



Complete this renewal if your accreditation expires in 2012 or later.



## NAFCC Accreditation Annual Renewal

1st year     2nd year

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	
Base/Installation			
<p>The annual renewals are 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.</p>			
<b>Renewal Requirements</b>			
<p>Annual Renewals must be postmarked within 30 days before or after your accreditation anniversary date to maintain a valid accreditation status.</p> <p>Please submit completed annual renewal form with:</p> <p><input type="checkbox"/> Current Eligibility Documentation</p> <p><input type="checkbox"/> Professional Development and Quality Improvement Report</p> <p><input type="checkbox"/> Annual Renewal Fee (due with 1st year renewal only)</p>			
<table border="1" style="margin: auto; padding: 10px;"> <tr> <td> <p><b>NAFCC</b>            1743 W. Alexander St.            Salt Lake City, UT 84119            Phone: 800-359-3817 Fax: 801-886-2325            accreditation@nafcc.org            www.nafcc.org</p> </td> </tr> </table>			<p><b>NAFCC</b>            1743 W. Alexander St.            Salt Lake City, UT 84119            Phone: 800-359-3817 Fax: 801-886-2325            accreditation@nafcc.org            www.nafcc.org</p>
<p><b>NAFCC</b>            1743 W. Alexander St.            Salt Lake City, UT 84119            Phone: 800-359-3817 Fax: 801-886-2325            accreditation@nafcc.org            www.nafcc.org</p>			
<p><i>Please refer to the NAFCC Quality Standards and NAFCC Accreditation Eligibility Requirements available at <a href="http://www.nafcc.org">www.nafcc.org</a></i></p> <p><b>1. I certify that I continue to meet the Quality Standards for NAFCC Accreditation.</b></p> <p><b>2. I certify that I continue to meet all accreditation eligibility requirements.</b></p> <p><b>3. 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.</b></p>			
Provider Signature		Date	
Co-provider Signature (if applicable)		Date	

<b>Current Eligibility Documentation</b>	
The following is a list of the eligibility documentation which is required to maintain NAFCC Accreditation.	
<b>Important note:</b> Submit only those items that have expired on or before your accreditation anniversary date.	
<b>NAFCC Membership</b> Required to take advantage of membership accreditation rates.	<input type="checkbox"/> Provider <input type="checkbox"/> Co-provider
<b>License, Registration or Certificate</b>	<input type="checkbox"/> Meet the highest level of regulation to operate a family child care program by the authorized regulatory body.
<b>Licensing Reports</b>	<input type="checkbox"/> All licensing reports from the last year
<b>Licensing Complaints</b> Have you had any formal complaints or areas of non-compliance against your family child care home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, 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.
<b>Health Assessment Form</b>	<input type="checkbox"/> Provider <input type="checkbox"/> Co-provider <input type="checkbox"/> Assistants
<b>TB Screening Form</b>	<input type="checkbox"/> Provider <input type="checkbox"/> Co-provider <input type="checkbox"/> Assistants
<b>First Aid and Pediatric CPR</b>	<input type="checkbox"/> Provider <input type="checkbox"/> Co-provider <input type="checkbox"/> Assistants
<b>State Criminal Background check</b>	<input type="checkbox"/> Provider <input type="checkbox"/> Co-provider
<b>FBI Criminal Background check</b>	<input type="checkbox"/> Provider <input type="checkbox"/> Co-provider
<b>Professional Development and Quality Improvement Report</b>	
Please type your response to each of the following statements. Use as many pages as needed.	
<b>Professional Development</b>	
1	Document education/training related to family child care since your accreditation or last annual renewal on NAFCC Training Log (page 3) and attach training certificates/transcripts.
2	Describe two specific things you learned from the training/education and how this knowledge positively impacted your family child care program.
<b>Quality Improvement</b>	
1	List 3 Quality Standards you chose to improve and describe what actions you have taken to more fully meet them. Use the standards listed on your accreditation award letter. If none were listed or you reported on them in your 1st year renewal, choose 3 on your own.

**Please send the completed NAFCC Accreditation Application with payment to:**

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

**Payment Information –Annual Renewal fees are due with the first year renewal in 2010**

Member <input type="checkbox"/> \$35 <b>Membership Renewal Fee</b> <input type="checkbox"/> \$150 <b>Annual Renewal Fee</b> Total amount \$ _____	Non-Member <input type="checkbox"/> \$225 <b>Application Fee</b> Total amount \$ _____
--	--

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

My annual renewal 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 \_\_\_\_\_