

Financial Provider Agreement, Part 1



Child Development Division (CDD)
Department for Children and Families (DCF)
Vermont Agency of Human Services (AHS)

For State Use Only

Requested Start Date: _____
App #: _____
SS Name: _____
SS Location: _____

You must complete, sign and return part 1 and 2 of this agreement to the address provided. Incomplete forms *will be returned* and may delay your application.

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



Please keep the yellow copy for your records. Return this completed agreement to:

Child Development Division
103 South Main Street, A Building
Waterbury, VT 05671-5500
1.802.241.3694
www.brightfuturesinfo.org
www.brightfutureshelp.org
www.dcf.state.vt.us/cdd/

Provider Name _____

Certificate Number _____

Facility Name _____
(Licensed Programs Only: Doing Business As, DBA)

Address _____

Phone Number _____

E-mail _____

Provider Type (Check One) Legally Exempt (LECC) Registered Licensed Applicant

Section A Provider Information

Check if you presently have active rates and would like to keep them the same.



If you do not have rates, or wish to change your rates, you must complete this section.

Please estimate your rate even if you do not presently charge by the day or week.

Example: If you charge by the hour multiply that number by 8 and fill in the daily rate.

Section B Rate Information

*If you have difficulty determining your rates please call the CDD help desk at:
(Direct) 802.241.3694
(Toll free) 800.649.2642

***You must completely fill in all the rates (in dollars) in every category (Infant, Toddler, Preschool, School Age) even if you do not provide service in those categories. Part Time, Daily, Weekly and Extended must also be entered completely.**

	Infant (Birth up to 24 months)	Toddler (2 up to 3 years)	Preschool (3 up to 5 years)	School age (5 up to 13 years)
Part-time Daily (1 - 5 hrs)	\$ _____	_____	_____	_____
Part-time Weekly (1 - 25 hrs)	\$ _____	_____	_____	_____
Full-time Daily (6 - 10 hrs)	\$ _____	_____	_____	_____
Full-time Weekly (26 - 59 hrs)	\$ _____	_____	_____	_____
Extended Care Daily (11 - 24 hrs)	\$ _____	_____	_____	_____
Extended Care Weekly (51 - 168 hrs)	\$ _____	_____	_____	_____

Financial Provider Agreement, Part 2

Child Development Division (CDD)
Department for Children and Families (DCF)
Vermont Agency of Human Services (AHS)

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Section C

Provider Responsibilities

In order to receive subsidy 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 child care subsidy.
- 2) Read and comply with the Vermont Child Care Subsidy Regulations.
- 3) Accept compensation for child care services provided to subsidy families at the rates established by CDD.
- 4) Collect directly from subsidized family the difference between CDD rate and the provider rate (if any). Families receiving child care subsidy 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.
- 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 subsidy status of families.
- 12) Submit accurate invoices for payment and only for services actually provided or for reimbursement allowed by subsidy law, regulation or policy. Submit claims for payment within 60 days of services provided in the manner required by CDD.
- 13) 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.
- 14) Provide unlimited access to the child care home or facility without delay by parents while their children are in care.
- 15) Prohibit all smoking where care for children routinely occurs.
- 16) Meet all state and federal tax obligations.
- 17) 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:

- a. Corporal punishment is prohibited by law and a parent's consent cannot override or negate this prohibition.
- b. 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.
- c. CDD may withhold from future payment any amount wrongfully paid.
- d. 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.
- e. 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.

 **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)