

Child Development Division (CDD)

Department for Children and Families (DCF)

Vermont Agency of Human Services (AHS)

# Application to Support Accommodations for Children with Special Needs in a Vermont Regulated Early Childhood, School-Age, or Family Child Care Program

The purpose of these grant funds are to support access to high quality, safe, and inclusive child development services in regulated child care settings in order to contribute to the overall well-being of children with special needs and their families.

# Information regarding funding consideration for these grants

- Funds from the Department for Children and Families' Child Development Division (CDD) for special accommodations for children with special needs are discretionary and limited. Decisions regarding partial or full funding of grant requests are the sole responsibility of the CDD Deputy Commissioner or designee.
- Funding requests are decided on a case by case basis and initial funding does <u>not</u> guarantee ongoing or extended funding.
- CDD reserves the right to visit the child care program prior to making a funding determination and as a method of on-going quality assurance for the application of grant funds.
- Applications for special accommodations grants specific to an individual child should be submitted in collaboration with the team primarily serving the child or the child's family. This may be the Children's Integrated Services or early intervention services team, special education services or evaluation and planning team through Essential Early Education (EEE) or the public school, etc.
- Staff hired as individual assistants through grant funds may not be counted to meet staff/child ratios.

# To be eligible for grant funding the following requirements must be met:

- The child is in the care of a licensed child care center or a registered family child care home provider in good regulatory standing with CDD
- The caregiver has achieved and maintains a current Specialized Child Care Provider Status.
- Licensed centers have completed a credible self-assessment tool (ex. Vermont Core Standards and Self-Assessment Tool for Center-Based Early Childhood Programs) and developed a Continuous Improvement Plan based on the outcomes of this assessment. Please submit copy of this plan with this grant application. The assessment tool used should be identified on the plan submitted.
- Registered Family Child Care Home Providers have their Child Development Associate (CDA), equivalent course work or higher credential/degree and have a current Individual Professional Development Plan. Please ensure documentation regarding both is available in the Bright Futures Information System or is submitted along with this grant application.
- For grants requested on behalf of a specific child/ children, the program <u>must</u> obtain the consent of the child(ren)'s parent, guardian or legal custodian prior to submitting this grant application and attached childspecific documentation.
- To be eligible for funding, the child <u>must</u> be eligible for Special Education or Early Intervention Services and have a current Individualized Family Services Plan

(IFSP), Individualized Education Plan (IEP), or Children's Integrated Services plan (CIS). If a child has not been determined eligible for these services but has been or is being evaluated and is receiving other support services, information regarding the assessment and related services <u>must</u> accompany the application. Child care <u>must</u> be a component of the child and/or family's plan (i.e. specialized services are being provided in the child care setting as the least restrictive or natural environment).

 Collaborative planning and funding for these required accommodations shall be demonstrated within this application. Collaboration may include the child's school district, Children's Integrated Services, Family Services, Head Start, or any other providers serving this child and/or family along with the CDD.

#### Information regarding grant awards

- If an application is approved for funding, CDD may pay the approved amount utilizing a simplified payment process without issuance of a formal grant.
- Either the child care program or an educational or mental health agency serving the child shall be responsible for hiring any individual assistants funded through this grant.
- Child care regulations require that all staff that provides services to children in a child care program be screened by the CDD for criminal and abuse registry checks. The child care provider is responsible for ensuring a criminal record check is submitted to the CDD for all individual assistants hired through these funds.
- Awarded grants require written reports at the close
  of the grant period and reimbursement to CDD of any
  unexpended funds. Reports must include an accounting for the expenditure of grant funds, a narrative on
  how services were delivered, and a discussion of outcomes achieved for the child and the child care program. Reports must be received by the CDD within 30
  days of the close of the grant.

# Find copies of this and other grant applications under the "Resources" tab online at:

http://www.brightfuturesinfo.org

# Send completed application, attachments, and reports to:

Child Development Division
Workforce Development and
Quality Enhancement Unit
Attn: Special Accommodations Grant
103 South Main Street, 2 North
Waterbury, VT 05671-2901
FAX: (802) 241-1220

## For questions or more information contact Danielle Howes at:

E-Mail: danielle.howes@ahs.state.vt.us

Phone: (802) 241-1071

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# ALL SUPPORTING INFORMATION MUST ACCOMPANY THE APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

(Please review all grant requirements before submitting this request)

Date:			
Child's Name:	's Name: Date of Birth:		
Parent(s) Name:			
Parent(s) Address:			
Family's Phone #:			
Child Care Provider:			
Address:			
Phone #:	Employer ID #	Certificate #:	
Please attach copi	ler maintain a current Specialized Services of all specialized services training the twelve months from the date of this appli		
Name of Designated Grant	ee Agency (if other than child care provider)	<b>:</b>	
Phone #:	Employer ID #		
	•		
<b>.</b>		ess:	
	ng services through Children's Integrate Primary Service Provider?		
Or, who is the Service Coo	rdinator for the Child/Family:		
	ving child care tuition assistance (subs	idy)? ☐ Yes ☐ No	
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Does the family have an or	pen file with the Department for Childre	n & Families, Family Services Division?	
If ves. the Social W		· •	

Is the child eligible for Title IV-E support? ☐ Yes ☐ No
Is the child enrolled in?  Check one: Private Health Insurance? Medicaid Catamount Health Dr. Dynasaur None  Is the child receiving Mental Health services? Yes No
1) Briefly describe how the child and/or family's plan (ex. IFSP, CIS plan, IEP, etc) informs the proposed accommodations to successfully include the child in the child care setting: Attach a copy of the current plan or any observations/assessments to date if a plan for the child or family has not yet been completed.
2) Briefly describe any other collaborative arrangements currently in place to support this child and/or this child care program:
3) Describe how the child care program's daily routines, activities and environment are reflected in or will support the goals of the child and/or family's plan while fully supporting the safety, inclusion, and well-being of the child within the child care setting:
4) Describe how the addition of these grant funds will further enhance the quality of the specialized services provided by this program to all children served within this setting:

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5) Describe the plan for ensuring the primary child care staff will maintain a meaningful with the child for whom successful inclusion is being supported through this proposed g be aware of learning/safety goals for the child to be supported? Will some or all staff ir standing of their role in supporting this child?	rant. For example, will all staff
6) Has the child been required to leave a child care setting in the past due to behavior o	or other issues?
7) Is the current child care placement in jeopardy? $\square$ Yes $\square$ No. If yes, please explain the current situation and how the family and the child care provide issue:	er are communicating on this
8) Please describe the expected ways these funds will be expended (ex. attach a produce quipment, job responsibilities and training needs for an individual aide, roles, responsibneeds for staff supported through training funds requests, etc.):	
9) Funding Requested (maximum per child is \$6,000 per calendar year):	
A Associated Costs:	
(1) Adaptive Equipment:	\$
(2) Training:	\$
(3) Tuition:	\$
(4) Other:	\$

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Consultation or Individual Aide Services:
(1) Hourly rate for personnel: \$
(2) Number of hours per week:
(3) Grant duration (# of weeks):
(4) Start and end services dates: to
(5) Fringe benefits: \$
Collaborative Sources of Funding (EEE, School District, Mental Health, Head Start, Grants, Other) must be included in order for the application to be considered.

#### Send completed application and all attachments to:

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D Total Special Accommodation Grant Amount Requested from CDD: \$ \_\_\_\_

