

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
 800-359-3817
 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	
<input type="checkbox"/> Approved: \$ _____	<input type="checkbox"/> Denied
Signature: _____	Date: _____

Contact Person

Heather Mattison
 802-241-4551
 800-649-2642 ext. 4551
 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 _____

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.

Total Number of children you currently serve _____

- # Full Time _____
- # Part Time _____
- # Infant/Toddler _____
- # Preschool _____
- # Kindergarten _____
- # Schoolage _____



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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.

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 no 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

Email: linda.clark@ahs.state.vt.us

Phone: 802-241-1215 or 800-649-2642 ext. 1215