

Provider Agreement, Part 1 Supplemental Instruction Sheet

The Provider Agreement, Part 1 Financial Services form must be completed to receive payments from the the Department for Children and Families, Child Development Division.

It is very important that you fill out this form completely and as accurately as possible. Please complete, sign and return sections A, B and C of this agreement to the address provided.

Incomplete forms will be returned and may delay your payments.

Section A - Provider Information

Enter Your Provider Information. The information you provide must match the information provided to Vermont Child Care Licensing.

Section B - Rate Information

Either Check the Box stating you presently have active rates and would like to keep them the same - **OR** - Enter Your Rate Information completely. CDD pays a weekly rate therefore regardless of the way you charge families; you must convert your rates to a weekly rate.

Part-Time Weekly is 1 to 25 hrs

Example: If you charge \$4.00 per hour, your Part-Time Weekly rate would be \$4.00 multiplied by 25 hours, equals \$100.00.

Full-Time Weekly is 26 to 50 hrs

Example: If you charge \$4.00 per hour, your Full-Time Weekly rate would be \$4.00 multiplied by 50 hours, equals \$200.00.

Extended Care Weekly is 51 hrs or more

Example: If you charge \$4.00 per hour, your Extended Care Weekly rate could be \$4.00 multiplied by 55 hours, equals \$220.00. (extended care is not your late fee)

Section C - Provider Responsibilities

Read, Sign and Date.

Important Things To Remember:

- CDD pays based on a weekly rate.
- Any rates not in a weekly rate format will result in your Provider Rate Agreement being returned and may delay your payments.
- Any age category left blank or if you have entered a zero will result in no payment.
- No back payment will occur for any age category left blank or where a zero has been entered.
- If you are a school aged program please complete both preschool and school age rates to cover kindergarten age children.
- Extended care weekly is not a late fee.
- The Provider Rate Agreement, Part 1 Financial Services is a legal agreement between you and CDD that once completed, signed and processed ensures the money is used as intended and enables us to pay you.



Provider Agreement, Part 1 Financial Services

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It is very important that you fill out this form completely and as accurately as possible. Please complete, sign and return sections A, B and C of this agreement to the address provided. Incomplete forms will be returned and may delay your payments.

The Provider Agreement, Part 1 Financial Services provides information required by federal law in order for CDD to receive federal funds and provides state and local market rate information.

| For State Use Only | |
|-----------------------|-------|
| Requested Start Date: | _____ |
| VISION Vendor ID: | _____ |
| Date Entered: | _____ |
| Entered By: | _____ |



Please make a copy for your records and send this completed agreement to:

Child Development Division
280 State Drive, NOB 1 North
Waterbury, VT 05671-1040
(Fax) 802-241-0849

Section A Provider Information

Director/Owner Name: _____ License Certificate #: _____

Facility/Program Name: _____

Program Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Check one: Applicant Licensed Center Registered Home

Check if you have active rates in Bright Futures Information System and would like to keep them the same.



If you do not have rates, or wish to change your rates, you must complete the table below.

CDD pays a weekly rate therefore regardless of the way you charge families, you must convert your rates to a weekly rate to complete the table. Fill in all the rates in the age categories you are willing to serve (Infant, Toddler, Preschool, School Age) even if you do not currently have children enrolled in that category.

No payments will be issued for ANY category that contains a zero or is left blank. In order to receive future payments for that category, you must submit a revised Provider Rate Agreement. The Provider Rate Agreement will be effective the pay period following the date received by CDD.

NO back payments will occur.

Section B Rate Information

If you need help determining how your rates should be entered in this table please call the CDD at: 1-800-649-2642

| | Infant <small>(Birth to 24 months)</small> | Toddler <small>(2 to 3 years)</small> | Preschool <small>(3 to 5 years)</small> | School age <small>(5 to 12 years)</small> |
|---------------------------------------------------------|-----------------------------------------------|------------------------------------------|--------------------------------------------|----------------------------------------------|
| Part-Time Weekly <small>(1 - 25 hrs)</small> | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Full-Time Weekly <small>(26 - 50 hrs)</small> | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Extended Care Weekly <small>(51 hrs or more)</small> | \$ _____ | \$ _____ | \$ _____ | \$ _____ |



Sign and date page 2, and send both pages to CDD



Provider Agreement, Part 1

Financial Services

Section C Provider Responsibilities

In order to receive Child Care Financial Assistance Program payments and/or other grant awards from CDD for child care services the child care provider named in Section A agrees to:

1. Provide child care to children of families eligible for Vermont's Child Care Financial Assistance Program.
2. Read and comply with the Vermont Child Care Financial Assistance Program Regulations.
3. Accept compensation for child care services provided to families, who receive Child Care Financial Assistance Program at the rates established by CDD.
4. Collect directly from the family the difference between CDD rate and the provider rate (if any). Families receiving Child Care Financial Assistance cannot be charged more than the provider's established rate.
5. Develop a record keeping system for each child's attendance, record dates and hours of service provided, and maintain these records for three years.
6. Provide access to all records as may be requested by CDD or other authorized State and Federal agencies. Records are subject to surrender to CDD upon request.
7. Comply with all applicable state licensing, registration and Legally Exempt Child Care approval requirements for child care.
8. Allow access to the child care premises as requested by CDD. Access may be for the purpose of determining whether the provider is in compliance with all laws and regulations or in connection with particular children authorized for care by CDD.
9. Refrain from subcontracting or assigning any part of the services performed under this agreement without obtaining prior written approval from CDD.
10. Provide parents of children in care with the child care provider's tax ID number or social security number for income tax credit purposes.
11. Respect a parent's, family's and child's right to privacy and keep all matters related to children and families enrolled in child care confidential, including the financial assistance status of families.
12. Submit accurate invoices for payment and only for services actually provided or for reimbursement allowed by Child Care Financial Assistance Program law, regulation or policy. Submit claims for payment within 60 days of services provided in the manner required by CDD.
13. Inform the Child Care Financial Assistance eligibility agency when a child eligible for Child Care Financial Assistance is no longer enrolled and if the child's certificate for payment is still viewable in Bright Futures Information System (BFIS).
14. Immediately inform CDD if an employee (licensed) or member of your household (Registered and LECC) is convicted of fraud, a felony, a crime of violence, or has a report of abuse or neglect substantiated against them.
15. Provide unlimited access to the child care home or facility without delay by parents while their children are in care.
16. Prohibit all smoking where care for children routinely occurs.
17. Meet all state and federal tax obligations.
18. Report incidents of suspected child abuse and neglect, as required by law, within 24 hours.

By signing this agreement, the provider understands or certifies that:

- Corporal punishment is prohibited by law and a parent's consent cannot override or negate this prohibition.
- Filing a false claim to a state agency is a criminal act. The crime is a felony under 33 V.S.A. §143, 141, with a maximum penalty of up to 10 years in prison or a fine up to \$1,000 or twice the amount wrongfully obtained. The crime is also a felony under 13 V.S.A. § 3016 with a maximum penalty of 5 years in prison or a fine of up to \$10,000, or both.
- CDD may withhold from future payment any amount wrongfully paid.
- CDD may immediately suspend or cancel this agreement for cause. The term "for cause" includes a determination by CDD that the provider has provided false information to CDD, or had filed a false claim, or failed otherwise to meet the terms and conditions of this agreement.
- The provider organization and its principals are not suspended or debarred, proposed for disbarment, declared ineligible, or voluntarily excluded by any federal agency from federal procurement and non-procurement programs. You certify that you have not been excluded by the federal government to receive federal funds.
- No payments will be issued for any category that contains a zero or is left blank. No back payments will occur.

I have read Section C and understand my responsibilities and agree to the terms and conditions of the Financial Provider Agreement.

Name (print) _____ Title _____

Signature _____ Date _____