



NAFCC Accreditation Application

By submitting this application you are demonstrating your commitment to complete the accreditation process. You believe that you meet all the eligibility criteria, completed the application requirements, are meeting the Quality Standards and have planned when you will be able to have an observation visit.

Eligibility Criteria

- Be at least 21 years of age.
- Have a high school diploma or GED.
- Provide care to children for a minimum of 15 hours per week.
- Provide care to a minimum of three children in a home environment. At least one child must not reside in the provider's home.
- Be the primary caregiver, spending at least 80% of the operating hours actively involved with the children. Co-providers must spend at least 60% of the time actively involved with the children.
- Have at least 12 months experience as a family child care provider.
- Meet the highest level of regulation to operate a family child care program by the authorized regulatory body.
- Be in compliance with all regulations of the authorized regulatory body .
- Have a favorable state criminal history.
- Have a favorable federal criminal history.
- Be in good health in order to provide a nurturing and stable environment for children.
- Maintain a current First Aid and Pediatric CPR certification.
- Adhere to the NAEYC Code of Ethical Conduct.

Application Requirements

- | | |
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| <ul style="list-style-type: none"> • Application • Application Fee • NAFCC Membership (<i>if paying discounted fees</i>) <ul style="list-style-type: none"> - Provider - Co-Provider • Eligibility Documentation • License • Licensing Consent Form • Health Assessment Form <ul style="list-style-type: none"> - Provider - Co-Provider - Assistants | <ul style="list-style-type: none"> • TB Screening Form <ul style="list-style-type: none"> -Provider - Co-Provider - Assistants • First Aid and Pediatric CPR <ul style="list-style-type: none"> - Provider - Co-Provider - Assistant • State and Federal Background Checks <ul style="list-style-type: none"> - Provider - Co-Provider • Training Log and Verification <ul style="list-style-type: none"> - Provider - Co-Provider |
|---|--|

Please make additional copies of any pages if more space is needed to provide complete information

Candidate Information		
First Name	MI	Last Name
Business Name		
Address on License, Registration or Certificate		Phone
		Fax
Mailing Address		Email
City	State	Zip
County		Country
Base/Installation		I would prefer materials in... <input type="checkbox"/> English <input type="checkbox"/> Spanish
I am going through NAFCC Accreditation... <input type="checkbox"/> as an individual <input type="checkbox"/> with an Agency/Project Agency/Project Name _____ Contact Person _____ Address _____ Phone _____ Email _____		
Are you currently an individual member of NAFCC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Membership fee included (\$35)	Are you over 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	I am applying for... <input type="checkbox"/> 1st Accreditation <input type="checkbox"/> Re-accreditation Most current accreditation exp. / / I have been accredited _____ times?
Education: <input type="checkbox"/> Less than High School <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree _____ <input type="checkbox"/> Bachelors Degree _____ <input type="checkbox"/> Masters Degree _____ <input type="checkbox"/> Doctorate Degree _____ <input type="checkbox"/> Current Family Child Care CDA (Child Development Associate)		
How long have you taken care of children in a home environment for pay? <input type="checkbox"/> Less than 18 mos. How many mos.? _____ <input type="checkbox"/> 8 mos-2 yrs. <input type="checkbox"/> 3-5 yrs. <input type="checkbox"/> 5-10 yrs. <input type="checkbox"/> 11-20 years <input type="checkbox"/> 20+ yrs.		Is your family child care program regulated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Licensed <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Not available Have you had any formal complaints or areas of non-compliance against your family child care home in the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, include an explanation giving complete details of the complaint(s) or areas of non-compliance, the outcome, when, what, how resolved, and all correspondence from the regulatory agency.
Number of children enrolled _____ How many live outside your home? _____		
Are you on site and actively involved with children at least 80% of the hours your program is open, or at least 60% if you are a co-provider? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<p>Do you have a co-provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, co-provider must complete “co-provider information” below and submit the co-provider fee. Co-provider signature is required on page 6.</p> <p><small>Co-providers are two providers who share equally in the decision making and responsibility. Each co-provider must be on-site and actively involved with the children at least 60% of the time care is offered. Co-providers must submit all eligibility documentation.</small></p>	<p>Do you have assistants? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete “assistant” section.</p> <p><small>Assistants are at least 16 years old and work under the supervision of a provider. They are not left in charge unless they meet all of the qualifications of substitutes (Quality Standard *5.34). Submit current Pediatric First Aid and CPR, NAFCC Health Screening, and NAFCC TB Screening for all assistants.</small></p>
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Co-Provider Information

First Name	MI	Last Name
Are you currently an individual member of NAFCC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Membership fee included (\$35)		Are you over 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No

Education: Less than High School High School Diploma GED
 Some College Associate Degree _____ Bachelors Degree _____
 Masters Degree _____ Doctorate Degree _____
 Current Family Child Care CDA (Child Development Associate)

How long have you taken care of children in a home environment for pay?

Less than 18 mos. How many mos.? _____

18 mos-2 yrs. 3-5 yrs. 5-10 yrs. 11-20 years 20+ yrs.

Are you on site and actively involved with children at least 60% of the hours your program is open?

Yes No

Assistant Information *Please list the names of all assistants and their daily scheduled hours.*

Name	MON	TUE	WED	THU	FRI	SAT	SUN
Ex. <i>Jan Smith</i>	_ 7 <u>am</u> /pm	__ am/pm	_ 7 <u>am</u> /pm	__ am/pm	_ 1 <u>am</u> /pm	__ am/pm	__ am/pm
	- 1 <u>am</u> /pm	- __ am/pm	- 1 <u>am</u> /pm	- __ am/pm	- 5 <u>am</u> /pm	- __ am/pm	- __ am/pm
	__ am/pm	__ am/pm	__ am/pm	__ am/pm	__ am/pm	__ am/pm	__ am/pm
	- __ am/pm	- __ am/pm	- __ am/pm	- __ am/pm	- __ am/pm	- __ am/pm	- __ am/pm
	__ am/pm	__ am/pm	__ am/pm	__ am/pm	__ am/pm	__ am/pm	__ am/pm
	- __ am/pm	- __ am/pm	- __ am/pm	- __ am/pm	- __ am/pm	- __ am/pm	- __ am/pm
	__ am/pm	__ am/pm	__ am/pm	__ am/pm	__ am/pm	__ am/pm	__ am/pm
	- __ am/pm	- __ am/pm	- __ am/pm	- __ am/pm	- __ am/pm	- __ am/pm	- __ am/pm
	__ am/pm	__ am/pm	__ am/pm	__ am/pm	__ am/pm	__ am/pm	__ am/pm
	- __ am/pm	- __ am/pm	- __ am/pm	- __ am/pm	- __ am/pm	- __ am/pm	- __ am/pm

Are others regularly in the family child care home, i.e. your family, parents, volunteers, program specialists, children that are not enrolled in the program?

Yes No If yes, please list who, when, and what their role is.

No Schedule	MON	TUE	WED	THU	FRI	SAT	SUN
Mr. Provider		Suzie Singer		Pat Parent			
Husband		Music Spec.		Parent			
N/A	___ am/pm - ___ am/pm	1 am/pm - 2 am/pm	___ am/pm - ___ am/pm	10 am/pm - 11 am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm
N/A	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm
N/A	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm
N/A	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm

Program Information

My program operates 12 months/year

My Program operates less than 12 months/year

Please indicate the most current program beginning and ending date.

Program Beg. Date / / Program End Date / /

Hours of Operation	MON	TUE	WED	THU	FRI	SAT	SUN
Opening	___ am/pm	___ am/pm	___ am/pm	___ am/pm	___ am/pm	___ am/pm	___ am/pm
Closing	___ am/pm	___ am/pm	___ am/pm	___ am/pm	___ am/pm	___ am/pm	___ am/pm
Opening	___ am/pm	___ am/pm	___ am/pm	___ am/pm	___ am/pm	___ am/pm	___ am/pm
Closing	___ am/pm	___ am/pm	___ am/pm	___ am/pm	___ am/pm	___ am/pm	___ am/pm

Regularly Scheduled Outings: Please list any regularly scheduled weekly outings

Example	MON	TUE	WED	THU	FRI	SAT	SUN
Library							
3 am/pm - 4 am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm

Provider Certification

I certify that all information provided is accurate and complete. (This box must be checked.)

I certify that I meet all eligibility requirements. (This box must be checked.)

I certify I have read the NAEYC Code of Ethical Conduct and agree to adhere to it's guidelines. (This box must be checked.)

I understand I must submit the complete application, all required documentation, and all applicable fees, or my application will be returned to me. (This box must be checked.)

I understand that the application fees are non-refundable. (This box must be checked.)

I understand that the National Association for Family Child Care has the right to revoke accreditation if non-compliance of the Quality Standards is determined and/or if eligibility is not met. I also understand modifying or amending the documentation in anyway may result in accreditation becoming null and void. (This box must be checked.)

I give permission to the National association for Family Child Care to release my name, address, and telephone number to persons seeking accredited providers.

Provider Signature

Date

Co-Provider Certification

I certify that all information provided is accurate and complete. (This box must be checked.)

I certify that I meet all eligibility requirements. (This box must be checked.)

I certify I have read the NAEYC Code of Ethical Conduct and agree to adhere to it's guidelines. (This box must be checked.)

I understand I must submit the complete application, all required documentation, and all applicable fees, or my application will be returned to me. (This box must be checked.)

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I give permission to the National association for Family Child Care to release my name, address, and telephone number to persons seeking accredited providers.

Co-provider Signature

Date



NAFCC Accreditation Licensing Consent

NAFCC must verify that the candidate is in compliance with all regulations of the authorized regulatory body. Most state or county licensing departments require written consent to request a provider record search. Complete the following consent and licensing agency contact information. NAFCC will obtain the required information.

I, _____ give consent for my licensing agency to provide written information to the National Association for Family Child Care (NAFCC) on any past allegations, unresolved complaints, and/or issues of non-compliance regarding my child care program within the past 3 years.

This consent shall remain valid and shall extend throughout my participation in the Accreditation Program sponsored by NAFCC.

Licensing Agency

Agency Contact Person	Email
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Phone	Fax
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Agency Address

City:	State	Zip Code
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Provider Signature	Date
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NAFCC
 1743 W. Alexander St.
 Salt Lake City, UT 84119
 Phone: 800-359-3817
 Fax: 801-886-2325
www.nafcc.org

Information for Observer

Program Setting (check all that apply)

- Suburban Rural Urban Military Base Gated Community

If you live on a military base or in a gated community indicate below (or attach) how the observer can arrange to gain access without contacting you prior to the day of the observation. Please include all necessary contact information.

Parking Considerations: Specify any parking instructions the observer might need the day of the visit, i.e. “park in parking lot across the street,” “park in driveway to the left of site,” “you will have to park at a meter and will need change.”

Directions: Indicate the nearest major landmark, highway off-ramp, or major intersection. If possible, please attach computer generated instructions or detailed map.

Research Information

The following questions are for research information only and will not be considered in determining provider eligibility or accreditation status. Completion of this section is greatly appreciated.

Is assistance available to Family Child Care Providers to help pay accreditation fees in your area? Yes No

Did you receive assistance to help pay any of your accreditation fees? Yes No

How much assistance did you receive to help pay your accreditation fees? 25% or less 50% 75% 100%

Is accreditation support (other than assistance with accreditation fees) available to assist family child care providers in your area as they pursue accreditation? Accreditation support may include accreditation study groups, coaches or mentors, training or funding for training, or funding for quality improvements (facility, equipment, etc.).
 Yes No

Did you receive any accreditation support (other than assistance with accreditation fees)? Yes No

Provide contact information for the agencies that provide accreditation support in your area.

Agency:	Agency:
Contact:	Contact:
Address:	Address:
City: State: Zip:	City: State: Zip:
Email:	Email:
Phone:	Phone:

Where do you provide family child care?
 In my residence In someone else's residence In a home that no one resides in
 Other (specify)_____

What languages are you fluent in? English Spanish Other (specify)_____

How many children in your program speak what languages?
_____ English _____ Spanish _____ Other (specify)_____ _____ Other (specify)_____

How many children in your program are...
_____ American Indian or Alaskan Native _____ Asian or Pacific Islander _____ Black, not of Hispanic origin
_____ Hispanic _____ White, not of Hispanic origin _____ Other (specify)_____

How many children in your program are formally diagnosed with special needs? _____

What special populations do you serve? None Military Migrant workers
 Teen parents Single parents Homeless families Other (specify)_____

How many children receive financial assistance to attend your program?
_____ Scholarships _____ Sliding fee scales _____ Public subsidies

How many assistants in your program have credit bearing college level course work? _____ Less than 6 units
_____ 6-9 units _____ 10-24 units _____ Associate Degree _____ Bachelor's Degree _____ Master's Degree or higher

How many assistants do you have in each age group?
_____ under 18 _____ 18-21 _____ 22-30 _____ 31-40 _____ 41-50 _____ 51+

Please send the completed NAFCC Accreditation Application with payment to:

NAFCC
1743 W. Alexander St.
Salt Lake City, UT 84119

Payment Information

Member

- \$35 **Membership Renewal Fee**
 \$500 **Application Fee**
 \$100 **Co-Provider Fee**

Total amount \$_____

Non-Member

- \$700 **Application Fee**
 \$150 **Co-Provider Fee**

Total amount \$_____

A personal check is Enclosed. Check #_____ Make check payable to: NAFCC Accreditation

My accreditation fees are being paid by Agency/Project (specify)_____

Army Navy Airforce Other (specify)_____

Visa Mastercard #

Expiration Date

Name on Card (please print)

Billing Address

Phone

City

State

Zip

Signature_____

**NAFCC is going green! Receive accreditation updates,
important information,
and special promotions via email.**

Make sure we have a valid email address so you won't miss out.

Email

Re-write
Email