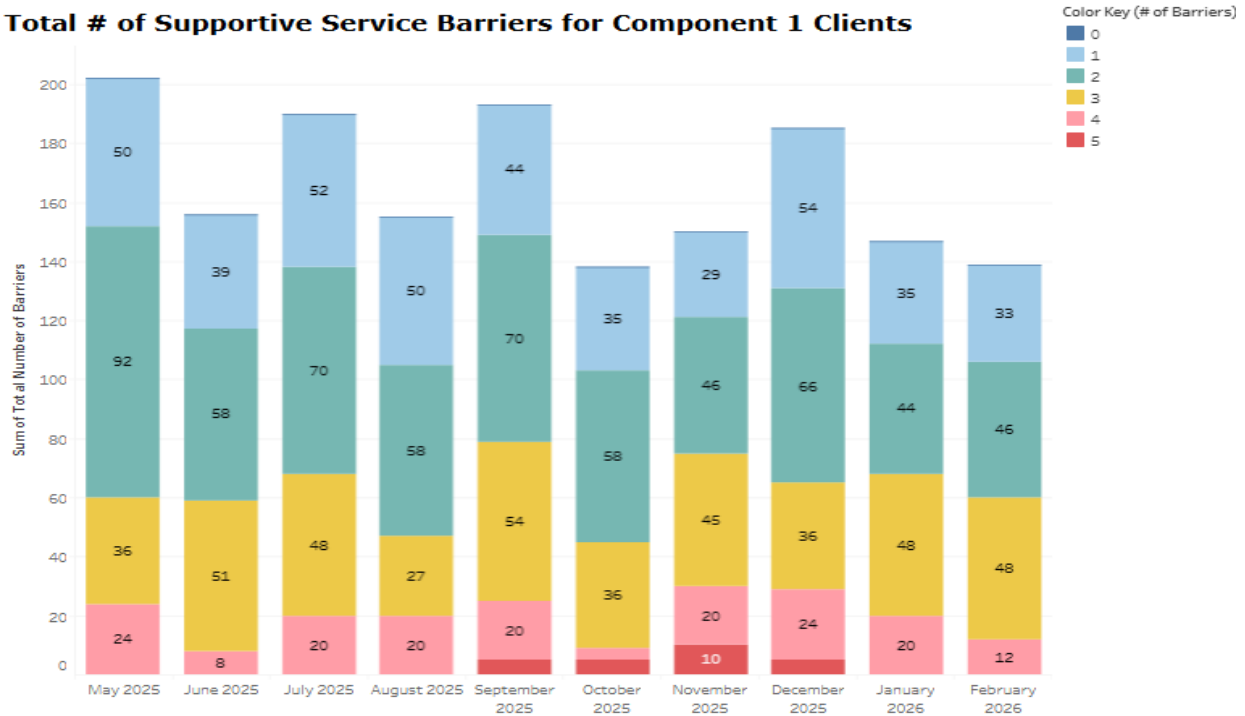
Financial Literacy helps to ensure that RI Works families become more aware of financial issues on their path to self-sufficiency. DHS requires all service vendors to integrate financial literacy into their curricula. This is accomplished by having all RI Works customers referred to the new financial literacy vendor so they may receive the specialized services. Currently, classes are offered by DHS's primary providers and new specialized provider, Sincere Multiserve. Parents who have attended this series have requested services for their children, in RI Works households. The agency is piloting a program for adolescents, with referrals from the parent. The financial literacy classes are on Saturdays.

Sincere Multiservice Data

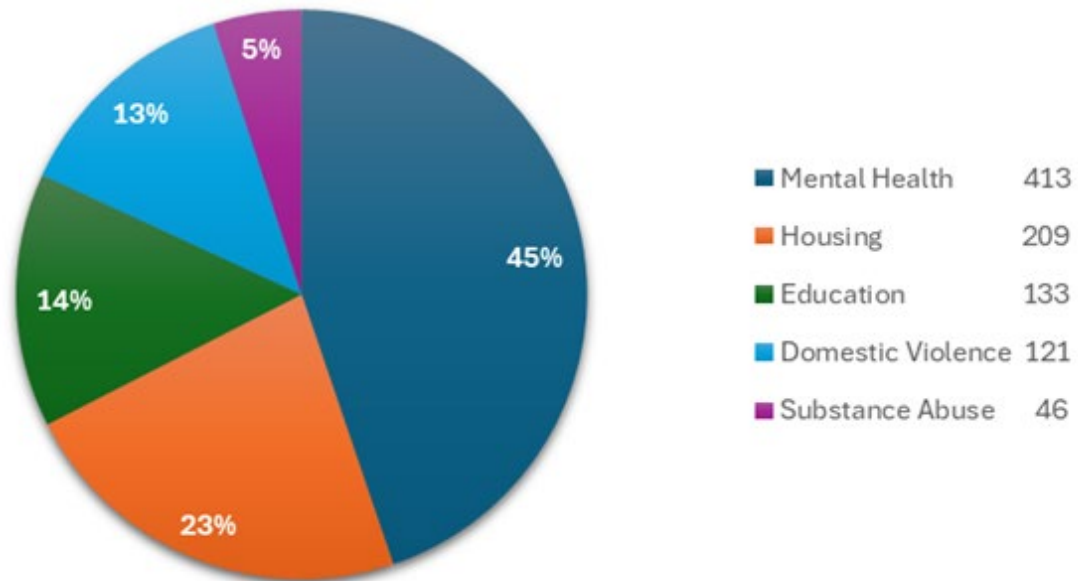


- **Supportive Services** to assist RI Works families in resolving barriers and issues that may be hindering them from becoming employed and on a path to self-sufficiency. The most common problems faced by RI Works customers include:
 - Mental Health Challenges
 - Unstable Housing/Homelessness
 - Domestic Violence/Intimate Partner Violence
 - Low Education Attainment
 - Unaddressed Disabilities
 - Substance Use Disorder

Total # of Supportive Service Barriers for Component 1 Clients



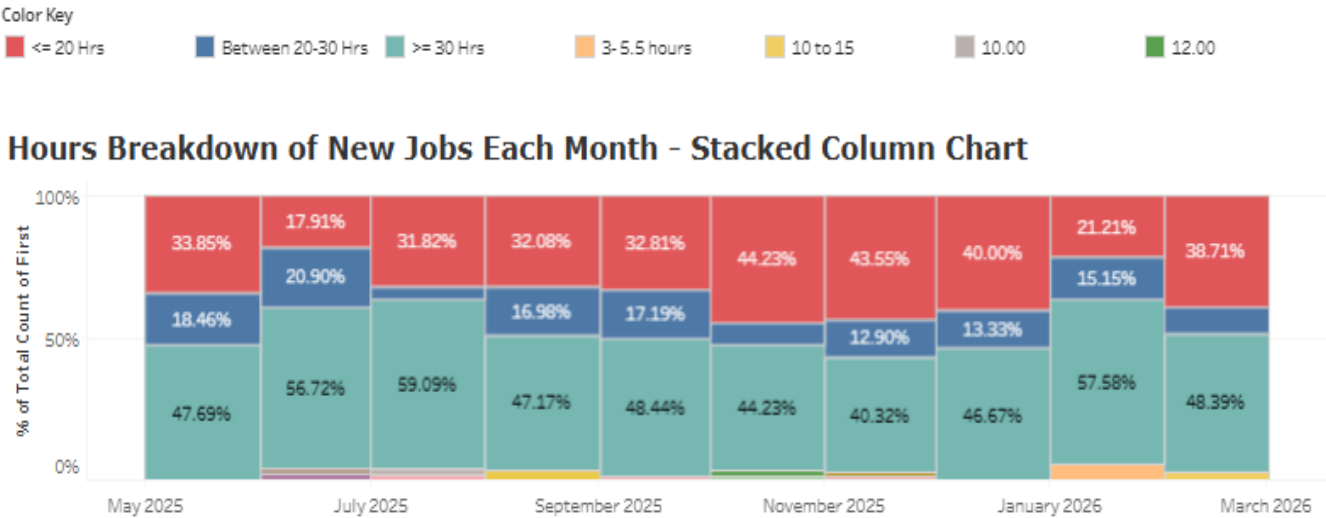
Reported Barriers



RI Works staff analyze vendor data monthly and can provide immediate feedback to vendors who are either struggling or being highly effective with working with RI Works families. The completion of vocational training programs can have a significant effect on obtaining long-term, sustainable employment.

RI Works vendors prepare customers for employment by providing assistance with resumes and cover letters, interview skills, and counsel on appropriate workplace behavior. RI Works vendors also make referrals for customers to acquire appropriate attire for interviews and work. There are multiple work-readiness strategies pursuant to 45 CFR 261.2, including subsidized employment, paid or unpaid work experience, on-the-job training, job search and job readiness activities, and community service. All RI Works customers are required to attend financial literacy counseling to prepare parents for budgeting their future income and are referred to Sincere Multiservice for financial literacy classes. When a customer is placed at a training site or employed, vendors provide job coaching, including performance feedback, to customers and also support employers in order to assure an effective match and maximize job retention.

In the past year, 562 parents have entered employment, and 47 participated in a work experience activity, including both subsidized and unsubsidized work experience. The average wage for these job placements was \$18.08 per hour. Thirty-three percent of job placements are for wages at or over \$20 per hour. In the past year, 304 customers retained employment for at least six months, and 1,075 customers achieved the benchmark of earning over \$4,000 in the fifth quarter after the start of their employment plans, following WIOA standards. Vendors were paid more than \$517,700 in performance payments due to job retention. (Not all fifth quarter retention incentives have been paid yet due to delays in verification and billing). Additionally, in the past year, 122 participants have completed their vocational training program. A total of 341 RI Works parents have participated in vocational training programs this past year.



Question: Please identify the strategies the RI Works Program is preparing its beneficiaries for in workforce readiness.

- a. Please identify the industries in which the RI Works Program beneficiaries receive workforce development.

Answer: Working with RI Works parents includes wraparound supportive services, adult education, vocational training, and job readiness. Depending on the parent or caretaker's education or work history, the RI Works vendors create a family goal and employment goal. Goals are updated with every new employment plan. Working with this population often means mitigating multi-generational barriers to longtime sustaining employment. In order to ensure success, the RI Works vendors must monitor labor market statistics in critical fields, ensuring job availability and wages high enough to sustain a family.

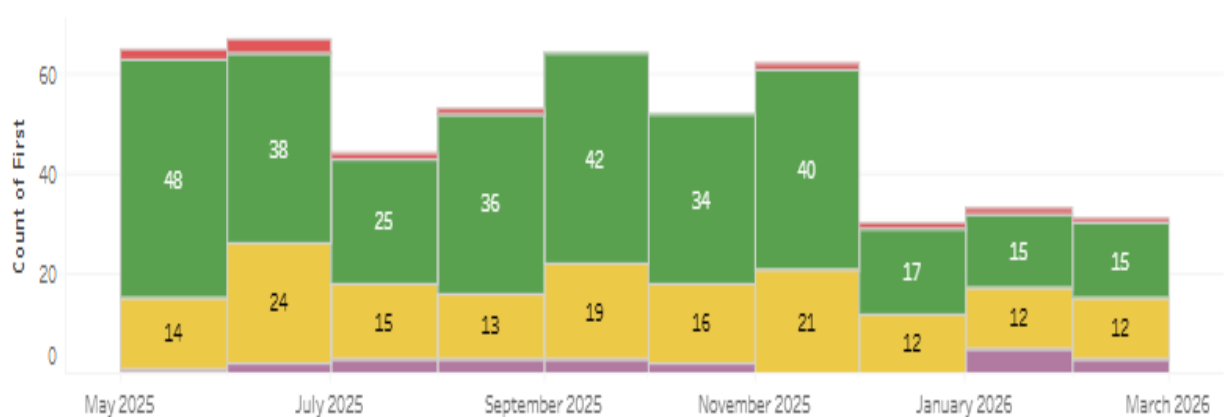
RI Works participants have completed a variety of vocational trainings that include the following industries:

Approximately 70% are Healthcare related, including LPN, C.N.A., Patient Care Tech, Phlebotomy, Medical Assistant, Dental Assistant, Billing and Coding, and Registered Nurse. The other 30% of industries include: Early childhood Education, Business Management, Graphic Design, Cosmetology, Massage Therapy, Culinary Arts, Computer Programming, and CDL Training.

Color Key

Under \$15/Hr \$15 to \$20/hr \$20 to \$25/hr Above \$25/hr

Wage Breakdown of New Jobs Each Month - Counts



Federal Law Changes

ACF has confirmed changes based on the Fiscal Responsibility Act detailed below.

Changes from the Fiscal Responsibility Act¹

Four Key Portions of FRA:

- 1) Work Participation Rate Changes effective 2025
 - a) Caseload Reduction Credit (CRC) Reset to 2015
 - b) Elimination of Small Checks Scheme
- 2) Focus on Work Outcomes:
 - a) Outcomes-Based Reporting
 - a) Work outcomes for TANF exiters.
 - b) Secondary School Diploma

1.a. The change to the caseload reduction credit (CRC) altered the year of comparison from Federal FY 2005 to Federal FY 2015, effective date of October 1, 2025, affecting the report submitted December 31, 2025. DHS has less CRC applied to the WPR penalty to help reduce the federally required percentages of 50 percent for one-parent families and 90 percent for two-parent families. ACF stated the single-parent WPR requirement has risen to 22 percent. DHS will know the full impact of these changes after FY25 data is analyzed usually in the following calendar year.

1.b. Rhode Island is not affected by the elimination of small checks. Changes will be effective in Federal FY 2026.

2. DHS has already been utilizing “Work Outcomes” according to WIOA since 2018. The FRA will collect data in a pilot, utilizing WIOA and other metrics. Outcome-based reporting is already completed through the WIOA and active contract management for TANF.

DHS selected the Public Consulting Group from an RFP process completed in 2024. PCG is assisting in the MOE calculation, WPR calculation and the CRC calculation to improve process and outcomes.

Child Care Assistance Program (CCAP)

The Starting Right Child Care Assistance Program (CCAP) advances three essential goals:

- (1) Promoting the healthy development and school readiness of Rhode Island's children.
- (2) Providing equal access to quality learning environments to all early learners.
- (3) Supporting income-eligible parents to work, pursue education, or engage in job training to achieve long-term economic stability.

Research consistently shows that access to high-quality early care and education is a critical economic driver. It supports workforce participation, strengthens family self-sufficiency, and builds a strong foundation for lifelong learning for young children.

Eligibility and Access

CCAP eligibility is determined through two primary pathways:

- **Rhode Island Works (RIW):** Families participating in RIW who require child care to meet employment and training requirements are eligible for CCAP benefits with no co-payment.
- **Income-Based Eligibility:** Families earning up to 261% of the Federal Poverty Level (FPL) (~63% of State Median Income or \$71,305 for a family of three) who meet all eligibility requirements receive CCAP benefits and based on their income level, may be assigned a family share or copay. To promote continuity of care and workforce stability, families whose income rises above this initial threshold can continue receiving support through Transitional Child Care until their income reaches 300% of FPL (~72% of SMI or \$81,960 for a family of three). Families contribute on a graduated co-payment scale, from 0% for those at or below 100% FPL to a maximum of 7% of income for those between 150%–300% FPL. In alignment with national standards, DHS lowered the copay cap from 14% to 7% as of January 1, 2022. The 2024 CCDF Rule currently requires states to maintain this 7% cap, ensuring affordability and equity.

Strengthening Rhode Island's Early Care and Education System

The Office of Child Care (OCC) continuously monitors the state's child care sector—tracking CCAP enrollment trends, licensed provider capacity, and quality improvements within the state's evidence-based framework. Recognizing that a stable child care system is vital to Rhode Island's economy, DHS provides strategic support to:

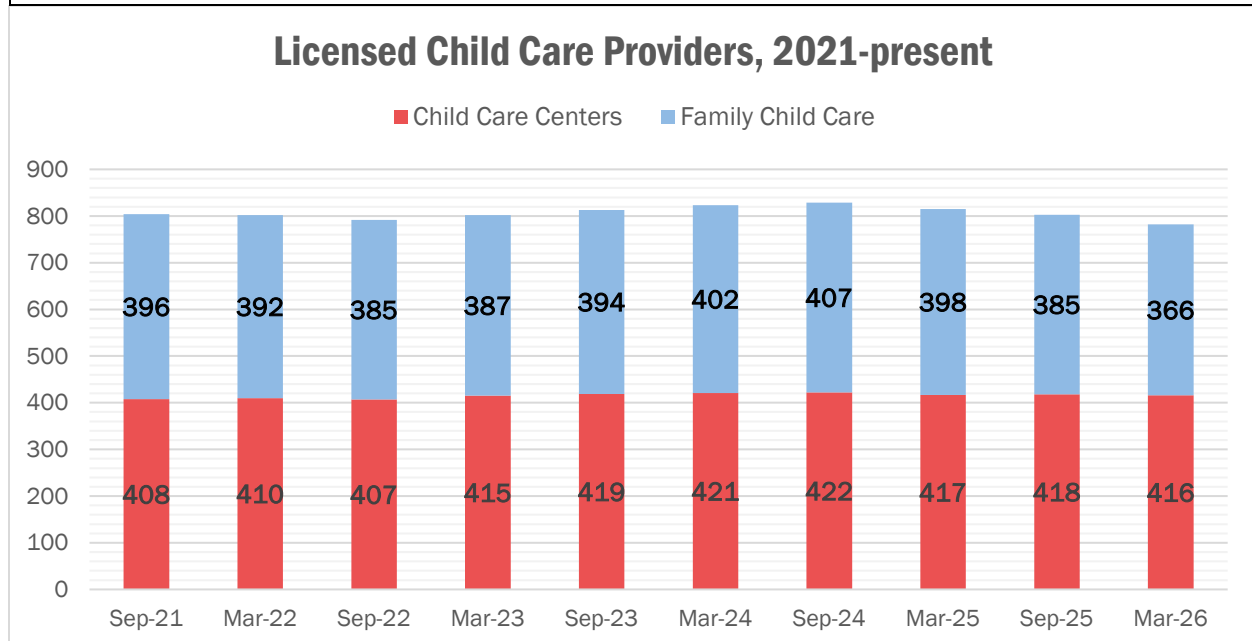
- Sustain small business child care providers;
- Strengthen the early educator workforce;
- Expand access to high-quality early learning for children and families.

Further details on DHS initiatives to support and sustain the early childhood care and education infrastructure are outlined below and can be provided upon request.

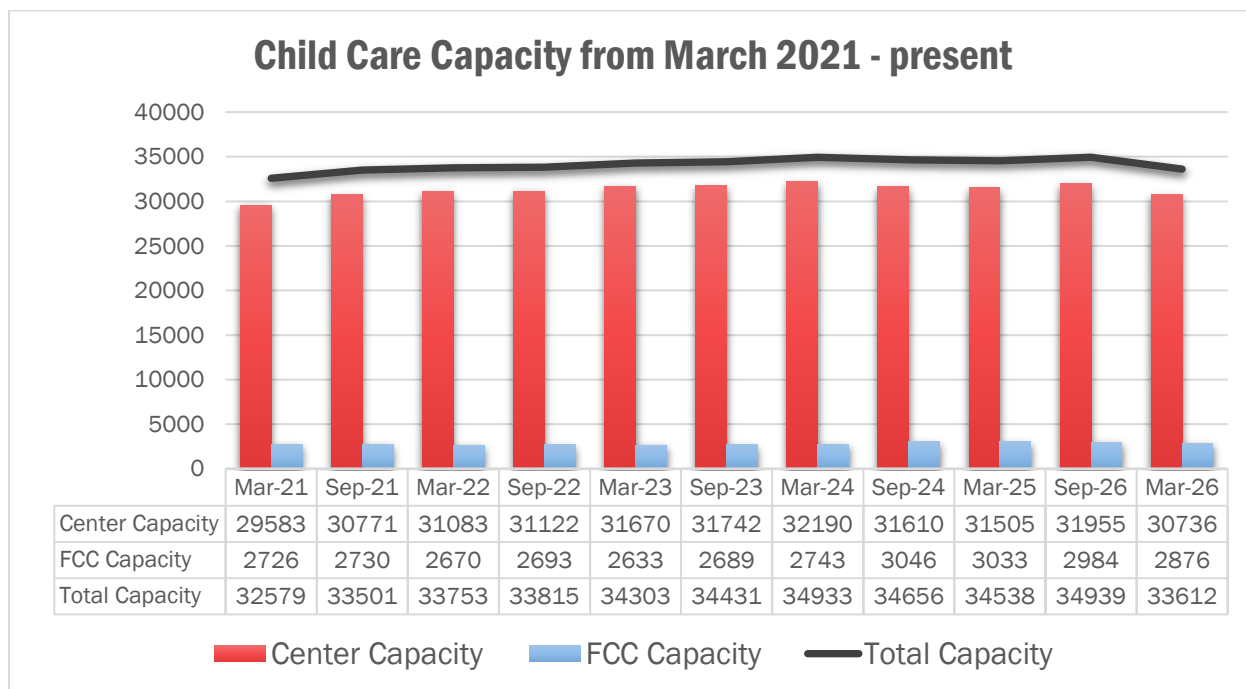
Question: Please provide the total number of licensed child care providers and the number of child care slots in the state, including the providers that do not participate in the CCAP program for the last five years.

- Please provide the number of children enrolled in CCAP by age group, provider type, and star rating, including the newly separate infant category.
- Please provide updated data since the previous conference on the impact of DHS strategies to bolster FCCP seats, including the most recent number of FCCPs considering expansion and future plans or strategies.
- Please, if possible, provide a child-to-the-staff ratio.

Answer: See the narrative and tables below.



Since the previous testimony, DHS child care capacity has declined. The overall number of center-based programs declined by two. Across all center-based programs total capacity declined by approximately 1,200 seats. The overall number of family child care programs declined by 19. Across all FCC-based programs total capacity declined by approximately 108 seats. Further details on program openings and closures are provided later in this document.



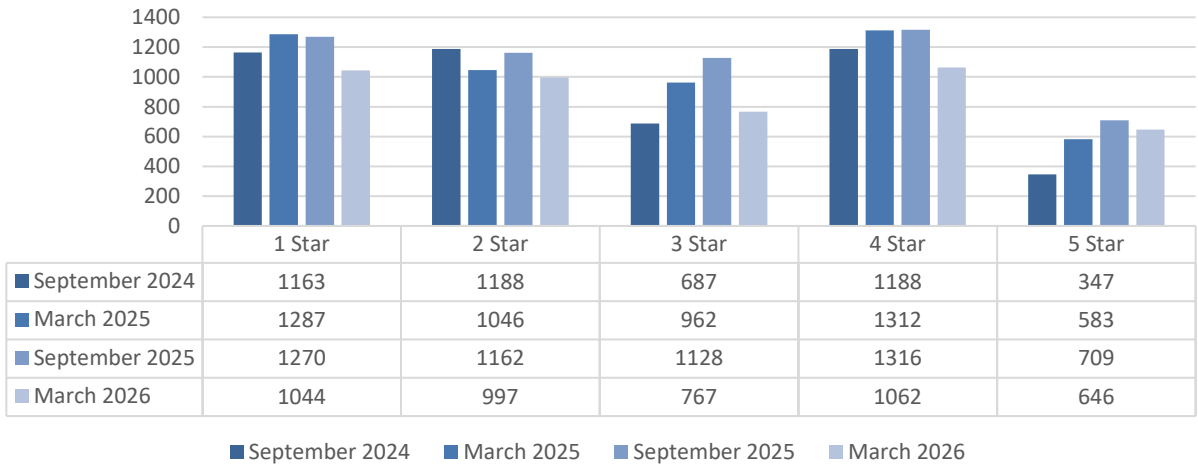
In the charts below, CCAP enrollment is broken down by provider type (Center and Family Child Care) and age group (Infant, Toddler, Preschool and School-Age). The charts show that more than 44% of DHS 6,126 CCAP participating children are enrolled in programs with high BrightStars quality ratings of 3, 4 or 5-stars. As the first chart shows, there are currently more CCAP participating children enrolled in 4-star center-based programs than there are in 1, 2, or 3-star center-based programs. There are several trends we are seeing in the data over the last six (6) months in both center-based care and family child care.

For centers, the trends seen include:

- A total CCAP enrollment decrease of 19% (from 5,585 to 4,516).
- Enrollment in 5-star programs dropped approximately 9% since October 2025 (from 709 to 646), but remains significantly higher than prior year counts (from 347 to 646)
- 4-star centers consistently have the highest enrollments.

Center-Based Care - CCAP Enrollment by Brightstars Rating - March 2026						
Age Group	1 Star	2 Star	3 Star	4 Star	5 Star	TOTAL
Infant	48	75	43	69	38	273
Toddler	129	174	124	148	109	684
Preschoolers	361	463	342	431	356	1953
School-Age	506	285	258	414	143	1606
TOTAL	1044	997	767	1062	646	4516

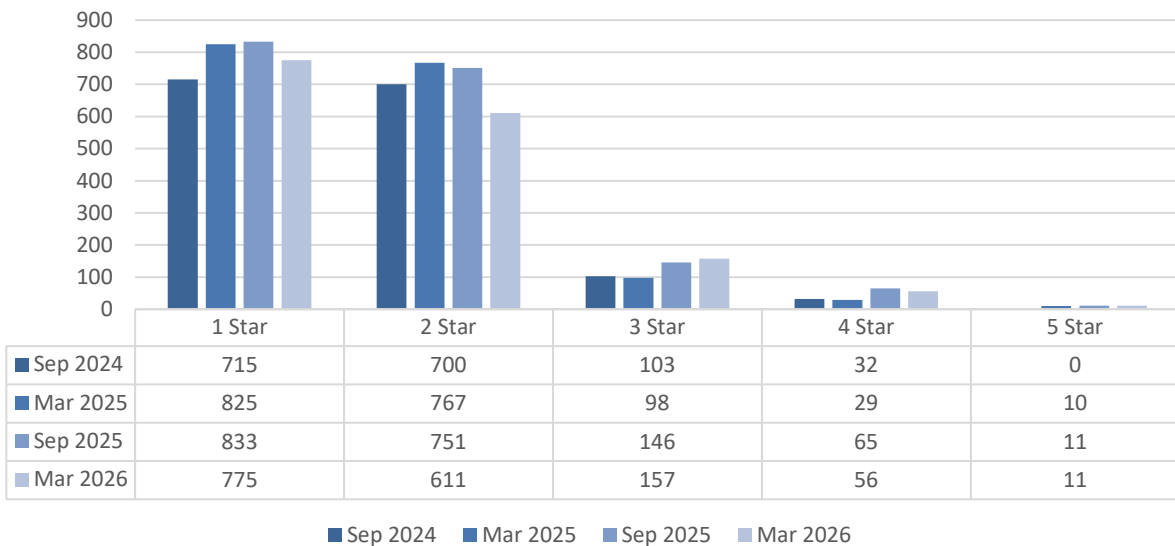
CCAP Enrollment By Brightstars Rating - Centers



For Family Child Care, DHS is seeing similar trends.

- Overall enrollment decreased from 1,806 to 1,610, which was an 11% decrease since October 2025.
- While 4-star and 5-star enrollments are significantly lower than 1, 2 or 3-star enrollments, 4-star enrollment remains higher over the past year (from 32 to 56), and 5-star enrollments have increased from 0 to 11.

CCAP Enrollment by Brightstars Rating - FCC



Family Child Care - CCAP Enrollment by BrightStars Rating – March 2026						
Age Group	1 Star	2 Star	3 Star	4 Star	5 Star	TOTAL
Infant/Toddler*	252	174	47	18	3	494
Preschoolers	304	247	63	28	8	650
School-Age	219	190	47	10	0	466
TOTAL	775	611	157	56	11	1610

**Since Family Child Care does not distinguish between infant and toddler rates, FCC charts also do not separate these groups for caseload purposes.*

DHS continues to implement a comprehensive onboarding system for individuals interested in opening a Family Child Care program in Rhode Island. This process includes required online orientation and *First Steps* training modules, which are developed and hosted through the Center for Early Learning Professionals (CELP).

To further support prospective providers, DHS has launched a dedicated webpage titled “*Apply to Be a Child Care Provider in Rhode Island.*” This webpage serves as a centralized entry point, outlining the full onboarding and application process and providing direct access to both Center-Based and Family Child Care orientation modules available through CELP. The intent is to streamline access to information and guide individuals through the necessary steps to begin the licensing process.

Interested individuals must first complete a self-paced online orientation. Upon completion, CELP is notified and assigns a technical assistance (TA) specialist, who initiates contact with the prospective provider to begin individualized support. During this initial engagement, the TA specialist reviews next steps, including creating a profile and program within the Rhode Island Start Early System (RISES) and enrolling in the *First Steps* training module.

The TA specialist provides ongoing support throughout the onboarding process, conducting outreach at established intervals to answer questions, offer guidance, and help address potential barriers. DHS works collaboratively with TA specialists to support applicants through the licensing process, including conducting joint visits to proposed program locations to ensure that environments are appropriately prepared to deliver child care services.

For licensed providers who want to be CCAP-approved providers and enroll and care for children participating in CCAP benefits, DHS has developed an easily accessible on-line provider orientation and training through the CELP and provides professional development credits for completion.

The orientation provides an in-depth overview of the roles and responsibilities of the CCAP provider, including using the Bridges CCAP Provider Portal to enroll CCAP participating children, the CCAP reimbursement rates and payment processes, and links to provider support

documentation and provider management contacts. In addition, the CCAP provider application process has been integrated into RISES and streamlined for easier access and faster processing. The chart below illustrates an overall CCAP enrollment decline from 7,379 to 6,133 (~17%) between September 2025 and March 2026. There was an increase in the number of infants and toddlers served in both center-based programs and family child care programs. However, this was offset by decreases in preschool and school-aged children across both program types. The percentage of children enrolled in 4 and 5-star programs increased slightly from 28% to 29%.

The significant difference in full-time school-age enrollments between September 2025 and March 2026 is primarily due to the timing of the data pull. Each summer, DHS issues multiple notices to providers reminding them to update school age enrollment for the upcoming fall, along with a specified deadline. After this deadline, any school-age children still enrolled during school hours are automatically disenrolled. Because the data for September 2025 was pulled before this auto-disenrollment process occurred (which took place about a week later than previous years), the number of full-time school-age children appears higher than usual for that period.

CCAP Children Enrolled by Bright Stars Rating, Time and Age Category September 2025 to March 2026												
Brightstars Rating	1		2		3		4		5		Total	
Full Time	Sept 2025	March 2026	Sept 2025	March 2026	Sept 2025	March 2026	Sept 2025	March 2026	Sept 2025	March 2026	Sept 2025	March 2026
Infants	98	124	91	113	58	54	38	66	28	29	313	387
Toddlers	348	243	323	259	190	142	174	146	101	96	1,136	887
Preschoolers	725	517	725	538	447	307	481	337	297	208	2,675	1910
School-Age	584	347	437	159	377	72	400	187	134	6	1,932	776
¾ Time												
Infants	14	20	9	18	5	5	5	7	2	9	35	59
Toddlers	47	41	31	31	18	12	18	15	8	14	122	113
Preschoolers	93	99	98	134	43	44	77	80	63	78	374	435
School-Age	117	254	103	189	72	105	109	157	44	77	445	784
Half Time												
Infants	0	1	0	0	0	0	0	0	2	0	2	1
Toddlers	2	0	1	1	2	1	0	1	7	2	12	5
Preschoolers	27	44	37	35	28	48	25	38	26	66	143	231

School-Age	36	116	47	118	27	122	49	75	5	55	164	486
¼ Time												
Infants	0	0	0	0	0	0	0	0	1	0	1	0
Toddlers	0	0	0	0	0	0	0	0	0	0	0	0
Preschoolers	2	3	0	2	2	6	2	4	2	12	8	27
School-Age	1	8	8	8	5	6	3	5	0	5	17	32
Grand Total	2,094	1,817	1,910	1,605	1,274	924	1,381	1,118	720	657	7,379	6,133

Total Licensed Child Care Participation in BrightStars by Provider Type – March 2026			
Star Rating	Center-Based	Family Child Care	Total
1-Star	105	185	290
2-star	67	123	190
3-star	57	19	76
4-star	66	10	76
5-star	61	3	64
Total	356	340	696

Percentage of CCAP Children Enrolled in 4- and 5-Star Programs									
Dec 2020	Dec 2021	Sept 2022	Feb 2023	Sept 2023	Feb 2024	Sept 2024	Feb 2025	Sept 2025	Feb 2026
21%	24%	26%	26%	23%	23%	26%	28%	28%	29%

The charts below show enrollment trends by age group over the past six months from September 2025 to February 2026. During that time, total enrollments declined with center-based programs experiencing a 9% drop from 4,674 to 4,252 enrollments and family child-care programs experiencing an 8% drop from 1,701 to 1,569 enrollments. Losses in preschool and school-age enrollments were offset by gains in infant and toddler enrollments for both program types. Center-based providers added 70 infants, 33 toddlers, and FCC providers added 18 infants and 24 toddlers during this time period. The biggest change for both program types over the past six months is the reduction of preschool aged enrollments with a drop of 289 preschool enrollments in center-based programs and a drop of 94 preschool enrollments in family child care programs.

CCAP Enrollment Trends (Center-Based)	Infant/Toddler Enrollments	Preschool Enrollments	SA Enrollments	Total Enrollments
Sept-25	813	2075	1786	4674
Oct-25	803	2065	1727	4595
Nov-25	859	2060	1710	4629
Dec-25	867	2019	1688	4574
Jan-26	910	1983	1685	4578
Feb-26	916	1786	1550	4252
Sept 25-March 26 trend	103	-289	-236	-422

CCAP Enrollment Trends (Family Child Care)	Infant/Toddler Enrollments	Preschool Enrollments	SA Enrollments	Total Enrollments
Sept-25	444	721	536	1701
Oct-25	449	689	508	1646
Nov-25	462	672	478	1612
Dec-25	460	650	478	1588
Jan-26	480	661	487	1628
Feb-26	486	627	456	1569
Sept 25-Feb 26 trend	42	-94	-80	-132

Meaningful progress has been made since the last caseload report, strengthening reporting capabilities. Currently, DHS can report on overall licensed capacity by age group using program licensing data. In addition, DHS is now able to leverage data from the RISES system to identify the number of educators who have attested to working within specific age groups. This allows DHS to assess at a high level, whether the current pool of registered and active educators is sufficient to support the number of children who could be served based on licensed capacity.

Based on currently available RISES data, estimated staff-to-child ratios are as follows:

Infant Staff to Child Ratio	1 teacher for every 3 children
Toddler Staff to Child Ratio	1 teacher for every 4.2 children
Preschool (including Pre-K) Staff to Child Ratio	1 teacher for every 9 children
School Age Staff to Child Ratio	1 teacher for every 7.4 children

While these figures provide a useful directional view of system capacity, there are important nuances to consider. This analysis includes only educators who have explicitly identified an age-group role within the system. It does not account for other classroom support roles—such as floaters or teacher assistants—which also contribute to staffing capacity. Additionally, the analysis does not distinguish between full-time and part-time staff, and therefore assumes all educators are working full-time for the purposes of this estimate.

However, this information reflects continued progress in DHS’s ability to capture and analyze workforce data. As system usage becomes more standardized and is further reinforced through regulatory requirements, DHS anticipates being able to produce more precise, comprehensive, and actionable staffing metrics in future reports.

Question: Please fill out the DHS excel file for the FY 2026 and FY 2027 estimates by fund source and line sequence.

- a. For the Child Care Development Block grant
 - i. Do the general revenues meet or exceed the required match? If required match is exceeded, please explain why.
 - ii. Please include the balance of any unspent funds from prior years and report any plans for use.
 - iii. Provide an update on the State’s compliance with Child Care Development Fund (CCDF) rule changes and include any impact on spending and general revenue match for FY 2026 and FY 2027. Please include the effects of the most recent revision of the final rule for prospective payments based on enrollment rather than attendance.

Answer: See the narrative and tables below.

CCDBG Funding

Fiscal Year	Mandatory	Matching	Discretionary
FFY2025 Remaining	\$0	\$0	\$4,590,900
FFY2026 Available	\$4,429,283	\$4,702,408	\$14,285,350
FFY2027 Available	\$6,633,774	\$6,054,473	\$19,910,000

The table above outlines Child Care and Development Block Grant (CCDBG) funding available for the remainder of SFY26 and SFY27.

In addition to providing child care subsidies, DHS invests discretionary funding in key quality initiatives that strengthen the overall child care system, including expanding workforce development opportunities for educators. This funding also supports CCAP administrative and system costs, Family Child Care Collective Bargaining Agreement (CBA) payment practices, and the Rhode Island Start Early System (RISES).

In response to the post-COVID funding cliff, DHS is conducting a comprehensive review of all contracts to ensure each is maximizing its impact on the child care sector and delivering the greatest possible benefit to children, families, and educators. As part of this effort, DHS is analyzing data from the past three to five years to identify which investments are most effectively improving the quality and supply of child care for Rhode Island’s children, while also maximizing return on investment. The goal is to ensure that resources dedicated to quality initiatives are

driving meaningful, sustainable outcomes, and yield long-term value that far exceeds the initial investment.

The FFY2026 FMAP rate is 57.50% with an increase in FFY2027 to 57.81%. This increase will result in a slight decrease to the state's matching requirement in SFY27.

May 2026 Caseload

General Revenue	SFY26	SFY27
Maintenance of Effort (MOE)	\$5,321,126	\$5,321,126
State Match	\$4,530,270	\$4,433,095
General Revenue Total	\$9,851,396	\$9,754,221

General revenues are budgeted to meet the required match, with an additional \$30,000 level funded every year as a sign of the State's commitment to contribute to the program. Rhode Island has seen small increases in the FMAP rates in recent years which have resulted in lower general revenue match requirements. The DHS Cash Array Excel file for FY2026 and FY2027 estimates by fund source and appropriation is included with the caseload documents as Appendix A.

The 2024 CCDF Final Rule will have an impact on agency spending and any potential state match moving into SFY27. The rule went into effect on April 30, 2024. Rhode Island was approved for a temporary waiver for an extension of up to two years to come into compliance. Since then, a follow-up Notice of Proposed Rule Making (NPRM) was issued that may ultimately return flexibility around the 2024 final rule requirements to states. Pending the completion of this process, an additional two-year waiver period was offered. Rhode Island has applied for a continued waiver for the following provisions:

- § 98.45(m)(1) — Pay providers prospectively
- § 98.16(z), § 98.30(b)(1), and § 98.50(a)(3) — Some grants or contracts for direct services for infants and toddlers, children with disabilities, and children in underserved geographic areas

Rhode Island has already implemented other required changes including capping family co-payments at 7% (implemented in 2022) and expanding the existing absent policy to meet the requirement of payment based on enrollment (implemented in March 2026 - § 98.45(m)(2) — Use enrollment-based payment)

To meet the federal requirement of payment based on enrollment, Rhode Island expanded the existing absent policy in March 2026. Changes to meet the payment based on enrollment standard include flexibility for up to four weeks of consecutive absence without impacting provider payment. Absent notices signed by parents, previously required for absences of a week or more, are now only required in situations where a family has special circumstance requiring absence beyond four weeks (such as an extended illness/hospitalization) and will be approved by DHS on a case-by-case basis.

Payment will not be made beyond four weeks of absence without this approval. Providers are still required to submit attendance for tracking purposes, but payments will be based on the child's enrollment and not on attendance for a maximum of four weeks. Duplicate payments are not allowed per the federal guidelines, and it will be the responsibility of the provider to ensure children are enrolled in the first week of care to be paid for that week.

Rhode Island has submitted a request for waiver continuation for prospective payments (paying providers before or at the time of service) and provision of services through grants and contracts, the two remaining provisions included in the initial Child Care and Development Fund (CCDF) final rule. It is important to note that in early 2026, the Administration for Children and Families (ACF) issued a Notice of Proposed Rulemaking (NPRM) to rescind certain mandatory provisions established under the 2024 CCDF final rule.

Notably, this proposed rulemaking includes the two provisions for which Rhode Island is currently operating under an approved waiver. This includes the 2024 CCDF Final Rule requiring states pay providers before or at the time of service. Currently, Rhode Island pays providers in bi-weekly batch payments after services have been provided, and attendance has been submitted.

This also requires states to provide child care services through grants or contracts to increase the supply and quality of child care for infants and toddlers, children with disabilities, and children in underserved geographic areas. At present, DHS has not established a formal workflow to contract with providers to serve specific populations through CCAP certificates and is awaiting final rule guidance before proceeding, given the anticipated associated costs.

Question: Please provide an update on the disenrollment trends.

Answer: See narrative below.

Providers are required to disenroll children who no longer attend their program or when DHS or a parent requests disenrollment. If a second provider enrolls a child who is enrolled elsewhere, the system disenrolls the child from the existing provider or flags an error to prevent duplicate enrollments. Over the six-month period from September 2025 through March 2026, the system logged 3,009 disenrollments. Of those, 1,120 did not re-enroll with another provider during that six-month period. Of those who disenrolled and did not reenroll with another provider, approximately 275 were disenrolled because their benefits were terminated.

Currently, there is no mechanism for tracking disenrollment reasons other than termination of benefits or failure to recertify.

While other reasons for disenrollment are not currently tracked in our system, family reasons for disenrolling may include no longer needing care, for example: fluctuation in parent employment,

seasonal need for summer care ending in August, age up to Kindergarten, entry into state Pre-K, changing to a provider that better meets a family’s needs, moving away from an area or out of state, finding alternative non-licensed care, or aging out of subsidy eligibility.

Providers have until the beginning of the school year to adjust enrollments for school-age children in their care for the fall schedule (which prevents providers from enrolling school age children during regular school hours) and those not adjusted are auto-disenrolled. The Office of Child Care sends multiple reminders to providers prior to disenrolling these school age children and a reminder to re-enroll if the school age children are attending in the fall.

With the implementation of payment based on enrollment, providers will receive payment for up to four weeks of absence for a child enrolled in their program. If another provider enrolls the child, for example, a parent makes a change in their choice of provider, the system is designed to disenroll the child from the initial program to avoid duplicate enrollments.

DHS continuously reminds providers of the importance of ensuring a child is enrolled in the CCAP Provider Portal during the first week the child attends their program. Using the new payment based on enrollment rules, this is even more important. Payment is made to the provider who has the child enrolled and no duplicate payments will be made. Providers are still required to disenroll a child if a family or DHS requests disenrollment or they know that the family does not plan to return to care.

Question: Please provide an update to the part-time and permanent closure trends for providers. Are there any new providers that have been or are waiting to be licensed? Please provide the underlying assumptions the Department is utilizing to assess the financial health and stability of child care providers. Please note any changes since the November conference, including details on rates being paid, assumed capacity (including seats and staff lost), and any other impacts on providers.

Answer: See table and narrative below.

Openings and closures of child care providers continue to be active. DHS had 26 openings of programs and 37 closures.

	Provider Opening and Closings in Child Care September 2025-March 2026		
	Openings	Closings	+/-
Family Child Care providers	15	24	-9
Center providers	11	13	-2
Total	26	37	-11

In light of the number of program openings and closures over the past six months, DHS is providing additional context on current trends within the child care landscape.

Of the 13 center-based program closures, the reasons are as follows:

- Change of ownership (8)
- Non-compliance with regulations (2)
- Retirement (1)
- Fire, flood, or other natural disasters (1)
- Owner/operator illness (1)

DHS has observed an increase in ownership transitions, particularly involving acquisitions by larger national child care providers. This shift presents both opportunities and considerations for the child care system. Larger national chains often bring greater financial stability, administrative capacity, and access to capital, which can support facility improvements, staff recruitment, and operational consistency. These organizations may also implement in-house compliance systems and professional development structures that can strengthen program quality and regulatory adherence. However, these transitions may present challenges. Changes in ownership can lead to shifts in program culture, staffing, and pricing structures, which may impact continuity of care for children and families. In some cases, there may be reduced flexibility to meet unique community needs compared to locally operated programs.

Additionally, workforce impacts—such as changes in compensation, benefits, or organizational structure—can affect staff retention and overall program stability.

Given these dynamics, DHS continues to monitor ownership trends closely to better understand the implications for access, affordability, and quality across the child care landscape.

The factors contributing to family child care program closures differ from those affecting center-based programs. As noted in previous reports, Rhode Island's family child care sector is comprised largely of longstanding providers, many of whom have operated for more than 20 years and are now approaching retirement. In addition, as the DHS transitions to a more technology-driven licensing system, some providers have chosen to retire rather than adapt to new administrative and operational requirements.

During this reporting period, the reasons for family child care program closures are as follows:

- Retirement (5)
- Enrollment challenges/low enrollment (4)
- Non-compliance with regulations (3)
- Illness or death in the family (3)
- Did not renew license (2)
- Personal reasons (2)
- Relocation (2)
- Pending DCYF investigation (2)
- Transition to employment in a center-based program (1)

These trends highlight both workforce attrition driven by an aging provider base and operational challenges impacting smaller, home-based programs. Family Child Care providers play a critical role in Rhode Island’s early childhood system, particularly in supporting infants and toddlers and families working non-traditional hours or with transportation needs. As such, maintaining an accurate understanding of active supply of family care, while also supporting provider retention, remains a key priority for the DHS.

A number of FCC program closures during this reporting period were associated with attempted monitoring visits. When a provider does not respond to an unannounced monitoring visit, DHS leaves a door hanger and conducts follow-up outreach via phone and email to confirm whether the program remains in operation. A second monitoring attempt is then conducted following the same protocol, with the addition of a specified response deadline. Failure to respond by the established deadline may result in closure of the license in order to maintain accurate records of active and operating programs.

All affected providers were informed of the process to reopen their license should they choose to resume providing care in the future. For providers who reported that they do not currently have children enrolled but are actively recruiting, DHS schedules a monitoring visit to confirm that the program remains appropriately prepared to provide care and continues to meet applicable health and safety requirements. This approach allows licenses to remain active during the recruitment period while ensuring that programs are able to safely serve children upon enrollment.

While these closures reflect efforts to ensure accurate licensing data and regulatory compliance, they also underscore broader challenges facing the FCC sector. Given the essential role FCC providers play in expanding access to care, DHS remains committed to supporting both the stabilization and growth of this critical segment of the child care system.

The implementation of the RISES Licensing System of Record continues to streamline and expedite the licensure process, enabling providers to move more efficiently through the approval pipeline. As a result, DHS has observed an increase in the number of prospective providers preparing to open new programs. Currently, provider progress through the licensing pipeline is being tracked through several initiatives:

Pipeline Initiative	Enrolled	Completed
English Orientation for FCCs	34	16
Spanish Orientation for FCCs	25	24
English First Steps for FCCs	14	16
Spanish First Steps for FCCs	30	22
English Orientation for Centers	42	30
Spanish Orientation for Centers	8	2
English First Steps for Centers	15	9
Spanish First Steps for Centers	1	1

Of these, nine (9) Family Child Care applications and two (2) center-based applications have been formally submitted and are currently under review by DHS.

Caseload Projections and Trends

Through payment cycle 18, CCAP served an average of 5,970 children per week. Overall participation remained stable year-over-year and Rhode Island continues to experience strong demand for child care services; however, the current system is under significant strain. This pressure is reflected in both declining numbers of licensed providers and challenges within CCAP enrollment.

Currently, the State's child care sector is navigating two interconnected challenges. First, demographic trends in Rhode Island have shifted notably over the past several years. Both statewide and nationally, birth rates have been declining. Many women are choosing to delay childbirth and are having fewer children overall. Recent analyses indicate that Rhode Island has among the lowest birth rates for younger women in the country. While these trends do contribute to a gradual reduction in the population of children, they do not fully explain the current pressures on the child care system.

Despite declining birth rates, demand for child care remains high. The more significant challenge lies in affordability. Although important progress has been made in expanding eligibility for subsidized child care—particularly through increases to the entry-level Federal Poverty Level (FPL) threshold—these gains have not kept pace with rising inflation and the overall cost of living in Rhode Island.

As a result, the current subsidy structure presents barriers for many working families, particularly single-parent households. For example, a single parent with one child earning approximately \$57,000 annually does not qualify for child care assistance, yet would likely find it extremely difficult to afford private child care. Alternatively, a parent earning slightly less—for instance, \$55,000—may qualify for assistance but has limited opportunity for income growth, as the program's exit threshold is approximately \$64,000. This narrow eligibility band can create a "benefits cliff," discouraging career advancement and financial mobility.

The percentage of children enrolled with center-based providers and family child care providers during this period remained consistent with SFY2025 with approximately 24.6% of CCAP children enrolled with family child care programs and 75.4% enrolled with center-based programs.

Through March 31, 2026
Number of Children by Provider Type

	# of Children	# of Providers
Family Based	1,471	326
Center Based	4,499	333
Total	5,970	659

Based on average through Batch 21

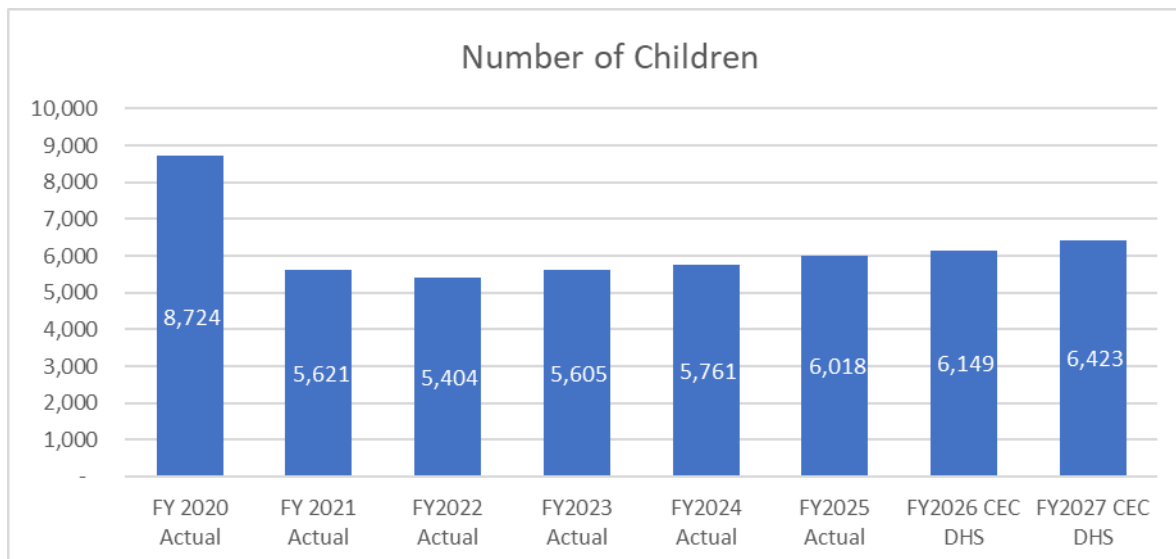
Number of Children by Age Grouping

Category	# of Children	% of Total
Infant	535	9.0%
Toddler	1,061	17.8%
Preschool	2,402	40.2%
School Age	1,972	33.0%
Total	5,970	100%

Based on average through Batch 21

Since the same period last year, the number of providers serving CCAP children increased by 4.1%. This growth included a small increase in family-based providers (+0.6%, or two providers) and a larger increase in center-based providers (+7.8%, or 24 providers). Overall, the number of providers serving CCAP children has increased by 1.9% compared to SFY2025.

DHS caseload analysis indicates a notable trend with CCAP children. While the number of providers serving CCAP children has increased, the number of CCAP-enrolled children participating in high-quality child care programs has declined. More providers are electing to participate in the subsidy system during the application process, which affords them access to quality improvement initiatives that may otherwise be unavailable, such as WAGE\$ and TEACH scholarships. However, despite increased participation at the provider level, many providers are enrolling a smaller proportion of subsidized children relative to their overall licensed capacity. This dynamic appears to be influenced, in part, by the disparity between CCAP reimbursement rates and private pay tuition rates. Subsidized reimbursement rates are often significantly lower than what providers can receive from privately paying families, creating a financial incentive to prioritize private-pay enrollment. In addition, many high-quality programs maintain waitlists, allowing them to be more selective in enrollment decisions. In practice, this can result in a preference for families who are able to pay full tuition, further limiting access for CCAP-eligible children to high-quality early learning environments.



DHS experienced a slightly lower growth rate of the number of children served during SFY2026 compared to the same period in SFY2025. Specifically, the batch-over-batch growth rate through payment cycle 18 declined by 0.1%, whereas prior years have typically shown modest but consistent increases during this timeframe.

This variance prompted further analysis, including a comparison to the total batch-over-batch growth rate in SFY2025 (0.2%) and the average increase across the same batches between SFY2025 and SFY2026 (0.4%). Based on this analysis, DHS applied a blended growth rate of 0.3%, reflecting the midpoint between recent trends and current-year performance.

This approach aligns the projected growth rate more closely with historical patterns and results in an expected overall batch-over-batch growth rate of 0.1% before incorporating other programmatic changes below within the estimate.

DHS implemented enrollment-based provider payments in March 2026. This programmatic change is expected to further increase the SFY26 growth rate. On average, approximately 385 children are absent during each batch period; prior to this policy shift, providers did not receive payment for these absences unless a parent-signed absent notice was uploaded with attendance and the child had not been absent for more than 10 consecutive days. Implementation of this 2024 CCDF Final Rule change will ensure continuity of care by providing payment to providers based on a child's enrollment for up to four consecutive weeks, helping to preserve child care slots and program stability.

Additionally, changes to the Child Care for Early Childhood Educators and Staff program will continue to impact CCAP caseloads. This benefit supports eligible early childhood educators and staff employed by DHS-licensed programs. The SFY26 state budget extended the program for an additional three years. However, effective August 1, 2025, all new and renewal pilot applicants must first apply for regular CCAP using the DHS application process. Participants determined eligible for regular CCAP will have their subsidy paid through the traditional program, and the pilot will cover their assigned copay, if any. The requirement to first apply for regular CCAP benefits ensures participants who are eligible for these benefits receive support through the CCAP program. Only those denied traditional CCAP because of income over 261% FPL (the maximum CCAP entry point) are eligible for full pilot benefits provided their income is not over 300% of the FPL. At the mid-certification point (12-months of the 24-month period) applicants will now be required to verify that they are still working in child care to remain eligible for pilot benefits for an additional 12 months.

A process for requesting and verifying continued employment has been added as of August 2025 with the first verification cycle to start in July 2026. The requirement to first apply for traditional CCAP has resulted in more applicants receiving CCAP benefits through this avenue rather than the pilot and has resulted in a reduction of pilot applicants overall.

Families who did not submit a renewal application for the pilot were surveyed to determine why they did not reapply. Responses included a range of reasons that are included further in the testimony.

As stated above, effective August 1, 2025, all new and renewal CCAP for Child Care Staff Pilot applicants must first apply for regular CCAP using the DHS application process. To date, 132 CCAP eligible children have transitioned from the full pilot program, which paid for tuition and copay, to traditional CCAP, where the pilot will support any copay requirement. An additional 127 CCAP eligible full pilot participant children are expected to enroll by the end of the fiscal year.

This revised estimate is significantly lower than the original projection from November 2025 and reflects that 44% of pilot participants have not reapplied for the program and the renewal period has closed.

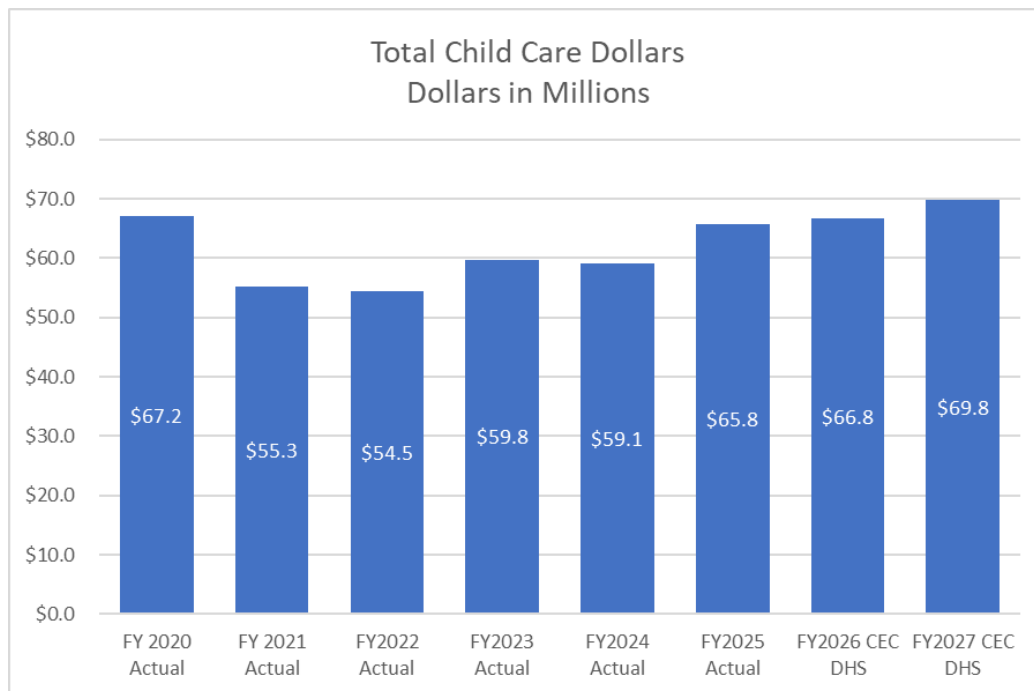
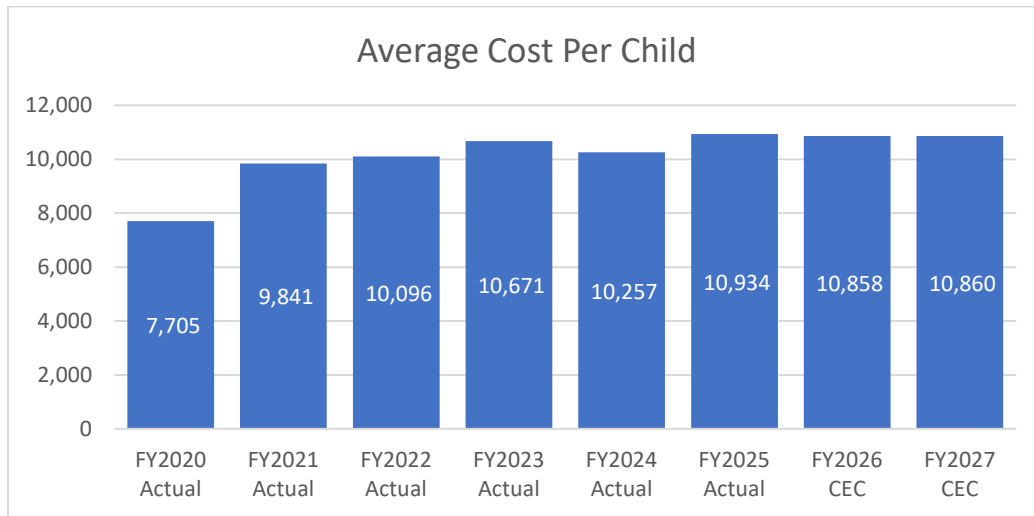
Taken together, these programmatic changes, along with the caseload trends described above, are projected to increase the overall CCAP caseload by approximately 2.2% in SFY2026.

Recognizing the regular program fluctuations in the program, including a temporary dip followed by a steady recovery in SFY26, DHS utilized a different projection model for SFY27. The projection starts with the most recent actual number -6,669. The model then assumes a temporary, gradual dip in the early part of the year, which reflects what is typically seen in the program—delays in enrollment, families not yet transitioned, and slower initial utilization.

To model this realistically, the projection does not drop all at once. Instead, it decreases evenly over time. This approach spreads the dip across multiple periods, which better reflects how changes occur in real life—gradually rather than suddenly. This low point is intentional and necessary to bring the overall yearly average in line with expectations. Compared to a baseline reference of 6,552, the dip of 268 (or about 4.1%) represents a temporary slowdown, not a long-term reduction.

After reaching this low point, the model assumes the program begins to recover and stabilize. From Period 13 to Period 18, the values increase each period, bringing the projection up to 6,363, which represents the point where recovery is clearly underway.

From there, growth continues at a slightly slower, steady pace by the end of the state fiscal year. Overall, the model shows a small, gradual dip followed by a steady recovery, providing a smooth and realistic projection that reflects both the timing and behavior of the program rather than assuming a flat or abrupt pattern.



Following a significant increase in per-child costs in SFY2025—driven by a legislated 5% rate increase for center-based providers and a 2.5% increase for family-based providers under the collective bargaining agreement—per-child costs are expected to stabilize in SFY2026.

Although infant rates increased by 20% in the SFY2026 budget, infants account for only 9% of total caseload costs; therefore, this change has had minimal impact on the overall per-child cost.

However, total subsidy costs are projected to increase by 1.5% in SFY2026, primarily due to growth in the number of children served. This increase is associated with enrollment-based

provider payments, as well as educators and staff in DHS-licensed child care programs utilizing both available benefits.

To estimate SFY27 cost, the SFY26 average cost per child per pay period, was calculated to be approximately \$418. Since the SFY27 caseload counts for fluctuations, each pay period, the number of children dips slightly early in the year and then recovers, and the cost follows that same pattern—lower in the middle periods and higher again toward the end. The SFY27 total projected cost is approximately \$69.8 million.

The budgetary impact of pilot participants transitioning to CCAP is also lower than originally projected. While families eligible for traditional CCAP are expected to transition upon expiration of their pilot certification, approximately 44% of anticipated participants have not reapplied. As a result, the overall fiscal impact is significantly less than initially estimated.

Separate projections are included for the FY26 and FY27 CCAP for Child Care Staff Pilot - the extended pilot offering CCAP benefits to subsidize the cost of child care for eligible early childhood educators and staff working in DHS-licensed programs and those currently on the pilot transitioning to traditional CCAP. Also projected separately is the impact of moving to enrollment-based payment.

	FY2026	
	Average # of Children	Amount
Base	6,149	\$ 66,769,471
Pilot Children	271	\$ 778,836
Enrollment vs. Attendance	385	\$ 1,270,259
Child Care for Child Care Workers	344	\$ 3,250,177
	6,493	\$ 70,019,648

	FY2027	
	Average # of Children	Amount
Base	6,423	\$ 69,753,864
Pilot Children	359	\$ 3,647,960
Enrollment vs. Attendance	400	\$ 4,286,934
Child Care for Child Care Workers	289	\$ 1,379,974
	6,712	\$71,133,838

Question: What percentage of the families eligible for the state subsidized program have children enrolled in one of the child care settings? Please provide any data on the number of families not using the benefit.

Answer: See narrative below.

From September 2025 to March 2026, approximately 5,230 families (7,991 children) who were approved for CCAP benefits, enrolled with a CCAP provider and billed for benefit services. There are 180 families (231 children) in RIBridges who requested and were approved for CCAP benefits but who have not enrolled with a CCAP provider or billed for CCAP benefit services. This equates to approximately 3.3% of approved cases not utilizing the benefit. This could be for several reasons such as parent employment patterns, including flexibility to work remotely, challenges finding providers with available slots depending on the age of the children and/or the desired location, or because of reduced capacity related to staffing shortages.

Currently, there is no mechanism for tracking a parent's reason for not using their CCAP certificate. Reasons may include no longer needing child care, using alternate child care such as family/friends, difficulty finding CCAP approved providers with openings that meet the family and child's needs, choosing a provider that is not CCAP approved.

Question: Please provide updated assumptions for child care assistance for individuals enrolled in either URI, RIC or CCRI for FY2026 and FY2027?

Answer: See narrative below.

The FY 2023 enacted budget authorized Child Care Assistance for College. CCAP for College provides the support parents need to advance their education, professional skills and marketability in the workforce by providing child care subsidies that allow them to pursue a degree at one of Rhode Island's public higher education institutions (Community College or RI (CCRI), Rhode Island College (RIC) or the University of Rhode Island (URI)).

Parents may be enrolled full-time or part-time in combination with work hours to meet the required activity hours. For families, higher education is an important step on a parent's path to economic success and financial stability. This program can provide the security of knowing their children can attend the quality child care program of their choosing allowing them to focus on their higher education.

March data show 101 families representing 190 children approved for CCAP benefits through CCAP for College. In September 2025, there were 119 active cases with 221.

The number of children enrolled and paid through SFY26 payment cycle 18 is 182, with an average of 84 children paid per batch. The average cost-per-batch through payment cycle 18 was \$34,783 with the cost of subsidies through payment cycle 18 totaling \$626,097. The total number of CCAP providers who enrolled children approved for benefits under CCAP for College was 111, with an average of 51 providers per batch period submitting for payment. Sixteen percent of these providers were family child providers and 84% were center based providers. CCAP for College utilization has doubled since SFY25 – from an average of 42 children paid per batch last year to 84 children per batch paid this year.

DHS anticipates continued steady demand with increased awareness resulting from partnerships with CCRI, RIC and URI, as well as expanding eligibility beyond associate and bachelor's degrees to include any degree program.

The program allows eligible students enrolled in degree programs at CCRI, RIC and URI to combine part-time work hours with part-time college credit hours to meet the approved activity requirements to support the schedule and needs of student parents. FY26 is expected to see the number of children served per batch period increase to 87 at a cost of \$827,246, while SFY27 will see the number of children rise to 138 at a cost of \$1,291,281.

Question: Please provide updated data and assumptions on the Child Care Pilot in which childcare educators and administrative staff receive free child care including:

- a. Enrollment and expenses, by month.
- b. Details regarding enrollees by occupation and CCAP status
- c. Details regarding applicants that were denied enrollment in the pilot.

Answer: See narrative and table below.

The following metrics are as of March 25, 2026. The initial pilot application was open from August 23, 2023- July 31, 2024. The pilot was renewed for an additional year, starting August 1, 2024- July 31, 2025. The pilot extension began on August 1, 2025, and will continue through July 2028.

Application Status

As of March 25, 2026, a total of 1,458 unique applications have been received for the CCAP for Child Care Pilot across the life of the pilot. Of these, 69.55% (1,014 applications) have been approved, meaning the applicant met all eligibility requirements and one or more children in their household are eligible to receive the CCAP for Child Care benefits.

Currently, only 267 of the approved applicants have an “Approved-Active” application. This means they may actively use their child care benefit as their household is still within their benefit period. 747 households have an “Approved-Closed” application; meaning their household may no longer use their child care benefit as their benefit period has closed.

Application Status	Child Care Center	Family Child Care Home	Grand Total	Percent of Total
Approved	962	52	1,014	69.55%
Approved- Active	258	9	267	18.31%
Approved- Closed	704	43	747	51.23%
Denied	191	12	203	13.92%
Canceled	205	20	225	15.43%
In Review	16		16	1.10%
Grand Total	1,374	84	1,458	100%

As of March 25, 2026, there were nine approved family child care providers actively participating in the pilot. Of these, four are using their first year of benefits (under a “New application”), four are using their second year of benefits (under a “Renewal application”), and one is utilizing their third year of benefits (under an “Extension Renewal application”).

Application Status	Original Eligibility Regulations				Revised Eligibility Regulation		Grand Total
	Year 1 Initial Pilot Year	Year 2 Pilot Year			Year 3 Pilot Extension		
	Initial Pilot App	New App	Renewal App	Blank ²	Ext. New App	Ext. Renewal App	
Approved- Active		4	4			1	9
Approved- Closed	23	6	14				43
Canceled	9	4	2	1	1	3	20
Denied	3	2	2		2	3	12
In Review							
Grand Total	35	16	22	1	3	7	84

As of March 25, 2026, there were 258 actively approved center-based educators participating in the pilot. Of these, 73 submitted their renewal application and are now utilizing their second year of pilot benefits, while 90 submitted their extension renewal and are utilizing their third year of pilot benefits.

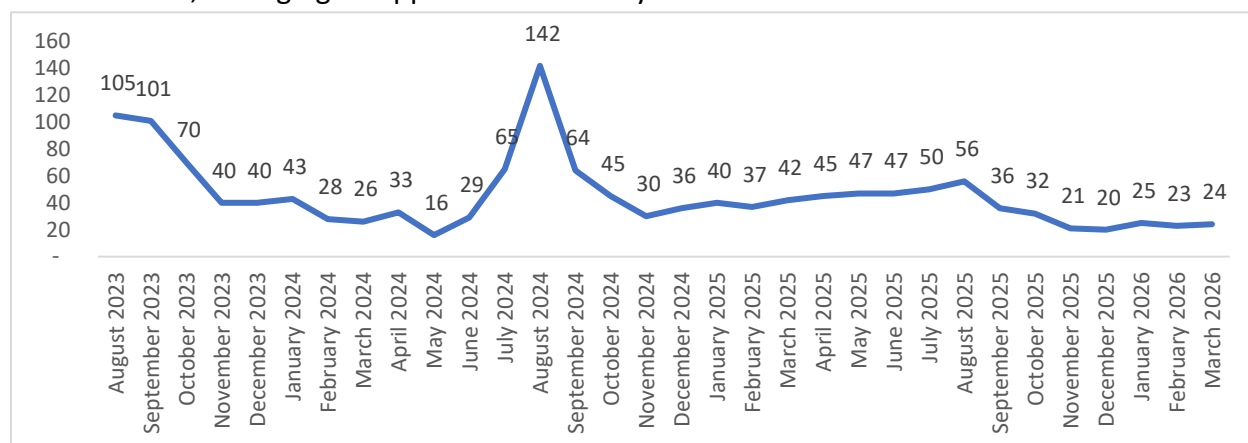
² The category “Blank” in the tables below are applicants who utilized the initial application form instead of the extended pilot application. These were cancelled and the applicants reapplied using the correct form.

Application Status	Original Eligibility Regulations				Revised Eligibility Regulation		Grand Total
	Year 1 Initial Pilot Year	Year 2 Pilot Year			Year 3 Pilot Extension		
	Initial Pilot App	New App	Renewal App	Blank ¹	Ext. New App	Ext. Renewal App	
Approved- Active		73	73		22	90	258
Approved- Closed	412	126	164			2	704
Canceled	62	44	27	13	13	46	205
Denied	87	43	25		12	24	191
In Review					7	9	16
Grand Total	561	286	289	13	54	171	1374

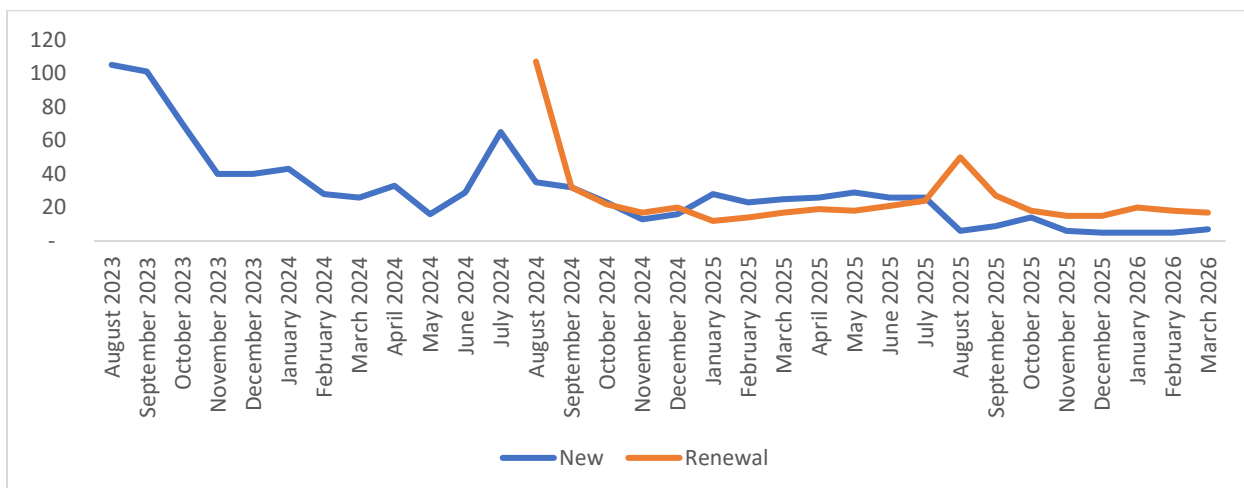
Applications Over Time

In the initial year of the pilot, application rates were high at the onset of the pilot program and steadily declined throughout the rest of the pilot year. When the pilot was renewed in August 2024, there was a significant uptick in applications in August 2024 (where applications reached their peak at 142 submitted in a month).

A small increase was seen in August 2025 when the pilot was extended, and the revised eligibility requirements were implemented. However, submission rates decreased toward the end of 2025 and into 2026, averaging 26 applications monthly.



When the pilot was renewed in August 2024 and extended in August 2025, there was a spike in renewal applications received. Throughout most of the renewal year (Year 2: August 2024-July 2025), more new applications were received monthly (meaning more first-time applicants were applying for the pilot than returning applications). In the extension year (Year 3: August 2025-Present), it has been more common to receive a renewal application than a new application.



Renewal Applications – Year 1 to Year 2

Renewal of benefits will be reviewed by cohorts by approval year. In Year 1 (Initial Pilot Year), 435 applicants were approved to participate. In Year 2 of the pilot, 464 applicants were approved to participate. Approved pilot participants were able to reapply for additional benefits up to 30 days prior to the expiration of their pilot benefit.

As of March 25, 2026, 284 (65.29%) of approved applicants from Year 1 submitted a renewal application in Year 2 (280 applicants) or Year 3 (4 applicants).

Approved Applicant Submitted a Renewal App?	Count	Percent
No	151	34.71%
Yes	284	65.29%
Total	435	100.00%

Most renewal applications (90%) were approved for Year 2, with only 7.04% being denied. The most common denial reason is the household was over the 300% FPL threshold.

Outreach was conducted to better understand why applicants may not be submitting a renewal application. While most did not respond to outreach, nearly a quarter (23.84%) reported they no longer work in child care.

Renewal Applications – Year 2 to Year 3 Extension of Pilot

As of March 25, 2026, applicants with benefits expiring in August 2025- April 2026 were eligible to reapply for Year 3 of benefits. Of the 358 applicants eligible to submit a renewal application, 149 (or 41.62%) have; 158 (44.13%) of the renewal applicants who were eligible to renew their pilot application this year did not reapply. Of note, of the 51 pilot participants who are in their renewal period and have not yet renewed, 50 of them are within the traditional CCAP FPL.

Approved Applicant Submitted a Renewal App?	Count	Percent
Did not reapply	158	44.13%
Not yet applied, but within application window	51	14.25%
Yes	149	41.62%
Grand Total	358	100.00%

Over 60% of renewal applications have been approved. Another 18.79% of submitted renewals were canceled, while 15.44% were denied. Currently, 6.04% are still in the review process. Outreach was done to better understand why those eligible may not have submitted a renewal application. Outreach will continue through August 2026 to better understand non-renewal reasons.

Reason for Non-Renewal	Count of Applicants
Unresponsive to outreach	165
No longer work in child care	10
I did not want to apply for regular CCAP	9
Unreachable contact information	5
No longer needed the pilot benefits	1
Other	19

Denied Applications

Approximately 13.93% of applications received to date have been denied. Of the denied applications, the majority were from early educators working in a child care center (94%). The most common reason an application was denied was failing to meet the household income requirement for the pilot. Most denied applications were two-parent households, where both parents were working, and were denied for being over the income requirement.

Denial Reason	Total Percent (n=203)	Percent Under Original Eligibility Regulations (n=162)	Percent Under Revised Eligibility Regulations (n=41)
Parent and/or child are not residents of Rhode Island	4.43%	4.94%	2.44%
Not currently working in a DHS licensed child care program at least 20 hours a week	7.88%	8.64%	4.88%
Household income is above 300% of the Federal Poverty Level	72.91%	78.40%	51.22%
Child is not between ages 6 weeks and 13 years old	2.46%	2.47%	2.44%
Earnings are less than the required state minimum wage, as required by CCAP regulations	0.49%	0.62%	
Approved to participate in DHS CCAP with a \$0 copay, meaning participating in the pilot adds no additional benefit for your family.	2.46%	3.09%	

Denial Reason	Total Percent (n=203)	Percent Under Original Eligibility Regulations (n=162)	Percent Under Revised Eligibility Regulations (n=41)
Have not shown proof that your child is a US citizen or qualified immigrant	0.49%	0.62%	
Failure to complete CCAP application	4.93%		24.39%
Parent is available to care for the child	2.96%		14.63%
Household income is above 300% of the Federal Poverty Level; Not currently working in a DHS licensed child care program at least 20 hours a week	0.49%	0.62%	
Parent and/or child are not residents of Rhode Island; Household income is above 300% of the Federal Poverty Level	0.49%	0.62%	

The following data represents all applications, unless specifically noted as approved (approved-active and approved-closed) or denied.

Applicant Roles

The most common job titles are outlined in the table below:

All Applications (n=1458)	Approved Applications (n=1014)	Denied Applications (n= 203)
Toddler Assistant Teacher (11.11%)	Toddler Assistant Teacher (11.74%)	Toddler Assistant Teacher (9.85%)
Toddler Lead Teacher (10.7%)	Toddler Lead Teacher (11.74%)	Infant Lead Teacher (9.85%)
Preschool Lead Teacher (10.7%)	Preschool Lead Teacher (10.75%)	Director (8.37%)
Preschool Assistant Teacher (10.54%)	Preschool Assistant Teacher (10.65%)	Preschool Assistant Teacher/Preschool Lead Teacher (8.37%)

Most applicants represent a one-parent household (65.29%). Among approved applications, the representation of a one-parent household increases to 73.27%.

In two parent households, the second parent is more likely to be employed than not working (82.2% vs 17.8%, across all 1,458 applications).

The most common household size among applicants are as follows:

- 3-person household: 32.58%
- 2-person household: 29.42%
- 4-person household: 18.52%

Among approved applications (1014), 2-person households (36.09%) and 3-person households (33.93%) were most represented.

Income

The majority of all applicants (71.54%) are earning an estimated income of \$50,000 or less. Similarly, 75.74% of approved applicants (both active and closed) are earning an estimated income of \$50,000 or less.

Income Category	All Applicants		Approved Applicants	
	Count	Percent	Count	Percent
Under \$25,000	375	25.72%	131	12.92%
\$25,001-\$50,000	668	45.82%	637	62.82%
\$50,001-\$75,000	177	12.14%	159	15.68%
\$75,001-\$100,000	137	9.40%	72	7.10%
\$100,001-\$125,000	70	4.80%	13	1.28%
\$125,001+	28	1.92%	2	0.20%
Not yet calculated	3	0.21%		
Grand Total	1458	100%	1,104	100%

Race, Ethnicity and Gender

Applicants (1,458) for the CCAP for Child Care pilot most frequently identify as:

- White (62.69%)
- Black or African American (11.93%)
- Other (9.67%)

The majority identify as non-Hispanic (62.14%), followed by Hispanic or Latino (35.73%).

Overwhelmingly, applicants identify as women (98.1%)

Education

For the majority of applicants (63.72%), a high school diploma or GED is their highest level of education.

Highest Level of Education	Count	Percent
Middle School	12	0.82%
High school diploma or GED	929	63.72%
Associate degree	220	15.09%
Bachelor's degree	212	14.54%
Master's degree	67	4.60%
Ph.D. or professional degree	18	1.23%
Grand Total	1458	100.00%

Approved Children

As of March 25, 2026, a total of 1,510 children³ have been approved to participate in the pilot. Of these, 22.03% are categorized as “approved-active” (count: 400), meaning they are still within their pilot benefit period. Most approved children (61.12%) are “approved-closed” (count: 1,110), meaning their pilot benefit period has closed.

Children approved to participate in the pilot are most commonly preschool age (36.94%).

Age Category	Approved-Active	Approved-Closed	Total Approved	Total Approved Percent
Infant	66	51	117	7.75%
Infant/Toddler ⁴		137	137	9.07%
Toddler	71	243	314	20.79%
Preschool	158	400	558	36.95%
School Age	105	279	384	25.43%
Grand Total	400	1110	1510	100.00%

Of the 400 children with an active approval, 73% are enrolled in a CCAP program. Most children are enrolled full time (count: 204).

Enrollment Hours	Count	Percent
Enrolled	292	73%
Full Time (30+ hours weekly)	204	51%
Three Quarter Time (20-29 hours weekly)	68	17%
Half Time (10-19 hours weekly)	13	3%
Quarter Time (9 hours or less)	7	2%
No Active Enrollment	108	27%
Grand Total	400	100.0%

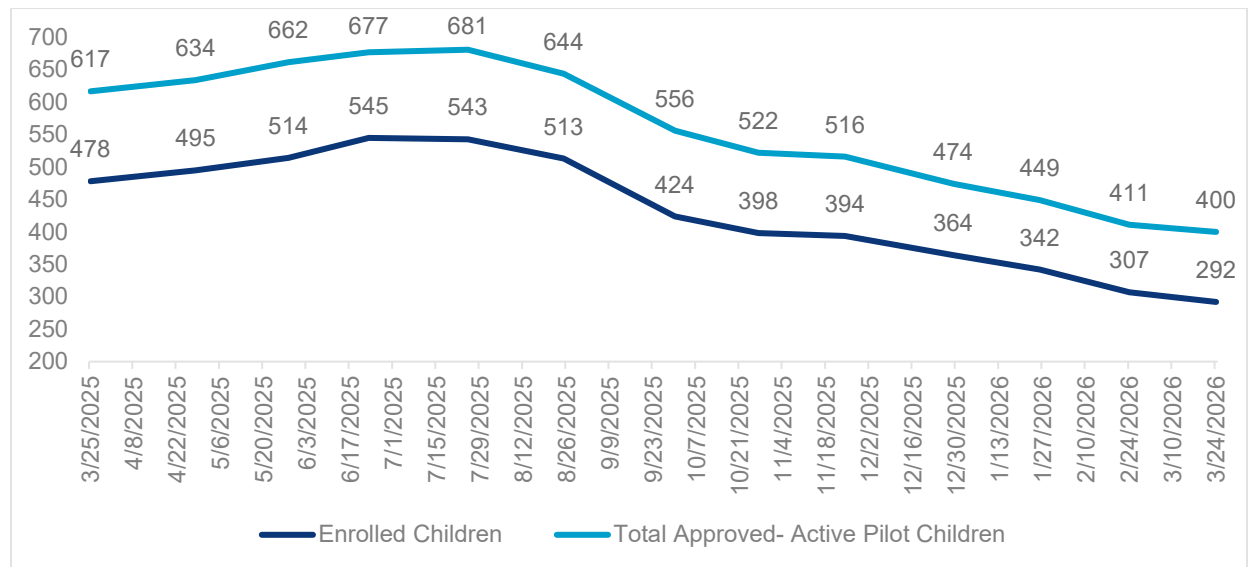
When comparing the count of approved pilot children in March 2025 to March 2026, there is a drop of nearly 200 children participating.

Date	Enrolled Children	Total Approved- Active Pilot Children	Enrollment Rate
3/26/24	375	484	77%
3/25/25	478	617	77%
3/25/26	292	400	73%

³ This count includes 995 unique children approved. The 202603 Cost Projection workbook reports 953 unique children served, as 42 unique children were excluded from this count as they are approved for CCAP with a \$0 copay and no payments have been issued for their attendance.

⁴ As of July 1, 2025, approved children were categorized as “Infant” or “Toddler”. Prior to July 1, 2025, the age group was a combined category “Infant/Toddler”.

In the last calendar year (March 2025-March 2026), the enrollment rate ranged from 73% (3/25/2026) to 80% (June-August 2025). On average, the enrollment rate is 77%.



Approved children are enrolled across 136 DHS licensed, CCAP participating programs; 11 (8.09%) of these are Family Child Care Homes and 125 (91.91%) are Child Care Centers. Of the approved children, 17.97% are also participating in regular CCAP.

Expenses

As of March 2026, \$10,427,892 has been disbursed as payments to CCAP programs. Of which, \$9,894,895 has been adjusted on to the caseload accounts.

Paid through March 2026			
Type	Copay Only	Tuition	Total
Pilot - > 261% FPL	\$ 158,715	\$ 175,819	\$ 334,533
CCAP Eligible - < 261% FPL	\$1,726,677	\$ 7,784,245	\$ 9,510,922
Currently CCAP	\$ 582,437	\$ -	\$ 582,437
Total	\$2,467,829	\$ 7,960,063	\$10,427,892

SFY24				SFY25				SFY26			
July	\$	-	0	July	\$	439,212	457	July	\$	277,773	263
August	\$	-	0	August	\$	334,362	380	August	\$	385,790	480
Septembe	\$	14,161	38	September	\$	371,301	416	September	\$	365,819	266
October	\$	69,440	98	October	\$	355,729	400	October	\$	354,425	453
November	\$	172,483	178	November	\$	397,673	412	November	\$	300,294	331
December	\$	265,385	229	December	\$	567,087	429	December	\$	384,051	375
January	\$	279,655	263	January	\$	368,622	424	January	\$	236,972	286
February	\$	308,571	289	February	\$	367,156	414	February	\$	268,590	322
March	\$	334,335	324	March	\$	390,948	429	March	\$	182,566	245
April	\$	316,182	318	April	\$	404,766	446	April	\$	-	0
May	\$	342,616	347	May	\$	437,150	458	May	\$	-	0
June	\$	459,518	376	June	\$	675,260	687	June	\$	-	0
	\$	2,562,347	246		\$	5,109,265	446		\$	2,756,280	336
Per Child Cost \$ 10,416				\$ 11,456				\$ 8,211			

Based on current enrollment, recent application trends, and approval rates, it is estimated that the pilot will support approximately 1,073 children throughout the life of the pilot with a projected cost of \$16,881,992.

Full Pilot Forecast			
Type	Copay Only	Tuition	Total
Pilot - > 261% FPL	\$ 386,263	\$ 3,198,958	\$ 3,585,221
CCAP Eligible - < 261% FPL	\$ 3,972,897	\$ 8,057,447	\$ 12,030,344
Currently CCAP	\$ 1,266,428	\$ -	\$ 1,266,428
Total	\$ 5,625,587	\$ 11,256,405	\$ 16,881,992

As of March 2026, there are 400 children approved in the program of which 330 have an associated cost. No-cost children are children who are being paid on CCAP and have no co-pay expense on the pilot. Since July 2025, 132 children have reapplied to the pilot program for copay-only support, while 40 children have remained in the pilot receiving both tuition and copay support. It is expected that the remaining 127 children who are eligible for CCAP will transition from full tuition and copay support to copay-only support by the end of SFY26. The remaining 31 children will transition onto traditional CCAP if they renew in SFY27.

Participants have been categorized for financial analysis in three ways. Below reflect the current enrollment percentages by category:

- Pilot: Both copay and tuition paid
 - 21% - increase from 8% - November 2025 estimates
- CCAP Eligible: Both copay and tuition paid until current certificate expires, then paid through traditional subsidy process; paying copay only on pilot
 - 72% - reduced from 84% - November 2025 estimates
- Currently CCAP: Tuition paid through traditional subsidy process; paying copay only
 - 7% - aligned with November 2025 estimates

Current Enrollment Forecast - March 2026			
Type	Copay Only	Tuition	Total
Pilot - > 261% FPL	\$ 103,509	\$ 1,375,189	\$ 1,478,698
CCAP Eligible - < 261% FPL	\$1,537,310	\$ 273,202	\$ 1,810,512
Currently CCAP	\$ 683,991	\$ -	\$ 683,991
Total	\$2,324,810	\$ 1,648,391	\$ 3,973,201

It is estimated that new applications received over the duration of the program will add approximately 161 children.

Future Enrollment Forecast			
Type	Copay Only	Tuition	Total
Pilot - > 261% FPL	\$ 124,039	\$ 1,647,950	\$ 1,771,990
CCAP Eligible - < 261% FPL	\$ 708,909	\$ -	\$ 708,909
Currently CCAP	\$ -	\$ -	\$ -
Total	\$ 832,949	\$ 1,647,950	\$ 2,480,899

Prior to the policy change requiring pilot participants to enroll in traditional CCAP, participant income levels allowed TANF to support approximately 87% of total program costs. As participants transition to CCAP—many qualifying with zero copay—the overall funding mix shifts, and TANF’s share is expected to decline to approximately 79% going forward.

	Total	TANF	CCAP
SFY24	\$ 2,562,347	\$ 2,224,117	\$ 338,230
SFY25	\$ 5,109,265	\$ 4,434,842	\$ 674,423
SFY26	\$ 3,250,177	\$ 2,730,149	\$ 520,028
SFY27	\$ 1,379,974	\$ 924,583	\$ 455,391
SFY28	\$ 1,898,533	\$ 1,272,017	\$ 626,516
SFY29	\$ 1,782,205	\$ 1,194,077	\$ 588,128
SFY30	\$ 889,405	\$ 595,901	\$ 293,504
SFY31	\$ 10,087	\$ 6,758	\$ 3,329
	\$ 16,881,992	\$ 13,382,444	\$ 3,499,548

Question: Please provide an update regarding the Step Up to Wage\$ pilot program, and any successor program, including, but not limited to,

- Number of total applicants
- Reasons for denial
- Demographic Breakdown of applicants
- Updated grant status and funding commitments

Answer: See narrative below.

With support from Federal Preschool Development Grant (PDG) funds, Rhode Island piloted the *Step Up to WAGE\$* model to strengthen the State’s early childhood care and education (ECCE)

workforce from May 2023 through January 2025. *Step Up to WAGE\$* is an education-based salary supplement initiative designed to support educators working with infants and toddlers in licensed child care centers or family child care homes.

The initial pilot (known as “*Step Up to WAGE\$*”) concluded in spring 2025. To qualify for participation, educators were required to meet both program-specific and state-defined eligibility criteria. Eligible participants:

- Earned \$23 per hour or less;
- Worked with infants and toddlers in a licensed early childhood setting for at least 10 hours per week; and
- Held an education level aligned with the *Step Up to WAGE\$* Supplement Scale, detailed below.

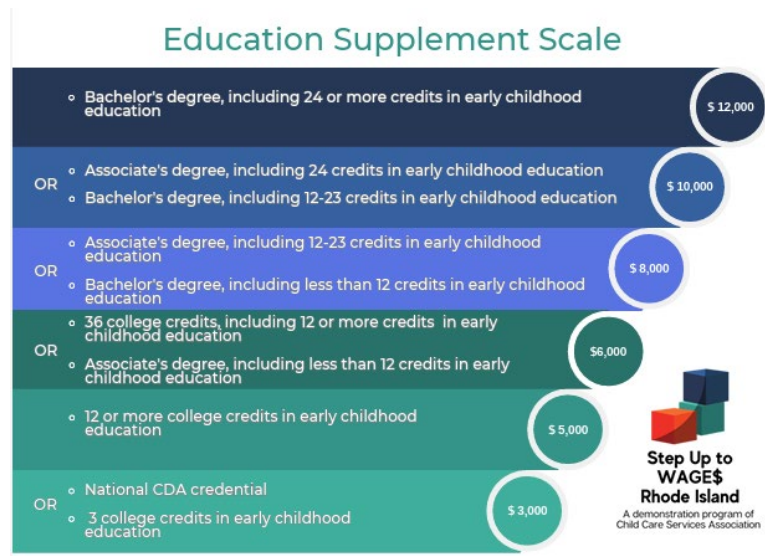
Applications opened to the provider community on May 15, 2023, and closed in January 2025. During this period, 609 applications were received, with acceptance limited due to budgetary constraints. Of these applicants, 44% were awarded funding in the first payment round, while 56% were not funded due to limited resources or ineligibility upon final review.

The initial budget supported approximately three payment rounds:

- **Round 1:** 271 applicants received awards, representing 135 unique early childhood programs across Rhode Island.
- **Round 2:** 231 participants remained eligible and received payment.
- **Round 3:** 225 participants met continuing eligibility and were paid.

In total, \$2,389,451 was distributed directly to qualifying educators employed at 123 programs statewide. Since inception, *Step Up to WAGE\$* recipients have collectively provided care for approximately 6,619 children.

Attrition among participants occurred over the course of the funding cycles. Of the initial 271 recipients, 64 became ineligible for subsequent payments, primarily due to wage increases that placed them above the \$23 per hour eligibility cap.



Program Impact

Workforce Retention and Compensation

The *Step Up to WAGE\$* pilot demonstrated measurable improvements in educator retention, education advancement, and compensation.

- The program achieved a 94% retention rate among participants.
- 93% of recipients reported that the wage supplement reduced financial stress.
- 89% stated that the supplement enabled them to meet essential financial obligations, and
- 82% reported feeling more valued and recognized for their contributions to the early education field.

Professional Growth and Education

Among active participants:

- 10% submitted documentation verifying completion of additional coursework during program participation.
- 8% advanced to a higher level on the *Step Up to WAGE\$* Supplement Scale due to newly attained educational credentials.

Infant and Toddler Workforce Enhancement

The FY23 Enacted State Budget (Article 10) directed the Rhode Island Department of Education (RIDE), the Department of Human Services (DHS), and the Children's Cabinet to develop an expansion plan for Rhode Island Pre-K, targeting 5,000 seats by 2028. The plan emphasized the need for dedicated funding to strengthen the infant and toddler care infrastructure.

Recognizing the essential role and comparatively lower wages of infant and toddler educators, DHS—following the conclusion of pandemic-era retention bonuses—used unspent federal PDG funds to authorize an additional round of *Step Up to WAGE\$* payments for this sector.

From May through August 2025, DHS provided one-time bonuses totaling \$796,706 to 285 educators (including lead teachers, assistant teachers, and family child care providers) drawn from the initial program's waitlist. Due to the one-time nature of this payment, retention data were not collected for this cohort.

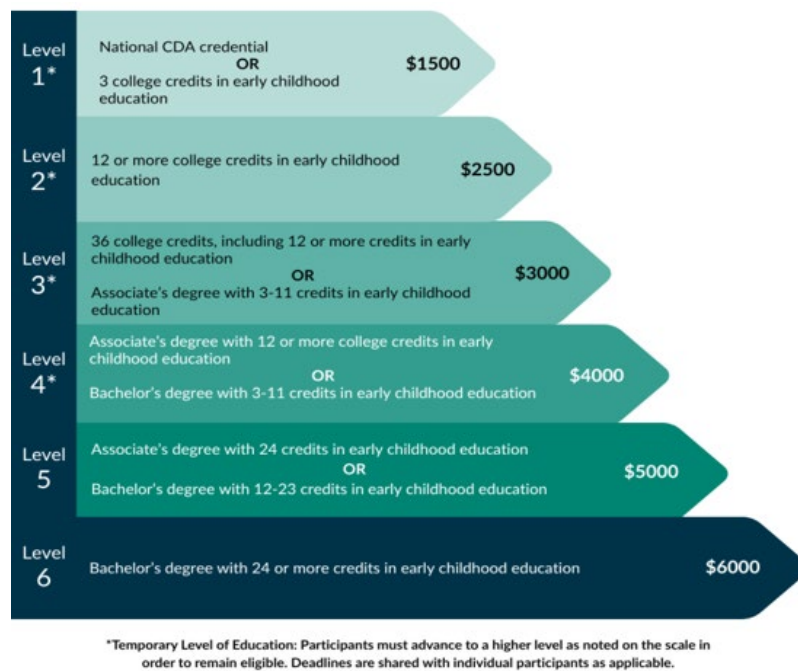
Transition to WAGE\$ Implementation

Building on the success of the pilot, WAGE\$ officially launched statewide on October 1, 2025. The transition from *Step Up To Wage\$* to WAGE\$ was required due to the nature of the pilot program, which is meant to be transitional. While *Step Up To Wage\$* is designed to be a time-limited program where participants only receive it for a set period before either moving to WAGE\$ or exiting the program, WAGE\$ is set up as a longer-term (if possible) salary supplement program that focuses on retention.

As part of the transition, DHS made the determination to lower payment amounts. Several factors informed the decision to reduce payment amounts from *Step Up To Wage\$*. The primary objective was to expand the number of educators who could be supported within the available funding.

During the period when pandemic retention bonuses (PRBs) were in place, these payments were broadly distributed across the workforce and overlapped with WAGE\$, minimizing disparities between those who did and did not receive additional compensation. However, following the conclusion of PRBs, only a small percentage of the workforce remained eligible for WAGE\$ payments.

Given that these programs are designed to directly support workforce retention, it became clear that a broader distribution of funds would have a greater overall impact. As a result, it was determined that reducing individual payment amounts would allow DHS to reach more educators and better support the stability and sustainability of the early childhood workforce. The updated award structure is shown below.



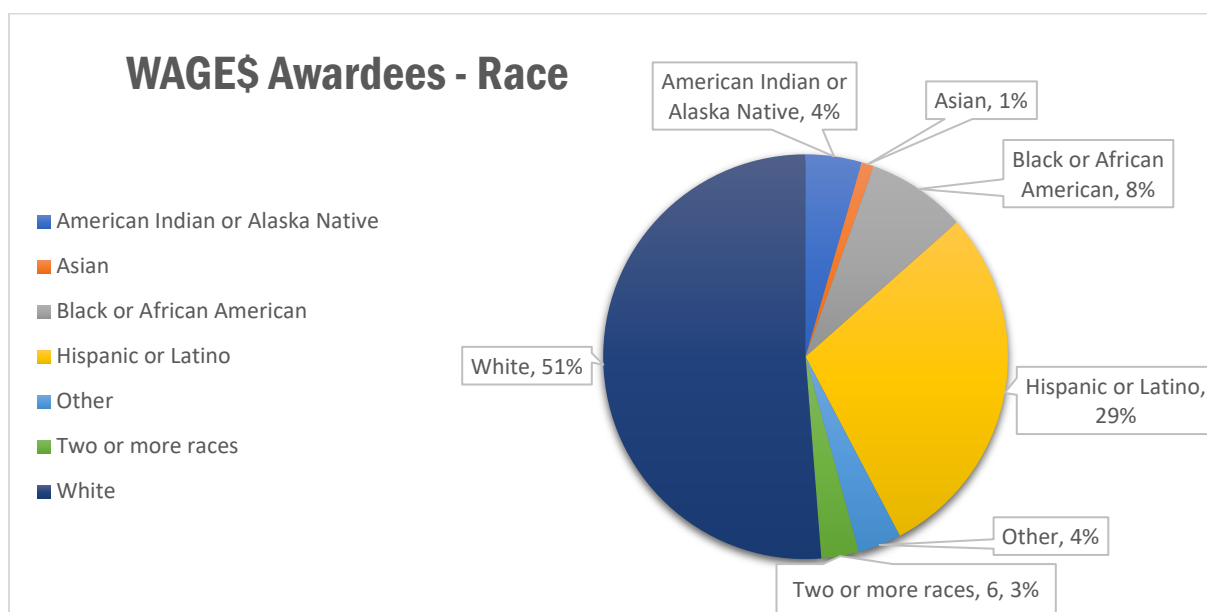
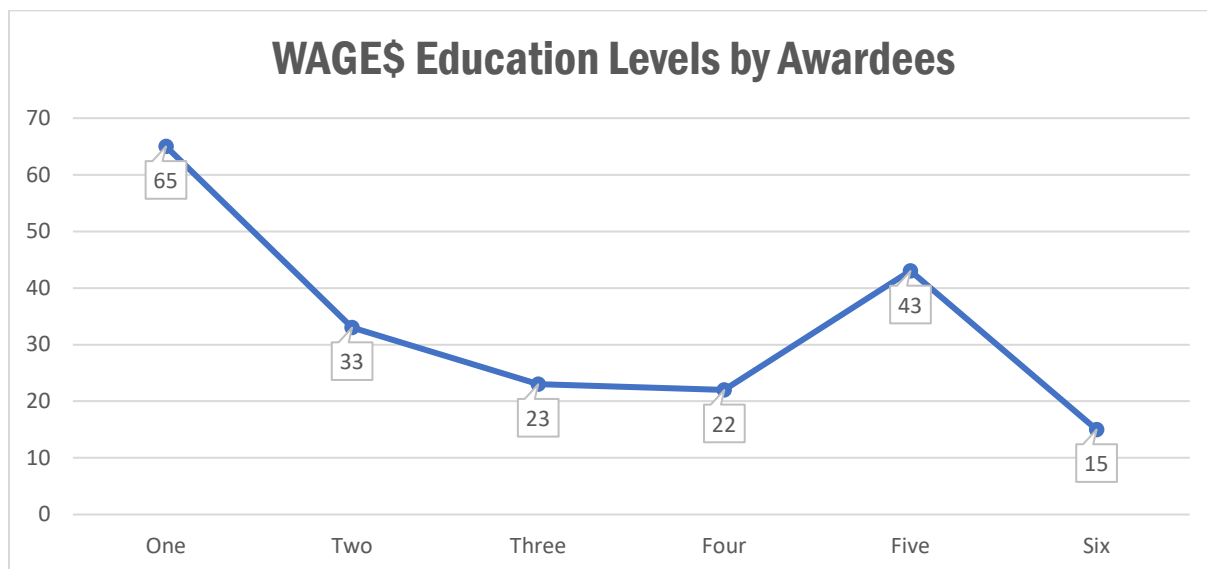
DHS received 376 applications as of the last Caseload Estimating Conference and currently has 577 total applications. This includes 497 center-based applications, and 80 Family Child Care providers. The applications portal remains open; educators can apply at any time.

So far, 201 applicants have been awarded their first time payment. The applicants and total payments per month are detailed below.

Month	# of Applicants awarded	Total payments
November	47	\$79,750
December	66	\$95,188
January	55	\$85,688
February	33	\$48,750
TOTAL	201	\$309,375

DHS anticipates being able to provide one more small payment before closing the application for this round.

Of the current awardees, 97.5% are female educators. Among the 201 active awardees, 21% received a Level 5 award. This level corresponds to individuals who hold either an associate's degree with at least 24 credits in Early Childhood Education (ECE) or a bachelor's degree with 12–23 ECE credits. A detailed breakdown of awardees by education level, as well as by race, is provided in the charts below.



The Step Up to WAGE\$ initiative, along with the subsequent WAGE\$ program, is fully funded through the Preschool Development Grant (PDG). To date, a total of \$5,163,000 has been expended on this project. Of this amount, \$3,163,000 in PDG funding was allocated to the Step Up to WAGE\$ pilot, while an additional \$2,000,000 supported the current WAGE\$ model. Preschool Development Grant dollars are accounted for within the previous federal fiscal year budget. As a result, the passage of the continuing resolution for FFY26 included level funding, which includes \$4.95 million for Rhode Island. The anticipated non-competitive continuing application is anticipated to be released in June of this year.

Question: Please provide any information on contract negotiations with SEIU on behalf of the family child care providers and potential program impacts for FY2026 and FY2027.

Answer: See narrative below.

Negotiations between the State and SEIU 1199 remain ongoing. In accordance with standard labor relations practices, specific details regarding potential fiscal proposals cannot be disclosed, as discussions are being conducted confidentially. Formal negotiations commenced on June 6, 2025, and continue at this time.

Question: Please provide an update to the November Caseload Conference testimony for the youth summer camp licensing. Have the new summer camp regulations been promulgated?

Answer: See narrative below.

DHS continues to align its work to the timing of the legislative session and looks forward to advancing this effort during the current General Assembly session D. While advancing this work initially, DHS identified issues for resolution between the draft regulations and current statutes governing other Rhode Island state agencies.

For example, DHS must ensure that child abuse and neglect reporting and investigations occur under the same standards as center- and family-based providers. However, DCYF determined that its current statutory authority does not extend to summer camps. Since that time, DHS collaborated with DCYF to propose statutory changes during the current budget cycle to grant such authority. This is currently moving through the legislative process.

Once the statutory updates are approved, DHS will resume the promulgation process. A pre-review of the draft regulations has already been completed, and community feedback has been incorporated—positioning the regulations to advance quickly once the statutory changes are finalized.

State Supplemental Payment (SSP) Program

Supplemental Security Income (SSI) is a federal program that provides monthly cash payments to individuals in need. SSI is for people who are 65 or older, as well as those who are blind or individuals with a disability of any age, including children. To qualify for SSI, individuals must also have little or no income and few resources. DHS administers the State supplemental portion of monthly SSI benefits to eligible residents of Rhode Island. The Social Security Administration (SSA) sends the federal portion of SSI benefits. DHS issues a separate payment for the State Supplemental Payment (SSP).

Question: Please provide the number of SSI recipients in each category (persons, personal needs allowance, assisted living).

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Adopted	FY 2026 May CEC DHS	FY 2027 May CEC DHS
SSP							
Persons	32,695	31,630	30,900	30,835	30,600	30,482	30,633
Cost / Person	\$ 44	\$ 44	\$ 45	\$ 45.04	\$ 45.00	\$ 45.46	\$ 45.24
Cash Payments	\$ 17,366,916	\$ 16,508,974	\$ 16,571,658	\$ 16,666,156	\$ 16,524,000	\$ 16,628,541	\$ 16,630,043
Transaction Fees	\$ 55,000	\$ 56,033	\$ 59,000	\$ 63,000	\$ 72,000	\$ 69,000	\$ 72,000
Total Dollars	\$17,421,916	\$16,565,007	\$16,630,658	\$16,729,156	\$16,596,000	\$16,697,541	\$16,702,043

As of March 2026, there are a total of 30,633 SSP recipients. There are 29,566 individual/couple payments, 693 personal needs allowance payments, and 374 assisted living payments. More detail can be found in Appendix A.

Over the last 12 months the SSP caseload has remained relatively flat. While the number of applications and approvals are increasing, so are case closures. This has resulted in mostly neutral month-over-month growth. The FY2026 and 2027 projections factor in zero growth for individual payments, personal needs allowance and assisted living payments. These assumptions bring the average number of persons to 30,482 and 30,633 for FY 2026 and FY 2027, respectively.

The administrative transaction fee increased to \$63,000 for FY2025. Per the federal SSA and based on the projected caseload, the transaction fee is estimated at \$69,000 for FY2026 and \$72,000 for FY2027. The cost per person is not calculated to include transaction fees.

The total moving costs were \$306,658 in FY2025. DHS estimates the cost of \$319,073 and \$351,983 respectively, for FY2026 and FY2027. The annual amounts assume a monthly cost based on the last 12 months of actual expenses.

Question: Please provide the number of individuals residing in a non-Medicaid funded assisted living facility and receiving the \$206 payment and the total cost for FY 2026 and FY 2027.

Answer: Each month DHS issues cash payments of \$206 for individuals in assisted living facilities. As of March 2026, there are no individuals within an assisted living facility. LTSS staff worked with Medicaid eligible facilities to get their residences enrolled in LTSS and are now billing on tier reimbursement equal to or more than the \$206 payment.

The FY2026 total of \$206 is based on year-to-date expenses through March. DHS does not anticipate any additional payments.

	FY 2025 Q1	FY 2025 Q2	FY 2025 Q3	FY 2025 Q4	FY25 Total	FY 2026 Q3	FY 2026 DHS Projected	FY 2027 DHS Projected
Bristol Assisted Living	\$5,768	\$5,150	\$0	\$0	\$10,918	\$0	\$0	\$0
Charlesgate	\$2,266	\$4,326	\$4,326	\$0	\$10,918	\$0	\$0	\$0
Community Care Alliance	\$8,446	\$9,064	\$7,622	\$0	\$25,132	\$0	\$0	\$0
Franciscan Missionaries	\$7,004	\$6,798	\$6,386	\$1,236	\$21,424	\$206	\$206	\$0
Total	\$23,484	\$25,338	\$18,334	\$1,236	\$68,392	\$206	\$206	\$0

The number of quarterly cases in each facility is shown below. DHS cost projections align with its methodology for the cash payments in both FY2026 and FY2027.

	FY 2025 Q1	FY 2025 Q2	FY 2025 Q3	FY 2025 Q4	FY 2025 Average DHS	FY 2026 Average DHS Projected	FY 2027 Average DHS Projected
Bristol Assisted Living	9	8	0	0	4	0	0
Charlesgate	4	7	7	0	4	0	0
Community Care Alliance	14	15	12	0	10	0	0
Franciscan Missionaries	11	11	10	2	9	0	0
Total	38	41	30	2	28	0	0

General Public Assistance (GPA) Program

The General Public Assistance (GPA) program is intended as a program of last resort for the neediest individuals in the State. GPA provides a small cash benefit to adults aged 18 and over who have very limited income and resources and have an illness or medical condition that keeps them from working while they await an SSI determination. To qualify, an individual must earn less than \$327 a month and cannot qualify for other federal assistance programs other than Supplemental Nutrition Assistance Program (SNAP). In addition, the program provides supplemental assistance for funerals and burials.

As of March 2026, there are 702 GPA Bridge cases. This is 101 fewer cases than the November 2025 DHS projection for the month of March 2026. Applications received are down since the November Caseload Estimating Conference, averaging 158 per month compared to 197 per month. The approval rate was also down from 29% to 28%.

The current projection uses growth of 0.25% month-over-month, consistent with last 12-month average growth rate. This gives rise to the number of cases reaching an average of 708 in SFY26 and 719 in SFY27, at a cost of \$1,367,856 and \$1,365,036, net of recoveries, respectively.

Question: For FY 2026 and FY 2027, please provide an estimate of the expenses for the program, including burial assistance program.

The total cost for GPA burials during FY 2025 was \$606,386 providing 603 burials. This amount is slightly less than the \$650,000 FY 2025 Final Enacted. Through March 2026, the cost of GPA burials is \$450,108 for 447 decedents. Based on the average of FY2024 and FY2025 and the current expenditures to date, the FY 2026 and FY 2027 GPA burial costs are estimated at \$625,000.

	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Adopted	FY 2026 May CEC DHS	FY 2027 May CEC DHS
GPA						
Persons - Bridge	352	533	632	772	708	719
Cost / Person	\$154	\$140	\$136.03	\$162.00	\$161.00	\$158.21
Cash Payments - Bridge	\$651,968	\$880,734	\$1,031,616	\$1,500,768	\$1,367,856	\$1,365,036
Burials	\$586,422	\$647,057	\$606,386	\$625,000	\$625,000	\$625,000
Total Dollars	\$1,238,390	\$1,527,791	\$1,638,002	\$2,125,768	\$1,992,856	\$1,990,036



Appendix A

Rhode Island Department of Human Services

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Department of Human Services
Public Assistance Caseloads & Expenditures
May 2026 Caseload

	FY 2024 Actual*	FY 2025 Actual*	FY 2026 Adopted	FY 2026 May CEC DHS	FY 2027 Adopted	FY 2027 May CEC DHS
TANF / RI Works						
Persons	8,323	9,362	9,400	8,062	9,585	6,601
Cost / Person	\$ 236	\$ 285.04	\$ 287.00	\$ 287.42	\$ 288.00	\$ 284.43
Cash Payments	\$ 23,555,525	\$ 32,023,400	\$ 32,373,600	\$ 27,807,401	\$ 33,125,760	\$ 22,530,346
Supportive Services	\$ 881,289	\$ 952,401	\$ 1,000,000	\$ 940,988	\$ 1,000,000	\$ 957,834
Clothing - Children	\$ 655,800	\$ 699,169	\$ 701,518	\$ 717,008	\$ 715,000	\$ 600,000
PEAF/SNAP	\$ 298,277	\$ -	\$ -	\$ 2,688,513	\$ -	\$ -
Catastrophic	\$ 1,600	\$ 600	\$ 800	\$ 200	\$ 1,000	\$ 800
Transportation	\$ 434,866	\$ 549,738	\$ 510,279	\$ 399,362	\$ 520,322	\$ 359,430
Total Dollars	\$ 25,827,357	\$ 34,225,308	\$ 34,586,197	\$ 32,553,472	\$ 35,362,082	\$ 24,448,409
Child Care						
Subsidies	6,100	6,464	7,000	6,493	7,700	6,712
Cost / Subsidy (Annual)	\$ 10,107	\$ 10,970	\$ 10,900	\$ 10,783	\$ 10,900	\$ 10,598
Total Dollars	\$ 61,651,009	\$ 70,907,547	\$ 76,300,000	\$ 70,019,648	\$ 83,930,000	\$ 71,133,838
SSP						
Persons	30,900	30,835	30,600	30,482	30,550	30,633
Cost / Person	\$ 45	\$ 45.04	\$ 45.00	\$ 45.46	\$ 45.00	\$ 45.24
Cash Payments	\$ 16,571,658	\$ 16,666,156	\$ 16,524,000	\$ 16,628,540	\$ 16,497,000	\$ 16,630,043
Trans. Fees	\$ 59,000	\$ 63,000	\$ 72,000	\$ 69,000	\$ 72,000	\$ 72,000
Total Dollars	\$ 16,630,658	\$ 16,729,156	\$ 16,596,000	\$ 16,697,540	\$ 16,569,000	\$ 16,702,043
GPA						
Persons Total - Bridge	533	632	772	708	912	719
Cost / Person	\$ 140	\$ 136.03	\$ 162.00	\$ 161.03	\$ 167.00	\$ 158.24
Cash Payments - Bridge	\$ 879,114	\$ 1,031,616	\$ 1,500,768	\$ 1,367,856	\$ 1,827,648	\$ 1,365,036
Burials	\$ 648,676	\$ 606,387	\$ 625,000	\$ 625,000	\$ 625,000	\$ 625,000
Total Dollars	\$ 1,527,790	\$ 1,638,003	\$ 2,125,768	\$ 1,992,856	\$ 2,452,648	\$ 1,990,036
Grand Total Dollars	\$ 105,636,814	\$ 123,500,014	\$ 129,607,965	\$ 121,263,516	\$ 138,313,730	\$ 114,274,326

* Note: Prior year actuals includes adjustment in cost per person/subsidy to agree to RIFANS.

**Department of Human Services
Rhode Island Works (TANF) Caseload and Expenditures
May 2026 Caseload**

Rhode Island Works SFY 2025	July	August	September	October	November	December	January	February	March	April	May	June	Total
Persons	8,965	9,409	9,225	9,507	9,296	8,892	9,704	9,645	9,533	9,567	9,429	9,175	9,362
Cases	3,554	3,731	3,688	3,769	3,702	3,547	3,873	3,799	3,787	3,804	3,749	3,689	3,724
Persons/case	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5
Average cost per person	\$ 163	\$ 363	\$ 312	\$ 283	\$ 287	\$ 293	\$ 281	\$ 286	\$ 290	\$ 284	\$ 286	\$ 286	\$ 285.04
Average cost per case	\$ 411	\$ 916	\$ 780	\$ 713	\$ 722	\$ 734	\$ 705	\$ 727	\$ 731	\$ 715	\$ 718	\$ 710	\$ 715.17
Regular	\$ 1,336,868	\$ 3,126,439	\$ 2,630,545	\$ 2,456,516	\$ 2,444,145	\$ 2,382,010	\$ 2,495,625	\$ 2,524,880	\$ 2,531,127	\$ 2,493,814	\$ 2,475,791	\$ 2,418,905	\$ 29,316,665
Two Parent	\$ 124,870	\$ 292,025	\$ 245,706	\$ 229,451	\$ 228,296	\$ 222,492	\$ 233,104	\$ 235,837	\$ 235,830	\$ 223,214	\$ 220,903	\$ 215,006	\$ 2,706,735
Total	\$ 1,461,738	\$ 3,418,464	\$ 2,876,251	\$ 2,685,967	\$ 2,672,441	\$ 2,604,502	\$ 2,728,729	\$ 2,760,717	\$ 2,766,957	\$ 2,717,028	\$ 2,696,694	\$ 2,624,050	\$ 32,023,400
Catastrophic	\$ -	\$ -	\$ -	\$ 200	\$ -	\$ -	\$ -	\$ -	\$ 200	\$ 200	\$ -	\$ -	\$ 600.00
Clothing	\$ 583,187	\$ 100,282	\$ -	\$ 15,700	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 699,169
Supportive Services	\$ 71,958	\$ 69,840	\$ 93,183	\$ 74,715	\$ 74,916	\$ 38,049	\$ -	\$ 145,101	\$ 118,635	\$ 78,447	\$ 80,292	\$ 107,265	\$ 952,401
Transportation	\$ 45,128	\$ 46,365	\$ 52,388	\$ 49,665	\$ 46,695	\$ 46,860	\$ 40,343	\$ 40,178	\$ 42,488	\$ 43,410	\$ 42,784	\$ 53,434	\$ 549,738
Total	\$ 2,162,011	\$ 3,634,951	\$ 3,021,822	\$ 2,826,247	\$ 2,794,052	\$ 2,689,411	\$ 2,769,072	\$ 2,945,996	\$ 2,928,280	\$ 2,839,085	\$ 2,819,770	\$ 2,784,749	\$ 34,225,308

Rhode Island Works SFY 2026	July	August	September	October	November	December	January	February	March	April	May	June	Total
Persons	9,279	9,497	9,313	9,053	8,605	8,314	7,867	7,340	6,922	6,887	6,853	6,819	8,062
Cases	3,711	3,772	3,688	3,622	3,432	3,338	3,182	3,061	2,936	2,921	2,907	2,892	3,289
Persons/case	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.4	2.4	2.4	2.4	2.4	2.5
Average cost per person	\$ 292.34	\$ 275.00	\$ 283.00	\$ 283.67	\$ 276.85	\$ 286.49	\$ 280.42	\$ 285.92	\$ 294.00	\$ 284.43	\$ 284.43	\$ 284.43	\$ 287.42
Average cost per case	\$ 731.00	\$ 697.00	\$ 714.00	\$ 709.02	\$ 694.14	\$ 713.58	\$ 693.29	\$ 685.60	\$ 694.00	\$ 706.26	\$ 706.26	\$ 706.26	\$ 704.66
Regular	\$ 2,527,802	\$ 2,448,887	\$ 2,455,086	\$ 2,409,547	\$ 2,235,219	\$ 2,234,878	\$ 2,069,868	\$ 1,969,076	\$ 1,911,731	\$ 1,980,686	\$ 1,970,782	\$ 1,960,928	\$ 26,174,490
Two Parent	\$ 184,819	\$ 179,049	\$ 179,502	\$ 158,532	\$ 147,063	\$ 147,040	\$ 136,183	\$ 129,552	\$ 124,821	\$ 82,529	\$ 82,116	\$ 81,705	\$ 1,632,911
Total	\$ 2,712,621	\$ 2,627,936	\$ 2,634,588	\$ 2,568,079	\$ 2,382,282	\$ 2,381,919	\$ 2,206,051	\$ 2,098,628	\$ 2,036,552	\$ 2,063,214	\$ 2,052,898	\$ 2,042,634	\$ 27,807,401
Catastrophic	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 200		\$ 200
SNAP	\$ -	\$ -	\$ -	\$ -	\$ 2,680,996	\$ 6,118	\$ 614	\$ 314	\$ 472	\$ -	\$ -	\$ -	\$ 2,688,513
Clothing	\$ -	\$ 682,810	\$ 18,708	\$ 14,208	\$ 1,114	\$ 165	\$ 3	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 717,008
Supportive Services	\$ 77,259	\$ 82,977	\$ 83,670	\$ 75,612	\$ 71,649	\$ 75,381	\$ 72,624	\$ 73,233	\$ 85,197	\$ 81,536	\$ 81,128	\$ 80,722	\$ 940,988
Transportation	\$ 38,115	\$ 39,600	\$ 42,158	\$ 39,848	\$ 34,733	\$ 30,113	\$ 29,370	\$ 26,895	\$ 25,245	\$ 31,252	\$ 31,095	\$ 30,940	\$ 399,362
Total	\$ 2,827,995	\$ 3,433,323	\$ 2,779,124	\$ 2,697,747	\$ 5,170,773	\$ 2,493,695	\$ 2,308,662	\$ 2,199,069	\$ 2,147,466	\$ 2,176,001	\$ 2,165,321	\$ 2,154,296	\$ 32,553,472

Rhode Island Works SFY 2027	July	August	September	October	November	December	January	February	March	April	May	June	Total
Persons	6,785	6,751	6,717	6,683	6,650	6,617	6,584	6,551	6,518	6,485	6,453	6,421	6,601
Cases	2,878	2,863	2,849	2,835	2,821	2,806	2,792	2,778	2,765	2,751	2,737	2,723	2,800
Persons/case	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4
Average cost per person	\$ 284.43	\$ 284.43	\$ 284.43	\$ 284.43	\$ 284.43	\$ 284.43	\$ 284.43	\$ 284.43	\$ 284.43	\$ 284.43	\$ 284.43	\$ 284.43	\$ 284.43
Average cost per case	\$ 670.57	\$ 670.57	\$ 670.57	\$ 670.57	\$ 670.57	\$ 670.57	\$ 670.57	\$ 670.57	\$ 670.57	\$ 670.57	\$ 670.57	\$ 670.57	\$ 670.57
Regular	\$ 1,813,938	\$ 1,804,869	\$ 1,795,844	\$ 1,786,865	\$ 1,777,931	\$ 1,769,041	\$ 1,760,196	\$ 1,751,395	\$ 1,742,638	\$ 1,733,925	\$ 1,725,255	\$ 1,716,629	\$ 21,178,525
Two Parent	\$ 115,783	\$ 115,204	\$ 114,628	\$ 114,055	\$ 113,485	\$ 112,912	\$ 112,353	\$ 111,791	\$ 111,232	\$ 110,676	\$ 110,123	\$ 109,572	\$ 1,351,821
Total	\$ 1,929,722	\$ 1,920,073	\$ 1,910,473	\$ 1,900,920	\$ 1,891,416	\$ 1,881,959	\$ 1,872,549	\$ 1,863,186	\$ 1,853,870	\$ 1,844,601	\$ 1,835,378	\$ 1,826,201	\$ 22,530,346
Catastrophic		\$ -	\$ 200	\$ -		\$ 200		\$ -	\$ 200	\$ -	\$ -	\$ 200	\$ 800
Clothing	\$ -	\$ 550,000	\$ 50,000		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 600,000
Supportive Services	\$ 80,319	\$ 81,788	\$ 81,379	\$ 80,973	\$ 80,568	\$ 80,165	\$ 79,764	\$ 79,365	\$ 78,968	\$ 78,574	\$ 78,181	\$ 77,790	\$ 957,834
Transportation	\$ 30,785	\$ 30,631	\$ 30,478	\$ 30,326	\$ 30,174	\$ 30,023	\$ 29,873	\$ 29,724	\$ 29,575	\$ 29,427	\$ 29,280	\$ 29,134	\$ 359,430
Total	\$ 2,040,825	\$ 2,582,493	\$ 2,072,530	\$ 2,012,218	\$ 2,002,157	\$ 1,992,347	\$ 1,982,186	\$ 1,972,275	\$ 1,962,614	\$ 1,952,601	\$ 1,942,838	\$ 1,933,324	\$ 24,448,409

**RI Department of Human Services
Child Care Caseload and Expenditures
May 2026 Caseload**

Cycle #	2023		2024		2025		2026		2027	
	Total children	Total subsidies	Total children	Total subsidies	Total children	Total subsidies	Total children	Total subsidies	Total children	Total subsidies
1	5,870	\$ 2,338,018	5,890	\$ 2,371,712	6,169	\$ 2,720,273	6,204	\$ 2,694,619	6,637	\$ 2,772,240
2	5,876	\$ 2,424,001	5,907	\$ 2,494,244	6,086	\$ 2,693,728	6,292	\$ 3,013,918	6,605	\$ 2,758,839
3	5,892	\$ 2,404,087	5,991	\$ 2,593,424	6,002	\$ 2,673,649	6,146	\$ 2,806,536	6,573	\$ 2,745,438
4	5,710	\$ 2,348,194	5,676	\$ 2,390,899	5,766	\$ 2,586,096	6,100	\$ 2,798,125	6,541	\$ 2,732,036
5	5,870	\$ 2,304,555	5,704	\$ 2,266,807	5,934	\$ 2,549,799	6,046	\$ 2,540,825	6,509	\$ 2,718,635
6	5,650	\$ 2,329,917	5,494	\$ 2,152,228	5,755	\$ 2,415,556	5,991	\$ 2,471,007	6,477	\$ 2,705,234
7	5,219	\$ 1,917,013	5,563	\$ 2,184,816	5,825	\$ 2,385,568	5,863	\$ 2,383,705	6,444	\$ 2,691,833
8	5,130	\$ 1,888,798	5,581	\$ 2,183,761	5,865	\$ 2,372,308	5,966	\$ 2,426,432	6,412	\$ 2,678,432
9	5,313	\$ 2,057,909	5,594	\$ 2,192,547	5,770	\$ 2,354,597	5,823	\$ 2,385,234	6,380	\$ 2,665,030
10	5,430	\$ 2,008,052	5,816	\$ 2,302,068	5,814	\$ 2,352,619	5,983	\$ 2,412,058	6,348	\$ 2,651,629
11	5,343	\$ 1,995,049	5,686	\$ 2,219,436	5,687	\$ 2,334,259	5,818	\$ 2,411,980	6,316	\$ 2,638,228
12	5,431	\$ 1,978,401	5,774	\$ 2,207,856	6,122	\$ 2,602,526	5,685	\$ 2,351,417	6,284	\$ 2,624,827
13	5,497	\$ 2,035,899	5,697	\$ 2,241,586	6,149	\$ 2,503,655	5,948	\$ 2,688,919	6,300	\$ 2,631,426
14	5,534	\$ 2,119,504	5,626	\$ 2,138,422	6,119	\$ 2,665,546	5,534	\$ 2,230,508	6,316	\$ 2,638,026
15	5,504	\$ 2,153,968	5,710	\$ 2,255,129	6,046	\$ 2,508,197	5,977	\$ 2,470,808	6,331	\$ 2,644,626
16	5,587	\$ 5,165,806	5,693	\$ 2,217,855	6,174	\$ 2,610,394	6,054	\$ 2,474,490	6,347	\$ 2,651,225
17	5,650	\$ 2,202,104	5,668	\$ 2,181,494	5,833	\$ 2,402,100	6,024	\$ 2,471,477	6,363	\$ 2,657,825
18	5,687	\$ 2,194,655	5,794	\$ 2,228,428	6,039	\$ 2,505,138	6,011	\$ 2,439,558	6,375	\$ 2,662,890
19	5,701	\$ 2,211,396	5,730	\$ 2,231,161	6,089	\$ 2,523,738	6,436	\$ 2,614,733	6,387	\$ 2,667,954
20	5,722	\$ 2,247,284	5,873	\$ 2,262,323	6,245	\$ 2,711,306	6,469	\$ 2,628,260	6,399	\$ 2,673,019
21	5,560	\$ 2,230,260	5,859	\$ 2,243,933	6,283	\$ 2,584,341	6,502	\$ 2,641,809	6,412	\$ 2,678,084
22	5,599	\$ 2,216,395	5,894	\$ 2,290,867	6,179	\$ 2,547,562	6,535	\$ 2,655,380	6,424	\$ 2,683,148
23	5,800	\$ 2,301,674	5,988	\$ 2,398,454	6,224	\$ 2,586,438	6,569	\$ 2,668,973	6,436	\$ 2,688,213
24	5,778	\$ 2,313,991	5,874	\$ 2,299,778	6,025	\$ 2,477,889	6,602	\$ 2,682,588	6,448	\$ 2,693,277
25	5,687	\$ 2,196,302	5,835	\$ 2,226,289	6,129	\$ 2,558,249	6,635	\$ 2,696,226	6,460	\$ 2,698,342
26	5,692	\$ 2,226,951	5,868	\$ 2,313,145	6,132	\$ 2,572,755	6,669	\$ 2,709,886	6,472	\$ 2,703,407
Total	5,605	\$ 59,810,183	5,761	\$ 59,088,662	6,018	\$ 65,798,282	6,149	\$ 66,769,471	6,423	\$ 69,753,864
		10,671		10,257		10,934		10,858		10,860
			2.8%	-1.2%	4.5%	11.4%	2.2%	1.5%	4.4%	4.5%
			Provider Pilot		Provider Pilot		Provider Pilot		Provider Pilot	
			Total children	Total subsidies	Total children	Total subsidies	Total children	Total subsidies	Total children	Total subsidies
			246	\$ 2,562,347	446	\$ 5,109,265	344	\$ 3,250,177	289	\$ 1,379,974
			2024		2025		2026		2027	
			Total children	Total subsidies	Total children	Total subsidies	Total children	Total subsidies	Total children	Total subsidies
			6,007	\$ 61,651,009	6,464	\$ 70,907,547	6,493	\$ 70,019,648	6,712	\$ 71,133,838
				10,263		10,970		10,783		10,598

Department of Human Services
Supplemental Security Income (SSI) State Supplement Program (SSP) Caseload and Expenditures
May 2026 Caseload

SSP (SFY 2025)	July	August	September	October	November	December	January	February	March	April	May	June	Total
Persons	29,577	29,619	29,683	29,715	29,765	29,836	29,640	29,771	29,743	29,599	29,515	31,076	29,795
Personal Needs Allowance	690	674	689	692	693	665	661	660	656	653	659	662	671
Assisted Living	375	374	371	367	372	371	366	366	368	365	370	368	369
Total Persons	30,642	30,667	30,743	30,774	30,830	30,872	30,667	30,797	30,767	30,617	30,544	32,106	30,835
Average cost per person	\$ 43.70	\$ 45.97	\$ 46.17	\$ 45.08	\$ 46.05	\$ 45.24	\$ 46.16	\$ 43.56	\$ 41.88	\$ 49.65	\$ 45.73	\$ 39.67	\$ 45.04
SSP payroll	\$ 1,224,280	\$ 1,237,930	\$ 1,245,166	\$ 1,231,474	\$ 1,267,387	\$ 1,241,457	\$ 1,237,882	\$ 1,218,350	\$ 1,174,190	\$ 1,295,875	\$ 1,214,445	\$ 1,211,147	\$ 14,799,584
Assisted Living	\$ 82,000	\$ 105,000	\$ 96,000	\$ 102,000	\$ 97,000	\$ 79,000	\$ 119,000	\$ 93,000	\$ 85,000	\$ 123,000	\$ 109,000	\$ 88,000	\$ 1,178,000
Personal Needs Allowance	\$ 32,865	\$ 32,460	\$ 32,890	\$ 33,835	\$ 32,615	\$ 31,445	\$ 30,365	\$ 30,275	\$ 29,420	\$ 32,035	\$ 31,765	\$ 31,944	\$ 381,914
Supplemental	\$ -	\$ 34,312	\$ 45,286	\$ 20,046	\$ 22,868	\$ 44,872	\$ 28,360	\$ -	\$ -	\$ 69,368	\$ 41,546	\$ -	\$ 306,658
Total Payments	\$ 1,339,145	\$ 1,409,702	\$ 1,419,342	\$ 1,387,355	\$ 1,419,870	\$ 1,396,774	\$ 1,415,607	\$ 1,341,625	\$ 1,288,610	\$ 1,520,278	\$ 1,396,756	\$ 1,331,091	\$ 16,666,156
Transaction Costs	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 6,000	\$ 6,000	\$ 5,000	\$ 6,000	\$ 5,000	\$ 63,000
Total	\$ 1,344,145	\$ 1,414,702	\$ 1,424,342	\$ 1,392,355	\$ 1,424,870	\$ 1,401,774	\$ 1,420,607	\$ 1,347,625	\$ 1,294,610	\$ 1,525,278	\$ 1,402,756	\$ 1,336,091	\$ 16,729,156

<i>SSP (SFY 2026)</i>		August	September	October	November	December	January	February	March	April	May	June	Total
<i>Persons</i>	29,579	29,527	29,441	29,424	28,933	29,269	29,389	29,308	29,566	29,566	29,566	29,566	29,428
<i>Personal Needs Allowance</i>	674	682	679	675	658	672	694	695	693	693	693	693	683
<i>Assisted Living</i>	366	370	364	366	370	376	369	372	374	374	374	374	371
Total Persons	30,619	30,579	30,484	30,465	29,961	30,317	30,452	30,375	30,633	30,633	30,633	30,633	30,482
<i>Average cost per person</i>	\$ 46.19	\$ 45.06	\$ 44.39	\$ 45.51	\$ 47.48	\$ 43.76	\$ 46.21	\$ 44.63	\$ 46.68	\$ 45.21	\$ 45.21	\$ 45.21	\$ 45.46
<i>SSP payroll</i>	\$ 1,248,009	\$ 1,201,746	\$ 1,211,734	\$ 1,233,012	\$ 1,253,261	\$ 1,188,279	\$ 1,243,802	\$ 1,201,754	\$ 1,289,751	\$ 1,225,320	\$ 1,225,320	\$ 1,225,320	\$ 1,747,308
<i>Assisted Living</i>	\$ 135,000	\$ 114,000	\$ 83,000	\$ 77,000	\$ 97,000	\$ 87,000	\$ 106,000	\$ 102,000	\$ 84,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 1,185,000
<i>Personal Needs Allowance</i>	\$ 31,405	\$ 31,250	\$ 31,905	\$ 31,905	\$ 30,510	\$ 30,825	\$ 31,905	\$ 32,220	\$ 31,680	\$ 31,185	\$ 31,185	\$ 31,185	\$ 377,160
<i>Supplemental</i>	\$ -	\$ 30,994	\$ 26,496	\$ 44,686	\$ 41,766	\$ 20,570	\$ 25,472	\$ 19,566	\$ 24,408	\$ 28,372	\$ 28,372	\$ 28,372	\$ 319,073
Total Payments	\$ 1,414,414	\$ 1,377,990	\$ 1,353,135	\$ 1,386,603	\$ 1,422,537	\$ 1,326,674	\$ 1,407,179	\$ 1,355,540	\$ 1,429,839	\$ 1,384,877	\$ 1,384,877	\$ 1,384,877	\$ 16,628,540
<i>Transaction Costs</i>	\$ 7,000	\$ 5,000	\$ 5,000	\$ 6,000	\$ 6,000	\$ 5,000	\$ 6,000	\$ 5,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 69,000
Total	\$ 1,421,414	\$ 1,382,990	\$ 1,358,135	\$ 1,392,603	\$ 1,428,537	\$ 1,331,674	\$ 1,413,179	\$ 1,360,540	\$ 1,435,839	\$ 1,390,877	\$ 1,390,877	\$ 1,390,877	\$ 16,697,540

[illegible]

Department of Human Services
General Public Assistance (GPA) Caseload and Expenditures
May 2026 Caseload

GPA (SFY 2025)	July	August	September	October	November	December	January	February	March	April	May	June	Total
Total Persons	589	602	618	600	595	584	632	657	685	665	674	683	632
Average cost per person / Bridge	\$ 157.03	\$ 129.37	\$ 167.47	\$ 153.67	\$ 185.54	\$ 178.59	\$ 153.71	\$ 179.78	\$ 147.30	\$ 164.80	\$ 168.40	\$ (199.99)	\$ 136.03
Bridge Payments	\$ 115,400	\$ 115,300	\$ 176,800	\$ 116,200	\$ 116,600	\$ 118,800	\$ 122,300	\$ 127,400	\$ 131,945	\$ 129,000	\$ 134,900	\$ (104,700)	\$ 1,299,945
Bridge Recoveries	\$ (22,904)	\$ (37,409)	\$ (16,895)	\$ (23,997)	\$ (6,199)	\$ (14,498)	\$ (24,997)	\$ (9,099)	\$ (30,896)	\$ (28,442)	\$ (21,394)	\$ (31,599)	\$ (268,329)
Total Bridge Payments	\$ 92,496	\$ 77,891	\$ 159,905	\$ 92,203	\$ 110,401	\$ 104,302	\$ 97,303	\$ 118,301	\$ 101,049	\$ 100,558	\$ 113,506	\$ (136,299)	\$ 1,031,616
Burials	\$ 28,140	\$ 53,115	\$ 33,386	\$ 96,440	\$ 44,475	\$ 27,750	\$ 71,968	\$ 71,924	\$ 53,390	\$ 50,431	\$ 44,564	\$ 30,803	\$ 606,387
Total	\$ 120,636	\$ 131,006	\$ 193,291	\$ 188,643	\$ 154,876	\$ 132,052	\$ 169,271	\$ 190,225	\$ 154,439	\$ 150,989	\$ 158,070	\$ (105,496)	\$ 1,638,003

GPA (SFY 2026)	July	August	September	October	November	December	January	February	March	April	May	June	Total
Total Persons	702	713	734	716	686	712	711	702	702	704	706	707	708
Average cost per person / Bridge	\$ 192	\$ 126	\$ 166	\$ 171	\$ 149	\$ 169	\$ 163	\$ 181	\$ 142	\$ 158	\$ 158	\$ 158	\$ 161.03
Bridge Payments	\$ 135,000	\$ 138,000	\$ 144,400	\$ 139,400	\$ 134,600	\$ 141,800	\$ 140,600	\$ 139,400	\$ 137,600	\$ 135,121	\$ 135,459	\$ 135,797	\$ 1,657,177
Bridge Recoveries	\$ (48,196)	\$ (22,698)	\$ (17,199)	\$ (32,297)	\$ (21,524)	\$ (24,898)	\$ (12,099)	\$ (37,597)	\$ (24,269)	\$ (24,269)	\$ (24,269)	\$ (24,275)	\$ (289,321)
Total Bridge Payments	\$ 135,000	\$ 89,804	\$ 121,702	\$ 122,201	\$ 102,303	\$ 120,276	\$ 115,702	\$ 127,301	\$ 100,003	\$ 110,852	\$ 111,190	\$ 111,522	\$ 1,367,856
Burials	\$ -	\$ 53,981	\$ 79,725	\$ 54,590	\$ 54,590	\$ 54,590	\$ 54,590	\$ 54,590	\$ 54,590	\$ 54,590	\$ 54,590	\$ 54,574	\$ 625,000
Total	\$ 135,000	\$ 143,785	\$ 201,427	\$ 176,791	\$ 156,893	\$ 174,866	\$ 170,292	\$ 181,891	\$ 154,593	\$ 165,442	\$ 165,780	\$ 166,096	\$ 1,992,856

GPA (SFY 2027)	July	August	September	October	November	December	January	February	March	April	May	June	Total
Total Persons	709	711	713	714	716	718	720	722	723	725	727	729	719
Average cost per person / Bridge	\$ 157.77	\$ 157.86	\$ 157.94	\$ 158.03	\$ 158.11	\$ 158.20	\$ 158.28	\$ 158.37	\$ 158.45	\$ 158.53	\$ 158.62	\$ 158.72	\$ 158.24
Bridge Payments	\$ 136,137	\$ 136,477	\$ 136,818	\$ 137,160	\$ 137,503	\$ 137,847	\$ 138,192	\$ 138,537	\$ 138,884	\$ 139,231	\$ 139,579	\$ 139,928	\$ 1,656,294
Bridge Recoveries	\$ (24,269)	\$ (24,269)	\$ (24,269)	\$ (24,269)	\$ (24,269)	\$ (24,269)	\$ (24,269)	\$ (24,269)	\$ (24,269)	\$ (24,269)	\$ (24,269)	\$ (24,256)	\$ (291,215)
Total Bridge Payments	\$ 111,868	\$ 112,208	\$ 112,549	\$ 112,891	\$ 113,234	\$ 113,578	\$ 113,923	\$ 114,268	\$ 114,615	\$ 114,962	\$ 115,310	\$ 115,672	\$ 1,365,036
Burials	\$52,100	\$52,100	\$52,100	\$52,100	\$52,100	\$52,100	\$52,100	\$52,100	\$52,100	\$52,100	\$52,100	\$51,900	\$ 625,000
Total	\$ 163,968	\$ 164,308	\$ 164,649	\$ 164,991	\$ 165,334	\$ 165,678	\$ 166,023	\$ 166,368	\$ 166,715	\$ 167,062	\$ 167,410	\$ 167,572	\$ 1,990,036

May 2026 CEC: CASH ASSISTANCE

Fund/Agency	Appropriation	Ledger Account	Appropriation Sequence Name	FY 2026 DHS	FY 2027 DHS
CASH ASSISTANCE					
SSI					
10.069	23130	651000	Aid to the Aged, Blind or Disabled	\$ 16,697,540	\$ 16,702,043
			Total General Revenue	\$ 16,697,540	\$ 16,702,043
			TOTAL - SSI	\$ 16,697,540	\$ 16,702,043
TANF/RIW					
10.069	23134	651000	FIP/TANF - Regular	\$ 29,465,397	\$ 24,088,180
10.069	23435	651000	Catastrophic Aid	\$ 200	\$ 800
10.069	23137	651000	RIPTA Transportation Benefit	\$ 399,362	\$ 359,430
			TOTAL FF- TANF/RIW	\$ 29,864,959	\$ 24,448,409
			TOTAL ALL FUNDS- TANF/RIW	\$ 29,864,959	\$ 24,448,409
CHILD CARE					
10.069	23131	651000	Child Care - Non M.O.E.	\$ 30,000	\$ 30,000
10.069	23132	651000	Child Care	\$ 5,321,126	\$ 5,321,126
10.069	23133	651000	Child Care - Matching	\$ 4,530,270	\$ 4,433,095
			TOTAL GR- CHILD CARE	\$ 9,881,396	\$ 9,784,221
10.069	23142	651000	Child Care Mandatory (CCDF)	\$ 6,633,774	\$ 6,633,774
10.069	23143	651000	Child Care Matching (CCDF)	\$ 6,054,473	\$ 6,054,473
10.069	23139	651000	Child Care Development Block Grant (DISC)	\$ 11,000,000	\$ 11,000,000
10.069	23136	651000	Child Care - TANF Funds	\$ 36,450,005	\$ 37,661,370
			TOTAL FF- CHILD CARE	\$ 60,138,252	\$ 61,349,617
			TOTAL ALL FUNDS- CHILD CARE	\$ 70,019,648	\$ 71,133,838
GENERAL PUBLIC ASSISTANCE					
10.069	23146	651000	General Public Assistance (CEC Only)	\$ 1,992,856	\$ 1,990,036
			TOTAL GR- GPA CEC	\$ 1,992,856	\$ 1,990,036
			GRAND TOTAL GR- CEC CASH	\$ 28,571,792	\$ 28,476,300
			GRAND TOTAL FF- CEC CASH	\$ 90,003,211	\$ 85,798,026
			GRAND TOTAL AF- CEC CASH	\$ 118,575,003	\$ 114,274,325