

# 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.**  
 1150 Hungryneck Blvd - Suite C305  
 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.*

<b>For State Use Only</b>	
Date Received: _____	Invoice #: _____
Reviewed/approved: _____	Date: _____
Payment entered by: _____	Date: _____
License check: _____	
Application # _____	Agreement #: _____
<b>Program Manager Approval/Denial</b>	
<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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**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 \_\_\_\_\_

# Schoolage \_\_\_\_\_



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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	\$1,000	\$200
61-120	\$375	\$1,100	\$200
121-240	\$450	\$1,200	\$200
240 and up	\$500	\$1,350	\$200

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.

Child Development Division  
 ATTN: Linda Clark  
 103 South Main Street - 2 North  
 Waterbury, Vermont 05671-2901

Email: [linda.clark@ahs.state.vt.us](mailto:linda.clark@ahs.state.vt.us)  
 Phone: 802-241-1215 or 800-649-2642 ext. 1215