

Vermont Act 76 Readiness Payment Program Application

<https://form.jotform.com/232264411234041>

The Vermont Department for Children and Families (DCF), Child Development Division (CDD) is pleased to announce a new program to support child care, preschool, and afterschool programs with stabilization, expansion, and quality.

The 2023 Child Care and Early Childhood Education law ([Act 76](#)) created the Readiness Payment Program to support family child care homes, center-based child care and preschool programs, and afterschool programs to "get ready" for the expansion of the Child Care Financial Assistance Program (CCFAP) and other changes in Act 76.

Programs have flexibility in how they use the payments to support stability, expansion, and quality. Providers and program leaders are encouraged to think strategically about how to invest these additional dollars to achieve their goals of serving children and families.

Eligibility

To be eligible for this program, you must meet the following criteria:

- Have an active Registered or Licensed Family Child Care Home (FCCH), Center Based Child Care and Preschool Program (CBCCPP), or Afterschool Child Care Program (ASP) license from the State of Vermont.
- Be open and serving children as of the date of your application.
- Intend to stay open and serving children through at least June 2025.
- Accept or are willing to accept payments from CCFAP on behalf of children in your care or be a Head Start recipient.
- Have completed the final ARPA Stabilization funding report (if applicable).

Application Process

Applications opened August 25, 2023, and will remain open until all available funds are committed. **Please submit one application per license.**

Applications will be processed within ten business days of receipt. Please respond to any requests for additional information or clarification in a timely manner; your application will only be considered complete once your response is received.

You need only apply once to receive a fixed monthly payment. Payments will be made from September 2023 through February 2024. There is a potential for additional payments before June 30, 2024, if there is still funding remaining.

We will notify you of your monthly payment amount via the email included in this application.

Full Program Details

Please review the [Program Overview](#) for details about the payment process and amounts, and how you can use the funds.

Additional Resources

- [Frequently Asked Questions](#)
- [Program Overview PowerPoint](#)
- Sample Application

Questions/Technical Assistance

If you have questions about this program or need help submitting this application, please contact us at ahs.dcfcdreadiness76@vermont.gov. A team member will respond between Monday – Friday, 8 AM – 4:30 PM (excluding State holidays).

Eligibility Determination

1. Do you hold an active Registered or Licensed Family Child Care Home (FCCH), Center Based Child Care and Preschool Program (CBCCPP), or Afterschool Child Care Program (ASP) license from the State of Vermont?
 - a. Yes
 - b. No (Cannot move forward with the application.)
2. Do you intend to stay open and serve children through at least June 2025?
 - a. Yes
 - b. No (Cannot move forward with the application.)
3. Are you a Head Start/Early Head Start recipient?
 - a. Yes (Skip question 8.)
 - b. No
4. Do you currently accept payments from CCFAP on behalf of children/families in your care?
 - a. Yes (Skip question 5.)
 - b. No
5. Are you willing to accept payments from CCFAP on behalf of children/families in your care?
 - a. Yes
 - b. No (Cannot move forward with the application unless answered yes to question 3.)
6. If you participated in the ARPA Child Care Stabilization Program, did you complete your final report?
 - a. Yes
 - b. No – (Cannot move forward with the application.) - If you have not completed the final report, please contact AHs.DCFARPAGrant@vermont.gov. You must complete the final report

before applying for Readiness Payments.

- c. N/A
- 7. In the last 60 days, has the program received payments (e.g., CCFAP, grants) from CDD and/or submitted a W-9 form?
 - a. Yes
 - b. No – (Cannot move forward with the application.) - Please submit a W-9 (signed within the last six months) to CDD by fax at 802-241-0849, email at ahs.dcfcdccfappayments@vermont.gov, or mail to 280 State Drive, NOB 1 North, Waterbury, VT 05671-1040. Once submitted you may continue with this application.
 - c. Unsure – (Cannot move forward with the application.) - Contact CDD at ahs.dcfcdccfappayments@vermont.gov and ask if you have an active Vision #. If yes, you may continue with this application. If not, please submit a W-9 (signed within the last six months) to CDD by fax at 802-241-0849, email at ahs.dcfcdccfappayments@vermont.gov, or mail to 280 State Drive, NOB 1 North, Waterbury, VT 05671-1040. Once submitted you may continue with this application.
- 8. Does your program have an active Provider Rate Agreement (PRA) in the Child Development Division Information System (CDDIS)?
 - a. Yes
 - b. No - (Cannot move forward with the application.) - Please submit a PRA following the instructions at <https://dcf.vermont.gov/cdd/providers/care/ccfap>. This will set your program up for payments from the state for the Readiness payments and CCFAP. Once submitted you may continue with this application.
 - c. Not Sure - (Cannot move forward with the application.) - Login to CDDIS to verify, following the instructions at <https://dcf.vermont.gov/cdd/providers/care/ccfap>. You may continue with this application if your program has an active PRA. If not, you must submit a new PRA before continuing.

Application

Program Information

- 9. Program Name - List your program name as listed in the Bright Futures Information System (BFIS); if you are a registered Family Child Care Home, list your first and last name.
- 10. Licensee Organization Name - Enter the name of the organization or person who receives the funds/owns the program, if different from the program name.
- 11. License Number – The license number is on the license certificate.
- 12. Town Program is Located - Please list the town in which the program is located as listed in BFIS.
- 13. Mailing Address
 - a. Street Address
 - b. Street Address Line 2

- c. City
- d. State/Province
- e. Postal/Zip Code

Contact Information

- 14. Contact Person's Name
- 15. Phone Number - Please enter a valid phone number.
- 16. Email - example@example.com
- 17. Is the contact person the director or owner?
 - a. Yes (Skip questions 18, 19, and 20.)
 - b. No
- 18. Director or Owner Name
- 19. Director or Owner Phone Number – Please enter a valid phone number.
- 20. Director or Owner Email Address – example@example.com
- 21. Director or Owner Ethnicity
 - a. Hispanic/Latinx
 - b. Non-Hispanic/Latinx
 - c. Prefer not to answer
- 22. Director or Owner Race
 - a. American Indian/Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian/Pacific Islander
 - e. White
 - f. Prefer not to answer
- 23. Director or Owner Gender
 - a. Female
 - b. Male
 - c. Non-Binary
 - d. Prefer not to answer
- 24. Please enter your current enrollment numbers per age category and children's schedule. *The enrollment information is not used in calculating your payment amount. It's for informational purposes only.

Age Category	Number of Children Enrolled Part-Time (1 to 25 hours a week)	Number of Children Enrolled Full-Time (26 to 50 hours a week)	Number of Children Enrolled in an Extended Care (50+ hours a week)
Infant (Children from birth to 24 months of age.)			
Toddler (Children 2 to 3 years of age.)			

Preschool (Children 3 years to kindergarten age.)			
School-Age (Children enrolled in school, 5 years of age or older.)			

We will use information from both your responses below and our data systems (BFIS & CDDIS) to determine your payment amount. The following information will be gathered from our data systems:

- Licensed capacity of the program.
 - Whether the program provides Specialized Child Care.
 - The number of children receiving Child Care Financial Assistance at the time of the application.
 - The STARS level of the program.
-

25. What is the program's operation schedule?

- Operate Year Round (serving children every month of the year)
- Operate Only During the Summer
- Operate Only During the School Year
- Operate Only Part of the Year

26. Does your program operate 45+ hours a week?

- Yes (Skip question 27.)
- No

27. Do you intend to operate 45+ hours a week?

- Yes
- No

28. Do you intend to use a portion of these funds to increase your enrollment (up to your licensed capacity) in any age group? (Please select all that apply.)

- Infants
- Toddlers
- Preschoolers
- School-Agers
- Do not intend to increase enrollment.

29. Do you intend to use a portion of these funds to increase your licensed capacity in any age group (e.g., building more classrooms or otherwise expanding, applying to become a Licensed Family Child Care Home if currently a Registered Family Child Care Home)? (Please select all that apply.)

- Infants
- Toddlers

- c. Preschoolers
 - d. School-Agers
 - e. Do not intend to increase licensed capacity.
30. Do you currently offer infant and/or toddler care? (Must be listed on your license certificate, if applicable.)
- a. Yes (Skip question 31.)
 - b. No
31. Do you intend to offer infant and/or toddler care? (Must be listed on your license certificate, if applicable.)
- a. Yes
 - b. No
32. Do you provide meals or snacks daily in your program?
- a. Yes (Skip question 33.)
 - b. No
33. Do you intend to provide meals or snacks daily in your program?
- a. Yes
 - b. No
34. Is more than 20% of children enrolled in your program culturally or linguistically diverse; this is defined as children who identify as a race other than (or in addition to) white, or whose language spoken at home is not English?
- a. Yes
 - b. No
35. Do you intend to use a portion of the funds for salary increases, bonuses, or benefits for educators and/or other staff in the program?
- a. Yes
 - b. No
36. These funds may be used for one or more of the purposes below. Please select which categories you anticipate supporting with the funding you receive from this award. These categories are not intended to be all-inclusive, and you are not obligated to spend the funds in the categories you choose. (Check all that apply.)
- a. Compensation and other personnel-related costs (e.g., benefits, increased salaries, bonuses, recruitment and retention of staff)
 - b. Facility costs (e.g., rent or mortgage payments, utilities, facilities maintenance and improvements, renovations, expansion, or facility insurance)
 - c. Program materials (e.g., groceries, classroom furniture, supplies or equipment necessary to maintain or resume child care services)
 - d. Professional development
 - e. Mental health supports
 - f. Other (Text box)

Certification

By signing this application, I am certifying that I will meet the following requirements throughout the award period:

- A. I will notify the Child Development Division if there are changes to any information or certifications in this application.
- B. I understand that the information provided on this application may be verified by other programs, such as Child Care Licensing, and the Child Care Financial Assistance Program prior to a payment amount being determined.
- C. I will use the funds provided in accordance with [Act 76](#).
- D. I will complete a feedback and impact survey at the completion of the Readiness Payment program.

SAMPLE