

# Quality Recognition Seeking: National Association for the Education of Young Children (NAEYC) Accreditation Fees



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

This application requests funds for enrollment, application, candidacy/onsite visit, or annual report for NAEYC Academy for Early Childhood Program Accreditation.

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

**National Association for the Education of Young Children**

1313 L St. N.W. Suite 500  
Washington, DC 20005  
800-424-2460  
www.naeyc.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**

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 \_\_\_\_\_

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## 1) Has your child care 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 (VAP application available at [http://www.vaeyc.org/vtaccredit\\_app.doc](http://www.vaeyc.org/vtaccredit_app.doc))
- Secured a mentor or consultant to work with the program during the accreditation process.

## 2) Your program's endorsement status:

Enrollment date: Month \_\_\_\_\_ Year \_\_\_\_\_

Application date: Month \_\_\_\_\_ Year \_\_\_\_\_

Candidacy date: Month \_\_\_\_\_ Year \_\_\_\_\_

Estimate date of onsite visit: Month \_\_\_\_\_ Year \_\_\_\_\_

Completed all necessary accreditation procedures and ready for candidacy and onsite visit:  Yes  No

Visit completed and waiting for approval:  Yes  No

## 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 re-accreditation, include the benefits experienced as an accredited center).
- Actions taken to date in your program, including any results of NAEYC program self-assessment.

## 4) Please complete the following if requesting funds towards the annual report:

- Accreditation anniversary date: Month \_\_\_\_\_ Year \_\_\_\_\_
- Annual report submission date: Month \_\_\_\_\_ Year \_\_\_\_\_  
(Must be submitted within two months before or after the anniversary date)
- Please send a copy of your annual report with this application.

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## Current Academy Fee Scale

Level	Program Size	Enrollment	Application	Candidacy/Onsite visit	Annual Report Fee
1	10 - 60	\$425	\$200	\$650	\$300
2	61 -120	\$525	\$275	\$775	\$350
3	121 - 240	\$650	\$350	\$950	\$400
4	241 - 360	\$775	\$425	\$1,150	\$450

## Amount of funds requested

Enrollment	\$
Application	\$
Candidacy/ Onsite visit	\$
Annual Report Fee	\$
<b>Total Requested</b>	\$

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**