

# Provider Agreement, Part 2 Referral Agreement

The Provider Agreement provides information for the CDD Child Care Financial Assistance Program, grant awards, referral services, and specialized child care services. The agreement has three components:

Part 1: Financial (Financial Assistance and Other CDD Grant Awards)

Part 2: Referral Agreement

Part 3: Specialized Child Care Services

Referral Service Option: As a Vermont regulated child care provider (licensed and registered), you have the option to share additional information with parents and others interested in learning about your child care program. This information will be shared in the form of a 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 Information

Please complete the following section for verification purposes. Information provided in Section A of your Vermont licensing application will automatically be included in your referral provider profile.

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

Facility/Program Name: \_\_\_\_\_

Program Mailing Address: \_\_\_\_\_

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

Program Physical Address: \_\_\_\_\_

Program Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## Section B Referral Information

### 1. Additional Fees

Type	Frequency of Fee <small>(By: Event, Monthly, One-Time, Yearly)</small>	Fee Amount
Activities	_____	_____
Craft Fees	_____	_____
Deposit	_____	_____
Document	_____	_____
Field Trips	_____	_____
Materials	_____	_____
Registration	_____	_____
Training	_____	_____
Other (describe) _____	_____	_____



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## 2. Program Information

### Curriculum

(Check all that apply)

- Access to computer
- Art or craft activities
- Circle or meeting time
- Daily outside play
- Dramatic play
- Field trips
- Kindergarten program
- Montessori based
- Part-day preschool program
- Play-based program
- Private school
- Regular daily routine
- Songs or music activities
- Sand & water play
- Story time & literacy activities
- Science & exploration activities
- Waldorf based

**Guidance:** Please describe your guidance policies. This could include the methods of guidance you use to encourage children's self control, respect and cooperation.

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**Program:** Please describe your program. This could include specifics such as activities offered, child care philosophy, background information, etc. This will provide a "first impression" about your program.

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**Supervision:** Please describe your supervision policies. This could include where and upon what the children in care will rest or sleep, as well as where children will play outdoors.

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### Ages Willing to Serve

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

### Program Participation

(Check all that apply)

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

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

Drop-in Care       Holiday Care

If you provide either of these enhanced services please indicated your rate:

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**Non Profit**

Yes     No    **Religious Activity**     Yes     No

**Sibling Discount**

Yes     No    **Accepts Child Care  
Financial Assistance**     Yes     No

**Environment**

*(Check all that apply)*

Fenced Yard     Smoke Free     Peanut Free

**Building Type/Setting**

Apartment     House     Mobile Home

Non-Residential     Workplace-Based

**Pets**

*(Check all that apply)*

Dog(s)     Cat (s)

Other Furry Pet; describe: \_\_\_\_\_     Non-Furry Pet; describe: \_\_\_\_\_

### 3. Program Schedule and Services

**Comments about  
your schedule**

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**Special Schedule**

Open for In-Service Days     Open School Year Only

Open Summer Only

**Type of Care**

After School     Drop-In Care     Part-time

Before School     Emergency Care     Second Shift/Evenings

Before & After School     Full-time     Third Shift/Overnight

Daytime     Kindergarten Care     Weekends

**Usual Program START Time** \_\_\_\_\_ am/pm *(circle one)*

**Usual Program END Time** \_\_\_\_\_ am/pm *(circle one)*

**Days of Operation**

Monday     Tuesday     Wednesday     Thursday

Friday     Saturday     Sunday

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**Meals or Snacks Served**  Allergy Awareness  Attention to Special Diets

Other, describe: \_\_\_\_\_

The program intends to provide snacks only

The program intends to serve snacks and meals provided by each child's parent/guardian

The program intends to prepare and serve snacks and meals on the premises

The program intends to have meals prepared off the premises and delivered to program

**Languages Supported**  American Sign Language  English  Spanish

Bosnian  French  Vietnamese

Chinese  Somalian  Other \_\_\_\_\_

**Transportation Services**  On School Bus Route  From Home  From School

On City Bus Route  To Home  To School

**Names of Schools Served** \_\_\_\_\_

### 4. Capacity and Vacancy

**Infant Capacity** \_\_\_\_\_  
(6 weeks - 23 months)

**Current Vacancies** \_\_\_\_\_

**Toddler Capacity** \_\_\_\_\_  
(24 - 35 months)

**Current Vacancies** \_\_\_\_\_

**Preschool Capacity** \_\_\_\_\_  
(3 - 5 years)

**Current Vacancies** \_\_\_\_\_

**School Age Capacity** \_\_\_\_\_  
(5 - 12 years)

**Current Vacancies** \_\_\_\_\_

**Please sign below to have a referral specialist enter your information into the CDD database**

I approve the information above to be entered into my Provider Profile for the purposes of child care referrals and data collection. I understand that this is information to be shared with the public and does not guarantee placement of children in my program.

Return this completed form to your local referral specialist:

Signature \_\_\_\_\_

Date \_\_\_\_\_