

# Accreditation Council Application

The role of the NAFCC Accreditation Council is to ensure quality, integrity, and accountability for the NAFCC Accreditation system.

Three distinct responsibilities are essential to that role:

- Develop and approve the policies that govern the NAFCC accreditation system.
- Monitor the NAFCC Accreditation operations on behalf of the NAFCC Foundation Board using performance benchmarks for accountability
- Review and, if appropriate, revise the NAFCC Quality Standards for NAFCC Accreditation annually.



## **Council Members Must:**

- Be an individual member of NAFCC
- Be NAFCC Accredited-if family child care provider
- Have documented expertise in child development and/or education
- Be committed to the mission and goals of NAFCC
- Have knowledge of and be familiar with everyday life in Family Child Care
- Understand and know the NAFCC Accreditation process and have experience with accreditation
- Understand child care policy
- Be a strategic thinker – able to foresee problems and develop solutions
- Have strong interpersonal skills
- Understand policy governance
- Be able to commit significant time – approximately 15 hours per quarter
- Bring additional expertise in another relevant area, such as: child care support and quality enhancement strategies; working with diverse families and communities; workforce development and higher education; health and safety; infant/toddler, preschool, school-age care and education; special needs care and education.

**Submit the completed application, a copy of your resume, and two letters of professional recommendation to:**

Mail: NAFCC  
Attention: Accreditation Council Application  
1743 W. Alexander St.  
Salt Lake City, UT 84119

Fax: 801-886-2325

Email: [accreditation@nafcc.org](mailto:accreditation@nafcc.org)

Name					
Address					
City		State		Zip	
Telephone			Alternate Phone		
Email			Fax		

Are you a current member of NAFCC?  Yes  No

Joined online  Fees enclosed

Please check all that describe you:

FCC Provider  Mentor  Support Staff  College Ed/Trainer  Consultant  Researcher

Agency Administrator  Other (please explain)\_\_\_\_\_

In which of the following areas do you have experience working directly with children?

Babies/Toddlers  Preschool  School-age  Bilingual  Special Needs

Large Group Family Child Care  Small Group Family Child Care  None

List all degrees and credentials you have earned or are in the process of earning? Indicate the field of study and completion/estimated completion date.

Degree/Credential	Field of Study	Completion/Estimated Completion

Summarize additional Early Childhood coursework/training.

*May indicate number of units/hours and timeframe.*


Describe your experience with family child care:


Describe your experience with NAFCC Accreditation:


Describe your experience with other forms of accreditation or application of standards in making professional judgments:


List and describe your involvement with other professional child care organizations


Do you speak and write English fluently?     Yes     No

What other language do you speak and /or write fluently?

---

How would you describe yourself? - OPTIONAL

NAFCC uses this information only to make sure that we met our organizational goals for diversity

- |  |   |
|--|---|
| <input type="checkbox"/> African – American or Black       | <input type="checkbox"/> Caucasian or White, Non-Hispanic |
| <input type="checkbox"/> Hispanic or Latino                | <input type="checkbox"/> Bi-Racial                        |
| <input type="checkbox"/> Asian or Pacific Islander         | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Native American / American Indian |   |

Will you commit to 15 hours per quarter to participate on the NAFCC Accreditation Council?  Yes  No

Do you have internet access that will allow you to view NAFCC Accreditation Policies and other related documents online?  Yes  No

What do you feel are the three most important things to look for in an NAFCC Accreditation Council Member?


Do you have any additional comments or information you would like to share?


I certify all information included on this application is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date