Bright Futures User Manual

(Public)

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Contents

Introduction to Bright Futures

Overview for Bright Futures Public Site

The information contained on the web site is divided into sections as shown in the picture below. For the public, there are general areas of information, as well as, specific areas that are only available through logging into the system. Each area is described in this manual.

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Program Basics

A few terms which you may not be familiar with will be used throughout this manual. These terms designate: parts of a page or actions that you can perform with your mouse. Some of these terms are defined below.

Back Button

In order to access the previous page in the Application, you may use the **Back** button. However, there are consequences for doing so. If you have entered data on a page, the data is not saved as you click on the **Back** button. You should always use the available buttons at the bottom of the page when possible. If there is no appropriate button choice, then use the menu options on the **Subnav** bar at the top of the page.

Clicking

When the manual directs you to *click*, click once with your *left* mouse button.

Dialog Boxes

As you click on certain functions in the Bright Futures system, *dialog boxes* or *pop-up screens* will appear on top of the page you have accessed. You will need to answer the questions addressed in the dialog boxes, in many cases by clicking on *OK*, in order to continue entering information on the main page. In addition, these dialog boxes may contain functionality that is related to the page on which it was accessed.

Highlighting

When the manual directs you to *highlight* an item or a line, click on the item or on the line containing the item with your mouse.

Links

Within the Application, there are links to other pages. These are recognizable by the underlined text on the page; i.e., Link.

Printing

Any of the pages displayed may be printed by using the Print function for the browser. Click on the **File** and then **Print** to access this function. The exception to this is the printing of letters which is handled within the context of the Application.

Scroll Bars

The *scroll bars* permit you to move additional parts of a list or table into view when the entire list will not fit into the window or box. Scroll bars can be either vertical or horizontal. Vertical scroll bars are the arrows located at the top right and bottom right of the window and support movement of additional information from the bottom or top of the window. Horizontal scroll bars are the arrows at the bottom left and bottom right of a window or box and support movement of additional information from the sides of a window.

Select Items

When you are directed to *select* an item, point to the item with your mouse, and click once with your left mouse button.

Status Bar

The *status bar* is located at the bottom of the screen and displays a brief direction or description related to the field in which your cursor is positioned. Refer to the *status bar* as a guide as you are moving around the system.

Submit Button

Information that is entered on a page is saved to the database through the use of the **Submit** button located at the bottom of the page. This function performs edits that verify that checks for appropriate and complete data. If any information is entered incorrectly or missing, an error message is displayed at the top of the page.

Tabbing

On each of the Bright Futures pages, you can move from one field to the next by pressing the *Tab* key. After you leave a field, you can return to the field by pressing *Shift + Tab* at the same time to tab back to the previous field.

Typing and Revising

As you enter information in Bright Futures, remember that your cursor or mouse pointer must be positioned in a field before you can begin typing in that field.

When making revisions, click once in a field to position the cursor in that field. Use the backspace and delete keys to make corrections, *or* double-click to highlight the field, and the new text you type will replace the existing text.

Data Entry into Fields

The entry in the fields is Case Sensitive. Use upper and lower case letters as appropriate. The value for each field is stored in the database exactly as it has been entered. The data is also retrieved and used for letter generation using the entered format.

Codes and Values

There are certain fields in the application allow the entry of only valid codes and values. There are drop-down arrow selections and pop-up screens for these values. The values for these drop-down lists are maintained by a System Administrator. Changes and additions to this information are governed through the Information Management Section staff.

Drop Down Lists

Selections from the drop-down list use the down arrow next to the field (▼).

Radio Buttons

Selections for some fields are done through the use of a radio button by clicking in the (⦿) to the left of the option.

Special Formatting for Fields

Dates

A Date entry is made using Month, Day and Year format (MM/DD/YYYY). A forward slash (/) must be used between the Month, Day and Year in order to separate these items. Some date fields are selectable, such as Date of Birth. These fields contain drop-down values which you will use to make your selection.

If a two-digit year is entered, the following rules apply:

- <50, the date will be defaulted to 2000 century.

- >50, the date will be defaulted to 1900 century.

Zip Codes

Enter the zip code in this field using the format #####-####.

Telephone Numbers

Telephone Numbers may be entered using numbers without any hyphens or periods separating the numbers. When the Telephone Number is saved in the database, the following format is applied: ###-###-####.

SSN (Social Security Number)

Social Security Numbers may be entered using numbers without any hyphens or periods separating the numbers. When the Social Security Number is saved in the database, the following format is applied: ###-##-####.

EIN (Employer Identification Number)

Employer Identification Numbers may be entered using numbers without any hyphens or periods separating the numbers. When the Employer Identification Number is saved in the database, the following format is applied: ##-#######.

Required Fields

Each page contains a series of fields which are required in order to be complete. These required fields are marked with an asterisk (*). If an attempt is made to save the entries without one of these fields being completed, an edit is shown at the top of the page which identifies the missing information.

Conditional Required Fields

Some fields in the system are required only if other fields have been entered. An example of this is the Electronic Participation question asked a provider. If the answer is **Yes**, the required fields are Participation Request Date and E-Mail Address.

Parts of a Page

The following picture represents a typical page accessed in Bright Futures with the appropriate label for each part.
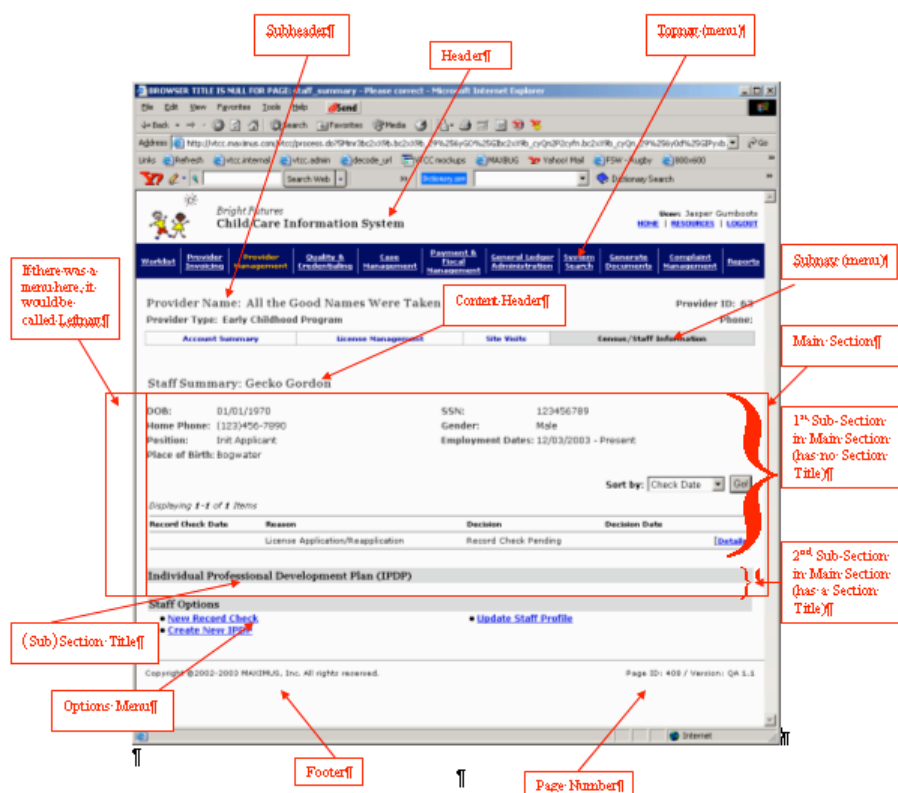
Internet Settings

The Bright Futures system application is accessed through your internet browser. There are a number of settings within the browser which may affect the data entry into the application. The following pictures have been copied from Internet Explorer V 6.0; however comparable settings would be found in other versions, as well as, other browsers; i.e., Netscape.

AutoComplete Feature

There is a feature named **AutoComplete** which enables field entries to be remembered from previous entries. This feature should be disabled during your sessions with Bright Futures. To access this feature, select the **Tools** from the menu bar and then click on **Internet Options**. As a result, the **Internet Options** screen is accessed. Continue by selecting the **Content** tab at the top of the screen and you will see the screen as pictured below.
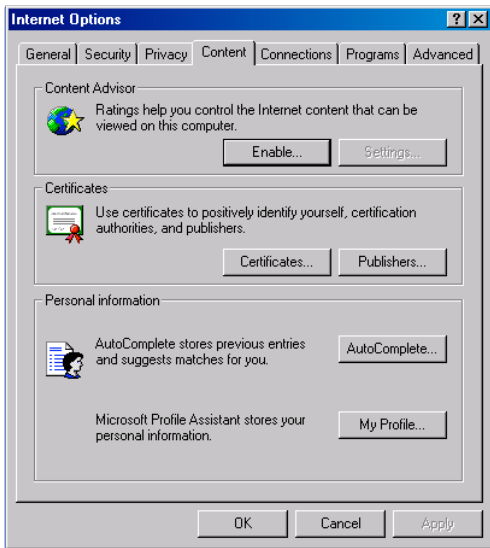
On this screen, click on the **AutoComplete** button in the **Personal Information** section to access the following:
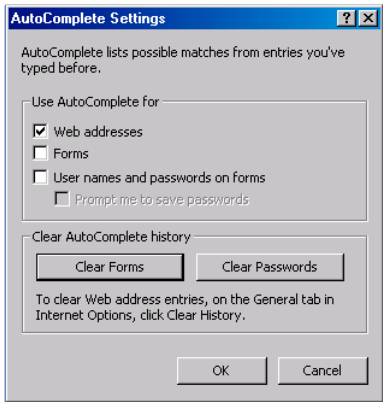
The screen should appear with options that are shown in the above picture. This will ensure that your user name and password cannot be used by someone sitting at your PC. In addition, you will want to click on the **Clear Forms** button to delete anything that was previously entered on the forms in Bright Futures pages.

Internet Provider Toolbars

Another feature that may be installed in a user's browser is a Search Engine's toolbar, such as Google Search. When this feature is active, some of the fields on a page may be highlighted in yellow. It is best to disable this feature when you are working in Bright Futures.

License Application - Section 11 of 15
Fire Prevention

Building Name: _____
Site Number: _____
Fire Marshall Name: _____
Hazard Index: _____
Inspection Date: *(mm/dd/yyyy)* _____
Number of Children: _____
Number of Staff: _____
Occupancy Granted?   ○ Yes   ○ No
Occupancy by Floor: _____
Owner's Name: _____
Owner's Address: _____
Address Line 2: _____
Town: - Please Select - ▼
City: _____
State: - Please Select - ▼
Zip Code: _____
Owners Phone Number: _____

System Timeout

If you are working in Bright Futures and do not perform any keyboard or mouse actions within 60 minutes (or other pre-determined time), Bright Futures will recognize this as '*idle*' time and initiate the **Login** page. This is to prevent unauthorized persons from using your computer in your absence.

Re-access Bright Futures by entering your username and password in the fields provided on the page and then click the **Login** button.

Exiting

You may exit Bright Futures by using the **LOGOUT** link in the Page Header. This function appears on all pages in the system. It should be a common practice to logout when you are not at your desk to prevent unauthorized persons from using your computer in your absence.

Child Care Benefits

Overview for Child Care Benefits

The information about qualifying for Child Care benefits is available online.

Benefits Information

The **Benefits Information** can be accessed through the following links on the main page.

- Under the section named Information for Parents and Child Care Providers in the left margin of the page.

Information For Parents and Child Care Providers

- **Benefits Information**
  Find out what you need to qualify for a child care benefit.

- **Course Search**
  Search and view details on state approved training courses.

- Under the Parents section on the main page using the link named Benefits Information under Need Help Paying for Child Care?.

Need Help Paying for Child Care?
Find out about state child care benefits, apply online, and track your application.

- **Benefits Information**
- **Prescreen Tool** - A quick, confidential online tool to see if you qualify for child care benefits.
- **Online Application form**

- Once you access the menu option Child Care Benefits on the sub-nav bar, there is a link named Benefits Information.

Choose a link below to learn more about child care subsidy programs and services:

- **Benefits Information**
  Find out what you need to qualify for a child care benefit.

Any of these links described above accesses the **Benefits Information** page.

Bright Futures
Child Care Services

| Home | Child Care Benefits | Find a Provider | Become a Provider | Resources | Contact |

Benefits Information

- **Eligibility Information**
  In order to be eligible for child care subsidy a family must have a reason (service need) for child care and have income within the established guidelines. For current income guidelines, please view the Income Eligibility chart. Acceptable service needs are listed below.

- **Employment**
  Employment is any activity for which a parent receives compensation of at least minimum wage. Volunteer Work is excluded.

- **Self-Employment**
  Self-Employment is any business activity approved that nets a monthly income of at least $100.

- **Training**
  Training is any activity this is likely to lead to employment within one year of completion.

- **Education**
  Education is any coursework such as GED, high school, or college. Post-Baccalaureate education is not an eligible activity.

- **Seeking Employment**
  Seeking employment is any activity recognized as necessary to obtain employment. Individuals may be eligible for up to 30 days per year.

- **Family Support**
  A prevention and early intervention service, Family Support Child Care is designed to reduce stress for families and their children and promote positive child development. The child care subsidy may be authorized after a confidential application and risk assessment have been completed and reviewed.

- **Special Health Need/Child**
  Is a determination verified by the written report of a licensed physician or licensed psychologist, or a determination made by the Department of Education, Division of Special Education, that a child is entitled to services under the Child Care Subsidy Program.

- **Special Health Need/Parent**
  When a primary caretaker (parent) has been considered incapacitated because of a physical and /or emotional condition precludes her/him from reasonable employment or training opportunities and the provision of adequate and necessary care and supervision of his/her children.

In addition, you may be eligible for other children's programs:

- **Head Start Eligibility Criteria:**
  - Income at 100% of poverty or below
  - Documented special needs.
  - Visit the Head Start Bureau web site (external link) for additional information.

- **Pre-K / EEI Eligibility Criteria:**
  - Developmental delay - delay of 6 months or more in any domain.
  - Economically disadvantaged- 225% of OMB federal poverty guidelines.
  - Limited English proficiency- English as a second language.
  - At-risk of abuse or neglect- referral from appropriate outside agency/evidence of family history.
  - Other- any number of other options determined by local group[s that place a child at-risk of school failure (e.g., social isolation, exposure to violence or family substance abuse, single teen parent with no HS completion, multiple family moves, homeless, etc.)
  - Visit the Vermont Department of Education web site (external link) for additional information.

Several links are available on this page.

Income Eligibility Chart

In order to view the income requirements for eligibility, click on the **Income Eligibility Chart** link under the **Eligibility Information** section. This action accesses the criteria as regulated by the Child Development Division.

Children's Programs

The information contained in the following sections is for programs outside of the authority of the Child Development Division. A link to the appropriate site is available for further information.

> **Head Start Eligibility Criteria**
> **Pre-K / EEI Eligibility Criteria**

Prescreening Tool

This function allows you to perform a prescreening to see if you may qualify for Child Care Benefits.

The **Prescreen Tool** can be accessed through the following links on the main page.

- Under the Parents section on the main page by using the link named Need Help Paying for Child Care?.

Need Help Paying for Child Care?
Find out about state child care benefits, apply online, and track your application.

- **Benefits Information**
- **Prescreen Tool** - A quick, confidential online tool to see if you qualify for child care benefits.
- **Online Application form**

- Once you access the menu option Child Care Benefits on the sub-nav bar, there is a link named Prescreen Tool.

Choose a link below to learn more about child care subsidy programs and services:

- **Benefits Information**
  Find out what you need to qualify for a child care benefit.

- **Income Eligibility Chart**
  View current income guidelines.

- **Prescreen Tool**
  Use our quick online tool to see if you qualify for child care benefits.

Either of these links described above accesses the **Eligibility Prescreening** page shown below.

Eligibility Prescreening
Select the number of household members and your monthly gross income. Monthly gross income is the total of your families' income before payroll deductions.

* Indicates Required Info

* Number of Household Members: - Please Select -
* Monthly Gross Income:

Submit

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Complete the following information on this page.

Number of Household Members

Select the value for the number of people living in the house by using the using the down arrow ( ) next to the field.

Monthly Gross Income
Enter the amount for the total gross income in the household using the format $$$.¢¢.

Once you have completed those fields, click on the **Submit** button at the bottom of the page. Depending on the outcome, one of the **Prescreening** pages will be presented.

Eligibility Prescreening Results

Based on your family size and income you **may** be eligible for a child care subsidy.

Please note that in order to be eligible for child care subsidy, a family must also have a reason (service need) for child care. The actual amount of subsidy depends on the type of child care setting you choose, your child's daily schedule, and detailed factors included in the application. To determine your actual eligibility, complete the online Application for Child Care Subsidy or contact your local community agency.

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Eligibility Prescreening Results

Sorry, you do not qualify.

Based upon the information you have provided, it does not appear that you are eligible for a child care subsidy. To verify this information, contact your local community agency.

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Next Steps

From the Prescreening pages, you will be given information to further investigate the possibility of receiving Child Care Benefits.

Application for Child Care Subsidy

If the answer to the prescreening was that you may qualify for benefits, you will be able to access the Application for Child Care Subsidy by clicking on the corresponding link. For more information about this function, see "Application for Child Care Subsidy" on page 21.

Local Community Agency

No matter what the answer to the prescreening was, you will be able to access more information about benefits by clicking on the link named **Local Community Agency**. This accesses the **Contact Information** page shown below.

Contact Information

For an application, or for further information, contact your local Community Child Care Subsidy Specialist.

Offices

ADDISON
Mary Johnson Children's Center
Telephone: (802) 388-4304

BENNINGTON
Bennington County Child Care Association
Telephone: (802) 447-6937 or (802) 447-6935

CALEDONIA/S. ESSEX
Umbrella
Telephone: (802) 748-1992

CHITTENDEN
Child Care Resource
Telephone: (802) 863-3367
Toll-Free: (800) 339-3367

FRANKLIN/GRAND ISLE
The Family Center
Telephone: (802) 524-6574
Toll-Free: (800) 427-6574

LAMOILLE
Lamoille Family Center
Telephone: (802) 888-5229

ORANGE/N. WINDSOR
Family Place
Telephone: (802) 649-3268
Toll-Free: (800) 639-0039

ORLEANS/N. ESSEX
North East Kingdom Community Action
Telephone: (802) 334-4072 or (802) 334-4079

RUTLAND
Vermont Achievement Center
Telephone: (802) 773-4365
Toll-Free: (800) 775-2390

SO. WINDSOR
Springfield Area Parent Child Center
Telephone: (802) 886-5242

WASHINGTON
The Family Center of Washington County
Telephone: (802) 828-8869 or (802) 828-8774

WINDHAM
Windham Child Care Association
Telephone: (802) 257-2887

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Provider Search

Overview for Provider Search

This function allows you to search for providers who have been licensed in the State of Vermont. There are several methods to use for this process. Some of the providers have elected to publicize that they may have openings and would like the Child Development Division to inform the public that this is the case. Other providers have chosen not to participate in this referral process. All providers in the database can be found via the Provider Search. Some portions of the search limit the results to only those providers that have a Referral Agreement.

Provider Search

This function allows you to search for all providers with records in the Child Development Division database. Providers who have submitted Referral Agreements with the Child Development Division for the purpose of receiving referrals from parents and staff can be found here as well. This function can be accessed through the following links.

Under the **Parents – Trying to Find a Child Care Provider** section on the main page, use either of the following links as shown in the screen shot below.

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> **Comment:** Platform: Printed Manual

- **Select Town and GO Button**
- **Advanced Search Link**
- **Find a Provider (on the sub-nav bar)**

> Conditional Text 2/1/05 4:31 PM
> **Comment:** Platform: Printed Manual

For Parents

Trying to Find a Child Care Provider?
Here's where you'll find up-to-date information about local child care options. Every registered home care provider and every licensed center or school age care program in Vermont is in our database. Choose a town to find out about your local child care options.

Select Town: [- Please Select - ▼] [Go!] advanced search

Select Town and Go Button

By using the **Select Town and Go** function, the next page accessed displays the Name of the Town in the **Town** field and performs the search for the providers who have agreed to accept referrals.

Search Provider Directory
Note: if you select an age range or "Accepting Referrals for Child Care," only providers accepting referrals will be listed.

Provider Name (Last Name/Center Name):

Town: Benson

Program Type: - Please Select -

Age Categories: ☐ Infant   ☐ Preschool
                     ☐ Toddler   ☐ School Age

Accepting Referrals for Child Care:

☐

[Search]

Search Results   Sort by: Town Distance [Go!]
Click on the "Details" link to view a provider's referral information.
*Displaying **1-20** of **1909** Items*   Page: **1** of **96** [next>]

Provider Name	Contact Information	Town	Town Distance	Program Type	Last Updated	
Hurd, Angel	1606 North Lake Road Benson, VT 05731 City: Benson 537-4154	Benson	0.0 mi	Registered Home		[Details]
Lapell, Lorrie	5734 North Stage Road Benson, VT 057310225 City: Benson 537-2241	Benson	0.0 mi	Registered Home		[Details]

The Search Results for the Providers display the following information:

> **Provider Name**
> **Contact Information**
> **Town**
> **Town Distance**
> **Program Type**
> **Last Updated**

The **Town Distance** entry corresponds to the number of miles from the provider location to the town for which you selected in your search criteria.

The **Last Updated** entry refers to when the Provider's record was last updated in the system by the CDD.

Provider Details

In order to view more information for any provider on the list, click on the **Details** link for the corresponding row. As a result, the **Provider Information** page is displayed as shown below. All information that has been given to the CDD by the provider for the topics on this page is displayed.   The provider shown below has a Referral Agreement, so more information will be displayed in this case on the **Provider Information** page. A Provider without a Referral Agreement will only display the Address, Contact and Licensing information section at the top, the Achievement and Accreditations section and the option to view Regulatory History information.

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Child Care Services

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Provider: Lapell, Lorrie   **Provider ID: 3844**

IMPORTANT NOTE: The provider submitted the information on this page to the Child Development Division. The information may not always be up to date or accurate. You are encouraged to contact the provider directly to verify the information and to obtain more specific information about the program. The provider's profile is shared with you only for purposes of your child care search and does not represent a recommendation by the Child Development Division. You are encouraged to seek all resources available to you in your search, such as your local Child Care Resource and Referral agency at 1-877-VACCRRA.

Site Address:	5734 North Stage Road Benson, VT 057310225 City: Benson	Contact Phone:	537-2241
E-mail:	lapell@yahoo.com	Website:	www.lapell/childcare.org
License Date:		License Type:	Registered
Owner:		Director:	

Vacancy Information

Current Vacancy:	6	Last Updated:	01/26/2005

Program Information

Guidance:	Guidance A	Ages Willing to Serve:	Infant, Toddler, Preschool, School Age
Religious Activity:	No	Sibling Discount:	Yes
Subsidy Provider:	Yes	Area Description:	Fenced Yard, Smoke Free
Building Type/Setting:	House	Pets:	

Provider Schedule and Services

Type of Care:	After School, Before School, Before and After School, Daytime, Drop-in Care, Emergency Care, Full-Time, Kindergarten, Part-Time, Second Shift	Languages Supported:	English
Special Schedule:		Usual Operating Hours:	06:30:00 to 18:30:00
Days of Operation:	Monday, Tuesday, Wednesday, Thursday, Friday	Transportation:	From Home, To Home, From School, To School
Schools Served:	Academy School, Addison Central School, Adult Basic Education, Albany Community School	Program Meals:	Allergy Awareness, Special Diets

Achievement and Accreditations

Achievement Level:
Current Accreditations:

Accreditation Type	Start Date	Expiration Date	Certificate Date
NAFCC	01/01/2005	01/01/2006	01/05/2005

[Return to Search Results]   [View Regulatory History]

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Return to Search Results

When you have finished reviewing the information and/or printing the page for later review, click on the **Return to Search Results** button in order to return to the **Search Results** page for another detail selection.

View Regulatory History

Another function that can be accessed from this provider record is the ability to view Regulatory History that has been recorded for a provider. Click on the **View Regulatory History** button to obtain this information. As a result, the **Regulatory History** page as shown below is accessed.

Bright Futures
Child Care Services

| Home | Child Care Benefits | Find a Provider | Become a Provider | Resources | Contact |

Provider: Lapell, Lorrie - Regulatory History   Provider ID: 3844

Below is the regulatory history of this provider. **IMPORTANT NOTE:** Providers have the right to appeal any regulatory finding or determination made by the Child Development Division. Providers also correct violations. Regulatory history is only one preliminary factor that parents might consider when choosing child care. You are encouraged to talk to the provider about any regulatory history and to spend time at the provider's facility or program to determine whether the provider is a good fit for your child and you. The presence of or lack of regulatory history is not necessarily an indication of quality child care.

Violations

Type	Regulation/Restriction	Create Date	Due Date	Complete Date	Status

No violations have been recorded.

Terms and Conditions

Type	Regulation/Restriction	Create Date	Due Date	Complete Date	Status
Condition	Maintain compliance to Regulations for Family Day Care Homes.				New

Substantiated Complaint Allegations

Regulation Area	Regulation	Status Date	Status

There are no substantiated complaint allegations for this provider.

[Return to Search Results]   [View Provider Details]

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This page contains the following information for the regulatory history.

Violations
Any Violations that have been investigated and have been entered into the provider's record are captured in this area. The value for the Status will be system-regulated according to the elapsed time period for the violation. One of the following Status entries will be shown: Appeal Period, Under Appeal, Variance Granted, or Final.

Terms and Conditions
Any Terms and Conditions that are associated with the Provider's License will be listed in this table. Again, the value for the Status will be system-regulated according to the elapsed time period for the term or condition. One of the following Status entries will be shown: Appeal Period, Under Appeal, Variance Granted, or Final.

Substantiated Complaint Allegations
Any substantiated complaints that have been investigated and have been entered into the provider's record are captured in this area.

When you have finished reviewing this page, click on either the **Return to Search Results** or the **View Provider Details** button to exit from this page.

Advanced Search Link

By using the **Advanced Search** function, the next page accessed is the Search Provider Directory page. You may perform a search exactly as above from this page.

Search Provider Directory
Note: if you select an age range or "Accepting Referrals for Child Care," only providers accepting referrals will be listed.

Provider Name (Last Name/Center Name):

Town: - Please Select -

Program Type: - Please Select -

Age Categories: ☐ Infant   ☐ Preschool
                          ☐ Toddler   ☐ School Age

Accepting Referrals for Child Care:

                          ☐

                                    Search

Complete as many of the fields on this page, remembering that the more you filter by using the search parameters, the more useful the list will be.

Town
Select the value for this field by using the down arrow (⏷) next to the field.

Program Type
Select the value for this field by using the down arrow (⏷) next to the field.

Licensed Provider
Registered Home

Age Categories
This section identifies the ages for which a provider is willing to care for children. In order to include an item for the age category, click on the (   ) next to the value for the age. To uncheck a selection, just click in the box again to remove it.

Note: If an age category selection is made, the search results will be limited to ONLY those providers that have a Referral Agreement as this is where capacity information is collected.

Infant
Toddler
Preschool
School Age

Accepting Referrals for Child Care
Clicking this check box will limit the search results to ONLY those providers with Referral Agreements.

Once you have the information in the above fields as you would like it, click on the **Search** button to perform the search. As a result, the **Search Results** are presented at the lower portion of this page.

Search Provider Directory
Note: if you select an age range or "Accepting Referrals for Child Care," only providers accepting referrals will be listed.

Provider Name (Last Name/Center Name):

Town: - Please Select -
Program Type: - Please Select -
Age Categories: ☑ Infant   ☑ Preschool
                   ☑ Toddler   ☑ School Age

Accepting Referrals for Child Care:
                   ☐

[Search]

Search Results   Sort by: Town Distance [Go!]
Click on the "Details" link to view a provider's referral information.
Displaying 1-1 of 1 Items

Provider Name	Contact Information	Town	Program Type	Last Updated	
Lapell, Lorrie	5734 North Stage Road Benson, VT 057310225 City: Benson 537-2241	Benson	Registered Home	01/26/2005	[Details]

The information presented has been explained in the section "Select Town and Go Button" on page 14.

Find a Provider

Another method to search for providers is to access the menu option **Find a Provider** to access the **Search Provider Directory** page. This accesses the **Find a Provider** page as shown below.

Find a Provider
You may also want to visit Vermont's Agency of Human Services web site at http://www.ahs.state.vt.us/services.

[Search Provider Directory]

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From this page, click on the **Search Provider Directory** button. As a result, you will access the Search Provider Directory page as shown below.

Search Provider Directory
Note: if you select an age range or "Accepting Referrals for Child Care," only providers accepting referrals will be listed.

Provider Name (Last Name/Center Name):

Town: - Please Select -
Program Type: - Please Select -
Age Categories: ☐ Infant   ☐ Preschool
                ☐ Toddler   ☐ School Age

Accepting Referrals for Child Care:
                ☐

Search

Continue to perform the search by referring to the information explained in "Advanced Search Link" 17

Other Child Care Providers

Also, from this web site, you may locate the names of all licensed providers in the State of Vermont. This link can be found through the selection of the menu option on the sub-nav bar named **Find a Provider**.

Find a Provider
You may also want to visit Vermont's Agency of Human Services web site at http://www.ahs.state.vt.us/services.

Search Provider Directory

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On the **Find a Provider** page, click on the link for the Vermont's Agency of Human Services web site. You will access the following page.

You are now leaving the Vermont Child Development Division web site

You are about to access

     http://www.ahs.state.vt.us/services

The Vermont Child Development Division site takes no responsibility for, and exercises no control over, the organizations, views, or accuracy of the information contained on this server.

Click on the link above if you are not automatically forwarded to the site after a few seconds. (lynx users press "Enter")

Thank you for visiting our site.

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Since this link is outside of the Bright Futures system, this warning page is displayed. Continue by clicking on the active link. This link takes you to the Vermont Child Development Division's web site on which you may explore all options for Child Care services in Vermont, including providers who are licensed. There are files that may be downloaded for review.

Application for Child Care Subsidy

Overview for Application Process

In 1988, the Child Development Division of the Department for Children and Families was created by Vermont law. The purpose of the Division is "to encourage the development of a comprehensive child care services system which promotes the wholesome growth and educational development of children…." and to ensure there is an adequate supply of quality child care services that are affordable to low income and at risk families and their children.

You are able to submit an application to see if you may qualify for Child Care Benefits.

The **Online Application Form** can be accessed through the following links on the main page.

- Under the Parents section on the main page by using the link named Need Help Paying for Child Care?.

Need Help Paying for Child Care?
Find out about state child care benefits, apply online, and track your application.

- **Benefits Information**
- **Prescreen Tool** - A quick, confidential online tool to see if you qualify for child care benefits.
- **Online Application form**

Conditional Text 2/1/05 4:31 PM
Comment: Platform: Printed Manual

- Once you access the menu option Child Care Benefits on the sub-nav bar, there is a link named Apply Online.

Applying for Child Care Subsidy
- **Apply Online**
  Complete an Application for Subsidized Child Care through an online form.

- **Download Forms and Literature**
  Download Application for Subsidized Child Care and other child care subsidy forms and information.

- **Retrieve Saved Application**
  Retrieve an application that was previously started and saved to the Child Development Division server.

- **View Status of Subsidy Application**
  Enter your service request ID to view the current status of a previously submitted application.

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Comment: Platform: Printed Manual

As a result of either of these selections, you will access the **Application** page shown below.

Conditional Text 2/1/05 4:31 PM
Comment: Platform: Printed Manual

Bright Futures
Child Care Services

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Application for Child Care Subsidy – Getting Started

To qualify for child care subsidy, you must have an established service need and meet income guidelines. To learn more about eligibility requirements, please view the Eligibility Information page.

This application will gather information regarding your household needs and income. Here's a list of information you may want to have ready before beginning the application:

- Birth dates and Social Security numbers for all household members: related and non-related.
- Work, training, or other activity information and schedules for both parents
- Household income information, including wages, financial assistance, child support, alimony, SSI, etc.

You may save the application at any time and retrieve it with your system generated ID within 45 days. Click "Start Application" once you are ready to begin. If you are retrieving a saved application click "Retrieve Application." Your application effective date is the date you submit your application. Your benefit cannot be established until all documentation is received by the subsidy office.

[Start Application]   [Retrieve Application]

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On this page, the following functions are available:

> **Start Application**
> **Retrieve Application**
> **Eligibility Information**

Start Application
This link begins the process of entering information to be submitted for consideration of Child Care Benefits.

Retrieve Application
Once an application has been started, you may retrieve the application and complete it prior to submitting it.

Eligibility Information
Within the text of page, there is a link that accesses the **Benefits Information** page shown below which describes in detail the eligibility requirements used for evaluating receipt of Child Care Benefits.

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Benefits Information

- **Eligibility Information**
  In order to be eligible for child care subsidy a family must have a reason (service need) for child care and have income within the established guidelines. For current income guidelines, please view the Income Eligibility chart. Acceptable service needs are listed below.

- **Employment**
  Employment is any activity for which a parent receives compensation of at least minimum wage. Volunteer Work is excluded.

- **Self-Employment**
  Self-Employment is any business activity approved that nets a monthly income of at least $100.

- **Training**
  Training is any activity this is likely to lead to employment within one year of completion.

- **Education**
  Education is any coursework such as GED, high school, or college. Post-Baccalaureate education is not an eligible activity.

- **Seeking Employment**
  Seeking employment is any activity recognized as necessary to obtain employment. Individuals may be eligible for up to 30 days per year.

- **Family Support**
  A prevention and early intervention service, Family Support Child Care is designed to reduce stress for families and their children and promote positive child development. The child care subsidy may be authorized after a confidential application and risk assessment have been completed and reviewed.

- **Special Health Need/Child**
  Is a determination verified by the written report of a licensed physician or licensed psychologist, or a determination made by the Department of Education, Division of Special Education, that a child is entitled to services under the Child Care Subsidy Program.

- **Special Health Need/Parent**
  When a primary caretaker (parent) has been considered incapacitated because of a physical and /or emotional condition precludes her/him from reasonable employment or training opportunities and the provision of adequate and necessary care and supervision of his/her children.

In addition, you may be eligible for other children's programs:

- **Head Start Eligibility Criteria:**
  - Income at 100% of poverty or below
  - Documented special needs.
  - Visit the Head Start Bureau web site (external link) for additional information.

- **Pre-K / EEI Eligibility Criteria:**
  - Developmental delay - delay of 6 months or more in any domain.
  - Economically disadvantaged- 225% of OMB federal poverty guidelines.
  - Limited English proficiency- English as a second language.
  - At-risk of abuse or neglect- referral from appropriate outside agency/evidence of family history.
  - Other- any number of other options determined by local group[s that place a child at-risk of school failure (e.g., social isolation, exposure to violence or family substance abuse, single teen parent with no HS completion, multiple family moves, homeless, etc.)
  - Visit the Vermont Department of Education web site (external link) for additional information.

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Starting the Application

In order to begin to enter the Child Care Application, click on the **Start Application** link. As a result, the **Application for Child Care Subsidy - Preliminary Information** page is displayed.

Application for Child Care Subsidy - Preliminary Information
Please fill out the required preliminary information below before continuing to the full application. If you are filling this application out on behalf of someone, please include the information for the applicant.

* **Indicates Required Info**

* Last Name:

* First Name:

* Date of Birth: mm ▾ dd ▾ year ▾

* Gender: ○ Female   ○ Male

SSN:

* Town: - Please Select - ▾

* Contact Phone:

E-mail:

Cancel   Continue >

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Complete the information on this page, being mindful of the required fields marked by an ***** at the beginning of the field name. The information contained on this page is recorded in the system and will be required later as you attempt to retrieve an entered application.

Last* and First*
Enter the first and last names of the applicant in the appropriate name fields.

Date of Birth*
Enter the date of birth using the following format **MM/DD/YYYY**.

Gender*
Select **Female** or **Male** by using the radio button next to the field (⊙).

SSN (Social Security Number)
Enter the Social Security Number for the applicant.

Town*
Select the name of the town by using the down arrow (▾) next to the field.

Contact Phone*
Enter the telephone number for contact in this field using the format ###-###-####.

E-mail
Enter the complete e-mail address for the applicant.

Once the information has been entered and reviewed, click on the **Continue** button at the bottom of the page. As a result, the **Application Request ID** page is presented.

Application Request Identification Number

This page contains an **Identification Number** assigned to your application, which you will use to retrieve your application at a future time.

Application Request ID

This is your assigned application ID. You may use it to retrieve your application or track the status of your application. Please print this page or copy this number for future use.

Request ID: 542

[Continue >]

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Comment: Platform: Printed Manual

Once you retained this number, click on the **Continue** button.

Section 1 of 6: Applicant Information

As a result, the **Application for Child Care Subsidy: Section 1 of 6: Applicant Information** page is presented.

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Application for Child Care Subsidy: Section 1 of 6

Applicant Info

Please fill out information below about yourself in order start your application for child care subsidy. If you are filling this application out on behalf of someone else, please use the applicant's information.

* Indicates Required Info

* Last Name:	Dill	
* First Name:	Jennie	
Middle Name:		
Suffix:		
* SSN:	999-66-3333	
* Home Address:		
Address Line 2:		
City:		
* Town:	Addison	
* State:	Vermont	
* Zip Code:		
* Date of Birth:	February 9 1975	
* Gender:	⊙ Female ○ Male	
* Marital Status:	- Please Select -	
Single Parent:	○ Yes ○ No	
Race: (Please check all that apply)	☐ American Indian or Alaskan Native	
	☐ Asian	
	☐ Black or African American	
	☐ Native Hawaiian or Pacific Islander	
	☐ White	
Ethnicity:	○ Hispanic ○ Non Hispanic	
Primary Language:	English	

Contact Information

* Contact Phone:	(802)444-7777
E-mail:	jdill@aol.com
Mailing Address: (Leave blank if same as Home Address)	
Address Line 2:	
City:	
Town:	- Please Select -
State:	Vermont
Zip Code:	

[Save & Exit] [Application Menu] [Next >]

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Complete the information as described for the following fields. Any information already entered on the previous page will be carried forward to this page.

Last*, First* and Middle Names and Suffix

Enter the name of the applicant in the appropriate name fields.

SSN (Social Security Number)*

Enter the Social Security Number for the applicant.

Home Address*

Enter the first line of the Home Address in this field.

Address Line 2

Enter the second line of the Home Address in this field.

City

Type the name of the city in this field.

Town*

Select the name of the town by using the down arrow (▾) next to the field.

State*

The State has been defaulted to Vermont; however if another selection is needed, select the name of the state by using the down arrow (▾) next to the field.

Zip Code*

Enter the zip code in this field using the format #####-####.

Date of Birth*

Enter the date of birth using the following format **MM/DD/YYYY**.

Gender*

Select **Female** or **Male** by using the radio button next to the field (⦿).

Marital Status*

Select the value for the marital status by using the down arrow (▾) next to the field:

> **Civil Union**
> **Divorced**
> **Married**
> **Single**
> **Single with Domestic Partner**
> **Widow or Widower**

Single Parent

Select either **Yes** or **No** for the selection by using the radio button next to the field (⦿).

Race

Check each of the race categories that apply by clicking in the box next to the value:

> **American Indian or Alaskan Native**
> **Asian**
> **Black or African American**
> **Native Hawaiian or Pacific Islander**
> **White**

Ethnicity

Select either **Hispanic** or **Non-Hispanic** for the selection by using the radio button next to the field (⦿).

Primary Language

Select the value for the primary language by using the down arrow (▼) next to the field. The language will be defaulted to English.

> **American Sign Language**
> **Bosnian**
> **Chinese**
> **English**
> **French**
> **Somalian**
> **Spanish**
> **Vietnamese**

Contact Information

Complete the following information about telephone numbers and addresses.

Contact Phone*

Enter the contact telephone number for contact in this field using the format ###-###-####.

E-mail

Enter the complete e-mail address for the applicant.

Mailing Address

If the mailing address is different than the home address, complete the field for the first line of the mailing address.

Address Line 2

If the mailing address is different than the home address, complete the field for the second line of the Mailing Address.

City

If the mailing address is different than the residence address, complete the field for the name of the city.

State

If the mailing address is different than the residence address, complete the field for state. The State has been defaulted to Vermont; however if another selection is needed, select the name of the state by using the down arrow (▼) next to the field.

Zip Code

If the mailing address is different than the residence address, complete the field for the zip code using the format #####-####.

Submitting Section 1 of the Application

Once the information has been entered and reviewed, click on the **Next** button at the bottom of the page. As a result, the **Application for Child Care Subsidy: Section 2 of 6: Need for Care/Service Need** page is presented.

Application Sections

Upon completion of each section of the Application, the navigational buttons at the bottom of the page perform the following functions:

Back

If you want to review a previous section, you may access that section by clicking the **Back** button.

Save and Exit

Saves the information that was recorded on the page.

Application Menu

Saves the information that was recorded on the page and returns to the Application menu page from which another section may be accessed for completion.

Next

As you complete the information in a section, you may proceed to the next section by clicking the **Next** button.

Section 2 of 6: Need for Care/Service Need

The Need for Care Questions identify the subsidy applicant's activities which constitute the reason(s) for needing subsidized child care. Enter the information about the need for care and special needs in the following section.

More than one Service Need may be entered. If Special Health Need/Disability Parent is indicated as the Service Need, no schedule of activity is required for that parent. A child schedule would still be required. Select the value by using the down arrow (▾) next to the field.

> **Employment**
> **Self Employment**
> **Training**
> **Education**
> **Seeking Employment**
> **Special Health Need - Child**
> **Special Health Need - Parent**
> **Family Support**

Submitting Section 2 of the Child Care Application

Once the information has been entered and reviewed, click on the **Next** button at the bottom of the page. As a result, the **Application for Child Care Subsidy: Section 3 of 6: Household Members** page is presented.

Section 3 of 6: Household Members

The name of the applicant appears in the **Household Members** table. The persons recorded as **Application Household Members** are those individuals who are living in the home.

Application for Child Care Subsidy: Section 3 of 6

Household Members
Use this section to list all members of your household. Click on the "Add Household Member" button to add a household member to the list below.

Name	Relationship	Gender	DOB	SSN
Dill, Jennie	Applicant	Female	02/09/1975	999-66-3333

Add Household Member

[< Back] [Save & Exit] [Application Menu] [Next >]

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Add Household Member

In order to add a person to the table, click on the **Add Household Member** button. As a result, the **Household Members - Add Person** page is presented.

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Child Care Services

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Application for Child Care Subsidy: Section 3 of 6

Household Members - Add Person

* Indicates Required Info

* Last Name: [   ]
* First Name: [   ]
  Middle Name: [   ]
  Suffix: (e.g., Jr, Sr., II) [   ]
* Gender: ○ Female ○ Male
* Date of Birth: [mm ▼] [dd ▼] [year ▼]
  SSN:
  (Required if parent or eligible child) [   ]
  Race: (Please check all that apply) ☐ American Indian or Alaskan Native
                        ☐ Asian
                        ☐ Black or African American
                        ☐ Native Hawaiian or Pacific Islander
                        ☐ White
  Ethnicity: ○ Hispanic ○ Non Hispanic
  Primary Language: [English ▼]
* Relationship to Applicant: [- Please Select - ▼]

If this is a special needs person under age 19 who requires child care subsidy, please indicate "Yes" below:
  Special Needs: ○ Yes ○ No

[Cancel] [Continue >]

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On this page, complete the following information for the Household Member.

Last*, First* and Middle Names and Suffix
Enter the name of the household member in the appropriate name fields.

Gender*

Select **Female** or **Male** by using the radio button next to the field (⊙).

Date of Birth*

Enter the date of birth using the following format **MM/DD/YYYY**.

SSN (Social Security Number)

Enter the Social Security Number for the household member. This field is required if the household member is a parent or eligible child.

Race

Check each of the race categories that apply by clicking in the box next to the value:

> **American Indian or Alaskan Native**
> **Asian**
> **Black or African American**
> **Native Hawaiian or Pacific Islander**
> **White**

Ethnicity

Select either **Hispanic** or **Non-Hispanic** for the selection by using the radio button next to the field (⊙).

Primary Language

Select the value for the primary language by using the down arrow (▾) next to the field. The language will be defaulted to English.

> **American Sign Language**
> **Bosnian**
> **Chinese**
> **English**
> **French**
> **Somalian**
> **Spanish**
> **Vietnamese**

Relationship to Applicant*

Select the value for the relationship by using the down arrow (▾) next to the field.

> **Adopted Child**
> **Adopted Parent**
> **Biological Parent**
> **Biological Child**
> **Foster Child**
> **Foster Parent**
> **Legal Guardian**
> **Other Person Legally Responsible**
> **Spouse**
> **Stepchild**

Special Needs

Select either **Yes** or **No** for the selection by using the radio button for this field (⊙).

Completing the Household Member Information

Once the information has been entered and reviewed, click on the **Continue** button at the bottom of the page. As a result, the **Application for Child Care Subsidy: Section 3 of 6: Household Members** is presented with the newly entered person record appearing as a row in the table.

Application for Child Care Subsidy: Section 3 of 6

Household Members
Use this section to list all members of your household. Click on the "Add Household Member" button to add a household member to the list below.

Name	Relationship	Gender	DOB	SSN	
Dill, Jennie	Applicant	Female	02/09/1975	999-66-3333	
Dill, Ellen	Biological Child	Female	05/10/2002	999-66-3333	[Remove]

Add Household Member

< Back   Save & Exit   Application Menu   Next >

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Enter each member of the household on this page repeating the steps described above. Once the information has been entered and reviewed, click on the **Next** button at the bottom of the page. As a result, the **Application for Child Care Subsidy: Section 4 of 6: Parent/Caretaker Activities** page is presented.

Section 4 of 6: Parent/Caretaker Activities

This section records the activities for the applicant and spouse/other parent in the household, which constitute the reason for needing subsidized care.

Application for Child Care Subsidy: Section 4 of 6

Parent/Caretaker Activities
This section records the work or school/training schedule for the applicant and spouse/other parent in the household.
Use the "Add/Edit Schedule" links to input/update schedule information.

Parent/Caretaker Activity Hours

Parent/Caretaker	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total	
Dill, Jennie Applicant	--	--	--	--	--	--	--	--	[Add/Edit Schedule]

< Back   Save & Exit   Application Menu   Next >

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The table presented on this page contains the names of the Parents/Caretakers who have been identified in the application process. Each row contains the number of daily activity hours entered for the activities designated by each of the participants.

Add/Edit Activity Schedule

In order to create or edit a schedule for a person in the table, click on the **Add**/**Edit Schedule** link at the end of the row containing the person's name. As a result, the **Parent/Caretaker Activities-Input/Edit Schedule** page (SB0150) is presented. At the top of the page, the name of the parent/caretaker selected from the previous page is displayed for your reference during the schedule entry.

This page contains a series of Activity sections which will document each specific Activity Type and Schedule for that type. Complete the information for as many activities as necessary.

Bachelor's Degree

Select either **Yes** or **No** for the selection by using the radio button for this field (⊙).

Activity Information

Each section identifies the parent/caretaker's activities and the activity hours which constitute the reason(s) for needing subsidized child care. Complete the following fields for each activity.

Activity Type

Select the value for the Activity Type by using the down arrow (▼) next to the field.

> **Child Care**
> **Commuting**
> **Counseling**
> **Education**
> **Employment**
> **Recreation**
> **Training**

This Activity Schedule

Select either **Regular** or **Flexible** for the selection by using the radio button for this field (⊙). This denotes whether the schedule is fixed or flexible for the activity period.

Hours per Week

If the answer to the Flexible Schedule selection is chosen, enter the number of hours per week for the activity in this field.

Name of Organization

Enter the name of the employer, school or training facility in this field.

Address, City, State, Zip Code

Enter the address associated with the entered organization in these fields.

Employer Contribution

This question denotes whether the family is receiving any supplemental funds for child care, "Does your employer give you money toward child care?

If the activity type is Employment activity, this answer is required. Select either **Yes** or **No** for the selection by using the radio button for this field (⊙).

Activity Hours

If the schedule is not variable, enter the hours for each day as appropriate. The format is HH:MM AM or PM. See the sample entries in the picture below.

Saving the Schedule

Once you have entered all activities and associated schedules for a parent/caretaker, save the information by clicking on the **Save Schedule** button at the bottom of the page. As a result, you will be returned to the **Application for Child Care Subsidy: Section 4 of 6: Parent/Caretaker Activities** page with the newly entered schedule record appearing as a row in the table for the appropriate person.

Application for Child Care Subsidy: Section 4 of 6

Parent/Caretaker Activities
This section records the work or school/training schedule for the applicant and spouse/other parent in the household.
Use the "Add/Edit Schedule" links to input/update schedule information.

Parent/Caretaker Activity Hours

Parent/Caretaker	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total	
Dill, Jennie Applicant	0.0	0.0	0.0	0.0	0.0	0.0	0.0	40.0	[Add/Edit Schedule]

‹ Back   Save & Exit   Application Menu   Next ›

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Enter the schedule for each parent or caretaker on this page repeating the steps described above. Once the information has been entered and reviewed, click on the **Next** button at the bottom of the page. As a result, the **Application for Child Care Subsidy: Section 5 of 6: Child Care Schedules** page is presented.

Application for Child Care Subsidy: Section 5 of 6

Child Care Schedules
This section records the care schedule for children listed under household members.
For each child that the family is seeking subsidized care, input schedule information by using the "Add/Edit Schedule" link.

Child Care Schedule - Care Hours

Name of Child	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total	
Dill, Ellen Biological Child	--	--	--	--	--	--	--	--	[Add/Edit Schedule]

‹ Back   Save & Exit   Application Menu   Next ›

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Section 5 of 6: Child Care Schedules

The Child Care Schedule identifies the hours and days on which it is anticipated that the identified child will require subsidized care. This section also identifies any provider the family may have already identified to provide that care. A schedule must be completed for each child for whom subsidized care is sought. Children for whom no preauthorized hours or care category can be determined due to a variable schedule, will be paid the appropriate daily rate (full time, part time, etc) for the hours attended each day of attendance.

Add/Edit Child's Schedule

For each child that the family is seeking subsidized care, input schedule information by using the **Add**/**Edit Schedule** link. As a result, the **Child Care Schedules - Input/Edit Schedule** page (SB0144) is presented. At the top of the page, the name of the parent/caretaker selected from the previous page is displayed for your reference during the schedule entry. Complete the following information for child's schedule.

Requested Care Start Date

Enter the date on which the child care is requested to start.

School, If Attending

Select the value for the School by using the down arrow (☑) next to the field.

This Activity Schedule

Select either **Regular** or **Flexible** for the selection by using the radio button for this field (◉). This denotes whether the schedule is fixed or flexible for the activity period.

Hours per Week

If the answer to the Flexible Schedule selection is chosen, enter the number of hours per week for the activity in this field.

Child Care Hours

If the schedule is not variable, enter the hours for each day as appropriate. The format is HH:MM AM or PM. See the sample entries in the picture below.

Day of Week	Hours-Start to End		Hours-Start to End		Hours-Start to End	
Sunday	08:00 AM	to: 06:30 PM		to:		to:
Monday		to:		to:		to:
Tuesday	08:00 AM	to: 06:30 PM		to:		to:
Wednesday	08:00 AM	to: 06:30 PM		to:		to:
Thursday		to:		to:		to:
Friday		to:		to:		to:
Saturday		to:		to:		to:

If more than one entry is required for a day, enter the entire schedule for the appropriate day.

Day of Week	Hours-Start to End		Hours-Start to End		Hours-Start to End	
Sunday	08:00 AM	to: 1:00 PM	3:00 PM	to: 6:30 PM		to:
Monday		to:		to:		to:
Tuesday	08:00 AM	to: 10:30 AM	11:00 AM	to: 2:00 PM	2:00 PM	to: 6:30 PM
Wednesday	08:00 AM	to: 06:30 PM		to:		to:
Thursday		to:		to:		to:
Friday		to:		to:		to:
Saturday		to:		to:		to:

Requested Provider

```
Requested Provider

    Organization Name or Last Name:    [          ]
    First Name:                        [          ]
    Relationship to Applicant:         [- Please Select -  ▾]
    Phone:                             [          ]
    Reference ID:                      [          ]
    Reference Type:                    [          ]
    Mailing Address:                   [          ]
    Address Line 2:                    [          ]
    City:                              [          ]
    Town:                              [- Please Select - ▾]
    State:                             [- Please Select - ▾]
    Zip Code:                          [          ]

                        [ Cancel ]  [ Continue > ]

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```

Complete the information for the requested provider.

Organization Name or Last Name
Enter the name of the provider in this field.

First Name
Enter the first name of the provider in this field.

Relationship to Applicant
Select the value for the relationship by using the down arrow (▾) next to the field.

> **Aunt/Uncle**
> **Grand/Great Grandparent**
> **Sibling**

Phone
Enter the contact number for the provider in this field.

Reference ID
Enter the Reference Identification Number, if known.

Reference Type
Enter the Reference Type in this field, if known.

Mailing Address, Town, City, State, Zip Code
Enter the address associated with the entered provider in these fields.

Saving the Schedule

Once you have entered the schedule for a child, save the information by clicking on the **Continue** button at the bottom of the page. As a result, you will be returned to the **Application for Child Care Subsidy: Section 5 of 6: Child Care Schedules** page with the newly entered schedule record appearing as a row in the table for the appropriate child.

Application for Child Care Subsidy: Section 5 of 6

Child Care Schedules
This section records the care schedule for children listed under household members.
For each child that the family is seeking subsidized care, input schedule information by using the "Add/Edit Schedule" link.

Child Care Schedule - Care Hours

Name of Child	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total	
Dill, Ellen
Biological Child	0.0	0.0	0.0	0.0	0.0	0.0	0.0	40.0	[Add/Edit Schedule]

< Back   Save & Exit   Application Menu   Next >

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Enter the schedule for each child on this page repeating the steps described above. Once the information has been entered and reviewed, click on the **Next** button at the bottom of the page. As a result, the **Application for Child Care Subsidy: Section 6 of 6: Household Income and Expenses** page is presented.

Section 6 of 6: Household Income and Expenses

Application for Child Care Subsidy: Section 6 of 6

Household Income and Expenses
This section records household income and relevant expenses.
Use the "Add Income/Expense" link to add a new entry.

* **Indicates Required Info**
  * **Is the applicant receiving a Section 8 Housing subsidy?**
            ○ Yes   ⦿ No

Income/Expense Entries

Family Member	Type	Amount	Frequency
No income or expenses have been recorded. Use the "Add Income/Expense" link to add a new entry.			

Add Income/Expense

< Back   Save & Exit   Application Menu   Next >

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At the top of this page, answer the question regarding Section 8 Housing by selecting either **Yes** or **No** for the selection by using the radio button for this field (⦿).

The **Income** section of the Application lists all income by type, amount, and the family member receiving it.

Adding Income/Expense Information

In order to add income/expense information for a family, click on the **Add Income/Expense** button at the bottom of the table. As a result, the **Household Income and Expenses - Add Income/Expense** page (SB0141) is presented.

Application for Child Care Subsidy: Section 6 of 6

Household Income and Expenses - Add Income/Expense
This section records household income and relevant expenses.
Indicate the type of income or expense, relevant income information, and the income recipient, or person paying the expense below.

* Indicates Required Info

* Family Member: (Income Recipient/Expense Payor)	- Please Select - ▾
* Entry Type:	○ Income ○ Expense
Type of Income:	- Please Select - ▾
Type of Expense:	- Please Select - ▾
* Amount:	[ ]
* Frequency:	- Please Select - ▾

Cancel   Continue >

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Complete the information in the following fields for an income or expense.

Family Member*

Select the value for the Family Member by using the down arrow (▾) next to the field. Each member that has been entered on the application will be presented in this drop-down list.

Entry Type*

Select either **Income** or **Expense** for the selection by using the radio button for this field (◉).

Type of Income

If your selection for the Entry Type was Income, enter the type of income in this field by using the down arrow (▾) next to the field.

Americorp Stipend
Child Support Paid
Child Support Received
Dividend Income
Interest Income
Military Pay – Active Duty
Military Pay – Reserve
Other
PSE Stipend
Reach Up
Rental Income
Self-employment Income
Social Security Benefit
Spousal Maintenance Received
Supplemental Security Income
Tips, etc.
Trust Fund
Unemployment Compensation
Veterans Benefits
Vista Stipend
Wages
Worker's Compensation

Type of Expense

If your selection for the Entry Type was Expense, select the type of expense in this field by using the down arrow (▼) next to the field.

> **Child Support Paid**

Amount*

Enter the amount for the income or expense in this field by using the format $$.¢¢.

Frequency*

Select the value for the Frequency by using the down arrow (▼) next to the field.

> **Annually**
> **Monthly**
> **Semi-Monthly**
> **Weekly**
> **Hourly**

Saving the Income/Expense Information

Once you have entered the income or expenses for a family member, save the information by clicking on the **Continue** button at the bottom of the page. As a result, you will be returned to the **Application for Child Care Subsidy: Section 6 of 6: Household Income and Expenses** page with the new entry appearing as a row in the table for the appropriate family member.

Application for Child Care Subsidy: Section 6 of 6

Household Income and Expenses
This section records household income and relevant expenses.
Use the "Add Income/Expense" link to add a new entry.

* **Indicates Required Info**
    * **Is the applicant receiving a Section 8 Housing subsidy?**
                          ○ Yes ● No

Income/Expense Entries

Family Member	Type	Amount	Frequency	
Dill, Jennie	Wages	$350.00	Weekly	[Edit] [Remove]
Dill, Jennie	Social Security Benefit	$100.00	Monthly	[Edit] [Remove]

[Add Income/Expense]

[‹ Back] [Save & Exit] [Application Menu] [Next ›]

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Continue to enter all income and expenses for each of the family members as appropriate repeating the steps described above. As entries are made, the table is refreshed with the new entries.

Editing an Income/Expense Entry

In order to edit an income/expense entry, click on the **Edit** link at the end of the row containing the entry. As a result, the **Household Income and Expenses - Add Income/Expense** page (SB0141) is presented with the information from the selected row in the editable fields. .

Application for Child Care Subsidy: Section 6 of 6

Household Income and Expenses - Add Income/Expense
This section records household income and relevant expenses.
Indicate the type of income or expense, relevant income information, and the income recipient, or person paying the expense below.

* Indicates Required Info

Family Member: Dill, Jennie
(Income Recipient/Expense Payor)
* Entry Type: ⊙ Income   ○ Expense
Type of Income: Wages
Type of Expense: - Please Select -
* Amount: $350.00
* Frequency: Weekly

Cancel   Continue >

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Make any appropriate changes using the information as described in "Adding Income/Expense Information" on page 37. When you have completed this step, click on the **Continue** button at the bottom of the page. The changes will be reflected on the **Income and Expense** table for the entry which was edited.

Application for Child Care Subsidy: Section 6 of 6

Household Income and Expenses
This section records household income and relevant expenses.
Use the "Add Income/Expense" link to add a new entry.

* Indicates Required Info
* Is the applicant receiving a Section 8 Housing subsidy?
          ○ Yes   ⊙ No

Income/Expense Entries

Family Member	Type	Amount	Frequency	
Dill, Jennie	Wages	$400.00	Weekly	[Edit] [Remove]
Dill, Jennie	Social Security Benefit	$100.00	Monthly	[Edit] [Remove]

Add Income/Expense

< Back   Save & Exit   Application Menu   Next >

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Removing an Income/Expense Entry

In order to remove an income/expense entry, click on the **Remove** link at the end of the row containing the entry. As a result, the **Income and Expenses - Deleting Entry** page (SB0154) is presented with the information from the selected row.

Application for Child Care Subsidy: Section 6 of 6

Income and Expenses – Deleting Entry

Are you sure you want to delete this entry?

Family Member	Type	Amount	Frequency
Dill, Jennie	Social Security Benefit	$100.00	Monthly

Confirm   Cancel

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The following question is presented at the top of the page, "Are you sure you want to delete this entry?".

Confirm the Deletion

In order to answer yes to the question, click on the **Confirm** button. As a result, you are returned to the **Income and Expense** table and the entry has been removed from the list.

Cancel the Deletion

In order to answer no to the question, click on the **Cancel** button. As a result, you are returned to the **Income and Expense** table and the entry is still in place in the list.

Completing the Income/Expense Process

Once you have made all entries for the income and expenses for the household, click on the **Next** button at the bottom of the page.

Subsidy Application Menu

As a result, the **Application for Child Care Subsidy: Application Menu** page is presented.

Bright Futures
Child Care Services

| Home | Child Care Benefits | Find a Provider | Become a Provider | Resources | Contact |

Application for Child Care Subsidy: Application Menu
Please review the application sections and make edits as necessary. Once you have completed all application sections, you may submit the application to Child Development Division for eligibility evaluation.

* Indicates Required Info

Applicant:	Dill ,Jennie
Address:	211 Delmore Place
	,VT 05444
Family Size:	2

Section Menu
Click on a section below to review or edit that section.

- Applicant Info
- Need for Care/Service Need
- Household Members
- Parent/Caretaker Activities
- Child Care Schedules
- Household Income and Expenses

Applicant Rights and Responsibilities
Please review your rights and responsibilities as an applicant before submitting the application:

- I understand that the Department will notify me in writing about its decision on my application.
- I certify that the information given on this form is true and correct to the best of my knowledge.
- I understand that I must report, as soon as possible, any changes in my household size, marital status, unemployment/employment or training, address, or income which may affect my eligibility.
- If I am eligible, I understand I must pay the difference between the child care subsidy and what my provider charges.
- I understand I must pay for any child care costs I have while I am not eligible for child care subsidy.
- I understand that if I knowing provide false information or withhold information on this application it may be considered fraud. 33 V.S.A §143.141

Indicate below your understanding of the applicant rights and responsibilities before submitting the application.

*
☐ I agree with my rights and responsibilities as listed above.

[Save & Exit]   [Submit Application]

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Applicant Rights and Responsibilities*

Once the information has been reviewed, click on the box next to the **Rights and Responsibilities Statement** at the bottom of the page to electronically sign the application.

Making Changes to the Subsidy Application

If you need to review or correct any information on the application, click on the appropriate link in the Section **Menu** area in the middle of the page. As a result of this action, you are returned to the application section for the link. Make any corrections and then click on the **Next** or **Application Menu** button to process these changes.

Submitting the Subsidy Application

Once all information is correct, click on the **Submit Application** button at the bottom of the page. As a result, the following **Confirmation** page is presented with the newly entered service request confirmed with an identification number for reference.

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Viewing Status of Subsidy Application

You may view the status of a submitted Subsidy Application through one of the following methods.

Application Submitted Page
You may click the **Service Request Status** link on the **Application for Child Care Subsidy Submitted** page (SB0140).

Application for Child Care Subsidy Submitted

Your Application for Child Care Subsidy has been submitted to the Child Development Division.

You will be contacted by an assigned case worker for required proof or documentation. Your application is considered incomplete and may not be evaluated for eligibility until required proof and documentation is received. Please note that for each type of income you claim, you must supply written evidence. Examples of documentation include two consecutive pay stubs, a copy of last year's income tax return for self-employment, a statement from your employer confirming wages for a new employment, your TANF grant letter, and a copy of your court order for child support. Course enrollment schedule serves as verification of training.

You have been assigned a request ID, which you may use to track the status of your application.

Below is your request ID for future reference:

Request ID: 542

You may check the status of your request at any time via the Service Request Status page. Click on the button below to view and print a copy of a your application for your records:

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Child Care Benefits Menu Option
Once you access the menu option **Child Care Benefits** on the sub-nav bar, there is a link named **View Status of Subsidy Application**:

Conditional Text 2/1/05 4:31 PM
Comment: Platform: Printed Manual

Contact Menu Option

Once you access the menu option **Contact** on the sub-nav bar, there is a link named **Service Request Status**:

Conditional Text 2/1/05 4:31 PM
Comment: Platform: Printed Manual

As a result of any of the above selections, you will access the **Check Service Status Request** page as shown below.

Conditional Text 2/1/05 4:31 PM
Comment: Platform: Printed Manual

Conditional Text 2/1/05 4:31 PM
Comment: Platform: Printed Manual

Enter the number in the **Request ID** field on this page and click on the **Submit** button. As a result, the **Service Request Status** page is displayed.

Retrieve Saved Application

You may retrieve a saved application prior to the submission process if necessary. Once you access the menu option **Child Care Benefits** on the sub-nav bar, there is a link named **Retrieve Saved Application**:

Applying for Child Care Subsidy

- **Apply Online**
  Complete an Application for Subsidized Child Care through an online form.

- **Download Forms and Literature**
  Download Application for Subsidized Child Care and other child care subsidy forms and information.

- **Retrieve Saved Application**
  Retrieve an application that was previously started and saved to the Child Development Division server.

- **View Status of Subsidy Application**
  Enter your service request ID to view the current status of a previously submitted application.

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As a result of this selection, you are presented with the **Retrieval** page as shown below.

Retrieve Previously Saved Application for Child Care Subsidy
Enter your identifying information and your assigned Request ID below to retrieve your save application.

* Indicates Required Info

* Contact Phone:

* Date of Birth: mm ▾ dd ▾ year ▾

* Request ID:

Cancel   Submit

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To ensure that you are the authorized person to retrieve an application, you must complete the information in the following required fields.

Contact Phone*

Enter the telephone number in this field. Do not enter any hyphens in this entry.

Date of Birth*

Select the date of birth by using the drop-down values.

Request ID*

Enter the Identification Number for the Application in this field.

Once you have entered the information above, click on the **Submit** button. This action accesses the first page of the application. From this point, you can access other parts of the application through the **Application Menu** button on that page.

Note: Once the application has been submitted for review, you may **not** resubmit it. You will have to contact the Child Development Division to inform them of any changes that should be made.

Becoming a Child Care Provider

Licensure Overview

In the section labeled "How to Become a Licensed or Registered Child Care Provider", is where you can find out everything you need to know about becoming a registered family child care home, a licensed child care center, or a licensed school age care program. There are three links under this section to assist you in this effort.

Licensing Requirements

By selecting this link, the **Interested in Becoming a Child Care Provider** page is presented for review:

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Comment: Platform: Printed Manual

At the top of the page, information regarding each type of program is presented. The lower portion of the page contains a list of links to the applications for applying online, as well as, a link to view the status of your application once you have submitted an application. Once you have determined which application you need to complete, select one of the following links to begin this process.

Applying to be a Provider

This section contains the links to the applications for the specific provider types. Each link contains a series of pages on which you will complete the application and submit it for approval.

Apply Online to Become a Licensed Provider

This link accesses the first page of the form to become a Licensed Child Care Provider.

Initial Licensing Visit Request: Section 1 of 2

The Initial Licensing Visit Request initiates the licensing process. It captures basic information about the prospective early childhood, licensed family home, non-recurring, or school age child care provider seeking a license and the site. To be complete, this part of the application must be accompanied by a Record Check Authorization, submitted in hard copy with signatures. Complete the information as described below.

Last*, First* and Middle Names and Suffix
Enter the name of the provider in the appropriate name fields.

Gender*
Select **Female** or **Male** by using the radio button next to the field (⊙).

Date of Birth*
Enter the date of birth using the following format **MM/DD/YYYY**.

Mailing Address*
Enter the first line of the Mailing Address in this field.

Mailing Address Line 2
Enter the second line of the Mailing Address in this field.

City

Type the name of the city in this field.

Town*

Select the name of the town by using the down arrow (⯆) next to the field.

State*

The State has been defaulted to Vermont; however if another selection is needed, select the name of the state by using the down arrow (⯆) next to the field.

Zip Code*

Enter the zip code in this field using the format #####-####.

Contact Phone*

Enter the telephone number for contact in this field using the format ###-###-####.

Submitting Section 1

Once the information has been entered and reviewed, click on the **Next** button at the bottom of the page.

Initial Licensing Visit Request: Section 2 of 2

Bright Futures
Child Care Services

| Home | Child Care Benefits | Find a Provider | Become a Provider | Resources | Contact |

Initial Licensing Visit Request: Section 2 of 2
Program Info

* Indicates Required Info
* Probable Name of Program:

* Location Address:

Address Line 2:

City:

* Town: - Please Select -

* State: Vermont

* Zip Code:

* Directions (include route numbers) from Waterbury to proposed program site:

* What the building looks like or what it is currently known as:

* Program's intention to serve meals or snacks:
- [ ] The program intends to provide snacks only
- [ ] The program intends to serve snacks and meals provided by each child's parent
- [ ] The program intends to prepare and serve snacks and meals on premises
- [ ] The program intends to have meals prepared off premises and delivered to program
- [ ] Other

State providers have the option to submit attendance, receive notices, and perform other provider account functions through the web. If you choose to participate, you will be assigned a username and password, which you will receive at a later date. Please indicate below your preference for participating electronically, and your e-mail address if you choose to do so.

Web Site Address:

* Electronic Participation: ○ Yes ○ No

E-mail:
(Required if Participating Electronically)

[Next >]

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Enter the information about the new program as described in the following sections.

Probable Name of Program*

If a previously entered organization has been selected through the **Use Selected** function, the Probable Name of Program is displayed. If not, enter the probable name of the program. The reason this field is named "Probable" is that this name must be approved through an external Trade Name Registration process with the Secretary of State's office before it can become the official name of the program.

Location Address*

Enter the first line of the Site Address in this field.

Address Line 2

Enter the second line of the Site Address in this field.

City

Type the name of the city in this field.

Town*

Select the name of the town by using the down arrow (▾) next to the field.

State*

The State has been defaulted to Vermont; however if another selection is needed, select the name of the state by using the down arrow (▾) next to the field.

Zip Code*

Enter the zip code in this field using the format #####-####.

Directions (include route numbers) from Waterbury to proposed program site*

Enter information in the text box to describe the directions using as much text as needed.

What the building looks like or what it is currently known as*

Enter information in the text box to describe the building using as much text as needed.

Program's intention to serve meals or snacks*

Select one of the following options by clicking in the ( ) checkbox next to the field.

- The program intends to provide snacks only

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

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

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

- Other

Web Site Address

Enter the URL for the provider's web site.

Electronic Participation*

Select either **Yes** or **No** for the selection by using the radio button next to the field (⦿). If this answer is Yes, the following two fields are required if provider elects to participate electronically.

E-mail Address (Required if Participating Electronically)

Enter the complete e-mail address for the provider.

Submitting Section 2

Once the information has been entered and reviewed, click on the **Next** button at the bottom of the page. As a result, the **Verification** page is presented.

Initial Licensing Visit Request: Verify Application

Applicant Affirmation*

Once the information has been reviewed, click on the box next to the Affirmation Statement at the bottom of the page to electronically sign the application. Then click on the **Submit Initial Visit Request** button at the bottom of the page. As a result, the **Confirmation** page is presented with the newly entered service request confirmed with an identification number for reference. For more information about this function, see "Service Requests" on page 75.

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Comment: Platform: Printed Manual

This page contains a Request ID Number associated with the application. You will want to make a note of this number (by printing or writing it down) so that you may check the status of your application at a future time. For this function, refer to the instructions in "View Status of Application" on page 58.

Apply Online to Become a Registered Home Provider

This link accesses the first page of the form to become a Registered Home Child Care Provider.

Preliminary Registered Home Provider Application

Complete the details for the applicant on the Applicant page (LI0232) as described below.

Last*, First* and Middle Names and Suffix

Enter your name in the appropriate name fields.

Date of Birth*

Enter the date of birth using the following format **MM/DD/YYYY**.

Gender*

Select **Female** or **Male** by using the radio button next to the field (⊙).

EIN

Enter the Employer Identification Number if appropriate.

SSN*

Enter the Social Security Number; the SSN is a required

Contact Phone Number*

Enter the telephone number for contact in this field using the format ###-###-####.

Home Address*

Enter the first line of the Home Address in this field.

Address Line 2

Enter the second line of the Home Address in this field.

City

Type the name of the city in this field.

Town*

Select the name of the town by using the down arrow (▾) next to the field.

State*

The State has been defaulted to Vermont; however if another selection is needed, select the name of the state by using the down arrow (▾) next to the field.

Zip Code*

Enter the zip code in this field using the format #####-####.

Have you ever been convicted for a violation of any law or ordinance (except parking violation)?

Select either **Yes** or **No** by using the radio button next to the field (⊙). If the answer to the above question is **Yes**, complete the information for the following field.

Conviction Description

Enter a description for the conviction in this notes field if the answer to the previous question is **Yes**.

Have you applied for a child care license, registration, or certificate from Vermont or any other state within the last five (5) years?*

Select either **Yes** or **No** by using the radio button next to the field (⊙). If the answer to the above question is **Yes**, complete the information for the following fields:

Which State?

Select the name of the state by using the down arrow (▾) next to the field.

License/Registration Outcome

Select the outcome by using the down arrow (▾) next to the field.

Denied
Granted
Not Renewed
Revoked
Still in Force
Suspended
Withdrawn

State providers have the option to submit attendance, receive notices, and perform other provider account functions through the web. If you choose to participate, you will be assigned a username and password, which you will receive at a later date. Please indicate below your preference for participating electronically, and your e-mail address if you choose to do so.

Web Site Address
Enter the URL for your web site.

Electronic Participation*
Select either **Yes** or **No** for the selection by using the radio button next to the field ( ). If this answer is Yes, the following field is required if provider elects to participate electronically.

E-mail Address
Enter the e-mail address for the applicant in this field.

Submitting Registered Home Application

Once the information has been entered and reviewed, click on the **Next** button at the bottom of the page. As a result, the **Preliminary Registered Home Provider Application: Verify Application** page is presented.

Bright Futures
Child Care Services

| Home | Child Care Benefits | Find a Provider | Become a Provider | Resources | Contact |

Preliminary Registered Home Provider Application: Verify Application
Please verify the information you've entered below. Select "Make Changes" to edit information, and choose "Submit Application" once you are satisfied with the information you've entered and have reviewed your applicant responsibilities.

* Indicates Required Info

Application Date:	09/20/2004
Last Name:	Bell
First Name:	Bonnie
Middle Name:	
Suffix:	
Date of Birth:	04/01/1968
Gender:	Female
EIN:	
SSN:	999-66-3333
Phone:	(802)555-4444
Home Address:	901 South Lake Road
Address Line 2:	
City:	
Town:	Addison
State:	Vermont
Zip Code:	05222
Have you ever been convicted for a violation of any law or ordinance (except parking violation)?	
	No
Conviction Description:	
Have you applied for a child care license, registration, or certificate from Vermont or any other state within the last five (5) years?	
	No
Which State?	
License/Registration Outcome:	
Web Site Address:	
Electronic Participation:	Yes
E-mail Address:	bonniebell@aol.com

Applicant Certification
Please review and verify the information that you have entered before submitting it to the Child Development Division.
- I understand that this form is preliminary and it is not the entire application for a child care registration required by the Child Development Division.
- I understand that until I have been granted a registration by the Child Development Division that I cannot legally provide child care for the children from more than two families, other than my own. See 33 V.S.A. Section 3502.
- I am aware that intentionally providing false information to a state agency or department may be considered a false claim under 13 VSA Section 3106 and punishable as a misdemeanor or a felony.

Indicate below your understanding of the applicant affirmation before submitting the request.

*
☐ **Please indicate whether you agree or disagree with your applicant responsibilities as listed above**

[Make Changes]   [Submit Application]

Applicant Certification*
Once the information has been reviewed, click on the box next to the **Affirmation Certification Statement** at the bottom of the page to electronically sign the application.

Making Changes to the Registered Home Application

If you need to correct any information on the application, click on the **Make Changes** button at the bottom of the page. As a result of this action, you are returned to the application. Make any corrections and then click on the **Next** button to process these changes.

Submitting the Registered Home Application

Once all information is correct, click on the **Submit Application** button at the bottom of the page. As a result, the **Confirmation** page is presented with the newly entered service request confirmed with an identification number for reference. For more information about this function, see "Service Requests" on page 75.

Preliminary Registered Home Provider Application Submitted

Your Preliminary Registered Home Provider Application has been submitted to the Child Development Division. You have been assigned a request ID, which you may use to track the status of your application.

Below is your request ID. Print this page for future reference.

Request ID: 506

You may check the status of your request at any time via the Service Request Status page. Click on the button below to view and print a copy of a your application for your records.

- **View Application**

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This page contains a Request ID Number associated with the application. You will want to make a note of this number (by printing or writing it down) so that you may check the status of your application at a future time. For this function, refer to the instructions in "View Status of Application" on page 58.

Download Forms and Literature

This function contains links to the different Child Development Division forms and literature available for printing and download. To access this function, click on the active link named **Download Forms and Literature**. As a result, the **Forms and Literature** page is displayed.

Bright Futures
Child Care Services: Providers

Provider: Chester's Child Care Center
User: Chester Cheap
Logout

| Account Summary | Provider Demographics | Payment & Financial Info | Attendance & Invoicing | Resources | Contact |

Forms & Literature
The listed documents below are available for download. All files are in Adobe PDF format, and will require the Adobe Reader to view. Click on this link to download the Adobe® Reader®.

Forms   Sort by: [Form Name ▼] [Go!]
Displaying **1-1** of **1** Items

Form Name	Form Type	Size
C-1 NAEYC Fee Grant Application	Provider	10kb

Information and Literature   Sort by: [Form Name ▼] [Go!]
Displaying **1-1** of **1** Items

Form Name	Form Type	Size
C-6 Instructions	Provider	13kb

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The listed documents are available for download. All files are in Adobe PDF format, and will require the Adobe Reader to view. Instructions to download the Adobe software appear on this page.

As you click on an active link of a form, the Adobe Reader is activated and the document is accessed. You may use the menu items within Adobe to scroll through the pages and print if you wish.

View Status of Application

This function allows you to check the status of an application that you previously submitted electronically. To access this function, click on the active link named **View Status of Application**. As a result, the **Check Service Request Status** page is displayed.

```
Check Service Request Status
Please enter below the request number you received to view the status of your service request:

* Indicates Required Info
  * Request ID:              505

                            Submit

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```

Conditional Text 2/1/05 4:31 PM
Comment: Platform: Printed Manual

Enter the Request ID number in the field and click the **Submit** button. As a result, the next page displayed shows the status of the request.

```
Service Request Status

    Request ID:              505
    Status:                  Submitted
    Status Reason:

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```

Conditional Text 2/1/05 4:31 PM
Comment: Platform: Printed Manual

On-Line Applications

When you access this link, you are accessing the same page as described in "Becoming a Child Care Provider" on page 46.

Menu Options

At the top of the page, the following menu options are available by clicking on the corresponding item on the sub-nav bar.

Become a Provider

When you select this link, you are accessing the same page as described in "Becoming a Child Care Provider" on page 46.

Resources

When you select this link, you are accessing the same page as described in "Resources" on page 84.

Contacts

When you select this link, you are accessing the same page as described in "Contact" on page 127..

Professional Development

The Child Development Division offers a variety of grants to help providers enhance the quality of their programs, facilities, or staff education. This section allows you to find out what's available and how to apply.

Available Grants

The Child Development Division manages several types of grants that are designed to have a positive impact on the quality, availability and accessibility of child care in Vermont. Specific Grant Goals include:

- To Build Supply of Early Childhood and School-Age Child Care

- To Improve Quality of Vermont Early Childhood and School-age System

- To Ensure Access to Affordable High Quality Early Childhood and School-Age Child Care

Child care programs and child care providers are the primary applicants and recipients of the grants listed below.

When you select this link under the **Professional Development** section, you will access the **Grants** page for grant information.

Bright Futures
Child Care Services

| Home | Child Care Benefits | Find a Provider | Become a Provider | Resources | Contact |

Grants

The Child Development Division manages several types of grants that are designed to have a positive impact on the quality, availability and accessibility of child care in Vermont. Specific Grant Goals include:

1. To Build Supply of Early Childhood and School-Age Child Care
2. To Improve Quality of Vermont Early Childhood and School-age System
3. To Ensure Access to Affordable High Quality Early Childhood and School-Age Child Care

Child care programs and child care providers are the primary applicants and recipients of the grants listed below.

Professional Development:

1. College Individual Tuition
2. College Purchased Classes
3. In-Service Training
4. Credential Seeking Bonus
5. Credential Achieved Bonus
6. Substitute Child Care Projects

Quality Improvement Initiatives:

1. Quality Recognition Seeking
2. Quality Recognition Achieved
3. Child Care Network Development - Family-Based
4. Child Care Network Development - Center-Based
5. Child Care Network Development - School-Age Base

Program Enhancement and Expansion:

1. Infant Toddler Enhancement
2. Infant Toddler Start-Up and Expansion
3. Preschool Enhancement
4. Preschool Start-Up and Expansion
5. School-Age Enhancement
6. School-Age Start-Up and Expansion

Facilities:

1. Facility Structural Enhancements
2. Building Bright Futures

Special Needs:

1. Accommodations
2. Specialized Training

Other:

1. Emergency Assistance
2. Summer Programs
3. Volunteer Reimbursement
4. Consultation
5. Transportation

Applying for a Grant
- **Download Forms and Literature**
  Use this link to access the downloadable version of the grant application.

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This page describes the grants that are available for submission to the Child Development Division.

Applying for a Grant

In order to begin the grant application process, click on the active link named "Download Forms and Literature", in order to locate the appropriate grant for completion.

The listed documents are available for download. All files are in Adobe PDF format, and will require the Adobe Reader to view. Instructions to download the Adobe software appear on this page.

As you click on an active link of a form, the Adobe Reader is activated and the document is accessed. You may use the menu items within Adobe to scroll through the pages and print if you wish.

Search Courses

This area allows you to find a list of courses and workshops available around the State through the use of the course search options. When you select this link under the **Professional Development** section, you will access the following page for the ability to search on courses.

Search and view details on state approved training courses. To access this function, click on the active link named **Course Search**. As a result, the **Search Courses** page is displayed.

Bright Futures
Child Care Services

| Home | Child Care Benefits | Find a Provider | Become a Provider | Resources | Contact |

Search Course Calendar
Enter one or more parameters for the course(s) you are looking for.

Course ID: [   ]

Course Title: [   ]   Search Type: [Sounds like ▼]

Sponsor: [   ]   Search Type: [Sounds like ▼]

Areas of Knowledge: [- Please Select -   ▼]

Hour Type: [- Please Select - ▼]

Location: [- Please Select - ▼]

Session Start Date From: [   ]
(mm/dd/yyyy)

Session Start Date To: [   ]
(mm/dd/yyyy)

[Search]

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Use as many fields as known in order to limit the search results. The following search fields are available.

Course ID
If you know the Course ID Number, enter it here. This entry would give you the most direct connection to the entered course.

Course Title
Enter the complete title or any part of the title of the course in this field.

Sponsor
Enter the sponsor's last name in this field. If the sponsor is an organization, enter the name in this field.

Areas of Knowledge
Select the value for this field by using the down arrow (▼) next to the field. The following are the standard areas:

> **Child Development**
> **Professional Development**
> **Personal Development**
> **Curriculum Development**

Hour Type
Select the value for this field by using the down arrow (▼) next to the field.

Clock Hours
Credit Hours

Location

Select the value for this field by using the down arrow (▼) next to the field.

Course Status

Select the value for this field by using the down arrow (▼) next to the field.

Active
Inactive

Session Start and End Dates

Enter the values for either or both of these fields to search for the session dates.

Search Type

Select one of the following from the drop-down list using the down arrow next to the each of the name fields (▼) to restrict the search parameters:

Exact Match
Starts With
Sounds Like
Contains

Once the information in as many appropriate search criteria fields as deemed beneficial, click on the **Search** button.

Course Search Results

Upon completion of the system search, the results are displayed in the **Course Search Results** table (page QU0078) with the following information:

Course Title
Course ID
Sponsor
Hours
Hours Type
Course Status

Sort By

The Course List may be sorted through the **Sort By** field on the top right corner of the table using the following options:

Course Title
Course ID
Sponsor
Hours
Hours Type
Course Status

Once a sort option has been selected, click on the **Go** button to the right of this field. The **Course Search Results** table will be updated with the sorted values in place.

Search Courses

Enter one or more parameters for the course(s) you are looking for.

Course ID: [   ]

Course Title: [   ]   Search Type: [Sounds like ▼]

Sponsor: [   ]   Search Type: [Sounds like ▼]

Areas of Knowledge: [- Please Select - ▼]

Hour Type: [- Please Select - ▼]

[Search]

Search Results   Sort by: [Course Title ▼] [Go!]

*Displaying **1-5** of **5** Items*

Course Title	Course ID	Sponsor	Hours	Hour Type	Course Status
Child Development		Burlington College	4	Class Hours	Active
Continuing Education 101	CONED101	Poppins, Mary	12	Credit Hours	Active
Course Title 101		Burlington College	4	Credit Hours	Active
New Course		New Course College	1	Credit Hours	Active
Professional Development 101	PRDEV101	Poppins, Mary	12	Class Hours	Active

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Course Details

Once you have located an existing course using the **Course Search** function, you may view the details for the course by clicking on the active link in the Course Title column. This action accesses the **Course Details** page for the course selected.

Course #1833 Details

Sponsor:	Burlington College
Course Title:	Child Development
Course ID:	
Hours:	4
Hour Type:	Class Hours
Status:	Active
Description:	
Articulation:	

Professional Development Areas

- Child Development

Course Calendar

Session Date	Start Time	Contact Name	
09/30/2004	10:00 AM	Linda Grayson	[Details]

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This page is divided into the following sections:

Course Details
Professional Development Areas
Course Calendar

Course Details

For each session the following information is presented.

Sponsor
The name of the person or organization sponsoring the course is displayed in this field.

Course Title
The name of course is displayed as the title.

Course ID
The identification number assigned by the system is contained in the Course ID field.

Hour
The number of credit hours is displayed in this field.

Hour Type
One of the following hour types will be displayed in this field:

Clock Hours
Credit Hours

Course Status
One of the following status values will be displayed in this field:

Active
Inactive

Description
A description of the course is displayed in this field.

Articulation
This field contains additional information about the course.

Professional Development Areas
A listing of the Professional Development Areas that have been assigned to the course is shown in this section.

Course Calendar
If the course has been associated with the course calendar, the following information is displayed.

Session Date
The date on which the session is being held is displayed in this field.

Start Time
The time of the course offering is the Start Time.

Contact Name
The name of the contact person associated with the course is displayed in this field.

Course Session Details

In order to view the details associated with a particular Course Calendar entry, click on the **Details** link at the end of the row. As a result, the **Course Session Details** page is presented.

Course Session Details

Sponsor:	Burlington College
Course Title:	Child Development
Course ID:	
Hours:	4
Hour Type:	Class Hours
Status:	**Active**
Description:	
Articulation:	

Professional Development Areas

- Child Development

Session Information

Session Completion Date: *(mm/dd/yyyy)*	09/30/2004
Start Time:	10:00 AM
Contact Name:	Linda Grayson
Contact Phone:	(802)444-7777
Cost:	$100.00
Scholarship:	Yes
Funding:	Funding
Notes:	

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The following information describes the session offering:

Session Completion Date
The date on which the session is being held is displayed in this field.

Start Time
The time of the course offering is the Start Time.

Contact Name
The name of the contact person associated with the course is displayed in this field.

Contact Phone
The telephone number of the contact above is shown in this field.

Cost
The cost associated with the course is displayed in this field.

Scholarship
If there is a scholarship offering, the field will display a **Yes** value.

Funding
Identification of funding that may be used to pay for this course is displayed in this field.

Notes
Any notes that have entered as a description or special instructions for the course are displayed in this field.

Provider Login

If you have a provider account, you can access your account information online to submit attendance and track payment information. Please login here to access your account information.

Child Care Worker/Credential User Login

If you have a quality or credentialing account with the Child Development Division, you can access your account information online to track and maintain your training records and apply for professional development grants online. Please login here to access your account information.
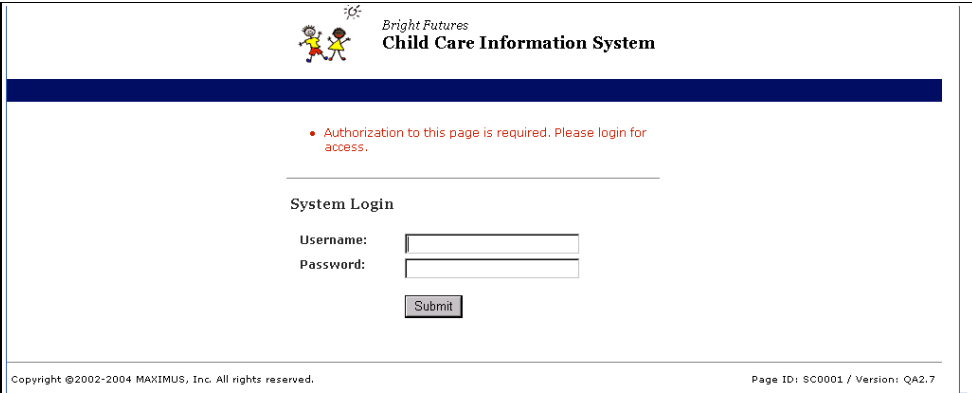
Secured Parent Functions

Overview for Parent Functions

Some areas of the website require that you have a logon to access confidential information about your account. If you have a parent account, you can access your account information online to make changes to your account as necessary.

Logging into the System

Once the application is brought up in the browser, the **System Login** page (SC0001) is displayed.

On this page, enter the following:

Username
Enter your username in this field; being sure to use upper and lower case as appropriate.

Password
Enter your password by again using the appropriate case as you type.

Once the **Username** and **Password** is entered, click on the **Login** button to complete the access to the system.

First Time Logon

Upon accessing the system for the first time, you will be required to change your password from the one assigned by the CCSD staff. The **Change Password** page (SC0003) is presented for this purpose.

Change Password
Your password has expired , Please Change your password.

* **Indicates Required Info**
    User ID: 916
    User Login: leslie
  * Password: [********]
  * New Password: [******]
  * Confirm New Password: [******]

                    [Change Password]

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On this page, enter the following:

Password
Enter the originally assigned password again by using the appropriate case as you type.

New Password
Enter your new password by using the appropriate case as you type.

Password
Enter the new password again as a confirmation by using the appropriate case as you type.

Once the **Password** has been entered in the fields, click on the **Change Password** button to complete the access to the system.

User Access

When a login is created, the appropriate functionality is attached to it so that a user is able to access all functions that have been predefined for him/her. The permissions granted are determined by the role of the user.

Account Summary

Once a parent has logged into the system, the next page displayed is the **My Profile** page (CM0102). From this page, a parent can view and maintain information as described in the following sections. These functions allow recipients of child care services to have access to pertinent information as well as forms for completion for changes needed for Child Care services.

Bright Futures
Child Care Services: Client

User: Jennie Dill
LOGOUT

My Profile	Subsidy Case Info	Find a Provider	Become a Provider	Resources	Contact

Name:	Dill, Jennie		Date of Birth:	02/09/1975	
Gender:	Female		Marital Status:	Single	
Race:	White		Ethnicity:	Non Hispanic	
Citizenship:			Primary Language:	English	
SSN:	999-66-3333				

Addresses

Type	Street Address	City	State	Town	Zip Code	
Home/Location Address	211 Delmore Place		Vermont	Addison	05444	
Mailing Address	211 Delmore Place		Vermont	Addison	05444	[Update]

Contact Phones

Type	Data	Comments	
Alternate Contact Phone			[Update]
Contact Phone	(802)444-7777		[Update]
Fax			[Update]

Electronic Contact Information

Type	Data	Comments	
E-mail	jdill@aol.com		[Update]
Web Site Address			[Update]

Profile Options
- Request Update of SSN
- Service Requests

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This main page displays information that has been recorded for a provider account. The Contact Information on the party record is divided into the following sections:

Addresses
Contact Phones
Electronic Contact Information

Addresses

The information maintained for addresses has been entered throughout the system functions and is displayed on the person record. A table is presented which contains which contains the most current of the entries for the person categorized by type.

Type
The type identifies an address by one of the following values:

Home/Location Address
Mailing Address

Street Address
The physical address is displayed as the Street Address along with the following:

City
State
Zip Code

Update Address

In order to update an address entry, select the **Update** link at the end of the row that you wish to change. As a result of this action, the **Edit Address** page is presented for edits.

On this page, the Address type is brought forward from the previous page. Enter the information in the following fields as needed.

Address Line 1

Enter the first line of the address in this field.

Address Line 2

Enter the second line of the address in this field.

Town

Select the name of the town by using the down arrow (▾) next to the field.

City

Type the name of the city in this field.

State

The State has been defaulted to Vermont; however if another selection is needed, select the name of the state by using the down arrow (▾) next to the field.

Zip Code

Enter the zip code in this field using the format #####-####.

Submitting the Address Updates

Once the information has been entered and reviewed, click on the **Save Updates** button at the bottom of the page. As a result, the **Provider Demographics** page (CM0106) is presented with the updated information.

Contact Phones

The information maintained for contact information has been entered throughout the system functions and is displayed on the person record. A table is presented which contains the most current of the entries for the person categorized by Type.

Type
The type identifies a contact by one of the following values:

Contact Number
Alternate Contact Number
Fax

Data
The contact data contains the information about the type of the contact entered.

Comments
This field contains any additional comments that should be associated with the contact; i.e., calling times, message instructions, etc.

Edit Contact Phones

In order to update a phone entry, select the **Update** link at the end of the row that you wish to change. As a result of this action, the **Edit Phone Number** page is presented for edits.

Edit Phone Number

* Indicates Required Info
   Type: Alternate Contact Phone
* Data:
   Comments:

Cancel   Save Updates

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> Conditional Text 2/1/05 4:31 PM
> **Comment:** Platform: Printed Manual

On this page, the Contact Number type is brought forward from the previous page. Enter the information in the following fields as needed.

Data
The contact data contains the information about the type of the contact entered.

Comments
This field contains any additional comments that should be associated with the contact; i.e., calling times, message instructions, etc.

Submitting the Contact Number Updates

Once the information has been entered and reviewed, click on the **Save Updates** button at the bottom of the page. As a result, the **Provider Demographics** page (CM0106) is presented with the updated information.

Electronic Contact Information

The information maintained for electronic contact information has been entered throughout the system functions and is displayed on the person record. A table is presented which contains the most current of the entries for the person categorized by Type.

Type
The type identifies a contact by one of the following values:

E-Mail

Web Site Address

Data
The contact data contains the information about the type of the contact entered.

Comments
This field contains any additional comments that should be associated with the contact; i.e., calling times, message instructions, etc.

Edit Electronic Contact Information

In order to update an electronic contact entry, select the **Update** link at the end of the row that you wish to change. As a result of this action, the **Edit Electronic Address** page is presented for edits.

Conditional Text 2/1/05 4:31 PM
Comment: Platform: Printed Manual

On this page, the Electronic Contact type is brought forward from the previous page. Enter the information in the following fields as needed.

Data
The contact data contains the information about the type of the contact entered.

Comments
This field contains any additional comments that should be associated with the contact; i.e., message instructions, etc.

Submitting the Electronic Contact Updates

Once the information has been entered and reviewed, click on the **Save Updates** button at the bottom of the page. As a result, the **Provider Demographics** page (CM0106) is presented with the updated information.

Profile Options

The options in this section of the page include the following functions.

Request Update of SSN
Service Requests

Request Update of SSN

This functionality provides the capability for providers to update an Employer Identification Number online. To access this function, select **Request Update of SSN** from the **Profile Options** at the bottom of the **My Profile** page (CM0102). As a result, the **Request Update of SSN** page (SR0013) is presented.

Request Update of SSN
* Indicates Required Info
    SSN on Record: 999-66-3333
    * SSN Update: [   ]

                    Cancel   Submit

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The **SSN on Record** appears at the top of the page. Enter the new Social Security Number in the **SSN Update** filed. When finished, click on the **Submit** button. As a result, the **Confirmation** page shown below is displayed with the newly entered service request confirmed with an identification number for reference. For more information about this function, see the following section.

Request Update of SSN submitted
A service request for an update of your SSN has been submitted to the Child Development Division.

Please note that the SSN is considered a personal indentification number, and is subject to verification by your case manager. Please allow several days for the updated SSN to be included in your record.

Below is your request ID for future reference.

    Request ID: 543

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Service Requests

By clicking on this option, the **Service Requests** page (PM0337) is displayed with the following information:

Date Submitted
Request ID
Request Type
Status

Service Requests				Sort by:	Date Submitted ▼	Go!

Displaying 1-1 of 1 Items

Date Submitted	Request ID	Request Type	Status	
09/28/2004	543	Change Designator	Submitted	[Details]

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Service Request Details

In order to view details for a particular item, click on the **Details** link at the end of the row containing the item. As a result, the **Service Request Details** page (CO0339) is presented for viewing with the following information.

> **Request Type**
> **Request ID**
> **Date Submitted**
> **Assigned Caseworker**
> **Assigned Group**
> **Status**
> **Status Reason**
> **Status Notes**

Service Request Details

Request Type:	Change Designator
Request ID:	543
Date Submitted:	09/28/2004
Assigned Caseworker:	Newton Bob
Assigned Group:	Bob
Status:	Submitted
Status Reason:	
Status Notes:	

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Subsidy Case Information

Overview for Subsidy Case Information

The information viewed through this function has been populated from the Subsidy Application, as well as, any additional information that has been recorded about a family during the Eligibility Determination process. By selecting **Subsidy Case Information** on the sub-nav bar at the top of the page, the **Current Case Information** page as shown below is displayed.

Bright Futures
Child Care Services: Client

User: Jennie Dill
LOGOUT

| My Profile | Subsidy Case Info | Find a Provider | Become a Provider | Resources | Contact |

Subsidy Case ID: 1196   Case Status: Active

Current Case Information

Account Created: 09/27/2004   Household Size: 2
Last Updated: 09/28/2004   Last Determination: 09/28/2004

Active Certificates

Certificate	Child	Provider	Copay	Payment Dates	
521	Dill, Ellen	Lane, Penny	$52.00	09/01/2004-05/14/2005	[Change Provider]

Additional Account Options
- Submit Change in Schedule

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Current Case Information

The information displayed at the top of the page summarizes the case that has been created as a result of the Child Care Application. It contains the following:

Account Created Date
Last Updated Date
Household Size
Last Eligibility Determination Date

Active Certificates

The certificates that have been generated for a family are shown in this section of the page. Each row contains the following information:

Certificate Number
Child in Family
Provider's Name
Copay
Payment Dates for Eligibility Period

Change Provider

One of the changes that can be initiated from this page is to request a change in provider. To begin this process, click on the **Change Provider** link at the end of the corresponding row in which you will request the change. As a result, the **Change in Provider Request** page (SB0165) is displayed.

Complete the following information on this page.

Enrollment End Date
Enter the date for the end of the enrollment in this field.

Question: Is this provider being given one week's notice?
Select either **Yes** or **No** by using the radio button next to the field (⦿).

Provider Notice Explanation
If the answer to the previous question is No, an explanation is required to be recorded in this field.

New Provider

Organization Name or Last Name

Enter the name of the provider in this field.

First Name

Enter the first name of the provider in this field.

Relationship to Applicant

Select the value for the relationship by using the down arrow (⏷) next to the field.

> **Aunt/Uncle**
> **Grand/Great Grandparent**
> **Sibling**

Phone

Enter the contact number for the provider in this field.

Reference ID

Enter the Reference Identification Number, if known.

Reference Type

Enter the Reference Type in this field, if known.

Mailing Address, Town, City, State, Zip Code

Enter the address associated with the entered provider in these fields.

When you have completed the above information, click on the **Submit** button. As a result, the **Change in Provider Submitted** page is displayed. To check on the status of the request at any time, you may use the **Service Request** function as described in "Service Requests" on page 75.

Subsidy Case ID: 1196   **Case Status: Active**

Change in Provider Submitted

A service request for change in provider has been submitted to Child Development Division.

Please note that a change in provider is subject to approval by your case manager and may take several days to be included in your record.

Below is your request ID for future reference:

Request ID: 544

You may check the status of your request at any time via the Service Requests page under "My Profile".

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> **Conditional Text 2/1/05 4:31 PM**
> **Comment:** Platform: Printed Manual

Submit Change in Schedule

To access this function, select **Submit Change in Schedule** link under the **Additional Options** area. As a result of this selection, you will access the Submit **Change in Schedule** page as shown below.

> **Conditional Text 2/1/05 4:31 PM**
> **Comment:** Platform: Printed Manual

Subsidy Case ID: 1196   Case Status: Active

Submit Change in Schedule
Please select the household member below for which you would like to submit a change in schedule.

Select	Name	Relationship	Gender	DOB	SSN
○	Dill, Jennie	Applicant	Female	02/09/1975	999-66-3333
○	Dill, Ellen	Biological Child	Female	05/10/2002	999-66-3333

[Cancel]   [Continue >]

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Select the person for whom you want to make the change by clicking in the button in **Select** column and that clicking on the **Continue** button. You will now be on the **Activity Information** page where you will update the schedule for the selected person.

Complete the information as described in "Section 4 of 6: Parent/Caretaker Activities" on page 32 and "Section 5 of 6: Child Care Schedules" on page 34.

Once all the information has been completed, click on the **Submit** button. As a result, the **Change in Activity Schedule Submitted** page is displayed. To check on the status of the request at any time, you may use the **Service Request** function as described in "Service Requests" on page 75.

Subsidy Case ID: 1196   **Case Status: Active**

Change in Activity Schedule Submitted

A service request for a Change in Activity Schedule has been submitted to the Child Development Division.

Please note that this request is subject to approval by your case manager and may take several days to be included in your record.

Below is your request ID for future reference:

Request ID: 545

You may check the status of your request at any time via the Service Requests page under "My Profile".

Conditional Text 2/1/05 4:31 PM
Comment: Platform: Printed Manual
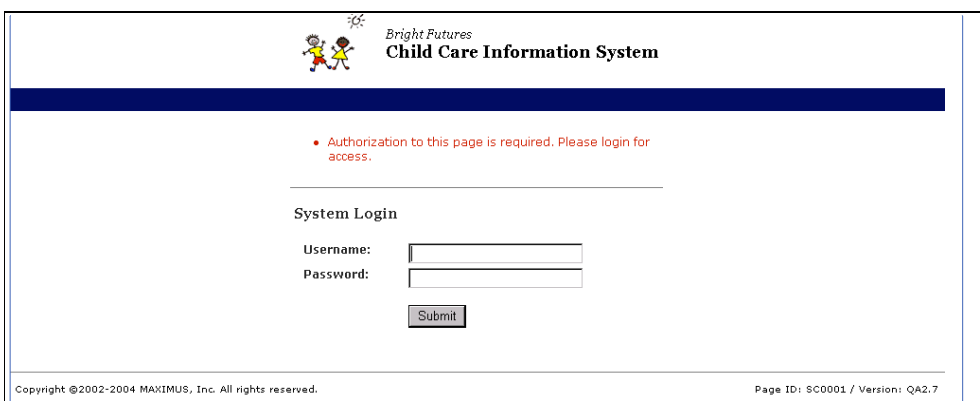
Secured Child Care Worker Functions

Child Care Worker Functions Overview

Some areas of the website require that you have a logon to access confidential information about your account. If you have a quality or credentialing account with the Child Development Division, you can access your account information online to track and maintain your training records and apply for professional development grants online.

Logging in as a Child Care Worker

Once the application is brought up in the browser, the **System Login** page (SC0001) is displayed.

On this page, enter the following:

Username
Enter your username in this field; being sure to use upper and lower case as appropriate.

Password
Enter your password by again using the appropriate case as you type.

Once the **Username** and **Password** is entered, click on the **Login** button to complete the access to the system.

First Time Logon (Child Care Worker)

Upon accessing the system for the first time, you will be required to change your password from the one assigned by the CCSD staff. The following **Change Password** page (SC0003) is presented for this purpose.

Change Password
Your password has expired , Please Change your password.

* **Indicates Required Info**

User ID:	916
User Login:	leslie
* Password:	********
* New Password:	******
* Confirm New Password:	******

[Change Password]

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On this page, enter the following:

Password
Enter the originally assigned password again by using the appropriate case as you type.

New Password
Enter your new password by using the appropriate case as you type.

Password
Enter the new password again as a confirmation by using the appropriate case as you type.

Once the **Password** has been entered in the fields, click on the **Change Password** button to complete the access to the system.

Child Care User Access

When a login is created, the appropriate functionality is attached to it so that a user is able to access all functions that have been predefined for him/her. The permissions granted are determined by the role of the user.

Example of Child Care Worker:

Since a Child Care Worker may also be a Subsidy Parent, both menu items are available.

Child Care Worker Functions

Several functions can be accessed through this area.

Credentials Portal
This functionality allows the capture of the details about formal credentials received by a provider or CCSD staff. Obtaining a credential may result in the payment of a one-time quality bonus.

Education Portal
This functionality allows the capture and maintenance of information about the educational background of a provider or CCSD staff. Like credentials, obtaining a degree may result in the payment of a one-time quality bonus.

Higher Education Portal
This functionality allows the capture of information about an individual's completion of college-level coursework outside of a formal degree program.

Professional Development Portal

This function is also used to track annual requirements for professional development of provider staff licensed or registered by the CCSD. This function is the external version of the Professional Development function in the Quality and Credentials component.

Professional Development Plan Portal

This functionality allows an individual to record and track on-line his/her completion of professional development training to satisfy annual licensing requirements. It is expected that most plans will be entered by the individual from an external portal. It is the external version of the IPDP in the Quality and Credentials Component.

Program Participation

This functionality allows the capture of information about an individual's participation in a program leading to a degree or credential.

Work Experience Portal

This functionality allows the capture and maintenance of information about an individual's child care or child care related work experience.

Grant Applications

This function allows you to view the information for a submitted grant or to create a new grant online. This option will only be available after you have previously submitted an application in hard copy to the Child Development Division.

Click on the menu option to access the **Grant Applications** page (QU0116). This action results in the display of the **Grant Applications** page (GR0008) which displays all grants that have been submitted for an organization.

The information for each grant is displayed in the table at the top of the page.

Application Identification Number
Type
Category
Status
Application Date
Received Date

Viewing Grant Details

You may view the details for a particular grant by clicking on the **Details** link at the end of the row. This action accesses the **Grant Application Summary** page for the grant selected.

The details on the **Grant Application Summary** page include the following:

Grant Application ID
The identification number associated with the grant application is displayed in this field.

Grant Type
The type of grant applied for is displayed in this field.

Category
The grant category that appeared on the application is displayed in this field.

Grant Status
The current status of the grant is displayed in this field.

Application Date
The date on which the application was entered is displayed in this field.

Date Received
The date on which the application was received is displayed in this field.

Grant Purpose
The purpose of the grant as it was entered on the application is displayed in this field.

Grant Budget
The grant budget as it was entered on the application is displayed in this field.

Agreement ID
If the grant has been awarded, an Agreement Identification Number is displayed in this field.

Facility Enrollment and Funds
This section contains information about the number of children enrolled for each age category; and if the grant requested is targeted to benefit specific age categories, the amount is shown for each of the following age categories:

> **Infant/Toddler**
> **Preschool**
> **School Age**

Applying for a Grant (Child Care Worker)

Access this function in the middle of the **Grant Applications** page (QU0116).

The first step in this process is to select one of the following types for the Grant by using the drop-down arrow next to the **Grant Type** field.

Community Child Care Support Agencies
Facilities
Other
Professional Development
Program Expansion and Enhancement
Quality Improvement Initiatives
Special Needs
Transportation

Once you have completed the fields on this page, click on the **Apply Now** button. This action displays the **Grant Application – Grant Request Information** page (QU0118) on which the application is completed.

Completing the Grant Application

The **Grant Type** that was previously selected is displayed at the top of the page in the **Grant Type** field. Complete the following information as required:

Grant Category

Select the value for this field by using the down arrow (⬇) next to the field. These values will be discriminated for the Grant Types; therefore, only the appropriate selections for the particular Grant Type will be available.

Accommodations

Building Bright Futures
Child Care Network Development – Center Based
Child Care Network Development – Family Based
Child Care Network Development – School Age Based
College Individual Tuition
College Purchased Classes
Consultation
Credential Achieved Bonus
Credential Seeking Bonus
Emergency Assistance – Program Stabilization
Facility Structural Enhancements
Infant Toddler Enhancement
Infant Toddler Startup and Expansion
Preschool Enhancement
Preschool Startup & Expansion
Protective Services/Family Support
Quality Recognition Achieved
Quality Recognition Seeking
Referral
Resource Development
School Age Enhancement
School Age Startup & Expansion
Specialized Training
Subsidy Eligibility Determination
Substitute Child Care Projects
Summer Programs
Transportation
Volunteer Reimbursement

Contact Name, Phone Number and E-mail Address

Complete this information for the contact person who should be associated with this grant.

Grant Purpose

This is a narrative explanation of the uses and benefits of the grant requested. Enter the purpose of the grant as it was entered on the application in this field.

Grant Budget

The detail of items to be purchased or the expenditures to be incurred as a result of this Grant Application is captured in this section. Enter the grant budget as it was entered on the application in this field.

Completing the Facility Enrollment and Funds

This section contains information about the number of children enrolled for each age category; and if the grant requested is targeted to benefit specific age categories, the amount is captured for each of the following age categories.

Infant/Toddler
Preschool
School Age

Facility Enrollment

Enter the number of children enrolled in each Age Category in this field.

Funds Requested

Enter the amount of funds requested for each Age Category in this field.

Total Funds Requested

Enter the total amount of funds requested for the grant in this field.

Submitting the Grant Application

Once you have completed the information in the above fields, click on the **Submit Grant Application** button in order to finalize the grant application. This action results in the display of the **Grant Application Submitted** page (0008) which displays the Application ID and a link to explain how to view the status of the grant.

Checking Status of a Grant

Click on the menu option to access the **Grant Applications** page (QU0116). This action results in the display of the **Grant Applications** page (GR0008) which displays all grants that have been submitted for a person.

The information for each grant is displayed in the table at the top of the page.

Application Identification Number
Type
Category
Status
Application Date
Received Date

Received Date

For a newly entered application, the Received Date appears blank until a Child Development Division worker reviews the application.

Grant Status

One of the following values for this field will be displayed.

Pending
Submitted
Received
Awarded
Denied
Agreement Pending

Request Update of SSN

This functionality provides the capability for users to update a Social Security Number online. To access this function, select **Request Update of SSN** from the **Profile Options** at the bottom of the **Profile** page (CM0102). As a result, the **Request Update of SSN** page (SR0013) is presented.

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The **SSN on Record** appears at the top of the page. Enter the new Social Security Number in the **SSN Update** field. When finished, click on the **Submit** button. As a result, the **Confirmation** page shown below is displayed with the newly entered service request confirmed with an identification number for reference.

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Service Requests

The function is accessed from the **Profile** page through the **Profile Option** item named **Service Requests**. By clicking on this option, the **Service Requests** page (CO0337) is displayed with the following information:

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    Date Submitted
    Request ID
    Request Type
    Status

Service Request Details

In order to view details for a particular item, click on the **Details** link at the end of the row containing the item. As a result, the **Service Request Details** page (CO0339) is presented for viewing with the following information.

Request Type

Request ID

Date Submitted

Assigned Caseworker

Assigned Group

Status

Status Reason

Status Notes

Service Request Details

Request Type:	Change Designator
Request ID:	508
Date Submitted:	09/20/2004
Assigned Caseworker:	Johnson Scott
Assigned Group:	Scott
Status:	Submitted
Status Reason:	
Status Notes:	

Page ID: CO0339 / Version: QA2.8

Resume

Resume Overview

The resume refers to the group of objects that define the qualifications of an individual. The components of this resume include Work Experience, Education, Credentials Program Participation, Professional Development, and the IPDP. To access this page, select **Resume** on the sub-nav bar at the top of the page. As a result, the **Resume** page as shown below is accessed.

Quality Case ID: 1237

| Summary | Work Experience | Education | Credentials | Program Participation | Professional Development |

Resume Summary

| Contact Phone: | (802)444-5555 | Resume Date: | 09/17/2004 |
| Achievement Level: | | Achievement Level Date: | |

Current Professional Development Plan [View Plan]

Plan Format: VT Education Dept.'s 5 Standards for VT Educators   Plan Date: 09/15/2004

Additional Account Options
- Record Professional Development Plan

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The Resume information on the page is divided into the following sections:

Resume Summary
Current Professional Development Plan
View Plan
Record Professional Development Plan

Resume Summary

This information contains the following:

Contact Phone
The contact telephone number has been captured in this field.

Resume Date Update
The **Resume Date** is updated whenever one of the following component parts is updated:

> **Work Experience**
> **Education**
> **Credentials Program Participation**
> **Higher Education Coursework**
> **Professional Development**
> **Professional Development Plan (IPDP)**

Achievement Level/Achievement Level Date

These fields are updated once a particular item has been added to the resume.

Current Professional Development Plan

This functionality allows an individual to record and track on-line his/her completion of professional development training to satisfy annual licensing requirements. This element identifies one's mentor; and captures the five year goals, the plan format and plan date. It also summarizes the provider's areas and topics of interest for professional growth and development as well as descriptions about the proposed activities to be undertaken. The IPDP is divided into the following three sections:

> **Goals**
> **Self Assessment**
> **Plan Details**

If there is a plan already in place for a staff member, the **Professional Development Plan** is shown as an entry n the on the **Professional Development** page with the following information:

> **Plan**
> **Plan Date**

View Plan

In order to view the details for an existing plan, click on the **View Plan** link on the **Current Professional Development Plan** table. As a result, the **Professional Development Plan Details** are displayed.

Update Plan

You may update the plan details by clicking on the **Update Plan** button at the bottom of the **Professional Development Plan Details** page. This results in the display of the **Professional Development Plan** page, on which you may make updates as described in the following section.

Record a New Professional Development Plan

To access this function, click on the **Record New Professional Development Plan** link under **Additional Account Options** at the bottom of the **Resume Summary** page. As a result, the **Professional Development Plan: Part 1 of 3 – Goals** page is displayed. Each of the sections may be entered independently of the others. As a section has been completed, you may choose to **Save & Exit** or **Continue**. If you choose to **Save & Exit**, the required fields still have to be completed. Complete the information on each page as described in the following instructions. Text fields should be filled in with complete sentences with capitalization and punctuation in place. By doing so, a printed copy of the entries will be presentable for any copies that need to be generated.

Goals (Part 1)

The information on this page pertains to goals, mentoring and general plan format.

Five-Year Goals

Enter a description of the goals that answers the question: "In five years, what would you like to be doing professionally?"

Plan Format

Select the value for this field by using the down arrow (▾) next to the field.

> **Vermont Early Childhood Framework**
> **Child Development Associate (CDA)**
> **Standards for Vermont Educators**
> **Other**

Mentor

This field identifies the mentor or advisor designated by the staff person.

Plan Date

Enter the date on which the plan was created in this field.

Self Assessment (Part 2)

This section contains a series of text boxes that are associated with the following **Core Areas:**

> **Child Growth and Development**
> **Observing and Recording Behavior**
> **Physical and Intellectual Development**
> **Professionalism**
> **Program Management**
> **Relationships with Families**
> **Safe and Healthy Learning Environments**
> **Social and Emotional Development**

For each of the above **Core Areas**, complete each section with a description of the following

> **Goals**
> **Strategies**
> **Resources Needed**

Plan Details (Part 3)

In this part, the information that was entered in **Self Assessment - Part 2**, is displayed again. On this page, complete the following fields.

Timeline

Enter a description of the timeline that is associated with each **Core Area**.

Status

Select the value for this field by using the down arrow (▾) next to the field.

> **Started**
> **Completed**

Once you have completed all plan sections, the **Plan Detail** page allows you to save the plan by clicking on the **Save Plan** button. Once saved at any phase of the process, the plan information appears on the **Resume Summary** page as an entry. The plan can be updated at any time as appropriate.

Work Experience

This functionality allows the capture and maintenance of information about an individual's child care or child care related work experience. To access this page, select **Work Experience** on the sub-nav bar at the top of the page. As a

result, the **Work Experience** page as shown below which displays the following information for any existing Work Experiences associated with the staff member.

> **Employer Name**
> **Position**
> **Start Date**
> **End Date**

Quality Case ID: 1237

| Summary | Work Experience | Education | Credentials | Program Participation | Professional Development |

Experience   Sort by: Employer Name ▼ Go!

*Displaying **1-1** of **1** Items*

Employer Name	Position	Start Date	End Date	
Amy's Child Care	Substitute	08/01/2003	09/01/2004	[Details]

Other Options
- **Add Work Experience Information**

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View Experience Details

In order to view the details for an existing entry, click on the **Details** link on the corresponding row for the entry. As a result, the **Experience Details** are displayed.

Quality Case ID: 1237

| Summary | Work Experience | Education | Credentials | Program Participation | Professional Development |

Experience Details

Date Recorded:	09/20/2004
Position:	Substitute
Age Groups:	
Start Date:	08/01/2003
End Date:	09/01/2004

Employer Information

System ID:	1405
Employer Name:	Amy's Child Care
Home/Location Address:	234 Oak Street
	Addison, VT 05444
Mailing Address:	
Contact Phone:	

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Add Work Experience Information

To access this function, click on the **Add Work Experience Information** link under **Other Options** at the bottom of the **Work Experience** page. As a result, the **New Work Experience Information** page is displayed.

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Complete the information on this page as described below.

Position

Select the value for this field by using the down arrow (⏷) next to the field.

> **Aide**
> **Applicant/Provider**
> **Assistant**
> **Care Provider/Household Member**
> **Cook**
> **Director**
> **Head Teacher**
> **Janitor**
> **Other**
> **Other Care Provider**
> **Substitute**
> **Teacher**
> **Transportation**

If Other, Please Indicate

If Other is the selection for the position, enter the position in this text box.

Age Groups

Click on one of the following values:

> **Infant/Toddler**
> **Preschool**
> **School Age**

Start Date

Enter the date on which the Work Experience started in this field.

End Date

Enter the ending date for the Work Experience in this field.

Employer Information

Enter the information for the following about the new employer.

Organization Name or Last Name of Provider

Enter the name of the organization or the last name of the provider in this field.

First Name

Enter the first name of the provider in this field.

Employer's Address

Enter the information about the address for the employer as Street Address, City, State, and Zip Code.

Phone Number

Enter the telephone number for the employer in this field.

Cancel Work Experience Information

If you have decided not to enter the information, click on the **Cancel** button in order to return to the **Work Experience** page.

Submit Work Experience Information

Once the information has been entered and reviewed, click on the **Submit** button at the bottom of the page. As a result, the following **Work Experience Confirmation** page is presented with the newly entered service request confirmed with an identification number for reference.

Quality Case ID: 1237

Summary	Work Experience	Education	Credentials	Program Participation	Professional Development

New Quality Case Experience Information Submitted

A service request for adding New Quality Case Experience Information has been submitted to the Child Development Division. Please send in any required proof or documentation, as information submitted will not be considered in your quality/credential evaluation unless required proof is received.

Please note that new experience information is subject to verification by your case manager and may take several days to be included in your record.

Below is your request ID for future reference.

     Request ID: 509

You may check the status of your request at any time by viewing the Service Request page under "My Profile".

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Education

This functionality allows the capture and maintenance of information about the educational background of a provider or CCSD staff. Like credentials, obtaining a degree may result in the payment of a one-time quality bonus. To access this

page, select **Education** on the sub-nav bar at the top of the page. As a result, the **Education** page as shown below is accessed.

Quality Case ID: 1237

Summary	Work Experience	Education	Credentials	Program Participation	Professional Development

Education   Sort by: [Degree ▾] [Go!]

Displaying 1-1 of 1 Items

Degree	Date Conferred	School	Bonus?	Bonus Date	Verified?	
Bachelor	06/01/2000	University of PA				[Details]

Other Options
- **New Education Information**

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The Education page displays the following information for any existing Education associated with the staff member.

> **Degree**
> **Date Conferred**
> **School**
> **Bonus**
> **Bonus Date**
> **Verified?**

View Education Details

In order to view the details for an existing entry, click on the **Details** link on the corresponding row for the entry. As a result, the **Education Details** are displayed.

Quality Case ID: 1237

Summary	Work Experience	Education	Credentials	Program Participation	Professional Development

Education Details

Degree:	Bachelor
Date Conferred:	06/01/2000
Concentration:	Early Childhood Education
School:	University of PA
	Pennsylvania
	United States
Bonus?	
Bonus Date:	
Form of Verification:	

Teacher Certifications

Area of Preparation	Instruction Level	Certification Date

No certifications have been submitted for this education record.

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New Education Information

To access this function, click on the **New Education Information** link under **Other Options** at the bottom of the **Education** page. As a result, the **New Education Information** page is displayed.

Quality Case ID: 1237

Summary	Work Experience	Education	Credentials	Program Participation	Professional Development

New Education Information

* **Indicates Required Info**

* Degree: - Please Select -

* Date Conferred:
   (mm/dd/yyyy)

Concentration: - Please Select -

* School Name:

School City:

School State: - Please Select -

Country: - Please Select -

Cancel   Continue >

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Complete the following information for the new entry.

Degree

Select the value for this field by using the down arrow ( ) next to the field.

> **Associate**
> **Bachelor**
> **Certificate**
> **Doctorate**
> **High School or Equivalent**
> **Master**
> **Vocational**

Date Conferred

Enter the date on which the degree was conferred in this field.

Concentration

Select the value for this field by using the down arrow ( ) next to the field.

Child Development
Child and Family Studies
Early Childhood Education
Early Childhood Special Education
Elementary Education
Human Development
Human Services
Infant Studies
Infant-Child Mental Health
Other
Psychology
Sociology or Social Sciences
Teacher Education

School Name
Enter the name of the school in this field.

School City
Enter the city in which the school is located in this field.

School State
Enter the state in which the school is located in this field.

Once the information has been entered and reviewed, click on the **Continue** button at the bottom of the page. As a result, the **New Education Information – Teacher Certification** page is presented with the entered information displayed in the top section of the page.

Teacher Certifications
The lower portion of the page contains a table labeled **Teacher Certifications**. To add an entry in this table, click on the **Add Certification** link at the top of this table. As a result, the **New Education Information – Add Teacher Certification Information** page is accessed. Complete the following information on this page:

Area of Preparation
Select the value for this field by using the down arrow ( ) next to the field.

Agriculture
Art
Business & Office Occupations
Computer Science
Distributive & Marketing Education
Driver Education
Early Childhood
English
Family and Consumer Sciences
Foreign/Classical Language: French
Foreign/Classical Language: German
Foreign/Classical Language: Greek
Foreign/Classical Language: Latin
Foreign/Classical Language: Russian
Foreign/Classical Language: Spanish
General Elementary
Health Education
Health Occupations
Mathematics
Middle Grades
Music Education
Occupational Family and Consumer Sciences
Physical Education
Science
Social Studies
Technology Education

Instruction Level

Select the value for this field by using the down arrow ( ) next to the field.

Birth through age 8
Grades 5-8
Grades 7-12
Grades K-12
Grades K-6

Certification Date

Enter the date associated with the entered certification in this field.

Once you have completed the information in the above fields, click on the **Continue** button. This action returns you to the **New Education Information – Teacher Certification** page with the entered information in the appropriate fields in the **Teacher Certification** table.

Submitting the Education Information

Once the information has been entered and reviewed, click on the **Submit** button at the bottom of the page. As a result, the **Education** page is presented with the entered information displayed in the table.

Credentials

This functionality allows the capture of the details about formal credentials received by a provider or CCSD staff. Obtaining a credential may result in the payment of a one-time quality bonus. To access this page, select **Credentials** on the sub-nav bar at the top of the page. As a result, the **Credentials** page is accessed.

Quality Case ID: 1237

| Summary | Work Experience | Education | Credentials | Program Participation | Professional Development |

Credentials   Sort by: [Credential Type ▼] [Go!]

Displaying 1-4 of 4 Items

Credential	Date Obtained	Expiration	Bonus?	Bonus Date	Verified?	
Apprentice	01/01/2004		Yes		Letter	[Details]
Apprentice	07/01/2004					[Details]
Cardio Pulmonary Resuscitation (CPR)	04/10/2004					[Details]
Director Certificate	12/01/2002					[Details]

Other Options

- **Add Credential Information**

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The **Credentials** page displays the following information for any existing Credentials associated with the staff member.

> **Credentials**
> **Date Obtained**
> **Expiration**
> **Bonus?**
> **Bonus Date**
> **Verified?**

View Credential Details

In order to view the details for an existing entry, click on the **Details** link on the corresponding row for the entry. As a result, the **Credential Details** are displayed.

Quality Case ID: 1237

| Summary | Work Experience | Education | Credentials | Program Participation | Professional Development |

Credential Details

Credential:	Cardio Pulmonary Resuscitation (CPR)
Date Obtained:	01/01/2004
Expiration:	
Bonus?	
Bonus Date:	
Form of Verification:	

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Add Credential Information

To access this function, click on the **Add** Credential Information link under **Other Options** at the bottom of the **Credentials** page. As a result, the **New Credential Information** page is displayed for entry.

Quality Case ID: 1237

Summary	Work Experience	Education	Credentials	Program Participation	Professional Development

New Credential Information

Enter the details of the credential information below. Please send in proof or documentation of this information, as it will not be considered in your quality/credential evaluation until required proof is received and verified.

* **Indicates Required Info**

* **Type of Credential:**   - Please Select - ▼

* **Date Obtained:**
(mm/dd/yyyy)

   Expiration:
(mm/dd/yyyy)

[Cancel] [Submit]

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Complete the following information for the new entry.

Type of Credential

Select the value for this field by using the down arrow (▼) next to the field.

> **Apprentice**
> **CCV**
> **Cardio Pulmonary Resuscitation (CPR)**
> **Child Development Associate (CDA)**
> **DOE**
> **Director Certificate**
> **Early Childhood Mental Health Certificate**
> **Infant and Toddler Certificate**
> **NCCA Certified Child Care Professional**
> **School Age Certificate**

Date Obtained

Enter the date on which the credential was obtained in this field.

Expiration

Enter the expiration date for the credential in this field.

To Cancel the Credential Entry

If you have decided not to enter the information, click on the **Cancel** button in order to return to the **Credentials** page.

To Submit the Credential Entry

Once the information has been entered and reviewed, click on the **Submit** button at the bottom of the page. As a result, the **Credentials** page is presented with the entered information displayed in the table.

Program Participation

This functionality allows the capture of information about an individual's participation in a program leading to a degree or credential. To access this page, select **Program Participation** on the sub-nav bar at the top of the page. As a result, the **Program Participation** page is accessed.

Quality Case ID: 1237

| Summary | Work Experience | Education | Credentials | Program Participation | Professional Development |

Program Participation   Sort by: Program Type ▾ Go!

Displaying 1-4 of 4 Items

Program Type	Degree/Credential	School	Start Date	Expected Completion	
Credential	NCCA Certified Child Care Professional (CCP)	Burlington College	09/01/2003		[Details]
Credential	CCV	S School	01/01/2004		[Details]
Degree	Associate	U of B	01/01/1999		[Details]
Degree	Doctorate	T School	01/01/2004		[Details]

New Program Participation Information

* **Program Type:**   - Please Select - ▾ Add

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The **Program Participation** page displays the following information for any existing **Program Participation** associated with the staff member.

> **Program Type**
> **Degree/Credential**
> **School**
> **Start Date**
> **Expected Completion**

View Program Participation Details

In order to view the details for an existing entry, click on the **Details** link on the corresponding row for the entry. As a result, the **Program Participation Details** are displayed.

Quality Case ID: 1237

| Summary | Work Experience | Education | Credentials | Program Participation | Professional Development |

Program Participation Details

Program Type:	Credential
Type of Credential:	NCCA Certified Child Care Professional (CCP)
School:	Burlington College
Start Date:	09/01/2003
Anticipated Completion Date:	

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New Program Participation Information

To access this function, go to the **New Program Participation Information** section at the bottom of the **Program Participation** page and make a selection for the **Program Type** from one of the following:

> **Degree**
> **Credential**

Once you have selected the Program Type, click on the **Add** button. Depending on the selection made, the fields available for entry on the **New Program Participation Information** page will differ. *Note:* The **Program Type** cannot be changed once you have advanced to the **New Program Participation Information** page. If you need to

change this option, click on the **Cancel** button on the **New Program Participation Information** page to return and start again.

Program Type - Degree

If you have selected **Degree** as the **Program Type**, complete the fields presented on the page for this option. The **Program Type** cannot be changed once you have advanced to the **New Program Participation Information** page.

Complete the following fields:

Degree

Select the value for this field by using the down arrow (▾) next to the field.

> **Associate**
> **Bachelor**
> **Certificate**
> **Doctorate**
> **High School or Equivalent**
> **Master**
> **Vocational**

Concentration

Select the value for this field by using the down arrow (▾) next to the field.

Child Development
Child and Family Studies
Early Childhood Education
Early Childhood Special Education
Elementary Education
Human Development
Human Services
Infant Studies
Infant-Child Mental Health
Other
Psychology
Sociology or Social Sciences
Teacher Education

School Name
Enter the name of the school in this field.

Start Date
Enter the date on which the degree was started in this field.

Anticipated Completion Date
Enter the anticipated completion date in this field.

Cancel the Degree Credential

If you have decided not to enter the information, click on the **Cancel** button in order to return to the **Program Participation** page.

Submit the Degree Credential

Once the information has been entered and reviewed, click on the **Submit** button at the bottom of the page. As a result, the table on the **Program Participation** page displays the entered item.

Program Type - Credential

If you have selected **Credential** as the **Program Type**, complete the fields presented on the page for this option. The **Program Type** cannot be changed once you have advanced to the **New Program Participation Information** page.

New Program Participation Information

Enter the details of the credential information below. Please send in proof or documentation of this information, as it will not be considered in your quality/credential evaluation until required proof is received and verified.

* **Indicates Required Info**

Program Type:	Credential
* **Type of Credential:**	- Please Select -
* **School:**	
* **Start Date:**	
Anticipated Completion Date:	

Cancel   Submit

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Complete the following fields:

Type of Credential

Select the value for this field by using the down arrow ( ) next to the field.

> **Apprentice**
> **CCV**
> **Cardio Pulmonary Resuscitation (CPR)**
> **Child Development Associate (CDA)**
> **DOE**
> **Director Certificate**
> **Early Childhood Mental Health Certificate**
> **Infant and Toddler Certificate**
> **NCCA Certified Child Care Professional**
> **School Age Certificate**

School

Enter the name of the school in this field.

Start Date

Enter the date on which the degree was started in this field.

Anticipated Completion Date

Enter the anticipated completion date in this field.

Cancel the Credential Entry

If you have decided not to enter the information, click on the **Cancel** button in order to return to the **Program Participation** page.

Submit the Credential Entry

Once the information has been entered and reviewed, click on the **Submit** button at the bottom of the page. As a result, the table on the **Program Participation** page displays the entered item.

Professional Development Function

This function is also used to track annual requirements for professional development of provider staff licensed or registered by the CCSD. To access this page, select **Professional Development** on the sub-nav bar at the top of the page. As a result, the **Professional Development** page is accessed.

Quality Case ID: 1237

| Summary | Work Experience | Education | Credentials | Program Participation | Professional Development |

Professional Development   Sort by: [Course Title ▼] [Go!]

Displaying 1-5 of 5 Items

Course Title	School	Date Completed	Hours	Hours Type	Verified?	
Continuing Education 101	Poppins, Mary	03/01/2004	12	Credit Hours	Diploma	[Details]
Continuing Education 101	Poppins, Mary	09/20/2004	12	Credit Hours	Certificate	[Details]
Professional Development 101	Poppins, Mary	04/01/2004	12	Class Hours	Diploma	[Details]
Professional Development 101	Poppins, Mary	01/01/2004	12	Class Hours	Certificate	[Details]
Professional Development 101	Poppins, Mary	06/01/2002	12	Class Hours		[Details]

Courses/Education External to the Vermont Career Development System

Course Title	School	Date Completed	Hours	Hours Type	Verified?
No temporary external coursework has been recorded.					

New Coursework Information

* Type of Coursework: [- Please Select - ▼] [Add]

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The **Professional Development** page displays the following information for any existing **Professional Development** associated with the staff member.

> **Course Title**
> **School**
> **Date Completed**
> **Hours**
> **Hours Type**
> **Verified?**

View Professional Development Details

In order to view the details for an existing entry, click on the **Details** link on the corresponding row for the entry. As a result, the **Professional Development Coursework Details** are displayed.

Quality Case ID: 1237

| Summary | Work Experience | Education | Credentials | Program Participation | Professional Development |

Professional Development Coursework Details

Course Title:	Professional Development 101
Class Hours:	12
School Name:	Poppins, Mary
School City:	Burlington
School State:	Vermont
Areas of Knowledge:	Professional Development
Completion Date: *(mm/dd/yyyy)*	01/01/2004
Form of Verification:	Certificate

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New Coursework Information

In order to add a new Professional Development, go the **New Coursework Information** area on the lower section of the page. Select one of the following **Type of Coursework** field: **Continuing Education** or **Professional Development**. Once you have made your selection, click on the **Add** button.

Depending on the selection made, the fields available for entry on the **New Professional Development Information** page will differ. *Note:* The **Type of Coursework** cannot be changed once you have advanced to the appropriate flow for the type selected. If you need to change this option, click on the **Cancel** button on the **New Professional Development Information** page to return and start again.

Coursework Type – Continuing Education Information

If you have selected **Continuing Education** as the **Type**, complete the fields presented on the page for this option. The **Type** cannot be changed once you have advanced to the **New Continuing Education Information – Search Approved Coursework** page.

The first step in this process is to search for a course. Enter the information in the following fields:

Course Title*

Enter the title in this field, using the complete title or a part of it. This is a required entry.

Areas of Knowledge

Select the value for this field by using the down arrow ( ) next to the field.

> **Child Development**
> **Professional Development**
> **Personal Development**
> **Curriculum Development**

Search Type

Select one of the following from the drop-down list using the down arrow next to the each of the First and Last name fields ( ) to restrict the search parameters:

> **Sounds Like**
> **Starts With**
> **Exactly**
> **Contains**

Once the information in as many appropriate search criteria fields as deemed beneficial, click on the **Search** button.

Search Results

Upon completion of the system search, the results are displayed in the **Course Search Results** table (page QU0078) with the following information:

Course Title

School

Hours

Hours Type

Sort By

The Course List may be sorted through the **Sort By** field on the top right corner of the table using the following options:

Course Title

School

Hours

Hours Type

Once a sort option has been selected, click on the **Go** button to the right of this field. The **Course Search Results** table will be updated with the sorted values in place.

Completing the New Coursework Information

Enter the following information to complete the details for the coursework.

Use Selected

If the name appearing in the list matches the course being entered, select the row containing the name by clicking on the button at the beginning of the row in the **Select** column. Once the row has been selected, click on the **Use Selected** button at the bottom of the page.

If the name appears on the list, is selected and the **Use Selected** button is clicked, the next page presented is the **New Coursework Information** page with the selected course details displayed.

Use Data Entered

If the name does not appear on the list, you may enter it by selecting the **Use Data Entered** button to create the new course entry. With this selection, you will want to make sure that the entered information in the **Course Title** field matches the course title you wish to add.

Completion Date

Enter the date on which the course was completed.

Once the information has been entered in the above fields, click on the **Submit** button to process this information. As a result, the newly entered information is displayed on the **Professional Development** table.

Coursework Type – Professional Development Information

If you have selected **Professional Development** as the **Type**, complete the fields presented on the page for this option. The **Type** cannot be changed once you have advanced to the **New Professional Development Information – Search Approved Coursework** page. In order to complete this process, refer to the instructions in "Coursework Type – Continuing Education Information" on page 115.

Resources

Overview for Resources

The resources featured in this functionality are designed to improve the quality of child care and to support families. To access this page, select **Resources** on the sub-nav bar at the top of the page. As a result, the **Resources** page as shown below is displayed. Each item listed is a separate function that is described in the following sections of this Chapter.

Accreditations

Nationally accredited child care programs have gone through a rigorous process of assessment and review by national accrediting programs including NAEYC, NCCA or NSACA. The Child Development Division pays the fees related to

the accreditation process, a bonus for obtaining the accreditation and a higher child care subsidy reimbursement rate. Families who choose accredited child care programs may be eligible for special tax benefits. To access this function, click on the active link named **Accreditations**. As a result, the **Accreditations** page is displayed.

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This page contains a series of links to organizations that have been designated as support programs for child care services in Vermont. As you select a link, the system accesses the chosen website directly. Any information presented on that website is independent of the Bright Futures System. As you perform the link action, a Warning page is displayed as shown below.

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Comment: Platform: Printed Manual

Course Calendar

Classes approved by the Vermont Career Development Center are all listed on the Course Calendar. All child care providers are required to participate in learning experiences that relate to their work. Classes, including some college courses, are often low cost or free. Many learning opportunities are also open to parents and other adult caregivers. To access this function, click on the active link named **Course Calendar**. As a result, the **Search Course Calendar** page is displayed.

The object allows a user to search the body of coursework to locate a particular course and display its details. Users will be able to find courses by subject area or title (text search), in addition to other search criteria. Use as many fields as known in order to limit the search results. The following search fields are available.

Course ID
If you know the Course ID Number, enter it here. This entry would give you the most direct connection to the entered course.

Course Title
Enter the complete title or any part of the title of the course in this field.

Sponsor
Enter the sponsor's last name in this field. If the sponsor is an organization, enter the name in this field.

Areas of Knowledge
Select the value for this field by using the down arrow (▼) next to the field. The following are the standard areas:

> **Child Development**
> **Professional Development**
> **Personal Development**
> **Curriculum Development**

Hour Type

Select the value for this field by using the down arrow (▾) next to the field.

Clock Hours
Credit Hours

Search Type

Select one of the following from the drop-down list using the down arrow next to the each of the name fields (▾) to restrict the search parameters:

Exact Match
Starts With
Sounds Like
Contains

Once the information in as many appropriate search criteria fields as deemed beneficial, click on the **Search** button.

Search Results

Upon completion of the system search, the results are displayed in the **Course Search Results** table (page QU0112) with the following information:

Course Title
Course ID
Session Date
Start Time
Sponsor

Sort By

The Course List may be sorted through the **Sort By** field on the top right corner of the table using the following options:

Course Title
Course ID
Session Date
Start Time
Sponsor

Once a sort option has been selected, click on the **Go** button to the right of this field. The **Course Search Results** table will be updated with the sorted values in place.

Course Session Details

Once you have located an existing course using the **Course Search** function, you may view the details for the course by clicking on the **Details** link at the end of the row. This action accesses the **Course Session Details** page for the course selected.

Course Session Details

Sponsor:	Burlington College
Course Title:	Child Development
Course ID:	
Hours:	4
Hour Type:	Class Hours
Status:	**Active**
Description:	
Articulation:	

Professional Development Areas

- Child Development

Session Information

Session Completion Date:
(mm/dd/yyyy)	09/30/2004
Start Time:	10:00 AM
Contact Name:	Linda Grayson
Contact Phone:	(802)444-7777
Cost:	$100.00
Scholarship:	Yes
Funding:	Funding
Notes:	

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This page is divided into the following sections:

Session Details
Professional Development Areas
Session Information

Course and Sponsor Information

For each session the following information is presented.

Sponsor
The name of the person or organization sponsoring the course is displayed in this field.

Course Title
The name of course is displayed as the title.

Course ID
The identification number assigned by the system is contained in the Course ID field.

Hour Type
One of the following hour types will be displayed in this field:

Clock Hours
Credit Hours

Course Status
One of the following status values will be displayed in this field:

Active
Inactive

Description
A description of the course is displayed in this field.

Articulation
This field contains additional information about the course.

Professional Development Areas

A listing of the Professional Development Areas that have been assigned to the course is shown in this section.

Session Information

The following information describes the session offering:

Session Completion Date
The date on which the session is being held is displayed in this field.

Start Time
The time of the course offering is the Start Time.

Contact Name
The name of the contact person associated with the course is displayed in this field.

Contact Phone
The telephone number of the contact above is shown in this field.

Cost
The cost associated with the course is displayed in this field.

Scholarship
If there is a scholarship offering, the field will display a **Yes** value.

Funding

Identification of funding that may be used to pay for this course is displayed in this field.

Notes

Any notes that have entered as a description or special instructions for the course are displayed in this field.

Course Search

For information on this function, see "Search Courses" on page 61.

Credentials and Certificates

Individual child care providers are encouraged to obtain national and industry recognized professional credentials. The CDA and CCP credentials and the Certificate of Completion from the Child Care Apprenticeship Program all are nationally recognized and include direct observations of competency. Families and children both benefit from the increased education and the competency of providers who have made this clear professional commitment to their work. To access this function, click on the active link named **Credentials and Certificates**. As a result, the **Credentials** page is displayed.

Vermont recognizes several credential programs for individual child care providers, including those individuals who operate family child care businesses in their home or those who work as staffs in licensed child care settings. As you select a link, the system accesses the chosen website directly. Any information presented on that website is independent of the Bright Futures System. As you perform the link action, a Warning page is displayed as shown below.

Download Forms and Literature

This function contains links to the different Bureau of Child Development forms and literature available for printing and download. To access this function, click on the active link named **Download Forms and Literature**. As a result, the **Forms and Literature** page is displayed.

The listed documents below are available for download. All files are in Adobe PDF format, and will require the Adobe Reader to view. Instructions to download the Adobe software appear on this page.

As you click on an active link of a form, the Adobe Reader is activated and the document is accessed. You may use the menu items within Adobe to scroll through the pages and print if you wish.

Grants

For information on this function, see "Available Grants" on page 59.

The Child Care Consumer Concern Line

The toll-free number of 1-800-540-7942 is available to the public and provides information about child care regulations and regulatory histories of individual child care programs. Child Care Subsidy regulations determine how the Child Development Division and community agencies manage the subsidy program. The child care subsidy program provides financial assistance to help families pay for child care. Generally, eligibility is determined by the family's income and need for child care.

Contact

Overview for Contacts

The functions contained in this option allow you to view particulars about information that you have entered into the system using your logon. In addition, contact information for Vermont Child Development Division and other community partners is displayed.

To access this page, select **Contacts** on the sub-nav bar at the top of the page. As a result, the **Contacting Vermont's Child Development Division** page as shown below is displayed. Each item listed is a separate function that is described in the following sections of this Chapter.

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Contacting Vermont's Child Development Division

- **Complaint - File a New Complaint**
  Use our on-line form to easily submit a complaint.

- **Complaint - View Status of a Complaint**
  Check the status or outcome of a complaint you previously submitted electronically.

- **Contact Information**
  Telephone numbers, addresses, and other contact information for the Child Development Division and its community partners.

- **Service Request Status**
  Check the status of a service request that you previously submitted electronically.

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Complaint – File a New Complaint

This function accesses an on-line form to easily submit a complaint. To access this function, click on the active link named **Complaint – File a New Complaint**.

File a New Complaint

Fill in the name of the person or provider that the complaint is against (the subject of the complaint):

* **Indicates Required Info**

* **Last Name or Provider Name:**

First Name:

Fill in the contact and other information that you have for the complaint subject:

Contact Phone:

Home/Location Address:

Address Line 2:

City:

Town: - Please Select -

State: Vermont

Zip Code:

E-mail:

Complaint Description

Describe the complaint in the box below. Please enter as much information as you can, including people involved (other than the actual subject of the complaint entered above), what happened, when the situation(s) occurred that you are complaining about, and where the situation(s) occurred.

* **Complaint Description:**

[Continue >]

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As a result, the **File a New Complaint** page is presented for entry. Complete the information in the following fields:

Subject of the Complaint

Last Name or Provider Name*
Enter the subject's last name in this field. If the provider is an organization, enter the provider name in the Last Name field.

First Name
Enter the subject's first name in this field.

Contact Information
This information is entered for the complaint subject.

Phone
Enter the telephone number for contact in this field using the format ###-###-####.

Postal Address
Enter the first line of the postal address in this field.

Postal Address Line 2
Enter the second line of the postal address in this field.

City
Type the name of the city in this field.

Town
Select the name of the town by using the down arrow ( ) next to the field.

State
The State has been defaulted to Vermont; however if another selection is needed, select the name of the state by using the down arrow ( ) next to the field.

Zip Code
Enter the zip code in this field using the format #####-####.

E-mail Address
Enter the complete e-mail address for the contact.

Complaint Information

Complaint Description*
Describe the complaint in the text box provided. Enter as much information as you can, including people involved (other than the actual subject of the complaint entered above), what happened, when the situation(s) occurred that you are complaining about, and where the situation(s) occurred.

Complaint Received Date*
Enter the date on which the complaint was received using the format MM/DD/YYYY. The date is defaulted to the current date.

Method of Complaint*
Select the value for this field by using the down arrow ( ) next to the field.

> **Concern Line**
> **E-mail**
> **Fax**
> **Letter**
> **Public Portal**
> **Telephone**

Once you have entered the information in the above fields, click on the **Continue** button.

File a New Complaint

Your Information
Please enter your name and contact information below. If you are submitting the complaint on behalf of another person, enter the name of the person or organization you are submitting the complaint on behalf of where it asks for your information. Leave blank if filing an anonymous complaint. (If filed anonymously, we will be unable to contact you during the investigation of your complaint or once an outcome has been determined.)

Your Last Name or Organization Name:

Your First Name:

Your Relation to the Complaint Subject:
- Please Select -

Please enter your contact information below:
Contact Phone:

Home/Location Address:

Address Line 2:

City:

Town: - Please Select -

State: Vermont

Zip Code:

E-mail:

Submit

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The next page accessed allows you to record the contact information.

Complainant Information

Your Last Name or Organization Name*
Enter the complainant's last name in this field. If the complainant is an organization, enter the name of the organization in the Last Name field.

Your First Name
Enter the complainant's first name in this field.

Your Relation to the Complaint Subject
Select the value for this field by using the down arrow (▾) next to the field.

> **Anonymous**
> **Community Agency**
> **Employee of Provider**
> **Food Program**
> **Municipal Offices**
> **Neighbor of Provider**
> **Other**
> **Parent of Child in Provider's Care**
> **Police Department**
> **Provider**
> **Relative of Child in Provider's Care**
> **Social Services**
> **Special Investigation Unit**
> **Staff of Provider**

Contact Phone
Enter the telephone number for contact in this field using the format ###-###-####.

Home/Location Address
Enter the first line of the address in this field.

Address Line 2
Enter the second line of the address in this field.

City
Type the name of the city in this field.

Town
Select the name of the town by using the down arrow (▾) next to the field.

State
The State has been defaulted to Vermont; however if another selection is needed, select the name of the state by using the down arrow (▾) next to the field.

Zip Code
Enter the zip code in this field using the format #####-####.

E-mail Address
Enter the complete e-mail address for contact purposes.

Once you have entered the information in the above fields, click on the **Submit** button. As a result, the next page accessed is the **Complaint Submitted Confirmation** page that confirms that the complaint has been submitted.

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A **Complaint Number** is assigned to the submitted complaint for future tracking.

Complaint - View Status of a Complaint

This function allows you to check the status or outcome of a complaint you previously submitted electronically. To access this function, click on the active link named **Complaint - View Status of a Complaint**. As a result, the following page is displayed.

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Comment: Platform: Printed Manual

Enter the number for the complaint that was shown to you on the **Complaint Submitted Confirmation** page. Then click on the **Submit** button. As a result, the **View Complaint Status** page is displayed with the status of the complaint.

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Comment: Platform: Printed Manual

Contact Information for VT Offices

This function accesses telephone numbers, addresses, and other contact information for the Child Development Division and its community partners. To access this function, click on the active link named **Contact Information**. As a result, the Contact Information page is displayed.

     Bright Futures User Manual (Public)
Contact

Service Request Status

This function allows you to check the status of a service request that you previously submitted electronically. To access this function, click on the active link named **Service Request Status**. As a result, the **Check Service Request Status** page is displayed.

Enter the Request ID number in the field and click the **Submit** button. As a result, the **Service Request Status** page is displayed with the status of the request.

For more information about service requests, see "Service Requests" on page 75.