The Provider Agreement provides information for the CDD subsidy program, grant awards, referral services, and specialized child care services. The agreement has three components:
Part I: Financial (Subsidy and Other CDD Grant Awards)
Part 2: Referral Service Option
Part 3: Specialized Child Care Services
(Protective Services, Family Support Services and Children with Special Needs)

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

Section A
Provider Directory Listing

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

Provider or Facility name ____________________________________________

Provider/Program address ____________________________________________

Provider phone number ____________________________________________

Provider contact name (if different than above) ____________________________

Type of license

☐ Registered Family Child Care Home ☐ Non-Recurring Care

☐ Licensed School Age Care Program ☐ Licensed Early Childhood Program

Accreditation, NOT membership Check all that applies to your program

☐ NAA ☐ NAEYC ☐ NAFCC ☐ NECPA

CDA Credential for Registered Family Child Care Home ☐

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

Non Profit ☐ Yes ☐ No

Section B
Provider Rate Information

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

Weekly rates

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

If you have not already submitted this information to the CDD, and would like to include your weekly rates in your personalized referral provider profile please complete Financial Provider Agreement, Part 1.
You may choose to add additional information to your Referral Provider Profile. Please select from the information below all that you would like added to your personalized profile.

1. Additional Fees and Financial Assistance

<table>
<thead>
<tr>
<th>Type</th>
<th>Frequency of Fee</th>
<th>Fee Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities</td>
<td></td>
<td></td>
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<tr>
<td>Craft Fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deposit</td>
<td></td>
<td></td>
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<tr>
<td>Document</td>
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<td></td>
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<tr>
<td>Field Trips</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assistance</td>
<td></td>
<td></td>
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<tr>
<td>Scholarship</td>
<td></td>
<td></td>
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<tr>
<td>Sibling Discount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (describe)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Additional Contact Information

E-mail Address:  

Website Address:  

3. Program Information

<table>
<thead>
<tr>
<th>Curriculum (Check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Art or craft activities</td>
<td></td>
</tr>
<tr>
<td>Circle Time</td>
<td></td>
</tr>
<tr>
<td>Daily outside play</td>
<td></td>
</tr>
<tr>
<td>Dramatic play</td>
<td></td>
</tr>
<tr>
<td>Regular daily routine</td>
<td></td>
</tr>
<tr>
<td>Kindergarten program</td>
<td></td>
</tr>
<tr>
<td>Montessori</td>
<td></td>
</tr>
<tr>
<td>Part day Preschool program</td>
<td></td>
</tr>
<tr>
<td>Private school</td>
<td></td>
</tr>
<tr>
<td>Religious program</td>
<td></td>
</tr>
<tr>
<td>Sand &amp; water play</td>
<td></td>
</tr>
<tr>
<td>Songs or music activities</td>
<td></td>
</tr>
<tr>
<td>Story time &amp; literacy activities</td>
<td></td>
</tr>
</tbody>
</table>

Page 2
**Guidance:** Please describe your guidance policies. It should include the methods of guidance you use to encourage children’s self control, respect & cooperation.

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

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

---

### Ages willing to serve

- Infant (6 wks - 23 months)
- Toddler (24-35 months)
- Preschool (3-5 yrs)
- School Age (5-12 yrs)

### Program Participation (Check all that apply)

- Head Start
- Food Program
- Public Pre-K program
- Subsidy Program

### Additional Enhanced Services (Check all that apply)

- Drop-in Care
- Holiday Care
- If you provide either of these enhanced services please indicate your rate: ____________________

### Religious Activity

- Yes
- No

### Environment (Check all that apply)

- Fenced Yard
- Smoke Free

### Building Type/Setting (Check all that apply)

- Apartment
- House
- Mobile Home
- Non-Residential
- Workplace-Based

### Pets (Check all that apply)

- Furry–Dogs
- Furry–Cats
- Furry–Other (describe) ________________
- Non-Furry (describe) ____________________

### 4. Program Schedule and Services

**Special Schedule**

- Open for In-Service Days
- Open School Year Only
- Open Summer Only

**Type of Care**

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

**Usual Program START Time** _______________ am OR _______________ pm

**Usual Program END Time** _______________ am OR _______________ pm

**Days of Operation**

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

**Scheduling Comments**

---

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5. Capacity and Vacancy

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Total Capacity</th>
<th>Current Vacancies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Infant Capacity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6 weeks – 23 mo.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toddler Capacity</td>
<td></td>
<td></td>
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<tr>
<td>(24 - 35 months)</td>
<td></td>
<td></td>
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<tr>
<td>Preschool Capacity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3-5 year old)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Age Capacity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5-12 years old)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Special Remarks/Notes

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

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

Name (print) ____________________________ Title ____________________________

Signature ____________________________ Date ____________________________

Return this completed form to your local Referral Specialist:

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

› Please keep a copy for your records‹