

APPLICATION FOR ACCREDITATION FEES TO BE PAID THROUGH SDE/CT CHARTS-A-COURSE AFP

The State Department of Education's Early Childhood Special Education Program (IDEA 619) in collaboration with the Connecticut Charts-A-Course Accreditation Facilitation Project supports the achievement of Accreditation by the National Association for the Education of Young Children. This collaboration provides financial support for all of the NAEYC fees for the accreditation process. Eligible programs may receive funding support for the NAEYC accreditation fees, including: enrollment, application, candidacy/on-site visit and annual report. Funding is targeted to schools and community programs that serve 3-, 4- and/or 5 year old children with an IEP or who have a demonstrated history of working collaboratively with the school district relative to serving this population.

Please mark the eligibility criterion that applies to your program.

To be eligible for funding, schools and programs applying must serve 3, 4 and/or 5 year old children with disabilities under the IDEA and meet the NAEYC and SDE eligibility requirements listed on page 2 of this document.

- The applicant program is a school district programs that consists of no less than a 50-50 ratio of typically developing children to children with disabilities.
- The applicant program is a community based early childhood program that is actively involved in *the identification and delivery* of services to a child or a group of children with an IEP.

PROGRAM INFORMATION

School District:						
Complete Name of Program:						
Program Contact Person:						
Title of Contact Person:						
Address:						
Town:		Zip:				
Phone:	Fax:	Email:				
Program Tax ID Number (mandatory):						
Number of Children Enrolled:		Number of children with identified needs currently enrolled:				
<input type="checkbox"/> Seeking Initial Accreditation <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Have you been previously accredited?</td> <td><input type="checkbox"/> Yes: Date of Initial Accreditation:</td> </tr> <tr> <td></td> <td><input type="checkbox"/> No</td> </tr> </table>			Have you been previously accredited?	<input type="checkbox"/> Yes: Date of Initial Accreditation:		<input type="checkbox"/> No
Have you been previously accredited?	<input type="checkbox"/> Yes: Date of Initial Accreditation:					
	<input type="checkbox"/> No					
<input type="checkbox"/> Seeking Re-Accreditation <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Date of Initial Accreditation:</td> </tr> </table>			Date of Initial Accreditation:			
Date of Initial Accreditation:						
Is your program's NAEYC accreditation current and valid? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Current NAEYC accreditation expiration date:		NAEYC Program Code (required):				
Please list below individual programs / classrooms applying for accreditation funding:						
#	Name of School / Center and Location <i>(if different than address above)</i>	Teacher / Director	# of Children			
1.						
2.						
3.						
4.						

FUNDING REQUEST

Enrollment Fee Requested: \$
 Has your program already paid the funds being requested? Yes¹ No²

Application Fee Requested: \$
 Has your program already paid the funds being requested? Yes¹ No²

On-site Visit Fee Requested: \$
 Has your program already paid the funds being requested? Yes¹ No²

Annual Report Fee Requested: \$
Reimbursement ONLY¹
*(Program must have paid and requested reimbursement for the fee during **current** fiscal year, Oct. 1-Sept.30)*

¹ **Please note that each reimbursement request must be accompanied by appropriate documentation for each expense item. Acceptable documentation includes cancelled checks (copies of both sides), and/or bank statements, and /or a print out the program's financial record from the NAEYC website. Purchase orders are not accepted as documentation of payment. IF PAYMENT IS TO BE REIMBURSED TO A PROGRAM, A [COMPLETED IRS W-9](#) MUST BE ATTACHED.**

Please give the specific legal name & address to be used for reimbursement checks to be sent to your program. This must match your [COMPLETED IRS W-9](#). Applications for reimbursement can not be processed without your [COMPLETED IRS W-9](#)

Program/Center Legal Name:

Address:

Town:

Zip Code:

² **If NO, a voucher will be sent to you for submission to NAEYC. You should mail the voucher to NAEYC with the appropriate paperwork.** Voucher requests must be received at least 5 weeks in advance of submission to NAEYC.

Eligibility Guidelines

NAEYC Eligibility:

- Center- or school-based program serving children birth through kindergarten;
- Serving a minimum of 10 children;
- In operation at least 1 year prior to submitting materials for candidacy (Step 3 of the NAEYC Accreditation process);
- Regulated by the appropriate licensing/regulatory body;
- Willing to meet each of NAEYC's 10 early childhood program standards.

CT State Department of Education Eligibility:

- All eligible portions of the program must be included in the process. For example: a program that serves infants through kindergarteners must include all age groups in the program self-study and assessment, or the entire preschool component of a single public school setting;
- Developmental and K-1 transition programs are not eligible for this funding (and may jeopardize funding for the kindergarten programs in the same building).

Office use only

Enrollment

Amount: _____ Paid to: Program
 NAEYC

Voucher #: _____ Date Processed: _____

On-site visit

Amount: _____ Paid to: Program
 NAEYC

Voucher #: _____ Date Processed: _____

Application

Amount: _____ Paid to: Program
 NAEYC

Voucher #: _____ Date Processed: _____

Annual Report

Amount: _____ Paid to: Program
 NAEYC

Voucher #: _____ Date Processed: _____

**STATEMENT OF COLLABORATION
For Use By Community Based Programs**

Please attach a description of the collaborative relationship between the school district and the program(s) named below serving children 3, 4 and/or 5 years old with disabilities under the IDEA.

Community-based Program:

Collaborating School District:

The description of collaboration should illustrate how the features of collaboration listed below are implemented. If no children from the target population are currently enrolled, the community based program may describe how it has served this population in the past (*please include dates of service*).

The description of collaboration between the school district and the above named program serving children 3-, 4- and/or 5- years old with disabilities under the **IDEA** should include information on the following features of the collaborative relationship as they apply to the applicant program:

parent involvement, confidentiality, outreach efforts to link children and families to needed resources; referral for additional services; child find/screening, evaluation, transportation, transition, and in-service training.

Please indicate (by checking the appropriate box) which type of IEP development and implementation describes the collaboration to support 3-, 4-, and 5-year olds with identified disabilities:

- IEP's are developed collaboratively between public school staff and community based program staff. The child or children receive itinerant services at the community-based site.
- IEP's are developed collaboratively between public school staff and community-based program staff. The child or children receive services at the public school site. Community-based program staff are aware of the IEP and provide support and/or supplemental services to the IEP
- IEP's are developed and implemented at the public school site. Community based program staff are aware of the IEP and provide support and/or supplemental services to the IEP.

Application Authorization

I hereby apply for the accreditation fees for the above referenced program, classroom(s) and/or center to be funded by the State Department of Education through the Connecticut Charts-A-Course Accreditation Facilitation Project.

This document must be signed by an administrator (Superintendent, Director of Preschool Special Education, or Pupil Services) from a public school system.

School District:

School District Administrator (*print name*):

Title:

Signature:

Date:

Community Program Contact Person (*print name*):

Title:

Signature:

Date:

**Please return complete applications to:
Accreditation Facilitation Project • 2321 Whitney Ave., Suite 501 • Hamden, CT 06518**

Tel (800) 832-7784 x 3908 • Fax (203) 287-3915 • E-mail: debflisafp@aol.com