

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

This application requests funds for NAFCC Accreditation fee reimbursement.

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

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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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**Check One:**

- Accreditation
- Reaccreditation: Held since: \_\_\_\_\_ (year)

**Funds Requested:**

- \$ \_\_\_\_\_ Self-study enrollment
- \$ \_\_\_\_\_ Application
- \$ \_\_\_\_\_ Annual Renewal Fee
- \$ \_\_\_\_\_ 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.

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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! \* Complete means all the required enclosures and attachments are included with each application.

**Child Development Division**

**Attn: Linda Clark**

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

103 South Main Street - 2 North

Waterbury, Vermont 05671-2901

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