

# **Child Development Division Referral Specialist Best Practices Handbook**

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# Purpose Statement

Research, observation and common sense tell us that a child's brain and body develop best within loving relationships, ones in which he can explore, learn, and grow. Parents are their child's first teacher, but when they aren't able to be there, they want a safe, nurturing environment for their child.

Parents often find that making a decision about child care is particularly difficult because it involves so many factors and feelings. Parents need support and accurate information to make good decisions about child care and to prioritize the options available to them. Referral specialists can support families through their search for appropriate child care for their families.

Referral Specialists are better able to support families when they are:

- Informed about the variety of choices that are available to families, including regulated care, camps, and informal arrangements.
- Continually learning and improving their skills.
- Working as a team with providers, families, and other staff & partners
- Clear on job expectations, and receive feedback on how they are doing.

# Overview

The handbook contains best practice policies and procedures for completing child care referral in Vermont. These policies and procedures comply with all requirements of the Vermont Department for Children and Families, Child Development Division Community Child Care Support Agency Grant.

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## **Section I**

# **Community Child Care Support Agencies Referral Services**

## Vermont's System

There are 12 agencies across Vermont that receives a grant called the "Community Child Care Support Agency Grant." The funding comes from a federal grant called the Child Care and Development Fund which is given to every state in the United States of America. In Vermont this grant is distributed to Vermont's Department for Children and Families, Child Development Division. The division then awards grants to community agencies across the state. There are specifications for the work completed within this grant that the Child Development Division monitors.

The work that is completed through this grant is:

- Child Care Referral
- Child Care Resource Development
- Child Care Financial Assistance Eligibility Determination
- Specialized Child Care Services

### Child Care Referral Services:

Child care referral services are not separate from resource, subsidy and specialized care but instead should be team effort. With this in mind there are specific state outcomes for referral services:

- Families have access to information when they need it so they may be more likely to choose quality child care.
- Families are informed about quality child care so they may be more likely to choose quality child care.
- Families have access to services they need.

The Child Development Division monitors the referral services by measuring these outcomes.

**Need to Call for Help?**  
**Child Care Support Agency (CCCSA)**  
**Grant Technical Assistance**

Child Care Financial Assistance  
Unit Director

Carmen Mentasti  
802-241-3108  
Carmen.mentasti@ahs.state.vt.us

Grant Monitor: (West)  
Franklin/Grand Isle, Chittenden  
Addison, Rutland, Bennington

Peg Kenny  
802-241-2164  
peg.kenny@ahs.state.vt.us

Grant Monitor: (East)  
Orleans, Essex, Caledonia, Lamoille,  
Orange, Windsor, Windham

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Referral/Outreach

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Resource Development/Training

Jan Walker  
802-241-2198  
jan.walker@ahs.state.vt.us

Specialized Child Care (Resource)

Jan Walker  
802-241-2198  
jan.walker@ahs.state.vt.us

## **CDD Referral Criteria Overview**

The following is an outline of the criteria for referral services provided through the Vermont Child Development Division's grant.

1. Referrals are completed on a timely basis using procedures for consumer education as outlined in the Referral Call section of this handbook.
2. Consumer Education Packets that are sent to families meet the family's needs and the criteria outlined in the Referral Call section of this handbook.
3. Provider data is up-to-date and maintained as outlined in the Provider Data section of this handbook.
4. Data about outreach activities is reported as outlined in this handbook.
5. The referral agency uses outcome based planning to develop strategies for improvement of the services annually.
6. The referral agency has policies as required by CDD. Required policies are outlined in Section V of this handbook.

# **Section II**

## **The Referral Call & Packet**

Child care referral is more than giving a list of names and numbers. Child care referral is about consumer education for families searching for child care. The goal of the referral call is to provide enough information to enable parents to make informed choices about what's best for their particular situation. The specialist's role is to help parents clarify their unique child care needs, give them the requested information about child care availability, and to help them think through and define each of their options.

Families are diverse and have many different wants, needs and expectations about child care. None of those are wrong or right, but they may or may not match the referral specialist's beliefs about child care. The first step of a good referral call starts prior to picking up the phone or meeting with the family. The first step is for the specialist to understand their own beliefs about child care and their values. When starting as a specialist is important to think about these beliefs, and examine how you will be able to separate your own beliefs from those of families.

The Child Development Division (CDD) has the expectation that all referral calls are of high quality and appropriate to the families needs. The following tools are designed to assist the specialist in providing a quality referral call.

The following are required to be given to every family during the referral call:

- Information about the agency's fee policy
- Referral disclaimer, confidentiality policy, and complaint policies
- Licensing contact information
- Help developing a plan to search for child care
- Information about what to expect in the packet of information

In addition every family should be offered information about child care quality indicators that are appropriate to the needs of the family, including:

- Staff/Child Ratios
- Family involvement policies and practices in child care
- Staff education
- Health and safety information
- National accreditation information
- Vermont STep Ahead Recognition System (STARS) information
- Basic regulatory information

- Available child care options, and explore creative options if needed.
- Information about how to make a complaint about:
  - Referral services
  - Child care provider
- Rate information
- Available financial assistance programs, such as child care financial assistance program, scholarships. Sliding fee scales.

## **Referral Call Resources**

These are resources for referral specialists, supervisors, and individuals that support referral specialists. Each referral call is unique and should meet the needs of the family. The focus of the call should be developing a relationship with the caller. The following resources give guidance for that call. These tools are to be used with in person training as a support for referral services. Information gained from using these tools is only for enhancing referral services in a support setting.

### **SAMPLE REFERRAL INTAKE SCRIPT**

Think Customer Service!!

#### I. Clarify Purpose of Call

- You have reached the “*name of agency*”. We provide information about child care.
- Are you looking for child care? Yes: continue
- No: what else may I help you with?
- Have you used our service before? Yes: look up their file. Check to see if they remember the procedure, and continue accordingly.

#### II. Explain Up Front What We Do/Benefits of Service

- “Let me tell you a little bit more about what we do.....”
- “I’m a Child Care Referral Specialist and I can provide you with information on:”
- Current openings in your geographic area
- Selecting quality child care
- State child care regulations

- Other information according to your needs
- This is a confidential service; information will be kept confidential.
- I am a mandated reporter, which means that if you tell me any information about a provider violating regulations I have to report that information to the state of Vermont.
- I can provide information over the phone or in person.
- We always conclude with follow-up written information either in person, mail, or email.
- Because we are an employer-sponsored service, I must first have information from you about your employment status.
- If client is working: Do you work for an employer with whom we have a contract? Which of the following categories do you fall under?
- Vermont State Employees Assn. (VSEA)
- Statewide Contracts with Child Care Resource (CCR)
- Other Local Contracts

### III. Which service is appropriate?

- If parent falls under the category of service contract call: continue the call in accordance with contract requirements.
- If parent is a “Public Call,” then...
  - “Since we don’t have a contract with your employer, this is considered a personal call. For personal calls we have a free service.
  - “In order to begin the service I will need some basic information from you...”

### IV. Phases of the Parent Interview

#### 1. Information Gathering

Identify Needs  
 Personal Information (Name, Address, DOB, etc.)  
 Employer  
 Ages of Children  
 Schedule, Hours/Days  
 Location

Individualize – Address Concerns  
 Past Experience with Child Care  
 Other Resources Used  
 Family Schedule  
 Commuting Route  
 Special Concerns – Health  
 Who Referred By?

Preferred Types of Care

Reason for Care

Preferred Program

Costs/Financial Eligibility for Subsidy/Tax Credits

2. Discuss Options

Respond to Needs

Type of Care Available

Pros & Cons of Available Care

Vermont Regulations

Costs

Financial Assistance

Choosing Guidelines –

Screening

Visiting

Observing

Costs

And Satisfy Concerns

Child's Development Needs

Child-rearing Philosophies

Establishing a Relationship

with the Child Care Provider

Easing Back in to Work

Feelings of Guilt, Anxiety

Advertising if Needed

Any other concerns

CCCCL 1-800-540-7942

Quality Indicators

3. Plan of Action/Give referrals

- Verify match
- NOT RECOMMENDATIONS
- Limited number (minimum 3)
- Avoid overloading with information; encourage call backs
- Summarize steps to take-contact, visit, select
- DISCUSS CONTINGENCIES
- OFFER ENCOURAGEMENT, REASSURANCE
- Written Follow-Up sent
- Fulfillment/consumer education materials sent

4. Return Calls (Optional for Basic Services; Required as Needed for Contracts)

- Check-in on status
- Offer additional support
- Offer additional referrals
- Back-up information as needed

5. Conduct Follow-Up Call

# CHILD CARE CONSUMER EDUCATION & REFERRAL INTAKE FORM

Type of call:  referral  repeat  information/consultation

Intake Date: \_\_\_\_\_ Date entered in database: \_\_\_\_\_

Follow-up: Call \_\_\_\_\_ Email \_\_\_\_\_ Mailed \_\_\_\_\_ Other \_\_\_\_\_

Where did caller here about service?  
\_\_\_\_\_

## PERSONAL INFORMATION

Gender:  Male  Female Date of Birth: \_\_\_\_\_ VSEA # \_\_\_\_\_

Clients' name: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Region (town of residence): \_\_\_\_\_

Employer \_\_\_\_\_

Work Location: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Spouse's employer: \_\_\_\_\_

How did you hear of the service? \_\_\_\_\_

Caller Name: \_\_\_\_\_ Service Agency: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## CHILD INFORMATION

Child Name \_\_\_\_\_ Gender  Male  Female

Age/Birth date \_\_\_\_\_ Preferred Setting  FCC  CTR  In-home

Date Needed \_\_\_\_\_ Schedule  Full time  Part time  School Age

Hours needed \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Days  M  T  W  Th  F  Sa  Sun

Child Name \_\_\_\_\_ Gender  Male  Female

Age/Birth date \_\_\_\_\_ Preferred Setting  FCC  CTR  In-home

Date Needed \_\_\_\_\_ Schedule  Full time  Part time  School Age

Hours needed \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Days  M  T  W  Th  F  Sa  Sun

Child Name \_\_\_\_\_ Gender  Male  Female

Age/Birth date \_\_\_\_\_ Preferred Setting  FCC  CTR  In-home

Date Needed \_\_\_\_\_ Schedule  Full time  Part time  School Age

Hours needed \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Days  M  T  W  Th  F  Sa  Sun

ADDITIONAL INFORMATION

Preferred Location: \_\_\_\_\_ Special needs: \_\_\_\_\_

Reason needing care:  Employment  Developmental Growth  Family Support  
 Job Search  Protective Service  School/College  Self Employed  
 Health Need/Disability Child  Health Need/Disability

Language: \_\_\_\_\_

Other needs:  no pets  smoke free  allergies  asthma  diet  
 other \_\_\_\_\_

Other referrals:  CUPS  Community Action  Dr. Dynasaur  FITP  
 Family Support  Subsidy  Head Start  Medicaid  
 Parent to Parent  Other \_\_\_\_\_

Comments (schools, transportation, counseling, desire to keep children together)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERRALS

Provider Name Phone Number Date referred

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_

## What to Expect During a Quality Referral Call

This is a guide based on the Referral Assessment Call for NACCRRRA's Quality Assurance Program. For more information about this program visit their website: [www.naccrra.org](http://www.naccrra.org). While each client's needs are unique, use this as a guide to manage your contact with all clients. Leaders and experts in the CCR&R field have identified each input and item to be helpful and necessary to all clients in their search for early care and out of school care arrangements.

**❑ A toll free referral line staffed by counselors.**

The hours of accessibility are based upon community needs and counselors are available during advertised times.

**❑ The client call is answered on the first call.**

Staffing patterns and phone coverage policies support the availability of real time referrals.

**❑ If the client is asked to leave a message, the call was returned within 1 - 2 business days.**

In the event of voice messaging, a written policy is in place to return calls in less than 1 business day.

**❑ The caller is placed on hold.**

If the caller is placed on hold, hold time is appropriate. It is recommended that a maximum hold time not exceed 10 minutes.

**❑ The counselor establishes rapport with caller and utilizes active listening skills.**

The volume of calls per staff ratio allow time to be spent with each caller/client. Counselors actively control the call and efficiently obtain the critical needs of the caller and respond accordingly.

**❑ Clients are made aware of the agency's fee policy prior to receiving referrals.**

Many agencies do not charge a fee per referral. If this is the case, clients should be informed prior to the onset of the call that the services are free. If a fee is charged, callers should be informed in advance of receiving the services what that fee is.

**❑ Counselor informs the client of the agency's disclaimer, that these are referrals, not recommendations.**

Information about the disclaimer is critical. It should be given orally and included in any written materials made available to the client.

**❑ Client fully understands that all information will be kept confidential and is made aware of the agency's data privacy/confidentiality policy.**

It is important that the client feel comfortable sharing information openly with the counselor. Articulating the confidentiality statement in a manner the client can understand will help to establish rapport and open the lines of communication.

- ❑ Basic data is collected from the client regarding the family’s needs.**  
 This includes, at a minimum: name(s), gender(s), and age(s) of child(ren), home address, location where care is needed, hours care is needed, financial assistance needs (if any), special needs of the child(ren) if applicable, care preferences the caller may have, and any other information as needed. (Please refer to the national standardized data set to obtain a complete listing of the data fields determined by the CCR&R field as critical <http://www.naccrra.org/data/>.)
- ❑ Clients are informed orally of what to expect in terms of staff to child ratio for the ages of their child(ren) and types of care given.**  
 The counselor discusses with the client why this information is important and how it can be used in the client’s search for child care.
- ❑ Clients are informed of provider or facility family involvement policy.**  
 This information may be included in the consumer education materials sent as a follow up, but must be referenced during the client contact. Counselors should ensure client understanding of this information and how to use this information in their child care search.
- ❑ Clients are informed of provider or staff education**  
 Many organizations include this information in the provider profiles sent with referral packets. This information should be referenced during the call and clients should be made aware of the requirements according to the regulations.
- ❑ Clients are informed of useful health and safety information to assist in their child care search.**  
 It is obvious that to explain all indicators at great length would be time consuming and not at all helpful to clients. Counselors are encouraged to explain any consumer education material which will be included in the referral packet and ensure client understanding. If clients have a particular need or concern, the counselor will tailor both oral and written information accordingly.
- ❑ Clients are provided with licensing contact information.**  
 Clients should be informed orally about regulatory information and the usefulness of such information in their child care search. If supplemental licensing information is included in the referral packet, it should be referenced and the importance of such information should be included in the call.
- ❑ Clients understand what to do should they have a complaint about the CCR&R services they provide AND should they have a complaint about a child care provider or facility.**  
 Agencies should have written policies and procedures in place which address the issue of complaints. If this information will be included in the consumer education packet, it should be referenced during the client contact.

**❑ The counselor, at a minimum, explains in a manner that the client can understand the differences between licensed and unlicensed.**

Callers should understand what and why this information is being provided to them. If this information is included in the referral packet, counselors need to thoroughly explain it and help the client understand its usefulness.

**❑ Rate information specific to type of care, geographic location, and age(s) of child(ren) should be shared with the client.**

It is not expected that during the phone conversation the rates for each provider and facility be shared. During the contact with the client, the counselor shares average rates or cost ranges for care specific to the client's needs. If specific rate information will be included in the referral packet, the client should be advised of this.

**❑ The counselor is able to assess potential eligibility regarding household or family income level, depending on what state uses.**

Counselors utilize sensitive abilities and skills to assess eligibility information of families. They are able to discern through the sensitive utilization of active listening and other techniques, the unique needs of each individual client.

**❑ The family is given information on available public early care and education and out of school time subsidies, including Child Care Financial Assistance Program.**

The client is provided with subsidy information during the call. Assumptions should not be made about a client's eligibility. A call should be conducted with the understanding that all clients may be potentially eligible. If supplemental information will be included in the referral packet, the counselor makes reference to it and ensures client understanding.

**❑ The counselor is able to provide information to families regarding other financial assistance programs in the service delivery area, as appropriate.**

Clients are made aware of this information during the call. If supplemental information is included in the referral packet, the counselor makes reference to it and ensures client understanding.

**❑ Clients are offered a plan for moving forward in their child care search.**

This is typically referred to as "next steps". After the call, the client should be prepared to move forward with their child care search. The counselor should have provided a clear understanding of what the client should expect in the follow up referral packet, why the information is useful, and how to use the information that has been provided in their child care search.

**❑ The client is informed of the written information/materials that will follow call.**

This is an item which may be addressed at the end of the call or referred to throughout the call. If the agency is relying on the referral packet to convey consumer education information, the counselor must clearly articulate its contents and provide the client with enough information to successfully interpret and utilize the information in their child care search.

**❑ If additional family needs are disclosed during the call, the counselor makes appropriate referrals to other human services.**

The counselor is able to discern the specific needs of the family and make appropriate referrals to other human services, for instance early intervention services.

**❑ If needed, creative solutions are explored with clients.**

Clients conducting the Referral Assessment calls may present difficult situations, such as 24 hour care, infant care, etc. If clients' needs exceed the supply of care available, it is expected the counselor will assist the caller in creative problem solving and alternative solutions to finding care.

**❑ The counselor demonstrates knowledge about all forms of early care and education and out of school time programs**

During the course of the Referral Assessment Call, the counselor exudes confidence and knowledge about all forms of care.

# The Consumer Education Packet

The consumer education packet should provide families with information that is relevant and appropriate to their needs. The following items should be included in a parent packet as a follow-up to the referral call.

1. Agency disclaimer  
Can be placed on the same page as the referrals, as well as stating it in the cover letter.
2. Explanation of fee policy  
Can be easily and briefly stated on a cover letter
3. Confidentiality statement  
Can be easily and briefly stated on a cover letter
4. Complaint Policies  
Can be easily and briefly stated on a cover letter
5. Quality Indicator Information and/or checklist  
Information on the five quality indicators should be included.  
If a checklist is included, it should contain factual statements.  
If each item is written in question form, answers to each question should be included.
6. Referrals  
At least three referrals should be included, but not so many as to overwhelm the parent.
7. Regulatory contact information  
The contact information should be included with information on how to use it.
8. Written Consumer Education specific to needs of family  
Include some information targeted to needs such as infant care, school age care, separation anxiety, etc.
9. Financial assistance information  
Subsidy information, how to access it, plus information on other forms of assistance such as the child tax credit.
10. Explanation of types of child care available  
A brief comparative explanation of the different types of care available, using terms that a parent can easily understand.

# **Section III**

## **Provider Information**

## Relationship

Developing relationships with the child care providers in your area is important. Develop an honest relationship with providers so they understand the limitations of the agency in helping them fill openings. In addition it will help you collect data from providers.

## Provider Data

Use the provider referral agreement to collect information from providers. Enter as much information as you are able to collect in the provider referral agreement in the Bright Futures Information System. Rate information is to be forwarded to the BFIS help desk and accreditation information is to be forwarded to Linda Clark at CDD. Every time a child care provider updates any referral information – the information needs to be updated in BFIS.

### **New Providers:**

When a person applies to be a registered home provider in the State of Vermont after passing initial record check and application, they will receive a home visit from the Resource Development Specialist call a Welcome to Child Care visit (W2CC). After the provider has had this visit and completed any additional requirements, the application goes through an approval process at CDD. Once the provider is approved they are sent a packet of materials from the division including the Provider Agreement, Part II: Referral Agreement. The referral specialist will contact the provider by phone to explain the referral service, what the information on the referral agreement is used for, and offer any help in filling out the agreement.

A trainer is available at the Child Development Division to provider trainings specifically for child care providers and how to use the BFIS system. To arrange trainings call the Consumer Education and Referral Consultant at 802-241-4551.

Licensed Providers: When a newly licensed provider's information is received from the CDD licensing unit the referral specialist will send the provider referral questionnaire, and may follow up with a phone call. The referral specialist will enter any information available into BFIS.

## Providers who can receive referrals:

- a. Licensed status: only refer to provider with licensed or pending status.

Provider Type: Registered  
Case Manager: Nicole Thomas  
Contact Phone:

Account Summary	License Management	Payment & Financial Info	Attendance & Invoicing	Quality	Site Visits	As
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Home/Location Address: 138 West Spring St  
Winooski, VT 05404  
City: Winooski

Provider ID: 19082

Special Services: No

Provider Status: Pending

Next Site Visit: 03/01/2009

Restrictions: es

**Change Provider License Status**

\* New Status:

**Account Options**

- Case Notes
- Complaints
- Contact Log
- Documents
- Provider Profile
- Provider Rates
- Red Flags
- Referral Agreement

“Pending Status”  
Can be viewed  
in the provider’s  
account summary.

- b. See if they are have an active referral agreement in BFIS.

## Quarterly provider updates

Contact all providers to update vacancies and capacity. Ask if they have any additional changes. If no active referral agreement in BFIS ask if they would like to have that activated.

## Annual Provider update

A complete update of the child care provider profile will be done annually.

## Changing a Provider’s Referral Agreement Status

A provider’s referral agreement in BFIS can only be changed by request of the provider, CDD, or if the provider closes. Because BFIS is CDD’s data system this policy needs to be followed regardless of the community agency’s provider exclusion policy. When making changes to the referral agreement status write detailed notes about why you changed the status.

## Closed Providers

When a provider closes the referral specialist needs to ensure that the referral agreement is “inactive” in BFIS.

## **Provider Exclusion Policy**

Referrals are made to all providers that are in licensed or pending status in Bright Futures Information System (BFIS), who have an active referral agreement in BFIS. Each agency needs to have a provider exclusion policy.

Referrals will not be withheld from a provider, because updates from the provider are not received.

## **Non-regulated care**

The referral specialist will support families in finding appropriate care for their child, including information regarding non regulated care is given when appropriate – such as summer camps, day camps, playgroups, nanny services.

# **Section IV**

## **Reporting & Outcome Based Planning**

The grant for child care referral services requires the Community Outreach Report and the Referral Services Accountability & Monitoring be submitted. In addition a Referral Parent Follow Up Report is required from every agency. Some agencies choose to complete the surveys and the report on their own, while others have CDD complete this report. Check with the director of your agency as to the responsible party for this report. Other reports may also be required for your agency for a variety of reasons including separate contracts with employers. Please refer to your own agencies procedures about any additional needs.

## **Instructions for BFIS Outreach Report**

*12/23/2005*

### **Purpose of the Outreach report**

The Outreach report in BFIS helps to evaluate the consumer education activities by Child Development Division and its community partners.

### **What is to be reported in the outreach report?**

Activities which educate consumers (clients, community, providers) about early care and education, afterschool, or agency services.

Some examples:

- Employer or business contacts
- Distributed brochures/posters
- Distributed child care registration/licensing packet
- Published articles
- Telephone contact
- Community presentations
- Information/consultation of early care and afterschool issues
- Advertising/marketing
- Provider recruitment
- Community events
- Consumer education training
- Community representation
- Public service announcements

### **What is not to be reported in the outreach report?**

- Trainings and activities reported in other reports to the Child Development Division.
- Regularly attended meetings which are an expectation of the work done at CDD or Community Child Care Support Agencies.

## To enter data

Log into the internal Bright Futures Information System at [www.brightfuturesinfo.org/internal](http://www.brightfuturesinfo.org/internal).

1. Click on Quality and Credentialing
2. Click on Community Outreach
3. Select your agency from the drop down list, year, and quarter in which activity occurred. For example, the activity happened on January 14, 2005. You would select 2006 for the year, and Quarter 3.
4. Click on Enter New Activity
5. Fill out the form on the activity. Please note that:
  - The required items are (\*) asterisked.
  - The Other contact description has a limit to three lines of text. Any information about the activity should be entered in the location description which doesn't have a limit.
  - Quantity refers to the amount of contacts not the amount of materials. For example if 100 brochures were sent to 5 different agencies, the quantity would be 5.
6. When form is completed click on Submit. Please note that once submit has been clicked there is currently no way to edit the information entered or delete it. Make sure to double check work before clicking submit.
7. Once all activities are entered for the quarter, the person responsible needs to click on Submit Final Report. Do not click this until all information for quarter has been entered. Once clicked there is not way to enter any additional activities for that quarter.

For technical assistance with this report please email Heather Mattison at [hmattison@vac-rutland.com](mailto:hmattison@vac-rutland.com) or call 802-241-4551.

# REFERRAL SERVICES ACCOUNTABILITY AND MONITORING

Indicator	Current Output	Targeted Output	Strategies
Improved family access to prompt and timely referral services	<p>* ___% of callers who indicate they received services in 24-48 hours on the follow up survey.</p> <p>* ___% of callers that indicate on the follow up survey that the agency was easy to reach.</p> <p>* ___% of callers who indicate satisfaction with the overall quality of the R&amp;R service</p>	<p>* ___% of callers who indicate they received services in 24-48 hours on the follow up survey.</p> <p>* ___% of callers that indicate on the follow up survey that the agency was easy to reach.</p> <p>* ___% of callers who indicate satisfaction with the overall quality of the R&amp;R service</p>	
Information given to families is useful and accurate at the current level, or increases.	<p>* ___# of callers that indicate that they used quality indicators when searching for child care.</p> <p>* ___% of callers that indicate that their knowledge of quality child care increased after calling the referral service.</p> <p>* ___% of child care provider profiles that have been updated in the last quarter.</p>	<p>* ___# of callers that indicate that they used quality indicators when searching for child care.</p> <p>* ___% of callers that indicate that their knowledge of quality child care increased after calling the referral service.</p> <p>* ___% of child care provider profiles that have been updated in the last quarter.</p>	
Increase families' success in securing child care or other desired service.	<p>* ___# of callers indicating found child care on follow up survey.</p> <p>* ___# of callers indicating on the follow up survey they found care through the referral service.</p>	<p>* ___# of callers indicating found child care on follow up survey.</p> <p>* ___# of callers indicating on the follow up survey they found care through the referral service.</p>	

# Referral Parent Follow Up Report

If a community agency chooses to complete their own referral parent follow up surveys, then that agency needs to submit a Parent Follow Up Report quarterly to CDD. The report needs to be submitted electronically to the Consumer Education and Referral Consultant in the month following the end of the quarter. The report will need to represent 20% of the parents who received services for that quarter. The reporting form and survey tool are as follows:

## 20% REFERRAL PARENT FOLLOW UP REPORT

Return to: Heather Mattison  
 Email: heather.mattison@ahs.sat.vt.us  
 Phone: 802-241-4551

AGENCY: \_\_\_\_\_  
 Completed by: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Quarter / Year: \_\_\_\_\_

Number of referral calls \_\_\_\_\_  
 Number of follow ups \_\_\_\_\_

### I. REFERRAL SERVICE

	Yes	No	Not sure	No answer
Reached specialist immediately				
If no, within 48 hours				
Easy to get in touch with referral				
Knowledge increased				
Specialist able to answer ?'s				
Information helpful				

### Rating of Referral Service

Excellent \_\_\_\_\_  
 Good \_\_\_\_\_  
 Fair \_\_\_\_\_  
 Poor \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

II. CHILD CARE SEARCH

Contacted Referrals      Yes      No  
     

How soon:  
\_\_\_\_ Same day  
\_\_\_\_ Within three days  
\_\_\_\_ Within week  
\_\_\_\_ Within two weeks  
\_\_\_\_ Within Month  
\_\_\_\_ Longer than a month

Difficulties with child care search:

\_\_\_\_ None  
\_\_\_\_ No opening  
\_\_\_\_ Hours/days  
\_\_\_\_ Cost  
\_\_\_\_ Lack of Quality  
\_\_\_\_ Type of Care  
\_\_\_\_ Transportation/Location

**Child Care Status:**

Found Care:  
\_\_\_\_ From Referrals  
\_\_\_\_ From other source

Did not find care:  
\_\_\_\_ Still looking  
\_\_\_\_ On waiting list  
\_\_\_\_ Decided not to use care  
\_\_\_\_ No Decision  
\_\_\_\_ Kept former arrangement

Factors that influenced search:  
\_\_\_\_ Word of mouth  
\_\_\_\_ Personal impression  
\_\_\_\_ Visit to program  
\_\_\_\_ Learning environment  
\_\_\_\_ Cost  
\_\_\_\_ Health & Safety  
\_\_\_\_ Regulatory history  
\_\_\_\_ Caregiver relationship  
\_\_\_\_ Caregiver education/experience  
\_\_\_\_ Ratio  
\_\_\_\_ References  
\_\_\_\_ Accreditation/STARS  
\_\_\_\_ Other

Comments:

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# Child Care Referral – Parent Follow up Survey

We hope the child care information recently sent to you has been helpful. We would appreciate hearing about your child care search, and your chosen child care situation. Your response helps us assess our services and child care needs in our community. Feel free to add comments anywhere on this survey.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Did you reach a referral specialist immediately?  Yes  No  
If no, did someone return your call within 24-48 hours?  Yes  No
2. Was it easy to get in touch with the referral service?  Yes  No
3. Overall, how would you rate our referral services?  
 Excellent  Good  Fair  Poor
4. After speaking with the referral specialist, do you feel your knowledge about quality child care increased?  Yes  No  
Were we able to answer your questions?  Yes  No  Not sure  
Do you feel the information helped you?  Yes  No  Not sure
5. Did you contact our referrals?  
 Yes; how soon after you received the referrals? \_\_\_\_\_  
 No
6. During your search for child care, did you have any difficulties?  
 No difficulties with search  Cost of care too high  
 Type of care not available  No opening for child's age  
 Lack of quality child care  Transportation/location  
 No hours/days needed  
 Comments: \_\_\_\_\_
7. Have you:  
 Found care;  Still looking  
If so  On waiting list  
 From the referrals we provided  Decided not to use care  
 From another source,  No decision  
If so what source? \_\_\_\_\_  Keeping former arrangement
8. Please tell us about what influenced your choices while searching for child care:  
 Word of Mouth  Cost  Caregiver education/experience  
 Personal Impression  Health & Safety  Ratio of adult to children/group size  
 Visit to the program  References  Learning environment  
 Program regulatory history  Caregiver relationship  
 Program accreditation/quality rating (STARS)

Other comments?

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*Feel free to add more comments. Thank you for your responses.*

# **Section V**

## **Policies and Procedures**

Each agency should have a policy to address the following:

- Fee Policy
- Confidentiality
- Referral Disclaimer
- Alternative or Creative Child Care Options
  - Provider Exclusion Policy
  - Materials Updating Policy
  - Non-English Speakers Policy
  - Complaints on Referral Services
- Complaints about Child Care Programs

The following are sample policies. Each agency's policies do not need to look like these policies. The policies should be available to the Child Development staff if requested.

### **Sample Referral Fee Policy**

"Agency name" does not charge for child care referrals. Clients need to be told that the referral service is free to them at the beginning of a referral.

### **Sample Procedure for communication of confidentiality policy**

#### **Verbal/Spoken to client**

Prior to requesting any non-public information on a client or child care provider, state to that person that all information is kept confidential.

#### **Written**

All materials that are generated by "AGENCY NAME" to clients and marketing materials need to have the following statement: "Services are confidential."

#### **Website**

The "Agency Name" section of the website must have the confidentiality policy listed in an easily located place.

#### **Release of information to a third party**

Personal information about clients may only be released to a third party with written

consent. Vermont Child Development Division and Vermont Department for Children and Families are considered grantors and have access to information about clients and services.

### **Handling confidential information**

Personal information about clients is kept in a locked cabinet.

## **Sample Disclaimer Policy**

“Agency name” does NOT provide recommendations. We provide referrals to regulated child care providers who are in good regulatory standing with the licensing unit of Vermont’s Child Development Division. This policy is communicated:

On the phone: A referral specialist will verbally tell a client that the service provides “Referrals NOT Recommendations”

**During walk in referrals:** A referral specialist will verbally tell a client that the service provides “Referrals NOT Recommendations”

**Written communication with clients, including emails, faxes, cover letter in referral packet:** with in the first paragraph it the service will be described as a “referral” service.

**Publications and website:** The “AGENCY NAME” brochure and website will describe the service as a “referral” service.

## **Sample Policy/Procedure for alternative care choices**

When a parent is looking for alternative care or odd hour care offer the listing of any providers that will meet their needs. Also refer to the alternative care list for in-home alternatives, and out of school time alternatives.

When families are having a difficult time finding care due to challenging needs, i.e. infant care, protective service care, odd hour care, special needs, etc. Problem solve around if there is someone they know that could help with child care, a friend or family member. If the family receives or qualifies for subsidy, talk about that person becoming a Legally Exempt Child Care provider.

For families that are looking for in-home care offer the alternative care idea sheet and advertisement example sheet.

Also continue recruitment efforts for new providers, especially for infant, special needs, and odd hour care.

## **Sample Provider Exclusion Policy**

Referrals are made to all providers that are in licensed or pending status in Bright Futures Information System. Referrals will not be withheld from a provider, because of information or a complaint the referral specialist has received. If there is a concern about children's safety call the licensing unit to ensure a quick investigation will occur.

Referrals will not be withheld from a provider, because updates from the provider are not received. The child care provider will continue to be on the referral list as long as the provider is in licensed or pending status in Bright Futures Information System (meaning that the provider continues to be licensed or registered and in good regulatory standing in Vermont).

## **Sample non-regulated care policy**

The referral specialist will support families in finding appropriate care for their child, including information regarding non regulated care is given when appropriate – such as summer camps, day camps, playgroups, nanny services.

Information on non-regulated options will be updated quarterly – all sources of information will be contacted for updated information including:

- Parks & Recreation
- Parent Child Center for playgroup information
- American Camp Association

## **Sample policy about updating materials used with families and providers**

Materials for annual updating include and brochures or publications that are distributed on a regular basis. Any materials created by "*Agency Name*" for families need to be at or below a sixth grade reading level.

During annual needs assessment in March or April examine current materials used with families and providers and determine if any changes need to be made.

The referral specialist will send out a reminder to each staff person before the meeting on outcomes about the materials, and attach a copy of the materials. Each person will review the materials of updates and changes and then it is brought to the team meeting for discussion. At that meeting a decision is made. The referral specialist will make changes to the materials and send them to the CEO/President for approval. Once that approval is received the referral specialist will send it to the referral grant monitor at Child Development Division for approval. Once that document is approved final draft date is put on the bottom of the document.

Discussion of updates will be documented in the staff meeting minutes. When the referral specialist gets final approval in writing from CDD, it will be kept with the minutes.

## **Sample Non – English Procedures**

*(This is a service that is available by prearrangement)*

When a client comes in that speaks little to no English. Offer to call the Language Line Services at 1-800-752-6096. Then:

1. Enter the Client ID number
2. Company Name – “Agency Name”
3. Enter personal code
4. Brief the Interpreter
5. Add the non-English speaker to the line, or if in person pass the phone between you.

## **Sample Complaint Policy**

When a complaint is brought to any staff of “Agency Name” it is to be directed to the Executive Director.

The Executive Director will take the information/complaint and fill out the “Agency Name” – Complaint Form.

The Executive Director will share the complaint with the staff omitting any personal information about the complainant. The complaint then will be documented in the staff person’s file and a referral file. If the complaint is general in nature, and not specific to a staff person, such as inability to reach the office the complaint will be shared with the “Agency Name” team and when complete the information would be filed in the “Agency Name” business office grant file.

The Executive Director will forward complaints to the Child Development Division. The Executive Director will follow up within one week by phone with the complainant on the outcome of the complaint, without giving out confidential personnel information. She will also at that time give the complainant information to contact the Child Development Division if they are still dissatisfied with the outcome/services. The Child Development Division will determine if any further action is required, and will follow up with the client.

Complaints may also be made directly to the Child Development Division. In this case the Child Care Programs Coordinator will take the complaint and forward it to the Executive Director.

If a client complains about the outcome of eligibility of child care financial assistance the grant monitor is notified and the client is given the instructions on how to appeal the decision and how to start the process of a fair hearing.

### **Staff grievance procedures:**

If a complaint is about a specific staff person, the complaint would be thoroughly investigated as in the policy above. If the staff person does not agree to the information in the complaint they can document this on the information that is put into their file. That staff person can also request that the Board of Directors hear their grievance if they are not satisfied with any resolution with the Executive Director.

### **How the policy is communicated:**

In person: All clients are verbally told at every visit that if they have any concerns about the service they are receiving from “Agency Name” they can speak to a supervisor or call 1-800-649-2642.

Over the phone: All clients during an initial call or during every referral contact will be told that if they have any concerns about the service they are receiving from “Agency Name” they can call 1-800-649-2642.

In writing: In the cover letter for referral services the clients are told if they have any concerns about the service they are receiving from “Agency Name” they can call 1-800-649-2642.

On website: On the website a statement is on the “Agency Name” page that if someone has any concerns about the service they are receiving from “Agency Name” they can call 1-800-649-2642.

## **Sample policy on complaints about child care providers**

When a complaint is received about a child care provider the following steps are to be followed:

1. Inform the client that you report all serious complaints to Child Development Division
2. Give the client the CCCCL phone number and website to also report the concerns.
3. Ask the client if they would like his/her name to be kept confidential or if you can share his/her information with Child Development Division. If you share his/her name then they can find out the results of the investigation.
4. Go to [www.brightfuturesinfo.org](http://www.brightfuturesinfo.org) (public website), Contacts, file a new complaint. Enter the information on the first page – prior to submitting print the page.
5. Enter the information on the next page – prior to submitting print the page.
6. Write the complaint number on the printed pages.
7. File complaint in the locked referral file cabinet in order of date.
8. Other staff may be informed of the complaint but not the client who made the complaint.

Referrals are made to all providers that are in licensed or pending status in Bright Futures Information System. Referrals will not be withheld from a provider, because of information or a complaint the referral specialist has received. If there is a concern about children’s safety call the licensing unit to ensure a quick investigation will occur.

When the complaint comes in the Resource Development specialist is typically told of the complaint so that she can do some technical assistance if she needs to. The Referral Specialist may use the Resource Development Specialist as support to decide what to do with the complaint. The Executive Director is informed of serious complaints and what the specialist has done to follow up. If the Resource Development Specialist provides technical support as part of the licensing action the Executive Director is kept informed of the progress.

### **Complaints about non-regulatory issues:**

When a specialist receives a complaint on a child care provider that is not a regulatory issues such as poor business practice, the specialist may listen to the complaint, and provide information that it is not a regulatory issue. The specialist may offer suggestions on how the client can appropriately approach the provider with the issues.

### **How the policy is communicated:**

Clients are informed of how to make a complaint during the referral intake, by giving them the information to Vermont's Child Care Consumer Line and explaining to them verbally that this is a phone line (or website) to call if they have a concern, and also to get information about if the provider has received any violations.

In the written materials the referral client receives the Child Care Consumer Line number on the referral cover letter and the brochure with information about how to make a complaint.

On "*Agency Name*" website there is a statement about if a client has a concern about a child care provider to call the Child Care Consumer Line.

When a client states they have a concern about a child care provider, the referral specialist will explain that the agency reports serious violations on the child care regulations to the Child Care Concern Line. The referral specialist or other agency staff will encourage the client to also report the concern, and explain that if they report the concern they would be entitled to hear from the licensing unit the result of any investigation. Also it will be explained that when the staff makes the report they can keep the clients name confidential.

During every referral intake (call, email, web request, or walk in) the referral specialist will tell the consumer that they can make complaints about a provider by calling the Child Care Consumer Concern Line or by going on to [www.brightfuturesinfo.org](http://www.brightfuturesinfo.org). They also need to tell the client that during the call that regulatory information and additional questions about Vermont regulations can be found at this resource.

# **Section VI**

## **Grant Monitoring**

The Child Development Division is responsible to ensure that the Child Care and Development Fund is used appropriately for families in Vermont. As part of the responsibility the division may monitor the services funded through this grant at community agencies. The following describes the ways that the division may monitor the referral services funded through this grant.

### **Parent Follow Up Surveys:**

Parent follow up surveys need to be completed by at least 20% of parents quarterly. Some agencies may choose to do these surveys themselves, while others choose to have CDD do the surveys. These surveys are used as a measurement for the statewide outcomes for families and children. They are also used as a monitoring tool.

#### If the agency completes the parent follow up surveys:

The agency will need complete the parent follow up report quarterly and submit it to the Consumer Education and Referral Consultant. In addition CDD may contact families who receive referral services through this grant to monitor referral services. If CDD chooses to contact families, the caller will identify themselves from the division and are following up on referral services provided by “agency name”. The following questions will be asked:

1. Were you able to contact the referral specialist immediately?
2. If not, was your call returned within 2 business days?
3. Based on a scale of 4-Very Satisfied; 3 – Satisfied; 2 – Fair; 1 – Dissatisfied please rate the following statements:
  - You gained information about what to look for in quality child care.
  - The referral specialist was able to answer the questions you had about child care.
4. Do you have any further questions or comments about the referral services?

If CDD does follow up with parents the information will be shared with the Executive Director of the agency within two weeks of the call.

#### If CDD completes the parent follow up surveys:

The referral specialist will tell families during the referral call to expect to be contacted by the CDD for a follow up survey. The agency can also distribute follow up surveys that CDD can supply in the referral packet. It is helpful if the referral specialist can enter the email address of the family to ensure a higher rate of return.

A CDD representative will contact families about the referral services, attempting to gather feedback from 20% of families who have received services.

Contact will occur 4 to 8 weeks after the family has contacted the referral service. All of the data from the follow up surveys will be compiled into a report and will be distributed to the agency with all of the comments after the end of each quarter.

Any questions about this process should be directed to the Consumer Education and Referral Consultant at 802-241-4551.

### **Referral Calls**

CDD may chose to have a trained representative call the community agency as a referral client to monitor the quality of consumer education and service provided clients. If CDD chooses to do this the Executive Director of the agency would be notified in advance with information about how the call will be made and what the information will be used for. Any calls would be used for technical support purposes only. They would not be used in a supervisory capacity. Calls will be evaluated based on the information in section two of this handbook.

# Appendix

# Appendix A

## COMMUNITY CHILD CARE SUPPORT AGENCIES

### ATTACHMENT A SCOPE OF WORK TO BE PERFORMED

The purpose of this grant agreement is to ensure progress toward the goal of young children and school-age children and their families achieving desired outcomes through the delivery of high quality child care support services (i.e., child care financial assistance eligibility determination, child care referral, resource development, and specialized child care) across Vermont.

The Subrecipient will carry out all work specifications listed in Attachment A (including those required by federal Child Care Discretionary Funds and Title IV-E (Family Preservation and Support Services)). The Subrecipient will observe and cooperate with the State in all aspects of accountability/monitoring as outlined in this Attachment.

#### **Outreach to All Young Children and Their Families**

1. Disseminate public information about all state laws related to child abuse and neglect.

#### **Information and Referral**

2. Receive and process requests from families, community members, and community organizations for information on how to find child care and for referral to child care programs in accordance with best practices as defined by the State's Child Development Division Referral Handbook, which can be accessed at <http://dcf.vermont.gov/cdd/partners/cccsa>. Only child care providers (registered and licensed) who have a license status of "licensed" or "pending" will be included in referrals.

#### **Needs Assessment and Outcome Planning**

3. Receive and process applications, determine eligibility, and provide technical assistance to both parents and providers regarding the Vermont Child Care Financial Assistance Program in accordance with federal and state regulations that contribute to the State's Child Development Division 2020 Outcome that 100% families have equitable access to a continuum of high-quality children's services.

#### **Integrated Early Childhood Development and Family Support Services**

4. Designate a child care support specialist that meets the qualifications of a Family Support, Protective Services and Special Needs Child Care Specialist to participate in the regional Children's Integrated Services (CIS) team and incorporate the function of specialized child care as a Children's Integrated Service.

## **Training/Supporting Community Providers**

5. Submit by July 31, 2009 an updated FY 2010 plan that addresses the State's Child Development Division 2020 Outcomes:
- 75% of registered and licensed child care is high-quality (i.e., 3 Stars and working towards 4 or 5, or 4 or 5 Stars, or nationally accredited).
  - 100% of regulated child care programs have access to a continuum of mentoring and technical assistance, including: outreach and on-site delivery to programs (e.g., potential or current specialized child care programs and programs receiving technical assistance due to licensing compliance issues) and on-site follow up linked to professional development activities.
  - 75% of people caring for and educating children in regulated child care will have an Associates Degree or above.

The plan will reflect coordination with the State and with statewide resources such as the Northern Lights Career Development Center, and it will include child care provider, parent, and community components. The plan will describe current regional data and proposed goals and strategies that link to the State's Child Development Division 2020 Outcomes listed above in this section. Unless otherwise approved, the plan format will be as indicated by the State.

6. Coordinate with the Northern Lights Career Development Center to offer "Level I: Fundamentals for Early Childhood Professionals" at least once per year and single or multiple sessions of "Level II: Framework of Learning Opportunities".
7. Coordinate with the State and Northern Lights Career Development Center to provide access to basic and advanced specialized child care services training that follows the State approved delivery, design, and content.

## **Staff Capacity, Qualifications and Professional Development**

8. Employ qualified personnel and ensure provision of appropriate supervision, professional development, and administrative support.
9. Identify and assess staff professional development needs to ensure that all staff provide high quality services to children and their families.
10. Take advantage of opportunities for staff to participate in local, regional, and statewide professional development opportunities.

## **Efficient Use of Fiscal Resources**

11. Comply with all legal and best practices to ensure that state, federal, community, foundation, and other resources are used in ways that maximize the services available for children and their families.

## **Space and Infrastructure**

12. Provide office space, supplies, phone, and computer with high speed internet access for staff.
13. Maintain an accurate and efficient system of data collection, storage, and retrieval to ensure timely provision and review of services.

## **Community-Wide System Development Planning**

14. Advocate for family-centered services in the region served by the Community Child Care Support Agency by taking a leadership role in planning, prevention, and early intervention initiatives in the community.
15. Participate in the on-going development and operation of a regional State - Children's Integrated Services (CIS) Resource Team (consisting of representatives from Early Childhood and Family Mental Health/CUPS, Part C/Family, Infant and Toddler Program, and Healthy Babies, Kids & Families), whose purpose is to ensure the integration and delivery of high quality and integrated prevention and early intervention services for pregnant women and children from birth to age 6 and their families.
16. Use diverse regional partners (e.g., afterschool leadership groups, Head Start, public schools, service organizations) to assist in planning and evaluating community child care support services provided under this grant agreement.
17. Work with regional and statewide afterschool and related networks to ensure that the Community Child Care Support work specifications in this grant agreement are addressed for the afterschool population.

## **Emergency Response**

18. In the event of a State of Vermont Emergency Response, the State has the discretion to request that the Subrecipient assist in taking whatever action may be necessary to continue to carry out the State's mission under the emergency situation.
19. Work with the local emergency management agencies to ensure that children served in child care in the community are incorporated in local emergency planning efforts.

## **ACCOUNTABILITY/MONITORING**

### **Subrecipient Interactions with the State**

20. Be available to participate in conference calls or face to face meetings with staff from the State.

21. Name the Agency of Human Services, Department for Children and Families, Child Development Division in any spoken or written presentation designed to educate or communicate with the public about this program throughout the duration of this grant.
22. Provide program staff with direct access to the work specifications in Attachment A of this grant agreement so that they are aware of these work requirements.
23. The State will make every effort to address planning, funding, and policy issues with the Subrecipient's Executive Director.
24. State staff may contact Subrecipient staff directly as relevant operational or implementation topics arise.
25. The Executive Director of the Subrecipient agency and the coordinator/supervisor of child care support services (in agencies with this position) will attend at least two meetings annually with the State's Deputy Commissioner and/or designee(s). The Subrecipient will send the appropriate representative(s) to attend statewide meetings scheduled by the State.
26. Cooperate with authorized State and Federal Government representatives who visit to review program accomplishments and/or provide technical assistance.

### **Internal Quality Assurance and Reporting to the State**

27. Between the regularly scheduled reporting dates, inform the State in writing as soon as the Subrecipient agency becomes aware of problems, delays, or adverse conditions which may materially affect the Subrecipient's ability to meet planned performance goals. This notice shall include a statement of any remedial actions taken or contemplated and of any assistance needed from the State to resolve the situation.
28. In the case of unresolved disputes, follow the State's Complaint and Grievance Procedure (<http://dcf.vermont.gov/cdd/partners/cccsa>).
29. Select and report on indicators/measures agreed upon by State and linked to the State's Five-Year Strategic Plan (published February 2008,) [http://dcf.vermont.gov/sites/dcf/files/pdf/DCF\\_Strategic\\_Plan.pdf](http://dcf.vermont.gov/sites/dcf/files/pdf/DCF_Strategic_Plan.pdf)
30. Use the integrated, web-based data system Bright Futures Information System (BFIS) in the delivery of the services described in Attachment A of this grant agreement. The Subrecipient will maintain and update the BFIS referral, quality, eligibility, and credential data for all work specifications of this grant. The Subrecipient will work with the State to use BFIS to collect resource development, referral, eligibility, and outreach data.

31. Submit monthly resource development training activities in the approved format to the Career Development Center with a copy to Jan Walker, at the State's Child Development Division.

32. Identify funding from the State and partial funding from the Federal Child Care & Development Fund for all electronic and printed materials related to services provided under this grant agreement. All Vermont Child Care Financial Assistance Program communications with parents and providers will follow the State's approved form and content. All printed and electronic materials, other than routine newsletter and conference brochures, related to services funded under this grant agreement must be approved by State before distribution.

### **State Monitoring of Community Child Care Support Agency Subrecipient**

33. The State's assessment of the effectiveness of work accomplished under this grant shall be based on outcomes as they contribute to goals and objectives set forth in the State's Five-Year Strategic Plan (published February 2008),  
[http://dcf.vermont.gov/sites/dcf/files/pdf/DCF\\_Strategic\\_Plan.pdf](http://dcf.vermont.gov/sites/dcf/files/pdf/DCF_Strategic_Plan.pdf)

# **Appendix B**

## **Referral Specialist Job Description**

### **Qualifications:**

Education: BA in Early Childhood Education, Education, Human Development, or related field with significant course work in child development and/or child care management.

### **Experience:**

- Minimum three years experience in the provision of direct work in child care or equivalent work in parent education and family support services.
- Successful experience such as serving on community governance committees, board of a non-profit agency, or other comparable volunteer community service.

### **Skills:**

- A strong knowledge of child care and understanding of developmentally appropriate practice.
- Ability to be an active listener and problem solve with parents to assist them in making appropriate decisions about child care.
- Ability to relate to a diverse group of parents, family members, and child care providers in a supportive non-judgmental manner.
- Knowledge of child care issues and community resources.
- A commitment to ongoing education related to this job in the context of an Individual Professional Development Plan.
- Exceptions for individuals who do not meet the education or experience requirements and who the agency wishes to hire for this work must be approved by the appropriate State Program Manager(s) during the hiring process.

*Exceptions for individuals who do not meet the education or experience requirements and that the agency wishes to hire for this work must be approved by the appropriate State program manager.*

# Appendix C: Acronym Alphabet for Vermont Child Care

AAA	Area Agency on Aging
ABE	Adult Basic Education
AHS	Agency of Human Services
AIRS	Automated Information and Referral System, a national electronic directory of human services; available in Vermont under Service-Net – refer to the website: <a href="http://www.ahs.state.vt.us/services">www.ahs.state.vt.us/services</a>
AS	After School
BBF	Building Bright Futures – Regional Early Childhood Councils
BFIS	Bright Futures Information System – Child Development Division computer data system
CACFP	Child & Adult Care Food Program
CCCCL	Child Care Consumer Concern Line; 1-800-540-7942
CCCSA	Community Child Care Support Agency
CCDBG	Child Care Development Block Grant (see CCDF below)
CCDF	Child Care Development Fund, formerly the CCDBG; Federal funding distributed by CDD/DCF
CCFV	Child Care Fund of Vermont, administered by the Vermont Community Foundation
CCHC	Child Care Health Consultant: with specialty training and support, CCHC's provide HCCVT services
CCR&R	Child Care Resource & Referral
CDC	Child Development Clinic
CDD	Child Development Division, <a href="http://www.cddvt.org">www.cddvt.org</a>
CIS	Children's Integrated Services – system of support for families, please see CUPS, FITP, and HBKF
CUPS	Children's Upstream Services, Children's Integrated Services, Child Development Division also referred to as Early Childhood and Family Mental Health
DCF	Department for Children and Families
DMH	Department of Mental Health
DO	AHS District Offices; includes Family Services (twelve offices): ADO - St. Albans District Office BDO - Burlington District Office HDO - Hartford District Office JDO - St. Johnsbury District Office LDO - Brattleboro District Office MDO - Barre District Office (Montpelier) NDO - Newport District Office RDO - Rutland District Office SDO - Springfield District Office TDO - Bennington District Office YDO - Middlebury District Office VDO - Morrisville District Office

DOE	Department of Education
ECFMH	Early Childhood and Family Mental Health (CUPS and Supported Child Care), Children's Integrated Services, Child Development Division
ECP	Early Childhood Program
EEE/ECE	Essential Early Education and Early Compensatory Education; DOE
EEI	Early Education Initiative services; DOE
FC	Foster Care
FCC	Family Child Care
FITP	The Family, Infant and Toddler Project, also referred to as Part C, Children's Integrated Services, Child Development Division.
FS	Family Support, may be either child care subsidy service need for families designed to reduce stress and promote positive child development, or a type of HBKF service.
FTE	Full Time Employee/Equivalent
GOVnet	State of Vermont's internet network with computer access located at Vermont State government offices
HBKF	Healthy Babies Kids & Families, Children's Integrated Services, Child Development Division
HCCVT	Healthy Child Care Vermont; Child Development Division: Promotes safe and healthy child care.
HS/EHS	Head Start/Early Head Start
IDPD	Individual Professional Development Plan
IA	Interagency Agreement
LECC	Legally Exempt Child Care
LFCCH	Licensed Family Child Care Home
LIT	Local Interagency Team
MCH	Maternal & Child Health
NAA	National AfterSchool Association
NACCRRRA	National Association of Child Care Resource and Referral Agencies; see VACCRRRA; also sponsor of the Annual NE- NACCRRRA Conference
NAEYC	National Association for the Education of Young Children; see VAEYC
NLCDC	Northern Lights Career Development Center
Nware	NACCRRRAware, a referral data management system developed by NACCRRRA
OEO	Office of Economic Opportunity
OOST	Out-of-School Time Network
PAL	Parents Assistance Line, 1-800-PARENTS (1-800-728-3687)
PCC	Parent Child Center, some are also Community Child Care Support agencies or CCR&R agencies
PS	Protective Services, child care subsidy service need due to identified abuse or neglect
RFP	Request for Proposals; also Request for Payment
SAC	School Age Care
SCC	Supported Child Care, with therapeutic services available onsite

SCCS	Specialized Child Care Services
STARS	Step Ahead Recognition System. Vermont's system for recognizing quality.
TA	Technical Assistance
TANF	Temporary Assistance for Needy Families, Title I of the Personal Responsibility and Work Opportunity Act of 1996, a federal block grant
VAEYC	Vermont Association for the Education of Young Children
VACCRRRA	Vermont Association of Child Care Resource and Referral Agencies (Remember: 2 A's, 2 C's, 2 R's, but only one V for Vermont)
	Membership includes:
	BCCCA - Bennington County Child Care Association (TDO)
	CCP - Child Care Project (HDO)
	CCR - Child Care Resource (BDO)
	LFC - Lamoille Family Center (VDO)
	MJCC - Mary Johnson Children's Center (YDO)
	NEKCA - North East Kingdom Community Action (NDO)
	SAPCC - Springfield Area Parent Child Center (SDO)
	FCWC - The Family Center of Washington County (MDO)
	TFC - The Family Center (ADO)
	UMB - Umbrella (JDO)
	VAC - Vermont Achievement Center (RDO)
	WCCA - Windham Child Care Association (LDO)
VCCICC	Vermont Child Care Industry and Careers Council
VCF	Vermont Community Foundation, administers the Child Care Fund of Vermont, <a href="http://www.vermontcf.org">www.vermontcf.org</a>
VCLF	Vermont Community Loan Fund
VDH	Vermont Department of Health
VDL	Vermont Department of Labor
VELS	Vermont Early Learning Standards
VFN	Vermont Family Network
VOICES	Voices for Vermont's Children, formerly known as Vermont Children's Forum
VPIC	Vermont Parent Information Center
VSACN	Vermont School Age Care Network
VSE/VSEA	Vermont State Employees; Vermont State Employees Association
VT-AIRS	See AIRS
VTC	Vermont Technical College, Randolph
VTCCPA	Vermont Child Care Providers Association
WIC	Woman, Infants & Children – program of Dept of Health

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