

# Quality Recognition Seeking: National Early Childhood Program Accreditation (NECPA) Fees

This application requests funds for application, verification, or annual report fees for accreditation from the National Early Childhood Program Accreditation Commission (NECPA).

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

**The NECPA Commission, Inc.**  
 887 Johnnie Dodds Boulevard, Suite 212  
 Mount Pleasant, SC 29464  
 1-800-505-9878  
 www.necpa.net

*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: _____	Date: _____
License check: _____	
Application #: _____	Agreement #: _____
Program Manager Approval/Denial	
<input type="checkbox"/> Approved: \$ _____	<input type="checkbox"/> Denied
Signature: _____	Date: _____

**Contact Person**  
 Lynne Robbins  
 802-241-0823 or 1-800-649-2642  
 lynne.robbs@vermont.gov

**Application Deadline**  
 By the first of any month

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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 \_\_\_\_\_

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**Applying for: (please check one)**

- Accreditation
- Reaccreditation
- Annual Report Fees (*Skip to question 4 on next page*)

**Funds Requested:**

\$ \_\_\_\_\_ Application

\$ \_\_\_\_\_ Verification

\$ \_\_\_\_\_ Annual Report Fee

\$ \_\_\_\_\_ **Total Requested**

**Total Number of children you currently serve** \_\_\_\_\_

# Full Time \_\_\_\_\_

# Part Time \_\_\_\_\_

# Infant/Toddler \_\_\_\_\_

# Preschool \_\_\_\_\_

# Kindergarten \_\_\_\_\_

# School Age \_\_\_\_\_



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**1) Has your program: (Please check all that apply)**

- Completed a review of the accreditation standards and process and is ready to begin.
- Contacted the Vermont Accreditation Project (VAP) and applied to VAP or in process of applying (Information about VAP is available at [www.vaeyc.org](http://www.vaeyc.org))
- Secured a mentor or consultant to work with the program during the accreditation process.

**2) Your program's assessment status:**

- Expected date of enrollment in NECPA accreditation process: Month \_\_\_\_\_ Year \_\_\_\_\_
- Had a site visit for assistance with NECPA accreditation by a VAEYC VAP mentor.
- Completed all necessary procedures and ready to apply for verification visit.
- Estimated date of verification visit by NECPA: Month \_\_\_\_\_ Year \_\_\_\_\_
- Verification visit scheduled for: Month \_\_\_\_\_ Year \_\_\_\_\_
- Verification visit completed and waiting for approval.
- Accredited as of: \_\_\_\_\_; submitting annual report.

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

- The decision process used to determine your program's interest in accreditation.
- Describe the collaborative process to complete accreditation which actively engaged the program administrator, teaching staff, families, and the program's governing body.
- List the program's desired outcomes resulting from accreditation (for reaccreditation, include the benefits experienced as an accredited center).
- Actions taken to date in your program, including any results of NECPA standards.

### Current NECPA Fee Scale

Licensed Capacity	Application Fee	Verification Fee	Annual Report Fee
7-60	\$350	\$1,050	\$275
61-120	\$375	\$1,150	\$275
121-240	\$450	\$1,250	\$275
240 and up	\$500	\$1,350	\$275

# Quality Recognition Seeking: National Early Childhood Program Accreditation (NECPA) Fees

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.*