

Quality Recognition Seeking: National AfterSchool Association (NAA) Accreditation Fees



**Child Development Division (CDD)
Department for Children and Families (DCF)
Vermont Agency of Human Services (AHS)**

This application requests funds for the steps to achieve NAA accreditation or reaccreditation: Introductory Kit and Self-Study; Accreditation Kit; Intent to Submit; Application Submission; Endorsement; or Annual Continuous Improvement Reports.

Applicants must a CDD regulated program. Applicants must demonstrate understanding of, and accomplishments toward, NAA accreditation before submitting this grant request. For more information about the NAA accreditation process, call or write:

National AfterSchool Association
1137 Washington Street
Boston, MA 02124
617-298-5012 or www.naaweb.org

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

For State Use Only

Date Received: _____ Invoice #: _____
 Reviewed/approved: _____ Date: _____
 Payment entered by: _____ Date: _____
 License check: _____
 Application #: _____ Agreement # _____

Program Manager Approval/Denial:

Approved: \$ _____ Denied _____
 Signature: _____ Date: _____

Contact Person

Ruth Matthews
802-241-3107 or
1-800-649-2642 ext. 3107
ruth.matthews@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 _____

Component	Amount Requested
Introductory Kit & Self Study	
Accreditation Kit	
Intent to Submit	
Application Submission	
Endorsement	
Annual Continuous Improvement Reports	
Total	

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 VSACN (Vermont School Age Care Network) for mentoring support for NAA accreditation or taken other steps to involve a consultant to work with the program during the accreditation process?
- Have had a site visit for assistance with NAA accreditation by a VSACN mentor?
- Ordered the:
- Introductory Kit and self-study materials
 - Accreditation Kit
- Expected date of application to NAA: Month _____ Year _____

2) Your program's endorsement status:

- Completed all necessary accreditation procedures and requested Endorsement Visit.
Estimated date of Endorser Visit: Month _____ Year _____
- Endorsement visit scheduled for: Month _____ Year _____
- Endorsement 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.
- Describe ways parents have been involved. Include a list of the members and their titles that serve on your accreditation committee, and describe why each is relevant to this effort.
- List the program's desired outcomes resulting from accreditation (for re-accreditation, include the benefits experienced as an accredited center).
- Actions taken to date in your program as a result of the program self-study, *using the NAA Standards for Quality School Age Care and ARQ materials.*

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

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Current NAA Fee Schedule

Step	Component	Materials	Price
1	Introduction to Quality: Standards, Bringing Yourself to Work	<ul style="list-style-type: none"> • Standards at a Glance (2 copies) • NAA Standards For Quality School-Age Care (1 copy) • Bringing Yourself to Work (1 copy) 	\$35
2	Self-Study	<ul style="list-style-type: none"> • ASQ Team Leader's Manual (1 copy) • ASQ Team Members Manual (5 copies) • ASQ Team Video (1 copy) 	\$150
3	Accreditation	<ul style="list-style-type: none"> • Guide to NAA Program Accreditation (1 copy) • Impact Quality Kit (1 copy) • Application for NAA Accreditation (1 copy) 	\$140
4	Intent to submit	Letter of Intent (Form available at www.naaweb.org)	\$750
5	Application submission, review, and processing	N/A	\$300
6	Endorsement Visit and report review and processing	N/A	\$450
7	Continuous improvement	Interim Report and Statement of Continuous Improvement (forms available at www.naaweb.org)	\$300 (\$100 per year)
Total amount of funds requested: <i>**Applicant is responsible for shipping and handling charges.</i>			