

Cabot Children's Center



2 Common Road Cabot, VT 05647
Cabotchildrenscenter@gmail.com 802.473.2772

Cabot Children's Center, with the support of the United Church of Cabot, would like to warmly welcome you and your family into our center with open arms. Our program will open our doors at 6:30 am and operate until 5:00 pm. While your child is here, they will be provided with high quality care and education at a superior standard of professionalism. Your child and family will be treated with the utmost level of respect and care, and while your child is in our care, they will be showered with love and support.

Cabot Children's Center provides a nurturing environment that promotes social, emotional, physical, and intellectual development. Your child will be provided with ample outdoor playtime and opportunities to flex their creative muscles with artwork. Our classrooms provide a curriculum that focuses on exploration, discovery, creative expression, exciting adventures, and social and emotional growth; this includes an all-natural outdoor classroom that will combine a love of nature and learning.

We believe in families first and want to work with you to ensure that your child is encompassed in an environment that makes them feel as if they are at home. Cabot Children's Center will strive to provide a method of open communication and inclusion that works best for you and your family; while your child is in our care you will be able to check in electronically using the Brightwheel program or stop in for a classroom visit or to share a meal.

Welcome to our family

What to bring:

Cabot Children's Center asks that your child has 2 changes of clothing available; these can be left at the center or brought back and forth daily. This should include socks, underwear, pants, and a shirt. If your child is potty training, please bring in additional socks, underwear, and pants so we can support your child on their adventure of growth! During the spring and fall, please remember that mornings and late afternoons still bring cool temperatures, and we ask that your child has appropriate warm clothing – this could be an extra sweatshirt or jacket. In the winter we ask that children please have winter jackets, snow pants, boots, hats, and mittens so we can enjoy the wonderful snow. A pair of inside shoes is also requested – this could be sneakers, slippers, or cros. Please label all articles of clothing.

Families are asked to provide diapers, wipes, powder/ointments, and bottles and formula if needed. Again, these items can be left at the center. Each classroom will have a labeled storage area for each child. When your child is running low on an item (diapers, wipes, formula), your classroom teacher will notify you, providing you ample time to bring in the items.

Your child will be provided with a mat/crib for rest. Cabot Children's Center asks that you provide a sheet and blanket for your child. If your child has a favorite blanket and/or stuffed animal for rest time, they may bring it in to sleep with. If your infant uses a sleep sack or swaddle, that may also be brought in. We also ask that you provide a toothbrush and toothpaste for your child, as we encourage our children to engage in healthy hygiene after meals. These will need to be replaced every other month.

Family Style meals:

Cabot Children's center will provide breakfast, lunch, an afternoon snack, and even a small 5:00 p.m. snack if needed. Our meals are completely homemade and follow the CACFP state regulations. Cakes, cookies, and sweets may only be served for special events and holidays and must be prepackaged with a tree nut/peanut free label. Our center has safe drinking water that is free from lead. Please be sure to let us know of any special dietary needs or food allergies that your child may have. All our meals are served as family style dining to reinforce serving and social skills. With that said, we would like to personally invite you in to join us for a delicious lunch anytime with your child at our center. All we ask is that you let us know you will be joining us 1 day prior so we can set a place for you.

The advantages of family style meals for children include:

- Family style meals reinforce social skills by:
 - Taking turns
 - Passing food in serving dishes to others
 - Saying please and thank you
 - Helping to set the table for friends
- Children practice serving skills to:
 - Practice fine and gross motor skills to serve and pass food
 - Learn appropriate mealtime behaviors (ex. serving without touching the food)
 - Learn not to eat out of the serving dishes or from serving utensils.

Children who feel in control of their eating tend to:

- Take small servings of food and take additional food later in the meal
- Choose not to take food initially but change their minds as the meal proceeds
- Feel confident that additional food will be available throughout the meal
- Our amazing staff indirectly encourages children to try new foods
- Children who feel in control of their eating are more likely to try new foods
- With time, children learn to take the amounts of food they will eat, decreasing the amount of waste.

I encourage you as the parents/ guardians to come join us for lunch anytime.... your child would love to see you, and we would love to visit with you.

For all other FNS nutrition assistance programs, state or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>), (AD-3027) found online at: How to File a Complaint (<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
fax: (202) 690-7442; or
email: program.intake@usda.gov
ABC & LOL Civil Rights Complaint Procedure

Individuals and groups are never discouraged from submitting a complaint of discrimination. Complaints may be written or verbal. Complaints may be anonymous. The ABC & LOL instructs program participants to send complaints of discrimination directly to the USDA Office of the Assistant Secretary for Civil Rights (OASCR). The complainant must file within 180 days of the alleged act of discrimination. The superintendent or appointed designee is responsible for implementing the Civil Rights Complaint Procedure. The complainant can file on their own directly with the USDA or report the complaint to the SFA. The contact information is found on the "And Justice for All" posters which are prominently displayed in all required areas.

1. All complaints alleging discrimination on the basis of race, color, national origin, age, sex, or disability will be forwarded to the USDA Office of the Assistant Secretary for Civil Rights immediately.

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax:

(202) 690-7442; or

email:

program.intake@usda.gov

Complaints should be put into writing, by the complainant, using USDA Program Discrimination Complaint Form, (AD-3027), (AD-3027) found online at:

<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>.

This form is available in English and Spanish.

• English version:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

• Spanish Version:

https://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf

2. In the event that a complainant makes the allegations verbally or in person and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made must record the details of the complaint for the complainant. Every effort will be made to have the complainant provide the following information:

a) Name and contact information for the complainant.

b) The date(s) during which the alleged discriminatory actions occurred or, if continuing, the duration of such actions.

c) The specific location and name of the entity delivering the service or benefit.

d) The nature of the incident or action that led the complainant to feel that discrimination was a factor.

e) The basis on which the complainant feels discrimination exists within any of the protected classes.

f) The names, titles, and business addresses of persons who may have knowledge of the discriminatory action.

3. If the USDA determines that a civil rights complaint warrants an investigation, it will occur based on established FNS policy and procedures, and then finalized into a report. They will investigate the complaint and this is the sole responsibility of the USDA.

4. In addition to submitting the complaint to the USDA, the SFA will keep a Civil Rights Complaint Log on site. Maintaining confidentiality is crucial. As much information as possible will be documented, including:

- Name and contact information of complainant
- Description of incident including date, time, location, and persons present
- Relevant Protected Base(s)
- Name of organization and individuals alleged to have engaged in discrimination
- Date of referral to USDA
- The findings of any investigation conducted
- Description of the final disposition of the complaint including any corrective action planned or taken

5. The SFA will also notify Child Nutrition Programs at Vermont Agency of Education of any complaints of discrimination. The State Agency maintains the information in a confidential database with limited access. Child Nutrition Programs does not investigate complaints of discrimination, but ensures complaints are received by the USDA and will cooperate in the tracking, processing, and resolving of complaints of discrimination.

6. The Vermont Agency of Education does not discriminate on the basis of race, color, national origin, creed, marital status, sex, disability, age, gender identity, or sexual orientation in its programs and activities. Complaints alleging discrimination related to the Vermont Agency of Education protected bases of religion, sexual orientation, gender identity, or martial/civil union status, will be sent to Clare O'Shaughnessy, Staff Attorney, at clare.oshughnessy@vermont.gov or (802)-828-0105

Our center has a water supply that is safe and free from lead; we ask that you also provide your child with a labeled water bottle so we can ensure that they remain hydrated.

If your child has special dietary needs or food allergies/sensitivities, please communicate this upon enrollment or as soon as there is a change in your child's health. Cabot Children's Center will accommodate any requirements and will maintain a safe environment from allergens.

Cabot Children's Center welcomes family members with open arms to share a meal with their child and their classroom.

All meals are served family style. There are many benefits for children by encouraging them to be a part of this setting; these include:

Social Skills

- ♥ Taking turns
- ♥ Saying please and thank you
- ♥ Helping to set the table for friends
- ♥ Serving and Table Skills
- ♥ Practicing fine and gross motor skills with utensils
- ♥ Learning appropriate mealtime behaviors and manners

Children will be more willing to try new foods as they watch their peers and classroom teachers eat different foods as well. They will also learn how to recognize appropriate amounts to open, which will help decrease the amount of waste.

What your child's day will look like:

Daily Schedule: hours of operation 6:30 – 5:00

Mealtimes: 8:00 breakfast, 11:00 lunch, 2:00/2:15 snack

Quiet time/Napping: 11:45 – 2:00

As your child grows, we want to make sure that you and your child's needs are being accommodated! Please let us know if there are changes to your child's nap schedule and sleep needs so we can ensure that we are following your family's schedule.

Rates and fees:

- ♥ Infant (6 weeks to 23 months): \$250/week
- ♥ Toddler (24 – 35 months): \$250/week
- ♥ Preschool (3 – 5 years): \$240/week
- ♥ Daily rate for drop in or part time care*: \$70/day

Rates are based on a 5 STAR reimbursement rate set forth by the Vermont Department of Children and Families. Families who do not qualify for the financial program can meet with me or the Director in regards to tuition support for financial assistance.

If you are receiving financial assistance it will be your responsibility to not let it lapse. Please do not hesitate in reaching out to me if you need any support with this process.

Heather Smires : (802) 473-2772

Part time care – 1 or 2 days a week. We cannot guarantee part time availability; please call and speak with Heather to find out if this is an option for your family.

Your Child's File:

All children who attend the Cabot Children's Center must have a complete file which includes (but is not limited to) the following information:

- ♥ Admission form which includes your child's schedule
- ♥ Date of birth
- ♥ Current address and phone number
- ♥ Name, address, and phone number for parents
- ♥ Name, address, and phone number for at least 2 emergency contacts
- ♥ Child wellness form
- ♥ Current immunization record
- ♥ Description of any medical, developmental, educational, or emotional needs
- ♥ Written authorization for emergency medical care and/or transportation
- ♥ Written authorization for Cabot Children's Center to transport your child
- ♥ Written authorization for your child to participate in any swimming activities
- ♥ Current court orders for custody and visitation if applicable

Exclusion:

We would love for your child to be at the center every day, but there are times where your child should stay home for their own well-being and to prevent the spread of contagious conditions. If you have any questions, please feel free to contact us! If your child has any of the following, please keep your child home:

- ♥ Fever over 100 degrees
- ♥ Diarrhea
- ♥ Vomiting
- ♥ Infectious disease
- ♥ Unexplained rashes that are open and oozing
- ♥ Conjunctivitis (pink eye)
- ♥ Impetigo
- ♥ Head lice and/or nits

Your child must be symptom free for 24 hours without the use of Tylenol/Ibuprofen before they may return to the center. If your child has been prescribed an antibiotic, they also need to be home for 24 hours and have received at least 2 doses. Children with head lice and/or nits cannot return until they are completely clear. We will be happy to check your child's hair.

If your child has been prescribed an antibiotic and has the side effect of diarrhea, or if they have a diagnosed stomach condition, please communicate that with us. We want to work together with our families to ensure that we can provide care when the circumstances allow it.

If your child becomes ill during the day, they will need to be picked up promptly. Cabot Children's Center asks that all families have a plan in place to support this. If your child will be absent due to illness, we ask that this is communicated as soon as possible.

Cabot Children's Center Guarantees:

- ♥ We will have a complete first aid kit in every classroom
- ♥ Families will be notified of all accidents and will be asked to sign and date an accident report. This will be kept in the child's file.
- ♥ All medication brought into the center (prescription and over the counter) will have an administration log to accompany it. This must be filled out by the parent and any medication must be in the original packaging with the appropriate labels and not expired.

Arrival and Departure:

All children should be at the center no later than 10 am (unless otherwise previously scheduled with staff)

All children will be signed into and out of their classrooms upon arrival and departure, children will not be left unattended at any time. At the morning drop off staff will ask for information regarding feedings and sleep, and at afternoon pick up staff will provide information on how your child's day was. If a child will be picked up by someone that is not identified within the parent packet, we ask that this is communicated in a timely fashion. Cabot Children's Center will not release children to anyone without this communication, and a photo ID will need to be provided to confirm identity.

If there is a parent or other adult that is not permitted to pick up your child, Cabot Children's Center requests that court orders are provided and given to the center. If we do not have this document, we cannot refuse parents their children, so it is important that this information is provided. Please be assured that all family matters will be handled with extreme confidentiality and sensitivity. If a non-custodial parent does attempt to pick up your child, please be assured that he/she will remain safely in their room and it will be handled in a manner that they (and no other children within the center) will not be aware of the situation or view any confrontation.

Please be aware if any adult attempts to pick up a child and appears to be under the influence, Cabot Children's Center has the right to deny the release of the child. At this point we will contact the other adults listed on the child's enrollment form to pick up the child. Due to mandated reporter requirements of childcare employees, this situation may lead to a report to the Department of Children and Families. If this situation occurs again, there may be a termination of childcare.

Behavior:

Cabot Children's Center understands that children may be faced with difficulties or struggles that might result in behaviors that are undesirable – hitting, biting, etc. If this situation arises, staff will use methods of redirection and guidance to support any child. At no time will your child be physically or verbally abused. We will work with the family unit to create a plan if the behaviors are consistent and are a continual concern of the safety of your child and of the others within the classroom.

If all attempts to redirect your child have been exhausted and they cannot remain in the classroom, please be aware that Cabot Children's Center will need to have your child picked up and a further plan will need to be created. This might result in the need for care to be terminated, with a two-week notice period.

Cabot Children's Center will also work with the local school district and implement any social/emotional techniques and behavior management programs so when your child reaches elementary school, this will be familiar and help with the transition. The center will use a combination of Second Step emotional learning curriculum, the pyramid model from the Center on the Social and Emotional Foundations for Early Learning (CSEFEL), and Conscious Discipline.

Children with Special Needs:

Cabot Children's Center invites all children to join our family. We will work closely with Children's Integrated Services and the local school district to be able to ensure your child will receive the services needed. Cabot Children's Center will be open to service providers, allowing for these services to happen on the premises while caregivers are able to remain at work. Staff members will represent your child at meetings to advocate for your child's needs and to speak towards goals and growth.

All children within the center will be assessed as needed using Ages and Stages or TS Gold if there appears to be a milestone that has not been reached or a concern in the level of development your child is at. Any concerns will be communicated in a private and sensitive manner.

Abuse and Neglect:

Employees of Cabot Children's Center are mandated reporters, all are required to report suspected child abuse or neglect.

Fire Safety and Lock Down:

Cabot Children's Center will practice monthly fire drills; evacuation routes will be posted in each room of the center and there will be a designated gathering location.

The center will also need to practice lockdown drills. The procedure for each classroom can be found within the center emergency plan if families would like to talk to their children about what this would look like. We invite any questions and/or concerns regarding these state mandated procedures and activities.

Emergency Protocols:

Upon enrollment, if requested, Cabot Children's Center will provide parents with a copy of the center's Emergency Plan and Aquatic Plan. This will provide information regarding protocols, procedures, and evacuation sites.

Potty Training:

Cabot Children's Center believes that potty training should be child led; it is imperative that a child is ready for this transition both physically and psychologically. When your child expresses interest in using the bathroom either at home or the center, we ask that the classroom teacher and parents form a plan that can be used at both home and the center in order to provide the child with a consistent routine. A child who is interested at home may not want to use the bathroom at the center, and vice versa, and that will be supported. Until your child can demonstrate 2 weeks of bladder control, we cannot transition them to underwear/training pants due to health and sanitation regulations. Again, we ask that extra socks, underwear, and pants are provided as accidents do happen. If a child experiences a regression, Cabot Children's Center will request a plan of action be set with the parents and classroom teachers to ensure a positive experience for the child.

Safe Sleep Practices:

Infants under 1 year of age will be placed on their back to sleep. Cribs will not have blankets or loose bedding, or stuffed animals. If your child uses a sleep sack or swaddle, Cabot Children's Center invites parents to provide those items. If your child has a medical need that requires them to sleep elevated, a signed physician's note must be provided, per licensing requirements.

Confidentiality:

Confidentiality is a core value of Cabot Children's Center. No employee is permitted to share personal information of any child, family member, or staff member without authorization at any point. All staff members have reviewed and signed a statement of understanding regarding the confidentiality policy of Cabot Children's Center. We ask that any concerns are brought immediately to the attention of the director or a board member so it can be addressed swiftly.

We also ask our families to be mindful of sharing information regarding other enrolled families or employees. Any violation of this policy might result in termination of care, with a 2 week notice.

Concerns:

If at any point there are concerns or questions, please contact Heather Smires or Crystal Bedor (Director), directly either by phone or email. We value your opinions and thoughts, and any worries will be addressed promptly and follow up will also be provided to ensure there are no longer any concerns.

At any time, a parent or family member can contact the Child Care Consumer line if they feel there is a concern that has not been resolved. To access the regulations or any other information regarding Child Care licensing, please visit https://dcf.vermont.gov/sites/dcf/files/CDD/Docs/Licensing/CBCCPP_Regulations_FINAL.pdf

Cabot Children's Center

2 Common Road Cabot, VT 05647
Owner: Heather Smires Director: Crystal Bedor

ENROLLMENT AGREEMENT

To the parent:

Please read the Agreement carefully. If you do not understand any part of this Agreement, feel free to contact Heather with any concerns or questions. This Agreement establishes your legal rights and responsibilities, and those of the Center, regarding your child's participation in the Center. Throughout this Agreement, the terms "you" and "parent" refer to the parents(s) or legal guardian(s) of the child enrolled in the Center, and the terms "Center" and "we" refer to Cabot Children's Center and its staff members. The term "school day" means a day when the Center is open and operating.

You, _____ (*parent(s) or guardian(s)*), agree to enroll your child, _____ in Cabot Children's Center. The Center agrees to accept your child's enrollment, under the following terms and conditions.

1. Program and Hours of Care:

Beginning on _____, Cabot Children's Center will provide care for your child _____, in the **Infant Room** (6 weeks- 2 years), **Toddler Room** (2 years), **Preschool Room** (3-5 years), **Before/afterschool** (6-12 years)

2.

_____ Infant Room M T W TH F Drop off _____ Pick up _____

_____ Toddler Room M T W TH F Drop off _____ Pick up _____

_____ Preschool / Afterschool M T W TH F Drop off _____ Pick up _____

3. Methods of Payment:

Payments may be made by debit or credit card (via our online brightwheel app), cash, or check, due every Friday before the upcoming week. Payment obligation is based on the days agreed to use childcare, not on actual attendance. There is no change in fee due to your child's absences. ***Late payments- A \$25 late payment fee (per child) applies for any payment not received on the Friday of that week of care ends. If payment is not received on the Monday of the next week an additional \$10 fee per day will be charged.**

4. Late Pick - Up Penalties:

If your child is not picked up by 5:00 p.m., you will owe a late fee of **\$5 for each 5-minute period**, or portion thereof, after the scheduled time. Any unpaid balances need to be cleared up within 30 days.

5. Changes in Tuition:

The monthly tuition rate is subject to change and you agree that you will pay the new rate after a sixty day written notice of such change is posted.

6. Absences:

You are responsible for paying the full weekly tuition, even if your child is absent (due to illness or other)

7. Holiday Schedule and Weather Closings:

The Center will be closed the following holidays and for occasional professional development:

- New Years Eve
- New Years Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day
- Professional Development training (3-4 days per year) Please see attached Calendar.
-

8. Adjustment and Trial Period:

Your child is accepted for enrollment in the Center for a trial period of 1 month. If at any time during the first month, the Center determines that your child is unable to adjust to the Center's program, either you or the Center may terminate your child's enrollment immediately. We will make reasonable attempts to work with you and your child to help solve adjustment problems.

9. Withdrawal by Parent:

After the adjustment period, you will continue to have the right to withdraw your child from the program. However, please notify Heather Smires, with 14 days 'notice of withdrawal.

10. Termination

The Center reserves the right to terminate this Contract if the parent does not meet the payment and all other terms of contract. In signing this agreement, I (we) hereby certify that I am (we are) the sole legal guardian (s) of the child.

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____

Tell us about your child...

Check the type of activities that your child enjoys:

- | | | |
|---|--|--|
| <input type="checkbox"/> Books | <input type="checkbox"/> Blocks | <input type="checkbox"/> Water, sand, play-doh |
| <input type="checkbox"/> Puzzles | <input type="checkbox"/> Dolls, dress-up, dishes | <input type="checkbox"/> Legos, tinker toys |
| <input type="checkbox"/> Paper, crayons | <input type="checkbox"/> Balls, jump ropes, trikes | <input type="checkbox"/> Trucks, trains, cars |
| <input type="checkbox"/> Scissors, glue | | <input type="checkbox"/> Other (Please describe) |

Is your child more of a visual or hands-on learner?

Check the activities for which your child takes responsibility of at home:

- | | |
|--|--|
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Hygiene (tooth brushing, bathing) |
| <input type="checkbox"/> Household tasks | <input type="checkbox"/> Other (please describe) |

How does your child best communicate their needs?

Sleep Routines

1. What time does your child go to bed at night?
2. What time does your child wake up in the morning?
 - a. Does your child have a wake-up routine? If so, please describe.
3. What are your sleep routines or the nap schedule you practice at home? Does your child still nap at home?

4. Would you like your child to nap at childcare?
5. At home, where and what position does your child sleep?
6. What does your child need or like to have for sleeping (favorite stuffed animal)?
7. What signs does your child display when getting tired (twirling/tugging on strands of hair, rubbing eyes, etc.)?

Diapering & Toileting

1. Is your child currently wearing diapers or pull-ups?
 - a. If diapers or pull-ups are worn, what brand is used? Is your child sensitive to certain brands of diapers?
2. How often do you change your child's diaper? When does your child usually need a diaper change?
3. If your child's bottom gets sore, how do you treat it? Will you request that we apply cream? If yes, what type and amount is to be applied?
4. What specific words do you/your family use when addressing your child's body parts during diapering or toileting?
5. How does your child communicate their toileting needs (words/actions)?
6. Does your child use any special positions for toileting, for example sitting backward on the toilet seat, standing, etc.?

7. Does your child need assistance with toileting?

a. If yes, please explain.

Social

1. Does your child spend time playing with children other than those living at home?

a. If yes, how often and what is the age range of children?

2. Does your child prefer playing alone?

3. Does your child have an imaginary friend?

If yes, what is their name/role?

4. Who does your child reside with?

5. Has your child been cared for outside the home prior to this center experience?

a. If yes, how old was your child and how long was he/she in this care?

6. Have you and your child had any extended separation from each other?

a. If yes, who cared for your child during this time and how did your child respond to the separation?

7. How does your child respond to new situations away from his/her family?
8. What are your routines in saying good-bye to your child?
9. Has your child experienced any losses?
 - a. If yes, how did he/she respond?
10. Has your child witnessed any violence?
 - a. If yes, how did he/she respond?
11. Does your child have any fears? What can we do to help your child feel secure?
12. Does your child have any sensory or sensitivity needs?
13. How does your child prefer to be comforted?
14. Is DCF currently involved with your child or family?

Health

1. Does your child have any health history and medical information relevant to routine child care? Explain.
2. Does your child have a diagnosis or treatment in case of emergency? Explain.

3. Does your child take medication? If so, what medication and how much? Medication must be documented on our Center's medication form.

4. Does your child have any allergies? Please explain.

5. Does your child have any special needs or health problems that I should know about?

Program Goals

1. A copy of our program philosophy is in this handbook. Do you have any questions? Would you like additional information?

2. List three of your most important goals/expectations for your child while attending this program.
 - a.

 - b.

 - c.

3. Does your child receive services through Children's integrated services or your school district?

Family Background

1. What is the primary language spoken at home?

2. What does behavior redirection look like in your home?

3. If your child is in a 2-home living arrangement, please provide us with the most up to date custody agreement.
4. In case of emergency or illness, is there a preference to who is called or is the custody schedule followed?
5. Please describe your child and give pertinent information that is not included in this questionnaire.

Cabot Children's Center

2 Common Road Cabot, VT 05647
Owner: Heather Smires Director: Crystal Bedor

Childs Name: _____

Birthdate: _____

Address: _____

Parent or Guardian

#1: _____

Address: _____

Telephone: Home _____

Work: _____

Cell Phone: _____

Email: _____

Preferred method of contact: Home [] Work [] Cell [] Email []

Parent or Guardian

#2: _____

Address: _____

Telephone: Home _____

Work: _____

Cell Phone: _____

Email: _____

Preferred method of contact: Home [] Work [] Cell [] Email []

Emergency Contacts (to whom your child may be released to when parent or guardian cannot be reached, must list two)

Name #1:

_____ Relationship: _____

Home Address: _____ City: _____ State: _____

Telephone:

Home _____ Work: _____ Cell: _____

Name #2

_____ Relationship: _____

Home Address: _____ City: _____ State: _____

Telephone: Home _____ Work: _____

Cell: _____

Written permission must be on file for anyone other than a parent/guardian to pick up your child at the center.

Child's Primary Medical Care

Physicians

Name: _____ Phone: _____

Address: _____

In case of an emergency, hospital to take your

child: _____

Dentists

Name: _____ Phone: _____

Address: _____

Child's Health Insurance:

Name of Insurance

Plan: _____

Certificate Number (or ID) #: _____ Group #: _____

Policy Holder Name: _____

As parent/guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance.

Parent/Guardian #1 Signature: _____

Date: _____

Parent/Guardian #2 Signature: _____ **Date:** _____

PEOPLE WHO MAY NOT PICK UP MY CHILD:

Name: _____

Reason: _____

Name: _____

Reason: _____

Name: _____

Reason: _____

People who MAY PICK UP your child from our Center:

1. _____

relationship: _____

2. _____

relationship _____

3. _____

relationship _____

WRITTEN CONSENT IS GIVEN FOR ITEMS BELOW: (Parent/Legal Guardian *signature* required)

Administration of Minor First Aid

Emergency Medical Treatment

Emergency Medical Transportation

Administration of Prescription Medications (Current

Instructions from Physician Must Be Provided)

Administration of Nonprescription Medication – Circle All
That May Be Administered: Tylenol, Diaper Cream, Sunscreen. **List** Product
Name and any other nonprescription approved that is not listed above:

A Non-prescription Administration form must be completed by your child's
physician to support the administration of all non-prescription medications.

Administration of Special Dental or Dietary Needs (List All

That Apply and Portion Size/Dosage) _____

Permission for my child to be released from CCC care (out
of the classroom) for services to be performed by _____ specialists/ therapists
from outside agencies as designated and authorized by parents (i.e. services
provided by early intervention, intermediate units – speech therapists,
occupational therapists, social workers, etc.)

I give permission for my child to be transported to a
second, parent designated agency via bus or other parent approved mode of
transportation.

_____ If child is transported by the facility, are there any special instructions for care (i.e. motion sickness, seizures) during transportation? _____ Yes _____ No If Yes, please specify:

_____ I give permission for my child's immunization records to be accessed via the Vt Immunization Registry. Records will be kept confidential and viewed only by the Director .

_____ Authorization to post child's allergies in the center

_____ Walking Excursions (Off Premises)

_____ Wading/Swimming/swim lessons

_____ I give permission for my child to be photographed and/or videotaped and the photographs/videotapes to be displayed.

_____ I give permission for my child to use a pacifier during the day and/or while sleeping in a crib or on a cot

Signature: _____

Date: _____

Sunscreen Policy and Consent

The American Academy of Pediatrics recommends that children stay out of the sun between the hours of 10 AM and 4 PM. This is the time of day that the sun is at its highest point and may cause the most damage to skin. Even on cool or cloudy days UV rays can travel through clouds resulting in sunburn that children often do not notice because the temperature or breeze keeps their skin feeling cool. To be sure that all children are able to enjoy the outdoors, Cabot Children's Center has extended this time period to 11 AM to 3 PM, taking into consideration that there is shade available and skin protection is in place to ensure that all children have the opportunity to play outdoors, weather permitting.

When children are outdoors, Cabot Children's Center encourages the use of UV ray protection sunscreen with an SPF of 15 or higher for children who are over six months of age.

To assist with supervision and the prevention of allergic reactions, we request that parents/legal guardians apply the child's sunscreen while at home, prior to arrival at the center. If you are trying a new brand of sunscreen, remember to try the sunscreen prior to providing to the center to monitor for any reactions. Cabot Children's

Center will be responsible for applying a layer of sunscreen in the afternoon to areas of exposed skin. If water play is included in the classroom's morning schedule, sunscreen will be reapplied.

- Sunscreen is to be brought to the center in its original packaging or bottle.
- Sunscreen may not be used if it has expired.
- The child's name must be written on the sunscreen bottle or tube.
- Consent for sunscreen application must be given by the child's parent/legal guardian in writing each year.
- Sunscreen may be left at the center overnight stored in a locked cabinet away from children's belongings.
- Sunscreen will not be applied to children less than six months of age. **Application of sunscreen to children less than six months will only occur when written permissions and instructions have been provided by the child's physician.**
- Directions for application are to be followed per the instructions on the product's label unless otherwise indicated by a physician, in writing. Based upon general recommendation, sunscreen is to be applied approximately 20-30 minutes before going outdoors to allow for absorption.
- Sunscreen may not be shared with other children. If a sibling is in the center but not the same classroom, each child is required to have their own container of sunscreen.
- Aerosol cans are not accepted per state regulations.

() Yes, I wish to have sunscreen applied to my child for afternoon outdoor play and reapplied in the morning when water play is part of the classroom schedule. I agree to provide the center with sunscreen for my child. I understand the risks of sunburn and will not hold Cabot Children's Center responsible should I fail to apply sunscreen prior to arrival to the center each day.

() No, I do not want sunscreen applied to my child by Cabot Children's Center. I understand the risks of sunburn and will not hold Cabot Children's Center responsible should I fail to apply sunscreen prior to arrival to the center each day.

By enrolling in this program, I understand that outdoor play is a part of the program's daily schedule (weather permitting) per state regulation

Child's Name: _____

Date of Birth: _____

Parent/Legal Guardian's Signature: _____

Insect Repellent Policy

There are a wide variety of products that claim to repel insects. The Centers for Disease Control and Prevention recommends using products that contain active ingredients that are registered with the Environmental Protection Agency (EPA). The products have been tested and have been found to be both safe and effective in preventing insect bites when used per the product labels. Each product is unique and may have a different concentration of repellent. The labels should indicate the concentration and how many hours the repellent is capable of being effective before another application is needed. Remember that higher concentrations of repellent do not mean that they work better; rather, they may work for a longer period. To reduce the risk of adverse effects, the lowest concentration that can be used for your situation would be best.

Use of Insect Repellent requires written permission from the child's parent/legal guardian daily. A Medication Administration Form is to be completed each day the product is to be applied in addition to the attached general consent (below). Any time the product does not meet the recommendations listed below, a note from the child's physician is required.

The following recommendations from the American Academy of Pediatrics, CDC and EPA strictly adhered to:

- Products must be EPA approved.
- Products containing DEET must have 30% or less concentration (of DEET) to be used in the child care setting unless otherwise indicated by a child's physician.
- No repellents will be used on children under the age of two months. Products containing DEET may not be used on children less than 6 months of age.
- Products that contain both DEET and sunscreen will NOT be accepted.
- Repellent may only be applied once per day.
- Aerosol cans are not permitted per state regulations.

When Insect Repellent is indicated for use, the following guidelines will be followed:

1. Families must try the insect repellent at home prior to providing it to the center to allow for the family to observe for any reaction.
2. Read the label with each use and follow the instructions as stated by the manufacturer.
3. Repellents will only be applied to exposed skin.
4. Never use Repellents over cuts, wounds or irritated skin.
5. Do not apply to eyes or mouth, use in moderation around ears.
6. Repellent is to be applied to the teacher's gloved hands and then applied to the child's exposed skin.
7. Do not spray in enclosed areas or near food.
8. Do not allow children to handle the product and do not apply the product to the child's hands.

9. Keep Repellents away from children in a locked cabinet or lock box, away from children's belongings, food and other medications. Repellants can be kept at the center overnight and do not need to be removed daily.
10. If a child develops a rash, stop using the product! Should this occur while the child is at the center, staff will wash the areas treated with Repellent with a mild soap and water and call the child's parents and the Poison Control Center for further guidance.
11. Log application of Insect Repellent after each application.

I hereby acknowledge that I have been provided with, and have read the Cabot Children's Center Insect Repellent Policy and agree to abide by the policy and procedures detailed herein during the period my child is enrolled at the child care center.

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

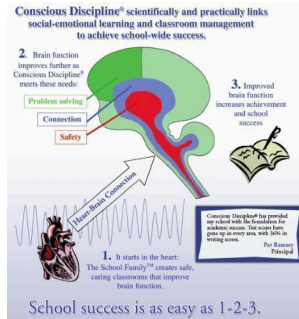
Guidance and Behavior Management Policies

The ultimate goal of discipline is self-discipline—self-control and self-direction. Our goals in caring for our daycare children include directing their behavior with words and by example, so that they will learn the skills necessary to control their own behavior and cooperate with others. In our childcare center, it is our intention to try to prevent many behavior problems by providing direct supervision and guidance, age appropriate activities, love and interaction, a daily routine, and clear boundaries. I have found that most young children will “follow the leader” when taught to.

Cabot Children's Center uses CSEFFEL and the Conscious Discipline method when guiding children (developed by Dr. Becky Bailey). Conscious Discipline links social-emotional learning with behavior management for overall success. It is based on the principle that children learn best when they feel safe, loved and calm. It is based on current brain research, child development information, and developmentally appropriate practices. Conscious Discipline has been specifically designed to make changes in the lives of adults first. The adults, in turn, change the lives of children.

Conscious Discipline is a way of organizing schools and classrooms around the concept of a School Family. Each member of the family—both adult and child—learns the skills needed to successfully manage life tasks such as learning, forming relationships, communicating effectively, being sensitive to others' needs and getting along with others. Conscious Discipline empowers teachers and other adults with the Seven Powers for Self-Control. These powers change the adults' perception and relationship with conflict, empowering them to be proactive instead of reactive during conflict times. These core beliefs strengthen our utilization of the frontal lobes of the brain. The frontal lobes are to the brain as a conductor is to an orchestra. The frontal lobes are our moral leader.

From the beliefs instilled with the Seven Powers for Self-Control emerge the Seven Basic Skills of Discipline. These skills change how adults respond to conflict in such a way as to facilitate the development of the frontal lobes in children. The Seven Skills are the only skills an adult needs to constructively transform conflict into teaching moments. Through the Powers and Skills, adults stay in control of themselves and in charge of children.



* all information, charts and artwork listed here about Conscious Discipline have been taken from Dr. Becky Bailey’s website or book “Conscious Discipline.” For more information please consult either source.

Other Discipline Techniques

Our goal is to use as little “Discipline” as possible, we much prefer the term “GUIDANCE” However, occasionally the need for correction and discipline does arise. When a child must be disciplined at the daycare, caregivers will choose a method most fitting to the circumstance from the following methods.

A.) Redirecting the child’s behavior often will fix the problem. By just talking with the child, explaining the rule or expectation and showing him how to change his behavior, many problems can be corrected. With very young children, sometimes just distracting the child or providing them with an alternate toy or activity can be all it takes to turn tears and tantrums into smiles and giggles.

B.) Safe spaces may be used to remove the child from a situation to discontinue negative behavior. The caregiver will respond immediately with a brief explanation. If the child’s behavior is out of control to the extent that he/she cannot stand or sit independently, the caregiver will assist the child in calming down. The caregiver may need to stand or sit with the child in the safe space, and possibly hold the child’s hand or place her hand on the child’s shoulders or back to assist the child in calming down. Breathing and relaxation techniques will also be encouraged.

C.) To use a consequence as a learning experience for the child, the caregiver will remove a privilege that is a logical response to an inappropriate or un-allowed behavior. For example, if the child continues to jump off the swing set in an unsafe manner after being made aware of the safety rules, the caregiver may take away the privilege of swinging for a period of time.

D.) If the caregiver feels that the child has gotten out of control, in certain situations, Parent’s Involvement may be required. Daycare staff will notify a parent if this is the case, or if there seems to be a consistent problem area that needs to be addressed. CCC believes that it is very important for parents to work closely together in any child-rearing goals, especially with discipline issues. We want to work together with parents to solve any problems that arise. We will communicate any behavior issues with you either during our end of the day conversation, by

a phone call to your home or work, or by a note or email. If a serious problem needs to be discussed, we may choose to schedule an appointment to explore solutions. The communication street runs two ways—if a parent feels there is an issue to discuss regarding discipline or any other issue, we highly encourage you to voice your concerns.

Cabot Children's Center also feels it important to let parents know what we will NOT do when disciplining children. Children are precious, and will not be treated in a demeaning way or physically harmed in any way. The State of Vermont Licensing Rules provide very exact guidelines regarding what is and is not allowed regarding discipline. Cabot Children's Center whole-heartedly agrees with this rule, as copied below, not only because it is law, but because it is right. It is there to protect our children.

6.2.7 Positive Guidance and Behavior Management

- Staff's expectations of children's behavior and responses to children's behavior shall be appropriate to each child's level of development and understanding. Guidance shall be designed to meet the individual needs of each child.
- Staff shall use positive methods of guidance and behavior management that encourage self-control, self-direction, self-esteem, and cooperation.
- No form of inappropriate discipline or corporal punishment shall be used with children such as but not limited to:
 - Hitting, shaking, biting, pinching;
 - Restricting a child's movements through binding, tying, or use of any other mechanical restraint;
 - Withholding of food, water, or toilet use;
 - Confining a child in an enclosed or darkened area, such as a closet or a locked room;
 - Inflicting mental or emotional punishment such as humiliating, shaming, threatening, or frightening a child; or
 - Making disparaging remarks regarding a child or his/her family.
- No punitive action shall be taken with children for not going to sleep, for toileting accidents, for failure to eat all or part of a meal or for failure to complete a prescribed activity.
- Profanity and obscene language shall not be used in the center while children are present.
- The program director shall consult with parents and professionals to design an effective behavior management plan and adapt behavioral management practices for a child who exhibits a pattern of challenging behaviors.

Inappropriate and Unacceptable Behavior Policy

PURPOSE

Cabot Children's Center will ensure that the play and learning environments for all children is safe, respectful, and provides a model of proper behavior to all children within our care. We also must ensure that inappropriate and unacceptable behavior is addressed in a timely, consistent, and fair manner for the well-being of each individual child as well as the group. This policy will address our plan for Inappropriate and Unacceptable Behavior.

DEFINITION

Inappropriate and Unacceptable Behavior May Include (but is not limited to):

- *Aggressive, physical, or verbally threatening actions directed at another individual.
- * Profane or abusive language (does not have to be directed at another individual)
- * Refusal to comply with a teacher's instruction or request.
- * Treating (or another individual's) property with a lack of respect.
- * Disrespecting another child or an employee.
- * Self-Destructive Behavior
- * Other behavior determined by a staff member to be unacceptable.

POLICY

While in the care of our center, we teach children to respect themselves, their friends and teachers, their environment, and materials. Most of the time, small behavior issues and concerns are communicated to the parents through routine interactions at drop off and pick up times. In some instances, children who are disruptive or continuously aggressive may need a behavioral plan put in place. A parent meeting will be requested if a behavioral plan needs to be put in place for any child.

While understanding that children of different ages will have varied expectations regarding what is developmentally appropriate behavior, ABC and LOL will not be able to tolerate continuous disruptive, aggressive or violent behavior by children of any age. If a child's behavior continuously takes away from the care and safety of the Others, enrollment termination might be required. In a case of potential termination CDD licensing specialist and advanced specialized care coordinator will be contacted and their presence will be requested for meetings. However, in most cases, the following processes will be followed:

- Teachers will log behavior issues on Incident Report forms. A copy of each incident report will be given to the parents and discussed. Parents are expected to further address the issue with their child at home. Parents will be expected to cooperate for continued enrollment.
- If a child exhibits violent or aggressive behavior, the child will receive support from our Positive Behavioral Specialist and the Director.
- If a child's aggressive behavior continues the same day, the child's family will need to be contacted. The parent will be expected to make arrangements to set up a meeting time as soon as possible to go over the unsafe behaviors and make a further plan for the success of the child.
- A parent meeting to discuss and implement a behavioral action plan, which may include additional professional services and assessments.

- Continued meetings and check-ins regarding the behavioral support plan will be required for all team members.

Behavior Management Policy Agreement

I _____ have read and agree to the above behavior policy that our centers have implemented to keep our children and staff safe.

Social Media Policy

Parents and caregivers are requested to bring any questions or concerns to either the owner or director, or both. Negative and defaming posts on social media can result in termination of care. We work hard to communicate with all families in a positive manner and hope to have the same in return.

Name of Child

Signature of parent/guardian: _____ Date: _____

Cabot Children's Center
2 Common Road Cabot, VT 05647
cabotchildrenscenter@gmail.com

CHILD CARE GENERAL HEALTH EXAMINATION FORM

Note: This form can be used for childcare programs as required documentation of a child's general health examine. Other physical forms used by the health provider's office documenting the child's age-appropriate well care exam and information regarding any health conditions and medications that may impact the care of the child in childcare are also acceptable.

Child's Name: _____

Date of Birth: _____ Date of Last Exam: _____

___ This child has no health conditions or medications that impact enrollment in childcare.

___ This child has a condition or medication that should be known by the childcare provider:

Health Care Provider Name: _____

Phone Number: _____

Health Care Provider Signature: _____ Date: _____

Cabot Children's Center
2 Common Road Cabot, VT 05647

Authorization for Exchange of Information

Name of Child: _____

Date of Birth:

Parent/Guardian Name: _____

I hereby authorize the release and exchange of the following information between Cabot Children's Center and the following providers (Please check all that apply):

_____ Pediatrician _____

_____ Children's Integrated Services

_____ Department of Children and Families

_____ Umbrella

_____ School District _____

Parent/Guardian Signature

Date

Cabot Children's Center



2025 Calendar

Wednesday, January 1st - Closed for New Years

Monday, January 20th - Closed for inservice

Friday, February 28th - Closed

Monday, March 3rd - Closed

Thursday, March 20th - Closed for Inservice

Wednesday, April 2nd - Open House 4:00-6:00 pm

Friday, April 18th - Closed for Inservice

Friday, May 9th- Mother's Day Tea 6:30-8:30 am

Week May 19-23rd - Parent Teacher Conferences 3:00-5:00pm

Monday, May 26th - Closed

Friday, June 6th - Closed for Inservice

Wednesday, June 12th - Father's Day Breakfast to go

Friday, July 4th - Closed

August 4-8th - Closed for Vacation

Monday, September 1st - Closed for Labor Day

Wednesday, October 8 - Closed for Inservice

Friday, October 31st - Close at 3:00

Thursday, November 20th - Thanksgiving Family Lunch @ 11:30 am

Thursday, November 27th - Closed

Friday, November 28th - Closed

Wednesday, December 24 Close at 12:00

Thursday, December 25 & Friday, December 26th - Closed for Christmas

Wednesday, December 31st - Close @ noon

Application for Child Care Financial Assistance

To Be Eligible for Assistance, Your Family Must

- Have an accepted service need (reason) for child care.
- Meet the income guidelines.
- Live in Vermont.

How to Apply

1. Fully complete this application. Incomplete applications will be returned.
2. Sign at the bottom of page 10. Use a pen.
3. Complete any additional forms that are required (e.g., Verification of Employment Form).
4. Gather copies of required verification documents (e.g., child support order). Originals may be returned upon request.
5. Send your application, along with required documents and forms, to your local Community Child Care Support Agency (see list on bottom of page 2). They can help you apply.

Note: If you get Reach Up, ask your case manager if they can authorize Child Care Financial Assistance for you. If they can, you DO NOT have to complete this application.

What Happens Next

1. Your local agency will determine your eligibility for assistance based on your need for child care, household income, and family size.
2. If you are eligible, assistance may begin immediately.

If English is not your primary language and you need help understanding this information, tell your local office.

إذا لم تكن اللغة الإنجليزية لغتك الأولى وتحتاج إلى الحصول على المساعدة قم بإبلاغ المكتب الفرعي القريب منك.

Ako engleski jezik nije Vaš primarni jezik i ako Vam je potrebna pomoć da razumijete ovu informaciju, obavijestite svoj lokalni ured.

आगराई अंग्रेजी आपका प्रथम मातृभाषा नहीं है और आपको इन सूचनाओं को समझने में मदद चाहिए तो कृपया अपने स्थानीय कार्यालय से सहायता मांगें।

Si vous n'êtes pas anglais de langue maternelle et que vous avez besoin d'aide pour comprendre ces informations, dites-le à votre bureau local.

Mugihe icongereza atari ururimi rw'awe rw'amavukiro ukaba ushaka impfashanyo y'ugusobanukirwa iy'inkenuzo, egera ibiro vyaho uba.

यदि अङ्ग्रेजी तपाईंको मुख्य भाषा होइन र तपाईंलाई यो बुझ्न सहयोग चाहिएमा, तपाईंको स्थानीय कार्यालयमा भन्नुहोस्।

Haddii luuqada Ingiriisiga aysan ahayn luuqadaada asaasiga ah aadha u baahan tahay caawimaad ah fahanka macluumaadka, u sheeg xafiiska deegaankaaga.

Si su idioma materno no es el inglés y necesita ayuda para comprender esta información, infórmelo a su oficina local.

Ikiwa Kiingereza sio lugha yako ya msingi na unahitaji msaada wa kufahamu maelezo haya, waeleze ofisi yako ya mtaa.

Nếu tiếng Anh không phải là ngôn ngữ chính của quý vị và quý vị cần trợ giúp để hiểu thông tin này, hãy cho văn phòng tại địa phương quý vị biết.

Document Checklist

Review this list and make sure you send all the required documents and forms.

- Education savings account:** Send proof of any contributions to a qualified account.
- Reason for child care:** Complete the required forms and gather the documents required to verify the service need for child care.
- Child support:** Send a copy of any child support order. If you're not getting or paying the amount on the order, send a 6-12 month payment history from the Office of Child Support.
- Household income:** Include all documents required to verify all sources of income.
- State adoption:** If you have an adoption assistance agreement with the State of Vermont, send a copy. Income limits may be waived, but you'll still need to provide income information and verification and have a service need (reason) for child care.

Community Child Care Support Agencies

Staff in your local agency can:

- Answer your questions about assistance and help you apply.
- Provide copies of any additional forms you need to fill out.
- Help you find a child care provider if you don't already have one.

<p style="text-align: center;">Addison</p> <p>Child Care Services at Mary Johnson Children's Center 81 Water Street Middlebury, VT 05753 (802) 388-4304</p>	<p style="text-align: center;">Franklin/Grand Isle</p> <p>Family Center of Northwestern Counseling & Support Services 130 Fisher Pond Road St. Albans, VT 05478 (802) 524-6554</p>	<p style="text-align: center;">Rutland</p> <p>Vermont Achievement Center 88 Park Street Rutland, VT 05701 (802) 773-4365 (child care subsidy) (802) 747-0033 (child care referral)</p>
<p style="text-align: center;">Bennington</p> <p>Sunrise Family Resource Center 238 Union Street Bennington, VT 05201 (802) 442-0052</p>	<p style="text-align: center;">Lamoille</p> <p>Lamoille Family Center 480 Cady's Falls Road Morrisville, VT 05661 (802) 888-5229</p>	<p style="text-align: center;">Washington</p> <p>Family Center of Washington County 383 Sherwood Drive Montpelier, VT 05602 (802) 262-3292</p>
<p style="text-align: center;">Caledonia/Essex South</p> <p>Kingdom Child Care Connection at Umbrella 1330 Main Street St. Johnsbury, VT 05819 (802) 748-1992 (option 3)</p>	<p style="text-align: center;">Orange/Windsor North</p> <p>The Family Place 319 US Route 5 South Norwich, VT 05055 (802) 649-3268, 1-800-639-0039</p>	<p style="text-align: center;">Windham South</p> <p>Winston Prouty 209 Austine Drive, Vermont Hall Brattleboro, VT 05301 (802) 257-7852</p>
<p style="text-align: center;">Chittenden</p> <p>Child Care Resource 300 Cornerstone Drive, Suite 128 Williston, VT 05495 (802) 863-3367</p>	<p style="text-align: center;">Orleans/Essex North</p> <p>Kingdom Child Care Connection at Umbrella 79 Coventry Street, Suite 3 Newport, VT 05855 (802) 624-4157</p>	<p style="text-align: center;">Windsor South/ Windham North</p> <p>Springfield Area Parent Child Center 80 Jack & Jill Lane North Springfield, VT 05150 (802) 886-5242, 1-800-808-4442</p>

Child Care Financial Assistance Application

Please print clearly and answer all questions completely.

1. Tell Us About Yourself (the applicant).

First name, middle name, last name, and suffix (Jr., Sr., III, etc.)			
Other names (e.g., maiden name, nicknames, or aliases)		Date of birth (mm/dd/yyyy)	
Social Security number*	Email address		
Phone numbers: (Check preferred one)	<input type="checkbox"/> Cell (with area code)	<input type="checkbox"/> Home (with area code)	<input type="checkbox"/> Work (with area code)
Physical address (street address, city, state, zip code)			
Mailing address (if different from physical address)			
Primary Language:		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Race (check all that apply): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer to self-describe (explain) _____ <input type="checkbox"/> Prefer not to answer			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-describe (explain) _____			Pronouns (optional):
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Legally Separated <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed			Vermont Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a million dollars or more in assets?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you put money into a qualified education savings account (e.g., Vermont Higher Education Investment Plan, other 529 Plan)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in the home pay child support?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any parent/caregiver currently on active duty in the U.S. military or a member of a National Guard or Military Reserve unit?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which one: <input type="checkbox"/> Active Military <input type="checkbox"/> National Guard/Military Reserve			
Is your family experiencing homelessness?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a single-parent household?			<input type="checkbox"/> Yes <input type="checkbox"/> No

*You are not required to provide your social security number. However, not providing it might delay the process of your application.

2. Tell Us Why You Need Child Care. (What Is Your Service Need?)

To complete section 2 and 3:

1. Check the reason you need child care.
2. Provide other required information or forms.
3. Contact your local child care support agency or visit dcf.vermont.gov/cdd/families/forms for forms.

Reason for Care	Required Information and Forms		
<input type="checkbox"/> Self-employed	Send a completed <i>Self-Employment Business Plan</i> form. If you have been self-employed for: <ul style="list-style-type: none"> • More than a year, send a copy of your individual and business taxes, including all schedules. • Less than a year, send a profit and loss statement. 		
<input type="checkbox"/> Medically unable	Send a completed <i>Special Health Needs (Adult)</i> form.		
<input type="checkbox"/> Looking for work	Send a completed <i>Seeking Employment Plan</i> form.		
<input type="checkbox"/> Attending school or training	Send a completed <i>Training Plan</i> form and copy of your current registration form/class schedule. Bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If you already have a bachelor's degree, this cannot be the reason you need child care.		
<input type="checkbox"/> Working	<ul style="list-style-type: none"> • Send two consecutive pay stubs from the last 30 days for each job you have. • If your job is new and you don't have paystubs yet, send a completed <i>Verification of Employment</i> form. • If your employer does not withhold taxes for you, follow the instructions for self-employment above. • Employer name: • Employer phone: • Employer address: • Does your employer contribute towards child care costs? <input type="checkbox"/> Yes <input type="checkbox"/> No • Work hours (circle AM or PM) 		
	Sunday Start ____am / pm End ____am / pm	Monday Start ____am / pm End ____am / pm	Tuesday Start ____am / pm End ____am / pm
	Wednesday Start ____am / pm End ____am / pm	Thursday Start ____am / pm End ____am / pm	Friday Start ____am / pm End ____am / pm
	Saturday Start ____am / pm End ____am / pm	Flexible schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	Scheduled hours per week ____
<input type="checkbox"/> Child with special health needs	Send a completed <i>Special Health Needs (Child)</i> form.		
<input type="checkbox"/> Family support	If your family is experiencing extreme short-term stress (e.g., shelter, safety, emotional stability, substance abuse, or children's behaviors), contact your local CIS Child Care Coordinator (dcf.vermont.gov/contacts/partners/scc).		
<input type="checkbox"/> Protective services	Discuss your need for child care with your Family Services worker.		

3. Tell Us About Any Other Parent/Caregiver in the Home.

You MUST list your spouse, civil union partner, or legal parent of your child(ren).

First name, middle name, last name, and suffix (Jr., Sr., III, etc.)		Relationship to applicant	
Primary language	DOB (mm/dd/yyyy)	Social Security number*	
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer to self-describe (explain) _____ <input type="checkbox"/> Prefer not to answer			
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-describe (explain) _____			Preferred Pronoun
Reason for Care		Required Information and Forms	
<input type="checkbox"/> Self-employed	Send a completed <i>Self-Employment Business Plan</i> form. If you have been self-employed for: <ul style="list-style-type: none"> • More than a year, send a copy of their individual and business taxes, including all schedules. • Less than a year, send a profit and loss statement. 		
<input type="checkbox"/> Medically unable	Send a completed <i>Special Health Needs (Adult)</i> form.		
<input type="checkbox"/> Looking for work	Send a completed <i>Seeking Employment Plan</i> form.		
<input type="checkbox"/> Attending school or training	Send a completed <i>Training Plan</i> form and copy of their current registration form/class schedule.		
	Bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If parent/caregiver already has a bachelor's degree, this cannot be the reason for child care.		
<input type="checkbox"/> Working	<ul style="list-style-type: none"> • Send two consecutive pay stubs from the last 30 days for each job. • If their job is new and they don't have paystubs yet, send a completed <i>Verification of Employment</i> form. • If their employer does not withhold taxes, follow the instructions for self-employment above. • Employer name: • Employer phone: • Employer address: • Does the employer contribute towards child care costs? <input type="checkbox"/> Yes <input type="checkbox"/> No • Work hours (circle AM or PM) 		
	Sunday Start ____am / pm End ____am / pm	Monday Start ____am / pm End ____am / pm	Tuesday Start ____am / pm End ____am / pm
	Wednesday Start ____am / pm End ____am / pm	Thursday Start ____am / pm End ____am / pm	Friday Start ____am / pm End ____am / pm
	Saturday Start ____am / pm End ____am / pm	Flexible schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	Scheduled hours per week ____

4. Tell Us About Other Household Members. Include your children and anyone else you claim as a dependent on your taxes. Use extra paper if needed.

First name, middle name, last name, and suffix (Jr., Sr., III, etc.)		Relationship to applicant
Primary language	DOB (mm/dd/yyyy)	Social Security number*
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer to self-describe (explain) _____ <input type="checkbox"/> Prefer not to answer		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Citizenship (required only for a child accessing child care): <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Qualified Immigrant* <input type="checkbox"/> None of the above	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-describe (explain) _____		
Is this a child under 19 who has special health needs and requires child care?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a child you get Act 166 funds for?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are both parents present in the household?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, name of the absent parent: _____		
Physical address (or last known address) of the absent parent: _____		
Are you, or were you (the applicant), married to the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, were you separated in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you (the applicant) receive child support/other goods from the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a child support order in place for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you paying child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		

First name, middle name, last name, and suffix (Jr., Sr., III, etc.)		Relationship to applicant
Primary language	DOB (mm/dd/yyyy)	Social Security number*
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer to self-describe (explain) _____ <input type="checkbox"/> Prefer not to answer		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Citizenship (required only for a child accessing child care): <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Qualified Immigrant* <input type="checkbox"/> None of the above	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-describe (explain) _____		
Is this a child under 19 who has special health needs and requires child care?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a child you get Act 166 funds for?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are both parents present in the household?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, name of the absent parent: _____		
Physical address (or last known address) of the absent parent: _____		
Are you, or were you (the applicant), married to the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, were you separated in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you (the applicant) receive child support/other goods from the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a child support order in place for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you paying child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		

* A child is a qualified immigrant if they have one of the following immigration statuses: lawful permanent resident, asylee, refugee, paroled into the U.S. for at least one year, granted withholding of removal, victim of abuse or trafficking.

4. Tell Us About Other Household Members (Continued). Include your children and anyone else you claim as a dependent on your taxes. Use extra paper if needed.

First name, middle name, last name, and suffix (Jr., Sr., III, etc.)		Relationship to applicant
Primary language	DOB (mm/dd/yyyy)	Social Security number*
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer to self-describe (explain) _____ <input type="checkbox"/> Prefer not to answer		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Citizenship (required only for a child accessing child care): <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Qualified Immigrant* <input type="checkbox"/> None of the above	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-describe (explain) _____		
Is this a child under 19 who has special health needs and requires child care?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a child you get Act 166 funds for?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are both parents present in the household?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, name of the absent parent: _____		
Physical address (or last known address) of the absent parent: _____		
Are you, or were you (the applicant), married to the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, were you separated in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you (the applicant) receive child support/other goods from the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a child support order in place for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you paying child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		

First name, middle name, last name, and suffix (Jr., Sr., III, etc.)		Relationship to applicant
Primary language	DOB (mm/dd/yyyy)	Social Security number*
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer to self-describe (explain) _____ <input type="checkbox"/> Prefer not to answer		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Citizenship (required only for a child accessing child care): <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Qualified Immigrant* <input type="checkbox"/> None of the above	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-describe (explain) _____		
Is this a child under 19 who has special health needs and requires child care?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a child you get Act 166 funds for?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are both parents present in the household?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, name of the absent parent: _____		
Physical address (or last known address) of the absent parent: _____		
Are you, or were you (the applicant), married to the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, were you separated in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you (the applicant) receive child support/other goods from the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a child support order in place for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you paying child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		

* A child is a qualified immigrant if they have one of the following immigration statuses: lawful permanent resident, asylee, refugee, paroled into the U.S. for at least one year, granted withholding of removal, victim of abuse or trafficking.

5. Tell Us About Your Child Care Provider(s). To receive payments, the provider you use must be registered, licensed, or certified by the Child Development Division.

Child's name:	Indicate hours needed, circle AM or PM: Sunday _____ am/pm to _____ am/pm Monday _____ am/pm to _____ am/pm Tuesday _____ am/pm to _____ am/pm Wednesday _____ am/pm to _____ am/pm Thursday _____ am/pm to _____ am/pm Friday _____ am/pm to _____ am/pm Saturday _____ am/pm to _____ am/pm
Child care provider information:	
Name:	
Phone:	
Location:	
Relationship to child:	
Child care start date:	

Will the child use the same child care program for the summer months? Yes No

Child's name:	Indicate hours needed, circle AM or PM: Sunday _____ am/pm to _____ am/pm Monday _____ am/pm to _____ am/pm Tuesday _____ am/pm to _____ am/pm Wednesday _____ am/pm to _____ am/pm Thursday _____ am/pm to _____ am/pm Friday _____ am/pm to _____ am/pm Saturday _____ am/pm to _____ am/pm
Child care provider information:	
Name:	
Phone:	
Location:	
Relationship to child:	
Child care start date:	

Will the child use the same child care program for the summer months? Yes No

Child's name:	Indicate hours needed, circle AM or PM: Sunday _____ am/pm to _____ am/pm Monday _____ am/pm to _____ am/pm Tuesday _____ am/pm to _____ am/pm Wednesday _____ am/pm to _____ am/pm Thursday _____ am/pm to _____ am/pm Friday _____ am/pm to _____ am/pm Saturday _____ am/pm to _____ am/pm
Child care provider information:	
Name:	
Phone:	
Location:	
Relationship to child:	
Child care start date:	

Will the child use the same child care program for the summer months? Yes No

Child's name:	Indicate hours needed, circle AM or PM: Sunday _____ am/pm to _____ am/pm Monday _____ am/pm to _____ am/pm Tuesday _____ am/pm to _____ am/pm Wednesday _____ am/pm to _____ am/pm Thursday _____ am/pm to _____ am/pm Friday _____ am/pm to _____ am/pm Saturday _____ am/pm to _____ am/pm
Child care provider information:	
Name:	
Phone:	
Location:	
Relationship to child:	
Child care start date:	

Will the child use the same child care program for the summer months? Yes No

6. Tell Us About Your Household Income and Expenses.

You must include your spouse, civil union partner, or legal parent of your child(ren) if they live with you.

Check this box if your household has no income, benefits, or expenses. <input type="checkbox"/>		
Gross Monthly Income (before deductions such as taxes)	Applicant	Other Parent/Caregiver
Earned Income		
<input type="checkbox"/> Salaries, wages, tips, etc.	\$	\$
<input type="checkbox"/> Bonuses (ongoing)	\$	\$
<input type="checkbox"/> Military pay (active, reserve, deployed)	\$	\$
<input type="checkbox"/> Self-employment	\$	\$
<input type="checkbox"/> Vista or AmeriCorps stipend	\$	\$
Unearned Income		
<input type="checkbox"/> Alimony	\$	\$
<input type="checkbox"/> Child support	\$	\$
<input type="checkbox"/> Dividend, interest, or trust fund income	\$	\$
<input type="checkbox"/> Rental Income	\$	\$
<input type="checkbox"/> Retirement benefits	\$	\$
<input type="checkbox"/> Pension	\$	\$
<input type="checkbox"/> Social Security Benefits	\$	\$
<input type="checkbox"/> Unemployment compensation	\$	\$
<input type="checkbox"/> Veteran's benefits	\$	\$
<input type="checkbox"/> Worker's compensation	\$	\$
Public Benefits		
<input type="checkbox"/> PSE Education/Reach Up	\$	\$
<input type="checkbox"/> Reach Up Child Only	\$	\$
<input type="checkbox"/> 3SquaresVT (EBT Cash Only)	\$	\$
<input type="checkbox"/> Housing Assistance	\$	\$
<input type="checkbox"/> Supplement Security Income (SSI)	\$	\$
Other Income		
<input type="checkbox"/> Explain:	\$	\$
<input type="checkbox"/> Explain:	\$	\$
Monthly Expenses		
<input type="checkbox"/> Child Support Paid	\$	\$
<input type="checkbox"/> VHEIP/529 College Savings Plan	\$	\$

7. Provide Your Consent to Exchange Information

I authorize my local child care support agency to exchange information needed to determine my eligibility for assistance with any of the agencies checked below.

- Economic Services Division – Department for Children and Families (DCF)
- Office of Child Support – DCF
- Family Services Division – DCF
- Vermont Department of Labor
- Vocational Rehabilitation Division – Department of Disabilities, Aging and Independent Living
- Child care provider: _____
- Child's school: _____
- Employer: _____
- Family Support Team
- Early Childhood Special Education (ECSE)
- Visiting Nurses Association (VNA)
- Home Health and Hospice
- Children's Integrated Services (CIS)
- Other

8. Sign and Certify Your Application

By signing below, I certify that I understand that:

- I will be notified in writing about the decision on my application.
- I must report any changes that may affect my eligibility within 10 business days (e.g., changes in my household size, marital status, employment or training status, address, and income).
- I could be prosecuted for fraud if I don't report changes within 10 business days of the change or I provide incorrect or misleading information.
- If I get assistance, I am responsible for paying the difference between the child care financial assistance I receive and what my provider charges. During the time I am not eligible for assistance, I am responsible for paying for any child care costs incurred.
- Failing to provide the required documents may result in denial of this application.

Sign and date your application using a pen. Unsigned applications will be returned.

I certify that the information provided on this application is true and complete to the best of my knowledge.

Signature of Applicant

Date

Additional Resources for Families

Assistance and Referral

Vermont 2-1-1:

Dial 2-1-1 toll free from anywhere in Vermont. Discover hundreds of local, regional and statewide programs, services, and resources. vermont211.org

Child Care

Child Care Consumer Line:

Get information about specific child care providers and state licensing requirements; voice a concern or make a formal complaint. Call 1-800-649-2642 (press 3).

dcf.vermont.gov/cdd/families/reach-out

Child Care Licensing Regulations:

Read the rules established to protect the health and safety of children in out-of-home care.

dcf.vermont.gov/cdd/laws-rules/licensing

Child Care Referral:

Your local child care support agency can help you find a provider and answer your questions. See the list of agencies on page 2.

Publications for Families:

Get a copy of the booklets below from your local child care support agency or online at dcf.vermont.gov/cdd/families/publications.

- *Child Care Financial Assistance Program:* describes the program, how it works and your rights and responsibilities if you get help.
- *Using Regulated Child Care in Vermont:* provides an overview of the health and safety requirements that regulated child care programs must follow.

Health Care

Early and Periodic Screening, Diagnostic, and Treatment Service

Call 1-800-250-8427 to find out about this Dr. Dynasaur/Medicaid benefit that helps keep children and youth under 21 healthy.

greenmountaincare.org/health-plans/medicaid

Economic Help

Benefits Available From:

- DCF - dcf.vermont.gov/benefits

- Other Organizations - dcf.vermont.gov/benefits/other

Community Action Agencies:

Based on your income, your local agency can help you meet your basic needs (e.g., emergency food help, fuel and utility assistance and housing assistance). vermontcap.org

Parenting/Child Development Support

Children's Integrated Services (CIS):

Are you pregnant and have a condition that may impact your baby? Have a baby or toddler with a developmental delay? Child up to age 6 that may need additional support around behaviors? Trouble accessing or finding child care due to your child's specialized needs? Services are available at low or no cost to families. Call your CIS Coordinator.

dcf.vermont.gov/services/cis

Help Me Grow Phone Line:

Dial 2-1-1 to talk to a child development specialist who can answer questions about your child's development and connect you to resources in your community. helpmegrowvt.org

Parent Child Centers:

Contact your local center to ask about services that can help your children get off to a healthy start. This may include early childhood services, home visits, playgroups, parent education and support and information and referral.

dcf.vermont.gov/contacts/partners/pcc

Resources for Families:

Find resources on topics such as child development, child trauma, domestic violence, early childhood, education, health/mental health, legal, LGBTQ, parenting, and pregnancy.

dcf.vermont.gov/divisions

Education

VT529 (Formally VHEIP)

A college savings account that can help you pay for college/training for you or your family in the future. Account qualifies for 10% VT state income tax credit on annual contributions or gifts to your account. vheip.org

Child and Adult Care Food Program (CACFP) Enrollment Form

This Program participates in the Child and Adult Care Food Program (CACFP). The food program provides federal money in the form of reimbursement to the Program for meals and/or snacks served to children in care through the United States Department of Agriculture (USDA). The Program is required to collect enrollment information annually. Please complete the form below and return it to the Program. **Please complete a separate enrollment form for each child enrolled in care.**

Child Name: _____ Child Date of Birth: _____

Normal Days and Times in Care (please indicate drop off and pick up times):

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

Meals and Snacks Received While in Care (please check all that apply):

- Breakfast
- AM Snack
- Lunch
- PM Snack
- Supper
- Evening Snack

Special Dietary Needs:

- Yes (please explain): _____
- No

Ethnic Data:

- Hispanic or Latino
- Not Hispanic or Latino

Racial Data (please check all that apply):

- Black or African American
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Asian
- White

Parent/Guardian Signature: _____ Print Name: _____ Date: _____

Mailing Address: _____ Telephone Number: _____

USDA Non-discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex

(including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

Child and Adult Care Food Program (CACFP) Child Care Center Income Eligibility Form 2024-2025

Center Name: _____

Additional instructions for completing this form are on the back of this sheet. If you have questions, please contact the Center Director for help.

1. List the Full Name (first and last name) of Participant attending the center.	Check box if	List the Full Name (first and last name) of Participant attending the center.	Check box if	List the Full Name (first and last name) of Participant attending the center.	Check box if
Name:	<input type="checkbox"/> Foster <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	Name:	<input type="checkbox"/> Foster <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	Name:	<input type="checkbox"/> Foster <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway

2. If any member of the household receives **3SquaresVT** or **Reach Up**, provide the name of the individual receiving the benefit and the **full case number** associated with the benefit. **If completed, skip to Number 5.**

Name: _____ **Case Number:** _____

3. List the Full Name(s) (first and last name) of Household Members. This includes all people living in the household.	Check if no income	4. Enter gross income (before deductions) of each household member for the last month under how often it is received (Weekly, monthly, every two weeks, twice a month, or annually).														
		Gross Earnings from Work – Before Deductions					Child Support, Alimony or Welfare					Social Security, Pensions, Retirement or Other Income				
		Week	Every Two Weeks	Twice per Month	Month	Annual	Week	Every Two Weeks	Twice per Month	Month	Annual	Week	Every Two Weeks	Twice per Month	Month	Annual
	<input type="checkbox"/>															
	<input type="checkbox"/>															
	<input type="checkbox"/>															
	<input type="checkbox"/>															
	<input type="checkbox"/>															
	<input type="checkbox"/>															

5. Please provide a signature and the last four digits of the signer's social security number.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds. Officials may verify the information on the application and deliberate misrepresentation of information may be subject to prosecution under applicable State or Federal laws.

Signature of Parent or Legal Guardian:	Street Address	City
Social Security Number: XXX – XX – _____	State	Zip code
<input type="checkbox"/> I do not have a Social Security Number	Home/Cell Phone	Date Signed

Other Benefits: For information on free or low-cost health insurance contact Green Mountain Care at 1-800-250-8427 or www.GreenMountainCare.org. For information on 3SquaresVT to help with food costs, call 1-800-479-6151 or visit www.vermontfoodhelp.com.

CENTER PERSONNEL MUST COMPLETE THE SPACE BELOW

Household Size: _____	Total Income Reported: _____	Time Period Used (check off): <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Twice per Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
		Annual Income Conversion: Weekly x 52 • Every 2 weeks x 26 • Twice a Month x 24 • Monthly x 12	
Current Income Eligibility Guidelines must be used to approve this form. Do not use the income guidelines listed on the back of this form. This form must be signed and dated by the individual approving the form.		Eligibility Determination (Below): Check the box and circle the qualifying reason.	
		<input type="checkbox"/> Free Income 3SquaresVT or Reach Up Foster, Homeless, Migrant, Runaway	<input type="checkbox"/> Reduced Income
Signature of Approver (Center Personnel Only) _____		Date _____	
		<input type="checkbox"/> Denied Over Income Incomplete Application	

Instructions:

Number 1: Print the **Full Name(s) (first and last name)** of Participant(s) attending the center. If the child you are applying for is a **Foster, Homeless, Migrant, or a Runaway** check the appropriate box and contact the local school's Homeless Liaison or Migrant Coordinator. **If completed, skip to number 5.**

Number 2: If the participant(s) live in a household receiving **3SquaresVT** or **Reach Up**, please list the name of the individual receiving the benefit and the case number associated with the benefit. **If completed, skip to number 5.**

Number 3: Print the **Full Name(s) (first and last name)** of each person living in the household, related or not (such as grandparents, other relatives, or friends).

Number 4: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. For earnings, be sure to list gross income – not take-home pay. *Gross income* is the amount earned before taxes and other deductions. This should be on your pay stub, or your boss can tell you. For *child support, alimony, or welfare*, list the amount each person got for the month. *Pensions, retirement, Social Security, Supplemental Security Income (SSI), Veterans Benefits (VA benefits), and disability benefits* must be listed for each person who received these benefits. *Any other Income* includes Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from 3SquaresVT, WIC, Federal Education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Number 5: Adult household member must sign and date the form and list the last four digits of the Social Security number.

Income Eligibility Guidelines

The chart below shows **reduced-priced guidelines**. Households earning more than the income(s) listed per time period below are Over Income.

Please refer to the Current Income Eligibility Guidelines to view free guidelines.

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
For each additional household member add	9,953	830	415	383	192

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (3SquaresVT), Temporary Assistance for Needy Families (Reach Up) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. **mail:** U.S. Department of Agriculture Office of the Assistant Secretary for Civil Right 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or 2. **fax:** (833) 256-1665 or (202) 690-7442; or 3. **email:** program.intake@usda.gov

This institution is an equal opportunity provider.