

Quality Recognition Seeking: National Association for Family Child Care Accreditation (NAFCC) Fee Reimbursement

This application requests reimbursement for funds paid for NAFCC Accreditation fees.

Applicants must be a CDD regulated program. Applicants must demonstrate understanding of, and accomplishments toward NAFCC Accreditation before submitting this grant request. For more information on NAFCC Accreditation call or write:

National Association for Family Child Care

1743 W Alexander St
Salt Lake City, UT 84119
801-886-2322

accreditation@nafcc.org

www.nafcc.org

*Important! Quality Recognition Seeking Grants are only awarded to programs that are in good regulatory standing.**

For State Use Only

Date Received: _____ Invoice #: _____

Reviewed/approved: _____ Date: _____

Payment entered by: _____ Date: _____

License check: _____

Application #: _____ Agreement #: _____

Program Manager Approval/Denial

Approved: \$ _____ Denied

Signature: _____ Date: _____

Contact Person

Lynne Robbins
802-241-0823 or 1-800-649-2642
lynne.robbins@vermont.gov

Application Deadline

By the first of any month

Program Name (Print) _____ Date _____

Your Name _____ Title _____

Program Physical Address _____ City _____ State _____ Zip _____

Program Mailing Address _____ City _____ State _____ Zip _____

Telephone # _____ Email _____

Vermont License Certificate Number _____

Check One:

- Accreditation
- Reaccreditation: Held since: _____ (year)

Funds Requested:

- \$ _____ Self-study enrollment (up to \$300)
- \$ _____ Application (up to \$500)
- \$ _____ Annual Renewal Fee (up to \$150)
- \$ _____ Total Requested

Note: CDD will only reimburse fees at NAFCC member rates. Late fees will not be reimbursed.

Total Number of children you currently serve

- # Full Time _____
- # Part Time _____
- # Infant/Toddler _____
- # Preschool _____
- # Kindergarten _____
- # School Age _____



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1) Have you: (Please check all that apply)

- Become a member of NAFCC.
- Been a registered or licensed family child care home for at least twelve months.
- Completed an Individual Professional Development Plan.
- Completed a review of the accreditation standards and process and are ready to begin.
- Contacted The Vermont Child Care Providers Association (VCCPA) for mentoring support for NAFCC accreditation or taken other steps to involve a consultant to work with the program during the accreditation process.
- Had a site visit for assistance with NAFCC accreditation by a VCCPA mentor.
- Completed _____ # of hours of training within the past three years, and have included the trainings you plan to attend prior to submitting accreditation documentation in your professional development plan.

2) Status of accreditation application:

- Reviewed accreditation standards and ready to order self-study.
- Have completed self-study materials and are ready to submit application.
- Submitted the application for observation to NAFCC.
Estimated date of visit: Month _____ Year _____
- Observation visit is scheduled for: Month _____ Year _____
- Observation visit completed and waiting for approval.

3) On separate paper, describe in detail your process to date:

- The decision process used to determine your program's interest in accreditation, and how this relates to your Individual Professional Development Plan(IPDP). Include a copy of your IPDP with this application.
 - Check here if you have an up-to-date IPDP in Bright Futures Information System. If so you do not need to send it with the application.
- Attach a letter of support from a mentor/advisor or professional regarding your goal to achieve NAFCC Accreditation/Reaccreditation.
- List your program's desired outcomes resulting from accreditation (for reaccreditation, include benefits experienced as an accredited program).
- Describe the actions taken in your program as a result of the program self-assessment using the NAFCC Accreditation Standards.
- If applying for reaccreditation and asking for reimbursement of self-study enrollment please include information about why you were unable to submit annual reports to NAFCC.

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Please sign the certification below:

Certification

I certify that the information contained in this application is true and correct; I also certify that the following statements are true:

1. My program will comply with applicable eligibility criteria of the Child Care Development Fund including not discriminating or barring participation on the basis of race, religion, sex, color, handicap or national origin.
2. I have worked directly with children at a CDD regulated child care facility for the past six months.
3. I plan to work in regulated child care or afterschool care setting serving Vermont children for at least one year after receiving any grant funds from the CDD.
4. I am a Vermont resident.
5. I am not a public school employee who is paid on the teacher salary schedule for my work in the regulated care setting.
6. The program I work in is in good regulatory standing with the Child Development Division, which means that I also certify that within the past twelve months all regulatory violations are corrected, no "Parental Notification Letters" have been mailed and the program does not have a pattern of repeated regulatory violations with the CDD or I have attached a letter explaining why my program is not in good regulatory standing.

Applicant's Signature: _____ Date: _____

Be sure to sign the certification above.

Keep a copy of your completed application for yourself, and send the original to:

Child Development Division
ATTN: Linda Clark
280 State Drive, NOB 1 North
Waterbury, Vermont 05671-1040
Phone: 802-241-0804 or 1-800-649-2642
Email: linda.clark@vermont.gov

** Good regulatory standing means any regulatory violations have been corrected, no "Parental Notification Letters" have been mailed and the program does not have a pattern of repeated regulatory violations with the CDD.*