

# Bright Futures Information System (BFIS)

---

Registered Family Child Care Homes

Application Process

Last Updated: 6/26/2017



# Table of Contents

---

Page #	Section Title
3	<u>What does it mean to be a Registered Family Child Care Home provider?</u>
4	<u>Recommendations</u>
5 - 12	<u>Preliminary Application</u>
13 - 14	<u>Before Moving Forward</u>
15 - 19	<u>Login To BFIS</u>
20 - 34	<u>Registered Family Child Care Home Application</u>
35 - 38	<u>Service Requests</u>
39 - 41	<u>Documents</u>
42 - 45	<u>Contact Information &amp; Resources</u>

# What does it mean to be a Registered Family Child Care Home Provider?

---

- Provides developmentally appropriate care, education, protection, and supervision that is designed to ensure wholesome growth and educational experiences for children outside of their own homes for periods of less than twenty-four (24) hours per day.
- Care is provided in the Registered Family Child Care Home Provider's residence.

# Recommendations

---

- Before proceeding with an application, be sure to review the Child Care Licensing Regulations for Registered and Licensed Family Child Care Homes.
- Contact the Licensor On Duty (LOD) and ask questions, or express any concerns about opening a child care home. The LOD can be reached at 1-800-649-2642, option 3.

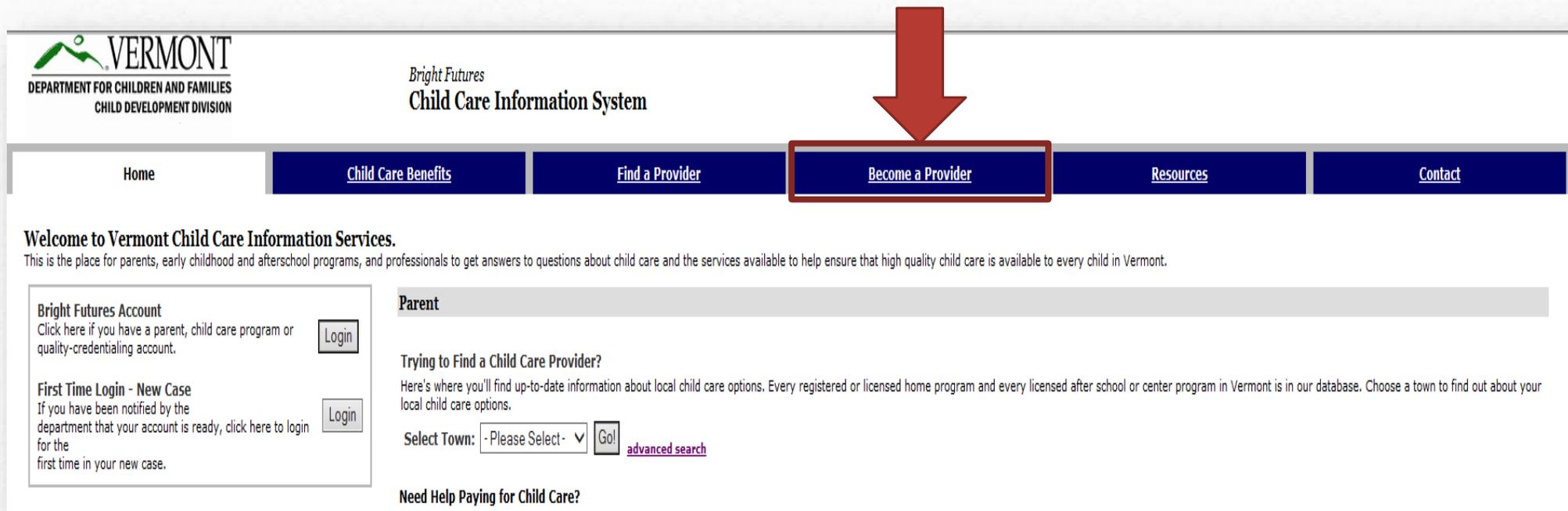
# Preliminary Application

---

This is the first step of the application process.

In a browser, navigate to:  
<http://www.brightfutures.vermont.gov>

Click the **Become a Provider** tab at the top of the page.



The screenshot shows the top navigation bar of the Vermont Child Care Information System. The navigation tabs are: Home, Child Care Benefits, Find a Provider, Become a Provider (highlighted with a red box and a red arrow pointing down), Resources, and Contact. Below the navigation bar, the page content includes a welcome message, login options for existing and new users, and a search section for finding child care providers.

**VERMONT**  
DEPARTMENT FOR CHILDREN AND FAMILIES  
CHILD DEVELOPMENT DIVISION

Bright Futures  
Child Care Information System

Home [Child Care Benefits](#) [Find a Provider](#) [Become a Provider](#) [Resources](#) [Contact](#)

**Welcome to Vermont Child Care Information Services.**  
This is the place for parents, early childhood and afterschool programs, and professionals to get answers to questions about child care and the services available to help ensure that high quality child care is available to every child in Vermont.

**Bright Futures Account**  
Click here if you have a parent, child care program or quality-credentialing account.

**First Time Login - New Case**  
If you have been notified by the department that your account is ready, click here to login for the first time in your new case.

**Parent**

**Trying to Find a Child Care Provider?**  
Here's where you'll find up-to-date information about local child care options. Every registered or licensed home program and every licensed after school or center program in Vermont is in our database. Choose a town to find out about your local child care options.

Select Town:   [advanced search](#)

**Need Help Paying for Child Care?**

# Click **Apply Online** to Become a Registered Home Provider.

## **?** Interested in Becoming a Child Care Provider?

Vermont Law requires any person who provides care for children from more than two families, other than their own children, to be Registered or Licensed by the Department for Children and Families. In order to be paid by Vermont's child care subsidy program you must be approved by the Child Development Division of the Department for Children and Families. There are three ways to be approved:

- **Licensed Program:** A child care program providing care to children in any approved location. The number and ages of children served are based on available approved space and staffing qualifications, as well as play and learning equipment. A Licensed program must be inspected by the Department of Labor and Industry's Fire Safety Inspectors and must obtain a Water and Wastewater Disposal Permit from the Agency of Environmental Conservation. A Licensed program is considered a public building under Vermont Law. Types of licensed programs include: center based child care and preschool program, afterschool program, and licensed family child care home.
- **Registered Family Child Care Home:** A child care program approved only in the provider's residence, which is limited to a small number of children based on specific criteria.
- **Approved Relative Child Care Provider:** A relative child care provider caring for no more than two families. This program is for those who wish to receive payment through the state child care subsidy program in order to apply you must be associated with a family eligible for subsidy.

### Applying to be a Provider

- [Apply Online to Become a Licensed Provider](#)  
Complete an Initial Licensing Visit Request through an online form to become a licensed state provider.
- [Apply Online to Become a Registered Home Provider](#)  
Complete the Preliminary Registered Home Provider Application form to become a registered state provider.
- [Create Child Care Provider Account](#)  
If you have received notification that your account is ready, use this link to login to your Child Care Provider Account for the first time.
- [Download Forms and Literature](#)  
Links to the different Bureau of Child Development forms and literature available for printing and download.
- [View Status of Application](#)  
Enter your service request ID to view the current status of a previously submitted application.

# Enter in the required information (\*) and then click **Next**.

**?** Preliminary Registered Home Provider Application

\* Indicates Required Info

- \* Last Name: Charming
- \* First Name: Prince
- Middle Name:
- Suffix:
- \* Date of Birth: January 1 1990
- \* Gender:  Female  Male
- EIN:
- \* Contact Phone: 802-123-4567
- \* Home Address: 11 Fairytale Lane
- Address Line 2:
- \* City: Waterbury
- \* Town: Waterbury
- \* State: Vermont
- \* Zip Code: 05671

If your mailing address is different than your home address, enter it below:

Mailing Address:

Address Line 2:

City:

Town: - Please Select -

State: - Please Select -

Zip Code:

Other Last Names Used:  
(separated by commas)

Other First Names Used:  
(separated by commas)

- \* Have you applied for a child care license, registration, or certificate from Vermont or any other state within the last five (5) years?  
 Yes  No

If the answer to the previous question is yes, please fill out the following:

Which State? - Please Select -

License/Registration Outcome: - Please Select -

State providers have the option to submit attendance, receive notices, and perform other provider account functions through the web. If you choose to participate, you will be assigned a user name and password, which you will receive at a later date. Please indicate below your preference for participating electronically, and your e-mail address if you choose to do so.

Web Site Address:

- \* Electronic Participation:  Yes  No
- E-mail: (Required if Participating Electronically) donotreply@vermont.gov

**Next >**

This must be your legal name. Do not use nicknames.

Review the information to ensure it's accurate. If there is a mistake click **Make Changes**. Otherwise, check the box in the bottom left-hand corner and click **Submit Application**.

**?** Preliminary Registered Home Provider Application: Verify Application  
Please verify the information you've entered below. Select "Make Changes" to edit information, and choose "Submit Application" once you are satisfied with the information you've entered and have reviewed your applicant responsibilities.

\* Indicates Required Info

Application Date:	09/06/2016
Last Name:	Charming
First Name:	Prince
Middle Name:	
Suffix:	
Date of Birth:	01/01/1990
Gender:	Male
EIN:	
Phone:	(802)123-4567
Home Address:	1 Fairytale Lane
Address Line 2:	
City:	Waterbury
Town:	Waterbury
State:	Vermont
Zip Code:	05671

If your mailing address is different than your home address, enter it below:

Mailing Address:	
Address Line 2:	
City:	
Town:	
State:	Vermont
Zip Code:	

Other Last Names Used:  
(separated by commas)

Other First Names Used:  
(separated by commas)

Have you applied for a child care license, registration, or certificate from Vermont or any other state within the last five (5) years?  
No

Which State?  
License/Registration Outcome:  
Web Site Address:  
Electronic Participation: Yes  
E-mail Address: donotreply@vermont.gov

**Applicant Certification**  
Please review and verify the information that you have entered before submitting it to the Child Development Division.

- I understand that this form is preliminary and it is not the entire application for a child care registration required by the Child Development Division.
- I understand that until I have been granted a registration by the Child Development Division that I cannot legally provide child care for the children from more than two families, other than my own. See Section 3001.
- I am aware that intentionally providing false information to a state agency or department may be considered a false claim under 13 VSA Section 3001 and punishable as a misdemeanor or a felony.

Indicate below your understanding of the applicant affirmation before submitting the request.

I agree with the information whether you agree or disagree with your applicant responsibilities as listed above

*A Request ID* number displays when the application has successfully been submitted.

---

**? Preliminary Registered Home Provider Application Submitted**

Your Preliminary Registered Home Provider Application has been submitted to the Child Development Division. You have been assigned a request ID, which you may use to track the status of your application.

**Below is your request ID. Print this page for future reference.**

**Request ID: 177543**

You may check the status of your request at any time via the [Service Request Status](#) page. Click on the button below to view and print a copy of a your application for your records.

- [View Application](#)

**The record checks for the applicant and all other household members 16 years and older are required to send completed record check forms to the Child Development Division within Five days from today.**  
**URL:** [Forms & Literature download page](#)

# The Next Steps

---

- After submitting the preliminary application, two emails will be sent within 10 business days: (1) Instructions for accessing your new BFIS case. (2) A notice that there is a new document in your BFIS case. This document contains instructions for completing the second part of the application.
- **IMPORTANT!** If CDD does not receive your full application within 60 days it will be withdrawn. If an extension is needed, please contact your Licensing Technician.

# Before Moving Forward

---

Before submitting the second part of the application, there are items that must first be completed or obtained.

Completed	Item	Licensing Rule
	Establish a BFIS username and password; please see the <a href="#">BFIS Fact Sheet</a> .	N/A
	Have a high school diploma or GED.	7.3.1
	Complete pediatric first aid and CPR.	7.1.2.1
	Complete <a href="#">census form</a> that provides a list of all persons residing in the home.	2.3.7.2
	Applicant, and household members 16 years and older must complete a <a href="#">Record Check Authorization form</a> , and submit to fingerprinting if required by the Child Development Division (CDD). If subject to fingerprinting, please do this as soon as possible and keep all receipts.	2.3.7.3
	Obtain liability insurance, and if choosing to provide transportation to children within care, transportation insurance must also be obtained.	2.3.7.6
	Ensure drinking water complies with the testing requirements in the Vermont Water Supply Rule.	2.3.7.10 & 2.3.7.12
	Heating inspection must be completed no more than 6 months prior to initial application.	2.3.7.7
	If your home was constructed prior to 1978, complete the Essential Maintenance Practice (EMP) Compliance form <a href="#">online</a> . If you are renting, please call the Vermont Department of Health (VDH) at 802-652-0357 for guidance.	2.3.7.5

# Login To BFIS

---

You must login to submit the second part of the application.

In a browser, navigate to:  
<http://www.brightfutures.vermont.gov>

Click the **Login** button next to *Bright Futures Account*.

---

**Bright Futures Account**

Click here if you have a parent, child care program or quality-credentialing account.

Login

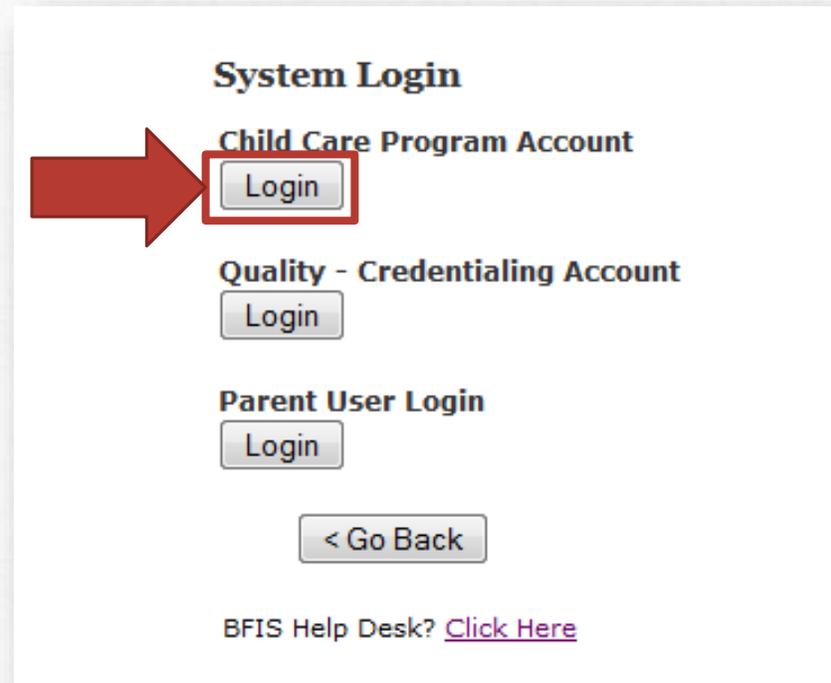
**First Time Login - New Case**

If you have been notified by the department that your account is ready, click here to login for the first time in your new case.

Login

Click the **Login** button under *Child Care Program Account*.

---



# Enter the username and password and then click **Submit**.

• Authorization to this page is required. Please login for access.

[< Go Back](#) [BFIS Help Desk](#)

## System Login

**Username:**

trecord

**Password:**

••••••••



Forgot username? [Click Here](#) Forgot password? [Click Here](#)

If you are having trouble logging in contact the Bright Futures Help Desk at [bfis.help@vermont.gov](mailto:bfis.help@vermont.gov), or at 1-800-649-2642, option 4.

# Registered Family Child Care Home Application

---

This is the second part of the application.

# At the bottom of the page click **Registered Family Child Care Home Application**.

Account Summary	Provider Demographics	Payment & Financial Info	Attendance & Invoicing	Resources	Contact
Provider Case ID: 195003 Location Address: 1 Fairytale Lane Waterbury, VT 05671 City: Waterbury Last Site Visit: Application Status: New			Provider Type: Registered Home Provider Status: Applicant Latest Application: 08/31/2016		
<b>License Information</b>					
Certificate No	Program Type	License Start/End Dt	Capacity		
There are no licenses for this provider.					
<b>Staff/Associated Parties</b>					
Select a name below to view detailed information; select "Add Staff/Associated Party" under Account Options below to add a staff member or other associated party.					
Name	Position	Start Date			
<a href="#">Charming, Prince</a>	Applicant/Provider	08/31/2016			
<b>Account Options</b>					
<ul style="list-style-type: none"><li><a href="#">Add Staff/Associated Party</a></li><li><a href="#">Documents</a></li><li><a href="#">File an Incident Report</a></li><li><a href="#">Non-Subsidized Enrollment</a></li><li><a href="#">Notification of Closure</a></li><li><a href="#">Notification of Unexcused Absences</a></li></ul>		<ul style="list-style-type: none"><li><a href="#">Referral Agreement</a></li><li><a href="#">Program Director Changed</a></li><li><a href="#">Registered Family Child Care Home Application</a></li><li><a href="#">Service Requests</a></li><li><a href="#">Variance Requests</a></li><li><a href="#">Violation History</a></li></ul>			

If you need to leave in the middle of the application click **Save & Exit** found at the bottom of each page.



Enter in the  
required  
information (\*)  
and then click  
Next.

**Registered Family Child Care Home Application: Part 1 of 10**  
**Applicant Information**

\* Indicates Required Info  
\* Application Receipt Date: (mm/dd/yyyy) 08/31/2016 Date the application was started.

**Previous License Information**  
\* Has applicant applied for a child care license, registration, or certificate from Vermont or any other state within the last five (5) years?  
 Yes  No

If the answer to the previous question is yes, please fill out the following:  
Which State?   
License/Registration Outcome:

**Applicant Information**  
\* Has applicant ever been convicted for a violation of any law or ordinance (except parking violation)?  
 Yes  No  
Conviction Description: (if yes)

\* Signature Present?  
 Yes  No  
Signature Date: (if yes) (mm/dd/yyyy) 8/31/2016 Date you certified the information was true and accurate.  
SSN: 000-00-0001  
EIN:

**Qualification**  
\* Applicant has GED or High School Diploma?  Yes  No  
\* Applicant is currently CPR certified?  Yes  No  
\* Applicant is currently First Aid certified?  Yes  No

Please print this verification form and follow the directions for training documentation to be added to your credentialing account. [http://dcf.vermont.gov/sites/DCF/files/CDD/Forms/pd\\_verification\\_form.pdf](http://dcf.vermont.gov/sites/DCF/files/CDD/Forms/pd_verification_form.pdf)

**Electronic Participation Information**  
Web Site Address:   
\* Electronic Participation:  Yes  No By checking yes, you agree to receive all documentation via email.  
Participation Request Date: (Required if Electronic Participation) (mm/dd/yyyy) 8/31/2016  
E-mail: (Required if Electronic Participation) donotreplay@vermont.gov

Save & Exit Next > 

Enter the required information (\*) and then click **Next**.

**Registered Family Child Care Home Application: Part 2 of 10**  
**Home**

**\* Indicates Required Info**

**\* Applicant's Home Is:**  **Owned**  **Rented**

If renting, does applicant have the approval of their landlord to provide child care in this apartment or house?  
 **Yes**  **No**

**Number of Floors:**

**\* Directions to Site from Waterbury:**  
(Use street names and any landmarks.)

**Description of House/Building:**

From the State Complex, take a left, then take a right at the lights on the hill near Arvade's. Continue for 1 mile then take a right at Fairy Tale Lane. It will be the 1st house on your left.

House is green with white trim, and a gray steel roof.

Your application will be denied if approval was not given.

# Enter the liability insurance information, check the transportation insurance box, and then click **Next.**

Registered Family Child Care Home Application: Part 3 of 10  
Insurance

\* Indicates Required Info

**Liability Insurance**

Program Insured?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Policy Holder Name:	Price Charming
Insurance Agency Name:	Monster Insurance
Policy Date: <small>(mm/dd/yyyy)</small>	8/31/2016
Policy Effective Date: <small>(mm/dd/yyyy)</small>	9/1/2016
Policy Expiration Date: <small>(mm/dd/yyyy)</small>	9/1/2017
Policy Number:	123456789
Insurance Location Address:	1 Franklin Lane
Address Line 2:	Suite 200
City:	Burlington
Town:	Burlington
State:	Vermont
Zip Code:	05401
Insurance Contact Phone:	800-123-4567

Enter the insurance agencies information.

**Transportation Insurance**

I attest that I understand that should I provide transportation to children in care, I will maintain auto insurance that covers my business transportation of children in care and will comply with the regulations.

< Back Save & Exit **Next >**

Enter the water test information and then click  
**Next.**

**Registered Family Child Care Home Application: Part 4 of 10**  
**Water Testing**

\* Indicates Required Info

**Drinking Water System**

Lead Results Date:  
*(mm/dd/yyyy)*

8/31/2016

Meet Requirements:  Yes  No

Municipal System

Well Water

Other

**If on a Well - Testing Information**

Bacterial Results Date:  
*(mm/dd/yyyy)*

8/31/2016

Meet Requirements:  Yes  No

Chemical Results Date:  
*(mm/dd/yyyy)*

8/31/2016

Meet Requirements:  Yes  No

< Back

Save & Exit

Next >



# Enter the heating system inspection information and then click **Next**.

## Registered Family Child Care Home Application: Part 5 of 10 Heating System Inspection

### \* Indicates Required Info

- \* **Date of Inspection:**   
(mm/dd/yyyy)
- \* **Name of Qualified Inspector:**
- \* **Firm Name:**
- \* **Heating System(s) and chimney(s) being used are installed properly and operating safely:**

Yes  No

**Recommendations:**

- \* **Applicant Certification:**  All recommendations regarding proper installation and safe operation have been completed  
 No recommendations were made regarding proper installation and safe operation

\* **Signed Certification:**

By checking yes, you certify the information is true and accurate.

Yes  No

**Date Signed:**  
(mm/dd/yyyy)

Date you certified the information was true and accurate.

< Back

Save & Exit

Next >



Enter in the  
required  
information (\*)  
and then click  
**Next.**

**Registered Family Child Care Home Application: Part 6 of 10**  
**Lead Exposure Assessment**

**\* Indicates Required Info**

- \* Has any resident of the home ever been treated for lead poisoning?  Yes  No
- \* Does any resident have a job or hobby that involves exposure to lead?  Yes  No
- \* Is the applicant planning to renovate the home in the next year?  Yes  No
- \* Is the applicant planning to paint the interior or exterior of the home in the next 12 months?  Yes  No
- \* Do children play on an exterior porch?  Yes  No
- \* Is the outdoor play area within 6 feet of the foundation of the home?  Yes  No
- \* Year of Building Construction:

Renovations do not exclude buildings from EMPs. To be exempt you must go through an extensive site evaluation and receive an exemption letter/certificate from the VDH.

Contact your Town Clerk if you are unsure.

The following information is required if the building was constructed in 1977 or earlier:  
Required to comply with VT Lead Paint Law and Essential Maintenance Practices:

Yes  No

Essential Maintenance Practices Date:  
(mm/dd/yyyy)

Essential Maintenance Compliance Statement submitted to the Department of Health?

Yes  No

Choose the floor(s) in the home where child care will be provided and then identify 2 exits.  
Click **Next** when complete.



Registered Family Child Care Home Application: Part 7 of 10

Exits

Select the levels of the home where children receiving care will be allowed. For each area selected, describe the exits (at least two (2) in each area) that meets regulations 5.10.1.2.2 and 5.10.1.2.3. Additional requirements may apply if children receiving child care are allowed on the third floor or above.

<input type="checkbox"/>	Basement	Exit 1: <input type="text"/>
		Exit 2: <input type="text"/>
<input checked="" type="checkbox"/>	First Floor	Exit 1: <input type="text" value="Front door"/>
		Exit 2: <input type="text" value="Back door"/>
<input type="checkbox"/>	Second Floor	Exit 1: <input type="text"/>
		Exit 2: <input type="text"/>
<input type="checkbox"/>	Third Floor or above	Exit 1: <input type="text"/>
		Exit 2: <input type="text"/>



Choose the appropriate *Tax Standing Status* and enter the *Tax Standing Date*. Click **Next** when complete.

**?** Registered Family Child Care Home Application: Part 8 of 10  
Tax Standing

Applies to VT taxes only.

**\* Indicates Required Info**

**\* Tax Standing Status:**

**Tax Standing Date:**  
(mm/dd/yyyy)

If not in good standing, applicant wishes to:

In Good Standing  Not in Good Standing

8/31/2016

Date you certified your Tax Standing Status.

- Arrange with the Vermont Department of Taxes to bring owner into good standing.
- Seek a determination from the Child Development Division that immediate payment would impose an unreasonable hardship.

< Back   Save & Exit   **Next >**

Choose the appropriate *Child Support Obligation Status* and enter the *Child Support Status Date*.  
Click **Next** when complete.

**?** Registered Family Child Care Home Application: Part 9 of 10  
Child Support

**\* Indicates Required Info**

\* Child Support Obligation Status:

Child Support Status Date:  
(mm/dd/yyyy)

If not in good standing, applicant wishes to:

N/A

8/31/2016

Date you certified your Child Support Obligation Status.  
If you chose N/A for the status put today's date.

- Arrange with the Office of Child Support to bring owner into good standing.
- Seek a determination from the Child Development Division that immediate payment would impose an unreasonable hardship.

< Back

Save & Exit

Next >

Enter in the  
required  
information (\*)  
and then click  
**Next.**

2 Registered Family Child Care Home Application: Part 10 of 10  
Program Information

\* Indicates Required Info

- \* Head Start Program:  Yes  No
- \* Early Head Start Program:  Yes  No
- \* Head Start Partner Program:  Yes  No
- \* Early Head Start Partner Program:  Yes  No
- \* Pre-K Program:  Yes  No
- \* Food Program Participation?  Yes  No

These are programs you may participate in **after** you are licensed. For that reason select **No** for all. For information about these programs please see [Resources](#) (p.44).

\* Program: (Provide an example of the daily schedule you plan to offer.)

\* Supervision:  
(Provide a description of the program you plan to offer including rest/sleep times and outdoor play time.  
**Rest/Sleep:** Where will children rest during nap time? What will children nap on and how will they be supervised during nap time?  
**Outdoor Play:** What types of outdoor equipment/toys will children play with during outdoor time? How will children be supervised during outdoor time?)

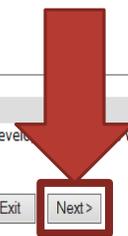
\* Guidance: (Please describe how you will provide developmentally appropriate guidance to children in care.)

**Required Information:**

The Record check forms for all associated parties sixteen (16) years of age or older will be completed and sent in with the census form to the Child Development Center within five (5) days from today.

- \*  Yes  No

< Back Save & Exit **Next >**



If the application is complete, check the box in the bottom left-hand corner, and click **Submit Application**. Otherwise, click **Save & Exit** to submit at a later date.

**Registered Family Child Care Home Application: Application Menu**

The sections for this application are listed below. Click on a section below to review or edit that section. Once you are finished inputting data for the various sections, use the button at the bottom of this page to submit the application for evaluation.

\* Indicates Required Info

- Applicant Information
- Home
- Insurance
- Water Testing
- Heating System Inspection
- Lead Exposure Assessment
- Exits
- Tax Standing
- Child Support
- Program Information

**Statements of Understanding and Verification**

1. In making this application I state that: I am in receipt of, have read, and agree to comply with the applicable Child Care Licensing Regulations.
2. I grant permission to the Child Development Division or its authorized agent(s) to make necessary and reasonable investigation of the circumstances surrounding this application, my statements made herein, the attached questionnaire, information reports, personal references, and records of other social and regulatory agencies in Vermont and in other states if deemed appropriate.
3. I acknowledge that the Child Development Division and/or its authorized agent(s) may make reasonable inspection including photography, of the facility and its surroundings where I operate or plan to establish my child day care operation. For the purpose of such reasonable inspection of my facility, I acknowledge that the Child Development Division and/or its authorized agent(s) shall have free and full access to every part of the home.
4. I am aware that if issued a child care license, I am subject to reasonable investigation and/or inspection to determine my continued conformity to the regulations under which the license was issued. Further, I am aware that any license granted to me is conditioned upon my continued compliance with the applicable Child Care Licensing Regulations and is time limited having a statutory duration of not more than 3 years from the date of issuance. If I desire to continue providing child care services, I must make a Re-application for a child care license yearly as provided in the prescribed regulations of the Child Development Division.
5. I understand that the information gathered by the Child Development Division and/or its authorized agent(s), related to inspection or investigation, is subject to review by a person with a bona fide interest in the inspection, investigation, or license.
6. All information I have given the Child Development Division and/or its authorized agent(s) is true and correct. Further, if I am granted a license by the Child Development Division, I will supply true and correct information requested during any subsequent investigation or inspection to which I am a party.
7. I am aware that intentionally providing false information to a state agency or department may be considered a false claim under 13 VSA Section 3001 and punishable as a misdemeanor or a felony.
8. I understand that this is only an application for a license, and that such application is subject to denial or limitations. In the event of such denial or limitation, I understand I have the right to a Fair Hearing before the Human Services Board.

I am aware that any license granted to me by the Child Development Division for the purpose of providing child care is subject to revocation or suspension. Further, in the event of any revocation or suspension, I am aware that I have the right to request an appeal before the Human Services Board.

I certify that I am at least 18 years of age.  
I make this application for a Child Care License as owner of the above-named services,  
OR  
I make this application for a Child Care License as an authorized agent of the corporation or organization listed in this application.

I state below your understanding of the statements above before submitting the request:

I declare that I have read and understand this application, including the documents referred to herein and to the best of my knowledge and belief the statements I have provided are true, correct and complete.

Once you submit the application you will not be able to go back and change the information.

*A Request ID and Application Confirmation* number display when the application has successfully been submitted.

---

**? Family Home Registration Application Submitted**

The provider registration application has been submitted to Child Development Division. Please note the application ID below for future reference:

**Application Confirmation No. - 678520**

**Request ID - 176095**

You will be contacted when Child Development Division has processed your application. You may also check the status of your latest application under your [Account Summary](#) page.

- [View Application](#)

**The record checks for the applicant and all other household members 16 years and older are required to send completed record check forms to the Child Development Division within Five days from today.**

**URL:** [Forms & Literature download page](#)

# The Next Steps

---

- After your application has been submitted, your licensing technician will review it for completeness. A *Missing Items Letter* will be generated in your case under Documents if there are any missing items. A notification will be sent via email.
- If/when your application is complete and all record checks have been approved, your licensor will be notified. The licensor will contact you within 10 business days to set up a time to view your space. During the licensors visit they will determine if there are any items that must be completed before they send the application for final review and a decision.
- A licensing supervisor will complete the final review and issue a decision. If approved you will receive your certificate; or if denied you will receive a letter with an explanation and appeal rights. Both documents are generated within your case under Documents. A notification will be sent via email.

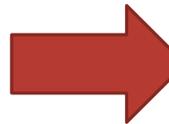
# Service Requests

---

This function contains a copy of your application, and the ability to view the status.

Under the *Account Summary* tab, scroll to the bottom right of the page and click **Service Requests**.

Account Summary	Provider Demographics	Payment & Financial Info	Attendance & Invoicing	Resources	Contact
Provider Case ID: 195003			Provider Type: Registered Home		
Location Address: 1 Fairytale Lane Waterbury, VT 05671 City: Waterbury			Provider Status: Applicant		
Last Site Visit:			Latest Application: 08/31/2016		
Application Status: New					
<b>License Information</b>					
Certificate No	Program Type	License Start/End Dt	Capacity		
There are no licenses for this provider.					
<b>Staff/Associated Parties</b>					
Select a name below to view detailed information; select "Add Staff/Associated Party" under Account Options below to add a staff member or other associated party.					
Name	Position	Start Date			
<a href="#">Charming, Prince</a>	Applicant/Provider	08/31/2016			
<b>Account Options</b>					
<ul style="list-style-type: none"><li>• <a href="#">Add Staff/Associated Party</a></li><li>• <a href="#">Documents</a></li><li>• <a href="#">File an Incident Report</a></li><li>• <a href="#">Non-Subsidized Enrollment</a></li><li>• <a href="#">Notification of Closure</a></li><li>• <a href="#">Notification of Unexcused Absences</a></li></ul>		<ul style="list-style-type: none"><li>• <a href="#">Referral Agreement</a></li><li>• <a href="#">Program Director Changed</a></li><li>• <a href="#">Registered Family Child Care Home Application</a></li><li>• <a href="#">Service Requests</a></li><li>• <a href="#">Variance Requests</a></li><li>• <a href="#">Violation History</a></li></ul>			



To view the details of a service request click  
**Details** to the far right.

---

**? Service Requests** Sort by:

*Displaying 1-1 of 1 Items*

Date Submitted	Request ID	Request Type	Status	
08/31/2016	176095	Registered Home Application, Part 2	Submitted	 <a href="#">[Details]</a>

Click **View Request** to save and print a copy of your application.

---

**? Service Request Details**

**Request Type:**

**Request ID:**

**Date Submitted:**

**Assigned Caseworker:**

**Assigned Group:**

**Status:**

**Status Reason:**

**Status Notes:**

Registered Home Application, Part 2

176095 [\[View Request\]](#)

08/31/2016

Le Tiffany

Tiffany

Submitted



# Documents

---

All correspondence will be stored in the documents section, and you will be notified via email when new items are added.

Under the *Account Summary* tab, scroll to the bottom left of the page and click **Documents**.

Account Summary	Provider Demographics	Payment & Financial Info	Attendance & Invoicing	Resources	Contact
Provider Case ID: 195003			Provider Type: Registered Home		
Location Address: 1 Fairytale Lane Waterbury, VT 05671 City: Waterbury			Provider Status: Applicant		
Last Site Visit:			Latest Application: 08/31/2016		
Application Status: New					
<b>License Information</b>					
Certificate No	Program Type	License Start/End Dt	Capacity		
There are no licenses for this provider.					
<b>Staff/Associated Parties</b>					
Select a name below to view detailed information; select "Add Staff/Associated Party" under Account Options below to add a staff member or other associated party.					
Name	Position	Start Date			
<a href="#">Charming, Prince</a>	Applicant/Provider	08/31/2016			
<b>Account Options</b>					
<a href="#">Add Staff/Associated Party</a>					
<a href="#">Documents</a>			<a href="#">Referral Agreement</a>		
<a href="#">File an Incident Report</a>			<a href="#">Program Director Changed</a>		
<a href="#">Non-Subsidized Enrollment</a>			<a href="#">Registered Family Child Care Home Application</a>		
<a href="#">Notification of Closure</a>			<a href="#">Service Requests</a>		
<a href="#">Notification of Unexcused Absences</a>			<a href="#">Variance Requests</a>		
			<a href="#">Violation History</a>		

To view a document click **View** to the far right. Once the document opens (may take a few minutes) you will have the ability to save and print.

---

 **Documents**  
Below are listed all the documents that have been generated.

Sort by:

*Displaying 1-1 of 1 Items*

Document Date	Description	E-mailed?	Created By
08/31/2016	Blank Provider Letter	Notify Success	Magee, Nya

 [View](#)

# Contact Information & Resources

---

# Contact Information

---

Child Development Division

280 State Drive

NOB 1 North

Waterbury, VT 05671-1040

1-800-649-2642

<http://dcf.vermont.gov/cdd>

**For a Licensing Technician:**

[http://dcf.vermont.gov/cdd/whos\\_who#Licensing](http://dcf.vermont.gov/cdd/whos_who#Licensing)

# Resources

---

- To receive the latest news from CDD via email you can go to our [website](#), scroll to the bottom of the page, and click **SIGN UP!** under *CDD Email Updates*.
- For information about STARS, grants, professional development, regulations, the Child Care Financial Assistance Program (CCFAP), Specialized Child Care, health and safety, forms, accreditations, and BFIS trainings, please visit our [website](#).
- For Information about the Vermont Head Start Association, you can visit their [website](#).
- For information about the Child and Adult Care Food Program (CACFP), and about the Prekindergarten Education Program, you can visit the Agency of Educations [website](#).