

Quality Recognition Seeking: National Early Childhood Program Accreditation (NECPA) Fees



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

This application requests funds for the Application Fee, Verification Fee, and Annual report fee for accreditation from the National Early Childhood Program Accreditation Commission.

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 about the NECPA accreditation process, call or write to:

The NECPA Commission, Inc.
1150 Hungryneck Boulevard – 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 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 or
800-649-2642
heather.mattison@ahs.state.vt.us

Application Deadline

By the first of any month

**** Important:** *If you care for a child whose parent works for AT&T, you may be eligible to receive funding for your accreditation expenses from NECPA. For an application go to <http://www.necpa.net/enrollyourprogram.htm>.*

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:

\$ _____ Application
\$ _____ Verification
\$ _____ **Total Requested**

Total number of children you currently serve _____

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

Quality Recognition Seeking: National Early Childhood Program Accreditation (NECPA) Fees

1) Has your child care program: (Please check all that apply)

- Contacted the Vermont AEYC Vermont Accreditation Project (VAP) for mentor support for NECPA accreditation or taken other steps to involve a consultant to work with the program during the accreditation process
- Received materials and completed a review of the NECPA accreditation information
- Been approved for VAP participation

2) Your program's assessment status:

- Expected date of submission of program description to NECPA: 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.

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 self-assessment using the NECPA Accreditation standards.

Current NECPA Accreditation Fee Scale

Licensed Capacity	Application Fee	Verification Fee	Total Cost	Miscellaneous Fees
7-60	\$350	\$1,000	\$1,350	
61-120	\$375	\$1,100	\$1,475	
121-240	\$450	\$1,200	\$1,650	Annual Reports
240 and up	\$500	\$1,350	\$1,850	\$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. 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