

NAFCC Accreditation Update

2nd Year



18 Month Update (If Accredited After January 1, 2018 only one update is required)



First Name	MI	Last Name
Co-provider Name (if applicable)		
Address on License, Registration or Certificate		Phone
		Fax
Mailing Address		Email
City	State	Zip
County		Country
Military Base/Installation		
The Accreditation Update is a vehicle for provider's to assess themselves and their program for compliance with the Quality Standards for NAFCC Accreditation, ensure compliance with eligibility requirements, and report continued professional development and quality improvement.		
Provider Certification		
<p><i>Please refer to the NAFCC Quality Standards and NAFCC Accreditation Eligibility Requirements available at www.nafcc.org.</i></p> <ol style="list-style-type: none"> I certify that I continue to meet the Quality Standards for NAFCC Accreditation. I certify that I continue to meet all accreditation eligibility requirements. 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. 		
Provider Signature		Date
Co-provider Signature (if applicable)		Date

Accreditation Update Requirements- Updates must be received within 30 days before or after your accreditation anniversary date to maintain a valid accreditation status. Please do not submit update until all checkboxes are marked.

- Complete Update Form**
- Update Fee**
Due with 18 month update only.
- Eligibility Documentation**
 - Health Assessment CPR/First Aid
 - TB Screening Background Checks

Refer to your eligibility documentation checklist and submit those items that have expired. Remember to make sure we have background checks for adults 18 or older living in the home, assistants and substitutes. Please list assistants, substitutes and adults and on page 4. See pages 9-10 for Health Assessment and TB Screening.
- Licensing Reports**
All licensing reports from last year.
- Licensing Complaints**
If you have had any formal complaints or areas of non-compliance against your family child care home please include an explanation giving complete details of the complaints or areas of non-compliance, outcome, when, what, how resolved, as well as copies of all correspondence from the regulatory office.
- Quality Improvement Report**
See page 5-List 3 Quality Standards you have chosen to improve on the past year and describe (1) what actions you have taken to more fully meet them and (2) how those actions have positively impacted your family child care program. Use the standards listed on your accreditation award letter. If none were listed or you reported on them in previous updates, choose 3 on your own.
- Professional Development Report**
See page 6-Describe two specific things you learned from a training/education and how this knowledge positively impacted your family child care program.
- Training**
No training is required to submit your update. However, we recommend submitting any training you have taken since you applied for accreditation (if this is your 18 month update) or since you submitted your 1st update (if this is your 2nd update). A copy of your training registries, certificates, and/or transcripts must be included. See pages 7-8.

Submit Update through:

<p>Mail: NAFCC 700 12th Street NW, Suite 700 Washington, DC 20005</p> <p>Scan/Email: accreditation@nafcc.org Fax: 202-937-0100</p>	<p>Contact Us:</p> <p>Phone: 202-937-0100 Fax: 801-886-2325 accreditation@nafcc.org www.nafcc.org</p>
---	---



If you have moved you can transfer your accreditation to your new address. Contact us to obtain a transfer packet. A \$50 transfer fee applies.

Provider - First Name _____ Last Name _____

P a y m e n t I n f o r m a t i o n

Please send the completed NAFCC Accreditation Update with payment to:

Contact NAFCC

NAFCC
700 12th Street NW
Suite 700
Washington, DC 20005

Phone: 202-937-0100
Fax: 801-886-2325
accreditation@nafcc.org
www.nafcc.org

*If you scanned or faxed your update, please call our office to complete your payment over the phone.

Update fees are due with the 18 month update. No fees are due with the 2nd year update.
Fees are non-refundable and non-transferable.

Member

- \$45 **Membership Renewal Fee**
- \$160 **Update Fee**
- \$50 **Late Fee** *(due if you are submitting your update more than 30 days past your anniversary date)*

Total amount \$ _____

Non-Member

- \$240 **Update Fee**

Total amount \$ _____

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

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

Army Navy Air Force Other (specify) _____

Card # _____ CVV (ie: 347) _____ Expiration Date _____

Name on Card (please print)

Billing Address

City _____ State _____ Zip _____

Signature _____

NAFCC is going green! Did you provide us your email? Receive accreditation updates, information regarding your process, and special promotions via email.

***Make sure we have a valid email address so you won't miss out.
Add us to your safe sender list.***

Email

Re-write
Email

List Adults (18 or older) living in home, Substitutes and Assistant

Name	<input type="checkbox"/> Adult (18 or older) living in home <input type="checkbox"/> Substitute <input type="checkbox"/> Assistant
Name	<input type="checkbox"/> Adult (18 or older) living in home <input type="checkbox"/> Substitute <input type="checkbox"/> Assistant
Name	<input type="checkbox"/> Adult (18 or older) living in home <input type="checkbox"/> Substitute <input type="checkbox"/> Assistant
Name	<input type="checkbox"/> Adult (18 or older) living in home <input type="checkbox"/> Substitute <input type="checkbox"/> Assistant
Name	<input type="checkbox"/> Adult (18 or older) living in home <input type="checkbox"/> Substitute <input type="checkbox"/> Assistant
Name	<input type="checkbox"/> Adult (18 or older) living in home <input type="checkbox"/> Substitute <input type="checkbox"/> Assistant
Name	<input type="checkbox"/> Adult (18 or older) living in home <input type="checkbox"/> Substitute <input type="checkbox"/> Assistant
Name	<input type="checkbox"/> Adult (18 or older) living in home <input type="checkbox"/> Substitute <input type="checkbox"/> Assistant
Name	<input type="checkbox"/> Adult (18 or older) living in home <input type="checkbox"/> Substitute <input type="checkbox"/> Assistant
Name	<input type="checkbox"/> Adult (18 or older) living in home <input type="checkbox"/> Substitute <input type="checkbox"/> Assistant
Name	<input type="checkbox"/> Adult (18 or older) living in home <input type="checkbox"/> Substitute <input type="checkbox"/> Assistant
Name	<input type="checkbox"/> Adult (18 or older) living in home <input type="checkbox"/> Substitute <input type="checkbox"/> Assistant

State and Federal Background checks must be submitted for adults, substitutes, and assistants.

Adult-Individual residing in the family child care home that is over age 18.

Substitute – A person who is left in charge of children, when the provider or an assistant is absent. Substitutes must meet the qualifications described in the Quality Standards.

Assistant – An assistant to the provider works with and under the supervision of the provider. An assistant must be age 16 or older. The assistant is not left in charge of the children unless he or she meets all the qualifications of a substitute.

Refer to the follow background check policy and chart for more information. See pages 11-12.

*Disclaimer: States are at liberty to change their background check policies, so these are subject to change. Always check with your state’s policies for the most updated information on background checks.

Quality Improvement Report

List 3 Quality Standards you have chosen to improve on the past year and describe (1) what actions you have taken to more fully meet them and (2) how those actions have positively impacted your family child care program. Use the standards listed on your accreditation award letter. If none were listed or you reported on them in previous updates, choose 3 on your own. Use the space provided below and attach additional pages if needed.

1. Standard-

Report-

2. Standard-

Report-

3. Standard-

Report-

Please follow these instructions to ensure you receive full credit for the training you are submitting.

- 1 Refer to the training requirements.
- 2 List training in date order according to the date training was completed.
- 3 *When listing a training series, list the whole series together in date order, then continue with the rest of your training in date order.
- 4 Include the hours in the appropriate category. Do not submit more than 28 hours of workshops that are 2 hours or less.
- 5 Copies of training certificates, college transcripts (unofficial is acceptable), and degrees must be included with the training record.
- 6 Make sure your training documents have your name and the date of the training.
- 7 Place training certificates and transcripts in the order they are listed on the training record.
- 8 If you are listing an eligible college degree, list the year obtained, the name of the college and state and what it is in.
- 9 Use two lines if you need more space to write the title, but do not write the date or hours twice.
- 10 Complete the Core Competency Log

Sample Training Record

Date	Title of Training	Workshops						College Courses	Degree	Presenter Name	# of Hours	Total Hours
		2 Hours or Less- 28 Hours Maximum	2 Hours or Less- Part of a Series	More Than 2 Hours- Approved Agency	Taught by Candidate	Continuing Education Units						
1995	B.A. ECE Humboldt State Univ., CA							42		45	45	
Fall 2017	Curriculum Development For Early Educators						45		Dana Alloway	45	90	
2/7/2017	Basic Specialized Care part 1*		2						Phyllis Linder	2	92	
2/14/2017	Basic Specialized Care part 2*		2						Phyllis Linder	2	94	
2/21/2017	Basic Specialized Care part 3*		2						Phyllis Linder	2	96	
3/10/2017	My Pyramid	2							Elma Clemons	2	98	
4/17/2017	Taking Lead'ship as Informal Parent Educators	1.5							Misty Ward	1.5	99.5	
5/27/2017	Enhancing Infant/Toddler Programs			6					Kim Smith	6	105.5	
6/20/2017	Building and Maintaining Healthy Relationships	2							Sara Shuster	2	107.5	
1/15/2016	Environments That Inspire	1.5							Kathy Martin	1.5	109	
4/30/2016	Family Child Care Management			11					Donnetta Reid	11	120	
Totals		7	6	17		0	45	42	Totals	120	120	

*When 2 hour or less workshops are taken in a series that together total more than 2 hours they do not count as part of 28 hour maximum.

Family Child Care Health Assessment

Patient completes this section

Name: _____
 Child Care Provider or Assistant

Telephone: (____) _____

Address _____

City _____ State _____ Zip _____



General health status completed & signed by a health care professional

Providers and provider assistants pursuing Accreditation through the National Association for Family Child Care are required to have a health assessment, every two years, as it relates to the duties and activities of caring for children. The following includes but is not limited to activities family child care providers may be required to do in order to fulfill the responsibility of a child care provider. Providers need to move quickly to supervise and assist young children; lift children, equipment, and supplies; sit on the floor and on child-sized furniture; eat the same food as that served to the children (unless the provider has dietary restrictions); hear and see at a distance required for supervision or driving; be absent from work for illness no more often than a typical adult, to provide continuity of care giving relationships for children in care.

Family child care providers must be in good health in order to provide a nurturing and stable environment for children. Based on your professional examination:

- This patient is cleared to work with children.**
- This patient has not been cleared to work with children.**
(If necessary, please attach additional explanation)

Signature of health care professional: _____ Date: _____

Name: _____ Telephone: (____) _____

Address _____ City _____ State _____ Zip _____

NOTE: The Health Assessment is valid for 2 years

10/12

Family Child Care TB Screening

Patient completes this section

Name: _____
 Child Care Provider or Assistant

Telephone: (_____) _____

Address _____

City _____ State _____ Zip _____



TB screening status completed & signed by a health care professional

Tuberculosis shall be controlled by requiring the provider and provider assistants to have an acceptable TB screening. Please check one.

- This patient has a negative TB test. Date of test: _____
- This patient is low risk for acquiring TB. Testing is not recommended at this time.
- This patient has a positive TB test or has had TB disease and is now free of any signs and symptoms of active TB and is cleared to work with children.
- This patient is not cleared to work with children.

Signature of health care professional: _____ Date: _____

Name: _____ Telephone: (_____) _____

Address _____ City _____ State _____ Zip _____

NOTE: The TB Screening is valid for 2 years

10/12

Criminal Background Check Requirements

NAFCC currently requires family child care providers and co-providers seeking accreditation to obtain and submit to NAFCC a state criminal background check for the state they live in and an FBI fingerprint background check, completed every 3 years or less.

They must also submit these checks for assistants, substitutes, and adults over age 18 years living in the family child care home.

The intent is to ensure anyone having contact with children be screened for a prior history of criminal acts which could leave children enrolled in the family child care home at risk.

If the regulatory agency completes a state and an FBI fingerprint criminal background check every three years or less for the provider, co-provider, assistants, substitutes, and adults over age 18 years living in the family child care home, a copy of the current family child care license verified by NAFCC to be in good standing, satisfies the criminal background check requirement.

If the regulatory agency does not complete one or more of these background checks within the 3 year timeframe (or if it is “unknown”), it is the provider’s responsibility to obtain them and submit them to NAFCC.

Use the chart below to determine what checks you will need to submit additional documentation for, meaning your regulatory agency does not complete them **every 3 years or less** for the provider/co-provider, assistants and substitutes, and adults in the home. If you feel this chart needs to be updated, please let us know at accreditation@nafcc.org

*Disclaimer: States are at liberty to change their background check policies, so these are subject to change. Always check with your state’s policies for the most updated information on background checks.



State	Provider (You Will Need to Submit)	Assistants and Substitutes (You Will Need to Submit)	Adults in Home (You Will Need to Submit)
Armed Forces (Air Force, Army, Coast Guard, Marines, and Navy)	License Only	License Only	License Only
Alabama	State & FBI	State & FBI	State & FBI
Alaska	License Only	State & FBI	State & FBI
Arizona	License Only	License Only	License Only
Arkansas	FBI	FBI	FBI
California	License Only	License Only	License Only
Colorado	FBI	FBI	FBI
Connecticut	State & FBI	State & FBI	State & FBI
Delaware	State & FBI	State & FBI	State & FBI
District of Columbia	State & FBI	State & FBI	State & FBI
Florida	State & FBI	State & FBI	State & FBI
Georgia	State & FBI	State & FBI	State & FBI
Hawaii	FBI	State & FBI	State & FBI
Idaho	License Only	License Only	License Only
Illinois	FBI	FBI	FBI
Indiana	License Only	License Only	License Only
Iowa	FBI	FBI	FBI

Criminal Background Check Requirements -page 2

State	Provider (You Will Need to Submit)	Assistants and Substitutes (You Will Need to Submit)	Adults in Home (You Will Need to Submit)
Kansas	FBI	FBI	FBI
Kentucky	State & FBI	State & FBI	State & FBI
Louisiana	License Only	State & FBI	License Only
Maine	FBI	State & FBI	FBI
Maryland	License Only	License Only	License Only
Massachusetts	FBI	FBI	FBI
Michigan	License Only	FBI	FBI
Minnesota	FBI	FBI	FBI
Mississippi	State & FBI	State & FBI	State & FBI
Missouri	FBI	FBI	FBI
Montana	FBI	FBI	FBI
Nebraska	State & FBI	State & FBI	State & FBI
Nevada	State & FBI	State & FBI	State & FBI
New Hampshire	FBI	State & FBI	State & FBI
New Jersey	State & FBI	State & FBI	State & FBI
New Mexico	License Only	License Only	License Only
New York	FBI	FBI	FBI
North Carolina	State & FBI	State & FBI	State & FBI
North Dakota	State & FBI	State & FBI	State & FBI
Ohio	State & FBI	State & FBI	State & FBI
Oklahoma	State & FBI	State & FBI	State & FBI
Oregon	FBI	FBI	FBI
Pennsylvania	FBI	FBI	FBI
Puerto Rico	License Only	State & FBI	State & FBI
Rhode Island	FBI	FBI	FBI
South Carolina	State & FBI	State & FBI	State & FBI
South Dakota	State & FBI	State & FBI	State & FBI
Tennessee	State & FBI	State & FBI	State & FBI
Texas	FBI	FBI	FBI
Utah	FBI	FBI	FBI
Vermont	FBI	FBI	FBI
Virginia	State & FBI	State & FBI	State & FBI
Washington	License Only	License Only	License Only
West Virginia	License Only	FBI	FBI
Wisconsin	FBI	FBI	FBI
Wyoming	State & FBI	State & FBI	State & FBI