

# Provider Agreement

## Specialized Child Care Services, Part 3

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

### For State Use Only

Date of Regulatory Status Check: \_\_\_\_\_  
Specialized Status: Approved  Denied   
Reason: \_\_\_\_\_  
CDD Authorized Signature: \_\_\_\_\_  
Date of Decision: \_\_\_\_\_  
Date Decision Entered in BFIS: \_\_\_\_\_  
Date Provider Notified: \_\_\_\_\_

☞ Please keep a copy of this form for your records. ☞

Return the completed agreement to:  
Child Development Division  
103 South Main Street, 2 North  
Waterbury, VT 05671-2901

You can also contact the CDD:  
Toll Free: 800-649-2642  
Fax: 802-241-1220  
<http://dcf.state.vt.us/cdd>

The Specialized Child Care Services Provider Agreement is for child care provided by registered, licensed or certified legally exempt child care providers to children with special needs. Children with special needs includes those with a Protective Services (PS), Family Support (FS) child care need, and/or children who have been approved to receive child care subsidy on the basis of documented health, development or cultural needs.

Signing this agreement does not automatically give your program Specialized Child Care Provider Status. This status takes effect when the agreement is approved and entered into the Bright Futures Information System (BFIS) by the Child Development Division (CDD). You will be notified when your agreement has been approved.

To receive payment you must have a Financial Provider Agreement, Part 1 on file with the CDD.

## Section A: Child Care Provider

Director/Owner Name: \_\_\_\_\_ License Certificate Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

(Licensed Programs only: Doing Business as - DBA)

Provider Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Provider Phone #: \_\_\_\_\_ Provider E-Mail: \_\_\_\_\_

Check One:  Legally Exempt  Registered  Licensed

## Section B: Provider's Responsibilities

In order to be a specialized child care services provider and receive the specialized child care service rate, the provider named in Section A agrees to:

1. Provide personalized and planned child development services to children with special service needs.
2. Understand that specialized care must be of high quality. Child Care Regulations identify minimum standards for the provision of care. Quality is demonstrated by adherence to regulations, continuous professional development, and positive, substantive interactions between adults and children that facilitate children's successful development. *If there are serious concerns regarding the provision of quality care and/or repeated regulatory concerns substantiated by the CDD, I will be notified that my program will not become a designated Specialized Child Care Services Provider and/or that my program's Specialized Child Care Services Provider status will be removed.*
3. Be open and responsive to on-site visits by representatives of the Vermont Agency of Human Services, including CDD staff, or other State or community specialists to support me and/or my program in the delivery of quality services.
4. Ensure information is gathered from the family and the child's developmental, educational, or family support team, including the social worker when there is one, about the child and/or family's needs related to delivering appropriate and personalized child care services.
5. Maintain confidentiality in regard to child or family information and records, including holding related conversations with families, staff, or service providers in private.
6. Understand it is best practice that no more than one third (1/3) of the children enrolled in my program should have a PS, FS, or other CDD approved special need. This may be waived in specific instances with approval by CDD.

## Provider Agreement: Specialized Child Care Services, Part 3 – Continued

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7. Maintain accurate monitoring of each child's attendance and immediately contact the community subsidy specialist and appropriate social worker if there are more than two consecutive unexplained absences for any child with a PS, FS, or other CDD approved special need.
8. Keep a record of the child's progress and activities and provide information to the family and members of the child's team regularly and upon request.
9. Understand I am a mandated reporter and therefore required by Vermont law to report incidents of suspected child abuse and/or neglect within 24 hours to the Department for Children and Families, Family Services Division at **800-649-5285**.
10. Understand and uphold the child care providers' role in the provision of specialized child care services in accordance with this agreement and as described further in the CDD Specialized Child Care Handbook.

**I have read Section B and understand and agree to my responsibilities under its terms.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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### Section C: Provider's Responsibility - Training

In addition to Section B, in order to receive payment from the Child Development Division for specialized child care services, the child care provider named in Section A agrees to:

1. Personally participate in and document specialized child care services training as the person in charge of the program (director/registant/certified legally exempt child care provider). I understand that it is also strongly recommended by the CDD that all staff attend the training as part of their professional development plans.
2. Attend basic specialized services training no more than twelve (12) months prior to signing this agreement.
3. Complete six (6) hours of advanced specialized child care training annually in addition to those training hours required to maintain my license or registration. The training will relate to the specialized child care services my program agrees to provide. Advanced trainings are those identified or approved by the Community Child Care Agency Resource Development Specialist unless otherwise authorized by the Child Development Division.
4. Check the one box below that reflects your specialized training status:

- I have completed the Basic Specialized Services Training within the last 12 months. I agree to complete 6 hours of advanced specialized services training annually in addition to those training hours required to maintain my license or registration.

Basic specialized services training instructor: \_\_\_\_\_

Training Location: \_\_\_\_\_ Dates of training: \_\_\_\_\_

- I have completed the Basic Specialized Services Training more than 12 months ago. I have also attended advanced specialized services trainings annually in addition to those training hours required to maintain my license or registration. [Attach applicable certificates for advanced trainings or check  if this information has been entered into the BFIS].

Basic specialized services training instructor: \_\_\_\_\_

Training Location: \_\_\_\_\_ Dates of training: \_\_\_\_\_

**I have read Section C and understand and agree to my responsibilities under its terms.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*If your program closes or moves, then reopens, you must submit a new Specialized Child Care Services Provider Agreement. A new Specialized Child Care Provider Agreement must also be submitted when the director of the program changes.*

Please keep a copy for your records.