

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



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

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 the NAFCC Accreditation call or write::

National Association for Family Child Care

5202 Pinemont Drive
Murray, UT 84123
800-359-3817
www.nafcc.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 _____

Check one:

- Accreditation
- Reaccreditation: Held since: _____ (year)

Funds Requested:

\$ _____ 50% for materials
\$ _____ Balance for Assessment
\$ _____ **Total Requested**

The total accreditation fee is \$495 for a NAFCC member.

Total number of children you currently serve _____

Full Time _____
Part Time _____
Infant/Toddler _____
Preschool _____
Kindergarten: _____
School age: _____

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1) Have you: (Please check all that apply)

- Currently a member of NAFCC
- Been a registered or licensed family child care home provider for at least eighteen 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 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
- Ordered the Introductory Kit and self-study materials
- Expected date of application to NAFCC: Month _____ Year _____

2) Observation status:

- Submitted the application for observation to NAFCC
- Completed all necessary accreditation procedures and requested Observation Visit.
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. 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.

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