

# Provider Agreement

## Referral Service Option, Part 2

Child Development Division (CDD)  
Department for Children and Families (DCF)  
Agency of Human Services (AHS)

The Provider Agreement provides information for the CDD subsidy program, grant awards, referral services, and specialized child care services. The agreement has three components:

Part 1: Financial (Subsidy and Other CDD Grant Awards)

Part 2: Referral Service Option

Part 3: Specialized Child Care Services

(Protective Services, Family Support Services and Children with Special Needs)

Referral Service Option: Provider Agreement provides the option for Vermont child care providers regulated by the CDD (licensed and registered) to share additional information about your child care program with parents and others interested in learning more about your child care program. This information will be shared in the form of your personalized Referral Provider Profile. The information will be made available through referral specialists in local community child care support agencies and on the CDD web site.

### Section A Provider Directory Listing

Please complete the following section for verification purposes. The following information in Section A from your Vermont licensing application will automatically be included in your referral provider profile.

**Provider or Facility name** \_\_\_\_\_

**Provider/Program address** \_\_\_\_\_

**Provider phone number** \_\_\_\_\_

**Provider contact name** \_\_\_\_\_  
(if different than above)

**Type of license**

|  |   |
|--|---|
| <input type="checkbox"/> Registered Family Child Care Home | <input type="checkbox"/> Non-Recurring Care               |
| <input type="checkbox"/> Licensed School Age Care Program  | <input type="checkbox"/> Licensed Early Childhood Program |

**Accreditation, NOT membership** Check all that applies to your program

NAA       NAEYC       NAFCC       NECPA

**CDA Credential for Registered Family Child Care Home**

**Graduated Recognition System - STARS**      1       2       3       4       5

**Non Profit**       Yes       No

### Section B Provider Rate Information

Check here if you have submitted the Financial Provider Agreement, Part 1.

#### Weekly rates

**If you have** submitted your Financial Provider Agreement your weekly rate information will also be automatically included in your Referral Provider Profile, through your local referral specialist. At this time, this information will not be available on the CDD web site.

**If you have not** already submitted this information to the CDD, and would like to include your weekly rates in your personalized referral provider profile please complete Financial Provider Agreement, Part 1.

## Section C Optional Items

You may choose to add additional information to your Referral Provider Profile. Please select from the information below all that you would like added to your personalized profile.

### 1. Additional Fees and Financial Assistance

|                             | Type                    | Frequency of Fee<br><i>(By: Event, Monthly, One-Time, Yearly)</i> | Fee Amount |
|-----------------------------|-------------------------|---|------------|
| <b>Fees</b>                 | <b>Activities</b>       | _____   | _____      |
|                             | <b>Craft Fees</b>       | _____   | _____      |
|                             | <b>Deposit</b>          | _____   | _____      |
|                             | <b>Document</b>         | _____   | _____      |
|                             | <b>Field Trips</b>      | _____   | _____      |
|                             | <b>Materials</b>        | _____   | _____      |
|                             | <b>Registration</b>     | _____   | _____      |
|                             | <b>Training</b>         | _____   | _____      |
|                             | <b>Other (describe)</b> | _____   | _____      |
| <b>Financial Assistance</b> | <b>Scholarship</b>      | _____   | _____      |
|                             | <b>Sibling Discount</b> | _____   | _____      |
|                             | <b>Other (describe)</b> | _____   | _____      |

### 2. Additional Contact Information

**E-mail Address:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

### 3. Program Information

**Curriculum**

*(Check all that apply)*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Art or craft activities | <input type="checkbox"/> Kindergarten program       | <input type="checkbox"/> Religious program                |
| <input type="checkbox"/> Circle Time             | <input type="checkbox"/> Montessori                 | <input type="checkbox"/> Sand & water play                |
| <input type="checkbox"/> Daily outside play      | <input type="checkbox"/> Part day Preschool program | <input type="checkbox"/> Songs or music activities        |
| <input type="checkbox"/> Dramatic play           | <input type="checkbox"/> Private school             | <input type="checkbox"/> Story time & literacy activities |
| <input type="checkbox"/> Regular daily routine   | <input type="checkbox"/> Waldorf program            |   |

**Guidance:** Please describe your guidance policies. It should include the methods of guidance you use to encourage children's self control, respect & cooperation.

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**Program:** Please describe your program. It should include specifics that you would want families to know such as activities offered, child care philosophy, background information, etc. This will provide a "first impression" about your program.

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**Supervision:** Please describe your supervision policies. It should describe where and upon what the children in care will rest or sleep as well as where children will play outdoors and how supervision practices will be met. Supervision practices will differ by age group.

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**Ages willing to serve**     Infant (6 wks - 23 months)     Toddler (24-35 months)     Preschool (3-5 yrs)     School Age (5-12 yrs)

**Program Participation**  
(Check all that apply)     Head Start     Food Program     Public Pre-K program     Subsidy Program

**Additional Enhanced Services**  
(Check all that apply)     Drop-in Care     Holiday Care    If you provide either of these enhanced services please indicate your rate: \_\_\_\_\_

**Religious Activity**     Yes     No

**Environment**  
(Check all that apply)     Fenced Yard     Smoke Free

**Building Type/Setting**  
(Check all that apply)     Apartment     House     Mobile Home     Non-Residential     Workplace-Based

**Pets**  
(Check all that apply)     Furry-Dogs     Furry-Cats     Furry-Other (describe) \_\_\_\_\_  
 Non-Furry (describe) \_\_\_\_\_

#### 4. Program Schedule and Services

**Special Schedule**     Open for In-Service Days     Open School Year Only     Open Summer Only

**Type of Care**     After School     Daytime     Full-time     Second Shift/Evenings  
 Before School     Drop-In Care     Kindergarten Care     Third Shift/Overnight  
 Before & After School     Emergency Care     Part-time     Weekends

**Usual Program START Time** \_\_\_\_\_ am **OR** \_\_\_\_\_ pm

**Usual Program END Time** \_\_\_\_\_ am **OR** \_\_\_\_\_ pm

**Days of Operation**     Sunday     Monday     Tuesday     Wednesday     Thursday  
 Friday     Saturday

**Scheduling Comments**

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**Meals or Snacks Served**

- Type Served  The program intends to provide snacks only  
 The program intends to serve snacks and meals provided by each child's parent  
 The program intends to prepare and serve snacks and meals on the premises  
 The program intends to have meals prepared off premises and delivered to program

- Meals (Procedures):  Allergy Awareness  Attention to Special Diets  
 Other, describe: \_\_\_\_\_

**Languages Supported**

- American Sign Language  English  Spanish  
 Bosnian  French  Vietnamese  
 Chinese  Somalian  Other \_\_\_\_\_

**Transportation Services**

- Use School Bus Route  Provide From Home  Provide From School  
 City Bus Route  Provide To Home  Provide To School

**Names of Schools Served** \_\_\_\_\_

**5. Capacity and Vacancy**

**Total Infant Capacity** \_\_\_\_\_ **Current Vacancies** \_\_\_\_\_  
*(6 weeks – 23 mo.)*

**Toddler Capacity** \_\_\_\_\_ **Current Vacancies** \_\_\_\_\_  
*(24 - 35 months)*

**Preschool Capacity** \_\_\_\_\_ **Current Vacancies** \_\_\_\_\_  
*(3-5 year old )*

**School Age Capacity** \_\_\_\_\_ **Current Vacancies** \_\_\_\_\_  
*(5-12 years old)*

**Special Remarks/Notes** \_\_\_\_\_  
\_\_\_\_\_

**You must sign below for your profile to be active in the Bright Futures Information System**

I approve the release of the above information to be included in my Provider Profile about my child care program for the purposes of referrals to CDD clients and other interested parties. I understand that this is information to be shared with the public and does not guarantee placements of children in my program.

**Name (print)** \_\_\_\_\_ **Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return this completed form to your local Referral Specialist:**

Child Development Division  
Department for Children and Families  
Agency of Human Services  
103 South Main Street  
Waterbury, VT 05671-2901  
1-800-649-2642  
www.state.vt.us/srs/childcare

▶ Please keep a copy for your records ◀