

Quality Recognition Seeking: Council On Accreditation (COA) Afterschool Accreditation Fees Grant

This application requests funds for application, accreditation, or site visit for Council On Accreditation (COA) Afterschool Accreditation.

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

Council On Accreditation

120 Wall Street, 11th Floor
New York, NY 10005
coainfo@coanet.org
1-866-262-8088
www.coaafterhschool.org

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

For State Use Only

Date Received: _____ Invoice #: _____	
Reviewed/approved: _____	Date: _____
Payment entered by: _____	Date: _____
License check: _____	
Application # _____	Agreement #: _____
Program Manager Approval/Denial	
<input type="checkbox"/> Approved: \$ _____	<input type="checkbox"/> Denied
Signature: _____	Date: _____

Contact Person

Heather Mattison
802-241-4551
800-649-2642 x4551
heather.mattison@ahs.state.vt.us

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 _____

Applying for: (please check one)

- Application Fee; \$ _____ (up to \$250)
- Accreditation Fee; \$ _____ (up to \$2400)
- Site Visit Cost; \$ _____
- Annual Maintenance Fee; \$ _____ (up to \$200)

Total number of school-age children you currently serve _____



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1) Has your program?

- Participated in the COA Registration; if yes, please list years: _____
- Participated in COA Certification; if yes, please list years: _____
- Previously accredited by NAA; if yes, please list years: _____
- Have reviewed accreditation criteria and ready to begin.
- Contacted VSACN for mentoring or support.
- Participated in COA training/mentoring.

2) Your program's accreditation status:

- Reviewed materials, ready to start.
- Submitted application, month _____ year _____ ; have begun documentation process.
- Self-study completed, plan to submit: month _____ year _____
- Self-study submitted, month _____ year _____ ; awaiting site visit.
- Site visit completed, month _____ year _____ ; awaiting approval
- Achieved Afterschool Accreditation, month _____ year _____
- Accredited: month _____ year _____ ; submitting annual maintenance fee.

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 COA Afterschool Accreditation program self-study.

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Statement of Program Eligibility

I certify that the information contained in this application is true and correct; this 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. I also certify that within the past 12 months all regulatory violations are corrected, no "Parental Notification Letter/s" have been mailed and the program does not have a pattern of repeated regulatory violations with the CDD.

Signature: _____ Date: _____

Make 3 copies of your complete application. Keep one for yourself, and send two copies to the address below. Be sure to sign the appropriate certification for your application!

Child Development Division
ATTN: Linda Clark
103 South Main Street, 2 North
Waterbury, Vermont 05671-2901
Phone: 802-241-1215 or 800-649-2642 ext. 1215
Email: linda.clark@ahs.state.vt.us