

ATTACHMENT G
Other Grant Provisions/Reporting Forms

FORM A: SAG PROFESSIONAL DEVELOPMENT TRAINING SURVEY Example
Please use the survey provided by the State.

The Subrecipient shall complete the survey: in accordance with the grant agreement

1. Child Care Provider/Program Name (text box)
2. Grant Start date (select date box)
3. Name of training (text box)
4. When was the training held? (select date box)
5. How many staff were trained? (text box)
6. Did this training cost money? (multiple choice)
 - a. Yes
 - b. No
 - c. If yes, please specify the dollar amount (text box)

7. How beneficial was this training in helping staff care for children with identified needs in the classroom? (multiple choice)
 - a. Extremely Helpful
 - b. Very Helpful
 - c. Somewhat Helpful
 - d. Not so Helpful
 - e. Not at all helpful

8. Please describe how this training supported, educated, and informed staff in the identified child's classroom (comment box)

9. Was the training specific to the identified child in the classroom? (check box)
 - a. Yes, this training was specific to the individual child
 - b. No, it was not specific to the individual child
 - c. No, it pertained to all children with identified needs

10. What do staff need to feel prepared, capable and confident in caring for children with identified needs? (check box)
 - a. More training opportunities
 - b. Coaching and Consultation
 - c. Supports and strategies to increase communication with parents/families or caregivers
 - d. Resources to help purchase specialized equipment specific to a child's needs
 - e. Professional Development opportunities specific to a child's specialized needs
 - f. Increased communication and involvement from service providers and special educators
 - g. Increased support in understanding how to implement a child's plan in our classroom
 - h. Other please specify (comment box)

FORM B: SAG PARENT/LEGAL GUARDIAN SURVEY Example
Please use the survey provided by the State.

The questions are about your experience in the last six months.

Name of Child: _____

Name of Child Care Program: _____

1. Does your child still attend the child care program?
 - a. Yes
 - b. No, please explain.

2. Did the program invite you to participate in team meetings?
 - a. Yes
 - b. Sometimes
 - c. No

3. Do you feel that the additional support provided through the Special Accommodations Grant increased your child's learning and development within child care setting? (Multiple choice)
 - a. Yes
 - b. Somewhat
 - c. No

4. Have you gained information about your child's strengths and needs?
 - a. Yes
 - b. No

5. How have you been supported in making decisions about your child's care?
Open-ended

6. Without the support of this Special Accommodations Grant. Do you feel that your child would have been able to remain in child care? (Multiple choice)
 - a. Yes
 - b. No

7. Is there any information you would like to share about this experience?

FORM C: SAG FINAL SURVEY AND REPORT Example
Please use the forms provided by the State.

The CDD must receive the final report within 30 days after the grant's end date.

- Total Amount Awarded
- Name of Child Care Program
- Start and End Date of Grant
- Name of a child for whom the grant was awarded.
- Did you apply for the following? (drop-down)
 - Equipment
 - Materials
 - 1:1 Assistance
 - Training or Consultation
- Equipment/Materials
 - Did the equipment or materials support the program in meeting the identified child(ren) plan goals for successful inclusion in the program?
 - All of the time – Please explain.
 - Most of the time – Please explain.
 - Half of the time – Please explain.
 - Less than half of the time – Please explain.
 - None of the time– Please explain.
- Training/Consultation
 - What type of training or consultation did your program participate in to support the needs of the identified child?
 - How many staff were able to participate in the training or consultation?
 - Did the specific training/consultation support the program in meeting the child(ren) plan goals for successful inclusion in the program (i.e., training descriptions, why the consultant was selected, the expertise of the instructor)?
 - All of the time – Please explain.
 - Most of the time – Please explain.
 - Half of the time – Please explain.
 - Less than half of the time – Please explain.
 - None of the time– Please explain.
- Individual Assistant:
 - Did the individual assistant support the program in meeting the child/children plan goals for successful inclusion in the program?
 - All of the time – Please explain.
 - Most of the time – Please explain.
 - Half of the time – Please explain.
 - Less than half of the time – Please explain.
 - None of the time– Please explain.
- The following section of this report reflects on the child's progress during the past six months.
 - Has the child remained enrolled in the child care program?
 - Yes, Full Time
 - Yes, Part Time
 - No, please explain. (Required field)

- Has there been an increase in the child’s ability to form developmentally appropriate relationships with their peers?
 - All of the time – Please explain.
 - Most of the time – Please explain.
 - Half of the time – Please explain.
 - Less than half of the time – Please explain.
 - None at this time – Please explain.

- Has there been an increase in the child’s ability to form developmentally appropriate relationships with their peers?
 - All of the time – Please explain.
 - Most of the time – Please explain.
 - Half of the time – Please explain.
 - Less than half of the time – Please explain.
 - None at this time – Please explain.

- Have you seen an increase in the child’s ability to self-regulate their behavior in a developmentally appropriate way (e.g., with adult support)?
 - All of the time – Please explain.
 - Most of the time – Please explain.
 - Half of the time – Please explain.
 - Less than half of the time – Please explain.
 - Not at all – Please explain.

- Has there been a reduction in safety concerns related to the child’s ability to participate in the classroom?
 - All of the time – Please explain.
 - Most of the time – Please explain.
 - Half of the time – Please explain.
 - Less than half of the time – Please explain.
 - Not at all – Please Explain.

- Does the child show a further need for a Special Accommodations Grant?
 - Yes – Please explain.
 - No – Please explain.

- Please explain how this childcare program plans on meeting the child’s needs in the future?

- Child Care Program Reflections
 - The Child Care program staff learned strategies and gained skills and/or confidence in meeting this child’s needs through services provided with these grant funds
 - Not at all
 - Few skills/changes
 - Some skills/changes
 - Significant skills/changes

 - The Child Care Program staff was able to transfer skills and strategies learned to other children in the program.
 - Not at all
 - Few skills/changes
 - Some skills/changes
 - Significant skills/changes

 - Did the Child Care Program make any changes as a direct result of the receipt of this grant to their environment?

- Yes – Please explain.
- No – Please explain.

- Did the Child Care Program make any changes as a direct result of the receipt of this grant to their approach to addressing the needs of enrolled children and their families?
 - Yes – Please explain.
 - No – Please explain.

- The Child Care Program saw improved collaboration with community partners around the needs of this child, other children enrolled, or the program as a whole as a direct result of this grant.
 - Yes – Please describe
 - No – Please describe

- What are some identified challenges to being an inclusive child care program? (check boxes)
 - Attitudes and Beliefs of Staff
 - Lack of Staffing
 - Lack of Training
 - Lack of expertise within the early childhood workforce
 - Lack of comprehensive services and resources available in our region
 - Limited Time and commitment to build partnerships with parents, service providers and school resources.
 - Child to Staff Ratio
 - Other
 - None of the Above
 - Need more information on what it means to be an inclusive child care program.

FORM D: REQUEST FOR PAYMENT Example
Please use the form provided by the State.

REQUEST FOR PAYMENT

REQUEST TO: VT Department for Children and Families
 Child Development Division
 280 State Drive / Waterbury, VT 05671-1020

FROM: Name of Vendor
 Vendor Address

RE: Special Accommodation Grant
 TERM: Grant Start Date to Grant End Date

State-assigned Grant number: 03440-XXXXXX-24 Request #: _____ Final Invoice: Yes No
 Have required Program reports been submitted? Yes No

- A) Maximum amount payable to Subrecipient: _____ \$ _____
- B) Total payments received on Grant previously: \$ _____
- C) Balance (line A minus line B) \$ _____
- D) Total Grant expenditures in the financial report
 for the month ending _____ : \$ _____
mm/dd/yy
- E) Grant Balance (line C minus line D) \$ _____
- F) REQUEST AMOUNT, determined as follows: \$ _____
For requests submitted during the Grant term, request the amount in line D or line C, whichever is lower. A request submitted with the final monthly report may be for the amount in line C if the State had withheld funds earlier and the total YTD allowable reported expenditures exhausted the maximum payable under the Grant.

SUBRECIPIENT SIGNATURE:

Executive or Financial Director	Title	Date

For CDD use only: CDD Grant manager reviewed required reports submitted, assessed Subrecipient performance, and approves payment in the amount of: \$ _____

Explanation if amount approved differs from amount requested in line F:

CDD Signature and Date: _____

FORM E: FINANCIAL REPORT Example
Please use the form provided by the State.

FINANCIAL REPORT													
Positions funded in part or whole by this agreement:	Hourly Rate	Hours per week	Total weeks	Total Budget	Current Balance	Total Expended YTD	Expended in (add month)	Expended in (add month)	Expended in (add month)	Expended in (add month)	Expended in (add month)	Expended in (add month)	Expended in (add month)
					\$0.00	\$0.00							
					\$0.00	\$0.00							
TOTAL Salaries					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Fringe (approx. 33.7% of salaries)					\$0.00	\$0.00							
A. Total Personnel Expenses					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Operating expenses directly related to grant activities:													
Staff Training/Professional Development					\$0.00	\$0.00	\$0.00						
Travel					\$0.00	\$0.00	\$0.00						
Supplies					\$0.00	\$0.00	\$0.00						
Utilities (inc. Telephone, Fax, Internet)					\$0.00	\$0.00	\$0.00						
Direct Space					\$0.00	\$0.00	\$0.00						
B. TOTAL Operating					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL Direct expenses (A+B)					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. Indirect Costs (de minimis)						\$0.00	\$0.00						
TOTAL Expenses (A+B+C)					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

ATTACHMENT H

PARENT/LEGAL GUARDIAN CONSENT FORM (SAMPLE)

Form can be found at [SAG-Application-Parent-Legal-Guardian-Consent.pdf \(vermont.gov\)](#).

Special Accommodations Grant Application Parent/Legal Guardian Authorization

Child's First Name:	Child's Last Name:	Child's Date of Birth:
Parent/Legal Guardian(s) Names:		
Child Care Program Applying for the Grant:		License #:

Special Accommodations Grants are available from the Child Development Division for children with specialized needs to support their safe and successful inclusion in a high- quality child care setting. This inclusion is intended to contribute to the overall well-being of children with special needs and their families. Funds for Special Accommodations Grants are discretionary and limited. Decisions regarding partial or full funding of grant requests are the sole responsibility of the Child Development Division (CDD). Applications for Special Accommodations Grant Funds specific to an individual child should be completed in collaboration with the team primarily serving the child and the child's family, with the permission and partnership of the child's parent/legal guardian(s).

The Children's Integrated Services (CIS) Team is a multidisciplinary team that provides early childhood expertise and support services for pregnant/postpartum people, children birth to 6 years, their families, and child care professionals. The team is made up of professionals that provide services in the following areas: Early Intervention, Early Childhood and Family Mental Health, Specialized Child Care, and Strong Families Vermont Home Visiting.

I give my permission for the CIS Team members and the following health and service providers (check all that apply):

- Primary Healthcare Provider: _____
- Children with Special Health Needs Worker: _____
- Child Development Clinic: _____
- Child Care Provider: _____
- Child Care Community Support Agency Staff: _____
- Public School (Lead Education Agency) Staff: _____
- Professional Consultants to Assist the Team with its Provisions of Services: _____
- Nursing: _____
- Other: _____

To communicate with and disclose to one another and the State the following information (check all that apply):

- Screening, assessment and/or evaluation records
- The CIS One Plan for my child and/or my family
- Records pertaining to support services checked above
- My child's Individual Education Plan (IEP) or other plan for services (explain): _____

The purpose(s) of the disclosures authorized is (check all that apply):

- To be used in the determination of a Special Accommodations Grant application submitted by my child's child care provider.
- To support the child care program in making accommodations for my child's inclusion

I also give my permission for Children's Integrated Services Program team to record the above information for the purposes of collecting data and for the administration of the CIS Special Accommodations Grant program.

By signing this form, I understand:

- The reason(s) I am being asked to release information.
- I do not have to agree to the release of information. However, by not giving authorization, my child's child care program will not be able to apply for a Special Accommodations Grant on behalf of my child.
- If I choose not to sign this form any benefits for which I or my child and family are entitled will not be affected.
- While the AHS takes every precaution to protect my health information, once it is disclosed pursuant to this authorization, it may be subject to re-disclosure.
- I may revoke this authorization at any time by contacting _____ (name) at _____ (address), except to the extent that it has been acted upon.
- If I do not revoke or update this authorization, it will be in effect as long as I am receiving CIS services.
- I will be provided a copy of this form.

Parent/Legal Guardian's Signature:	Relationship to Child:	Date:
Person Explaining Authorization Process:	Organization/Position:	Date:

Attachment I – Service/Health Provider Letter of Support Form (Sample)

Special Accommodations Grant (SAG) <https://hipaa.jotform.com/230244351146042>

You have received this form because a licensed child care, preschool, or afterschool program is seeking to apply for Special Accommodations Grant (SAG) funds through the Vermont Department for Children and Families (DCF), Child Development Division (CDD).

The SAG funding is designed to assist Vermont-licensed child care, preschool, or afterschool programs in creating a safe and inclusive environment by supporting children with disabilities or developmental delays in learning, growing, and playing alongside their peers.

The information provided on this form is used to verify that the program is caring for a child currently being supported by you or your agency and that you will assist the program in meeting the requirements of the grant application.

In addition to receiving this form, the program should have provided you with a consent form signed by the child's parent/legal guardian. If you did not receive a copy of the signed consent, please contact the program before completing this form.

This form is HIPAA-compliant; however, if you prefer to submit the form by another secure method, please complete the [PDF version](#) and electronically submit it to the child care provider, who will upload it with their complete SAG application.

If you have questions, please contact the program that made this request.

Contact Information

- Service Provider Name
- Job Title/Role
- Email
- Phone Number
- Your Employers Name (if applicable)
- Address of Your Work Location

Support or Services Provided

- Child Care Program Name
- Child Care Programs Email
- Child's Initials
- Please tell us about the services/support you provide to the child named above.
- In your work with the child care program on behalf of this child, have you made recommendations to the child care program?
 - Yes
 - If yes, of those recommendations, what has been implemented by the child care program and to what level?
 - No
- Please list any additional recommendations for the child named above in their child care setting to help support their inclusion and greater involvement within the program (i.e., Additional staffing, equipment, training, etc.).

Certification

By submitting this form, you certify that the information provided is true and accurate.

- Service Provider's Signature

Submission Confirmation/Thank You Page

Your {form_title} submission has been received to support {childCare} in completing their Special Accommodations Grant (SAG) application.

Submission ID: {id}

If you want a copy of your entire submission, you must print/save the PDF version below. The confirmation email you receive will not contain any HIPAA-related information.

Please Note: If you print or save the PDF, you are responsible for ensuring HIPAA compliance.