

RFP # 34714 FY 2026 Children's Community Engagement

1. Are the staffing ratios for children the same as those required for adult DDS programs?
 - a. Staffing levels must be based on the number of participants and the needs of each child/youth.
2. What documentation and reporting requirements would apply if we were serving children through this program?
 - a. Organizations will need to demonstrate that they will accurately document and maintain data, as identified in the RFP. This includes the number of referrals, region of referrals, number of recreational, community, or social activities created, number of available opportunities per activity, hours of weekend respite offered (if applicable), ages of participants, and a description of the activity.
3. If we were transporting children in our vehicles:
 - a. Would staff need a special license endorsement? Providers must adhere to CT laws and regulatory requirements.
 - b. Would our vans need signage such as "carrying school children"? Providers must adhere to CT laws and regulatory requirements.
 - c. Are there any other DDS policy requirements for transporting children that we need to know about? There are no additional DDS specific policies on transporting children. Providers must adhere to CT laws and regulations.
4. Would children participating in the program be required to have Behavior Support Plans?
 - a. Children participating in the program are not required to have a behavioral support plan. If one is available, it will be provided in advance.
5. Do staff working with children need to be trained in PMT (Physical Management Training)?
 - a. All staff working with individuals eligible for DDS must have the required DDS training.
6. If a child is not currently involved with DDS and does not have an Individual Education Plan (IEP), would we work with the school system to obtain documentation such as the student's IEP and other relevant records? If so, what would be the requirements for enrolling these students in the program? Are they required to be under DDS care or DDS eligible?
 - a. All children participating in the proposed programs must be DDS-eligible.
7. How do we source kids not DDS designated already? Can we accept students that have IEP that are not already connected to DDS?
 - a. All children participating in the proposed programs must be DDS-eligible.
8. How would we identify and recruit children who are not already receiving DDS services?

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- a. All children participating in the proposed programs must be DDS-eligible.
9. If we are proposing both a school-based program and a community-based program, are we able to put them in the same proposal or do we need two different proposals? If these two programs shared the same program management structure (like program director), could we put them into one proposal?
 - a. Yes, you can put them in the same proposal, but you may want to supply separate budgets.
 10. Can an organization propose to support some of a region, rather than all of one? Ex. An agency may be able to serve a couple of towns that are proximal to their primary region.
 - a. Yes. Ensure that the towns are identified in the proposal.
 11. What are the DDS required credentials, certifications, education, and/or experience for the "Recreational Therapist"?
 - a. Must have five years of experience in a rehabilitation therapeutic recreation program performing such activities as program evaluation, planning, and application for individuals with an intellectual disability, emotional disabilities and physical disabilities.
 12. Will DDS accept other qualifications as an alternative to a Certified Recreational Therapist? If so, please provide a list of acceptable credentials, education and experience, since Recreational Therapy is not a common course of study.
 - a. College training in a recognized therapeutic recreation discipline may be substituted on the basis of fifteen semester hours equaling one-half year of experience to a maximum of four years for a Bachelor's degree.
 13. Will staff be required to have additional med administration certifications other than through DDS?
 - a. Medication administration certification is the same for adults and children. If medication administration will be needed during the program, there is also a requirement for a pass and pour to be done with an individual under the age of 18.

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14. Will this be funded as a grant or will there be an hourly rate for services? If hourly, what are the rates?
 - a. Successful proposers will receive the annual amount awarded over a 12-month period in equal and consistent payments using a rate methodology to be determined by DDS.

15. Could services be integrated with adults with I/DD in the DDS system, as appropriate to the activity and age group?
 - a. Proposed programs must facilitate additional opportunities for school-aged children and young adults. Individuals in the Children's Services Division are ages 8 through 20 years old. This service is not intended, nor will it be offered to adults receiving DDS supports.

16. Would additional funding be available based on need for 1:1 versus group?
 - a. Your budget proposal will be full funding and there will not be additional 1x funding available.

17. Is nursing oversight required? If so, would in-person/on-site nursing be required? Please specify the requirements.
 - a. This will be based on the needs of the individuals in the program.

18. What is the scope of behavioral and other clinical services? These are generally not typically part of Respite services.
 - a. Proposed activities should focus on building community connections, friendships, skills, and provide the family with relief from ongoing care of their child. Individuals are not expected to receive behavioral and other clinical services.

19. In regard to the salaries and wages portion of the budget worksheet, are drivers counted as per diem staff, i.e. if a program has dedicated drivers (where that's all they do)?
 - a. Yes. The budget narrative should provide detailed descriptive information for each of the budget lines in the Budget Summary Form.

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20. What is the geographical spread of the kids who have the need?
 - a. Generally, more kids in the more densely populated areas but want to make sure we are covering the entire state, including areas of less dense population

21. 9 CMs – caseload?
 - a. 34 per DDS Case Manager

22. Is there an average cost per student?
 - a. Money will not come out of individual budgets

23. Is this a one-time thing or is there ongoing funding?
 - a. We will evaluate the program after the two years and determine what the Department would like to do based on the success of this two-year program

24. Should we contact overnight respite for collaboration?
 - a. No. Overnight respite is a totally separate service.

25. Are the respite centers run by the state or nonprofits?
 - a. They are run by private agencies

26. Typical funding range per award?
 - a. Funding will depend on the amount of proposals awarded. \$1 million is the total amount of money available

27. Do we have to plan for transportation for the children?
 - a. It depends on how the provider wants to structure it, and will be part of the proposal.