## National Association For Family Child Care

## 18month Accreditation Update Application





First Name	MI	Last Name	
Co-provider Name (if applicable)			
Name of Family Child Care License:			
Address on License, Registration or Certificate		Phone	
		Fax	
Mailing Address		Email	
City	State	Zip	
Country		Membership#	
Military Base/Installation			
The Accreditation Update is a vehicle for provider's Quality Standards for NAFCC Accreditation, ensure professional development and quality improvement	e compliance with	. •	
Provider Certification			
<ul> <li>Please refer to the NAFCC Quality Standards and Nat www.nafcc.org.</li> <li>1. I certify that I continue to meet the Quality S</li> <li>2. I certify that I continue to meet all accreditated</li> <li>3. I understand that the National Association for compliance of the Quality Standards is determodifying or amending the documentation in</li> </ul>	Standards for NAF ion eligibility requ or Family Child C ermined and/or if	FCC Accreditation.  uirements.  are has the right to revoke accreditation if non- eligibility is not met. I also understand	
Provider Signature		Date	
Co-provider Signature (if applicable)		Date	

	Provider - First Name	Last Name	
		t be received within 30 days before or after your accreditation us. Please do not submit update until all checkboxes are marked.	
	Complete Update Form		
	<b>Update Fee</b> Due with 18 month update only.		
	☐ <b>TB Screening</b> ☐ <b>Ba</b> Refer to your eligibility documentation checkli sure we have background checks for adults 1.	R/First Aid ckground Checks st and submit those items that have expired. Remember to make 8 or older living in the home, assistants and substitutes. Please list e 4. See pages 9-10 for Health Assessment and TB Screening.	
	<b>Licensing Reports</b> 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.		
	you have taken to more fully meet them and (	e chosen to improve on the past year and describe (1) what actions (2) how those actions have positively impacted your family child ur accreditation award letter. If none were listed or you reported on own.	
	Professional Development Report See page 6-Describe two specific things you I positively impacted your family child care pro	earned from a training/education and how this knowledge gram.	
	since you applied for accreditation (if this is yo	However, we recommend submitting any training you have taken our 18 month update) or since you submitted your 1st update (if ng registries, certificates, and/or transcripts must be included. See	
Submit	Update through:	Contact Us:	
Sca	Mail: NAFCC 700 12th Street NW Suite 700 Washington, DC 20005 an/Email: accreditation@nafcc.org Fax: 801-886-2325	Phone: 202-796-5700 Fax: 801-886-2325 accreditation@nafcc.org www.nafcc.org	



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	e			
Payment In	form 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  *If you scanned or faxed your update, please call our office to complete your payment over the phone		Phone: 202-796-5700 Fax: 801-886-2325 ccreditation@nafcc.org www.nafcc.org			
Update fees are due with the 18 month update. No fees Fees are non-refundable and non-transferable.	are due with the 2n	d year update.			
Member	Non-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)	\$240 <b>Update Fe</b> Total amount \$				
Total amount \$					
A personal check is enclosed. Check # Make check payable to: NAFCC Accreditation					
My update fees are being paid by Agency/Pro	My update fees are being paid by Agency/Project (specify)				
☐ Army ☐ Navy ☐ Air Force ☐ Other	(specify)				
Card #	Card # Expiration Date				
Name on Card (please print)					
Billing Address					
City	State	Zip			
Signature_					
NAFCC is going green! Did you provide us information regarding your process	your email? Receives, and special prom	ve accreditation updates, otions via email.			
Make sure we have a valid emai Add us to your	l address so you wo safe sender list.	on't miss out.			
	Phone Number				

Email

	List Adults (18 or older) living in home, Substitutes and Assistant
Name	□ Adult (18 or older) living in home □ Substitute □ Assistant
Name	□ Adult (18 or older) living in home □ Substitute □ Assistant
Name	□ Adult (18 or older) living in home □ Substitute □ Assistant
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Name	□ Adult (18 or older) living in home □ Substitute □ 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-	

## **Professional Development Report**

Document education/training related to family child care since submission of your accreditation application or last annual update on NAFCC Training Log and attach training certificates/transcripts. Use the training log on the next pages of this form.

Describe two specific things you learned from the training/education and how this knowledge positively impacted your family child care program. Use the space provided below and attach additional pages if needed.

1.		
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## NAFCC Accreditation Training Record





TOTAL PROPERTY.				4.000.000.000	2		200	100				3
Date	Title of Training	V. 1960-43	2 Hours or Less-	2 Hours or Less- Part of a Series	More Than 2 Hours	Taught by Candidate	Continuing Education Units	Seanoo egelloo	Degree	Presenter Name	# of Hours	Total Hours
			1									
			$\dagger$	$\dagger$	T		$\dagger$	$\dagger$	T		_	
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		Totals						_		Totals	ls.	
VAFCC Accredit	VAFCC Accreditation Training Record		Revi	Revised 11/2017	/2017	i i		8		Reproduce this form as needed	is form as	e needed

Provider Name

# Please follow these instructions to ensure you recevie full credit for the training you are submitting

Revised 08/2022

- 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 (unoffical 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

Date Title of Training  1995 B.A. ECE Humboldt State Univ., CA  Fall 2017 Curriculum Development For Early Educators  2/7/2017 Basic Specialized Care part 1*  2/14/2017 Basic Specialized Care part 2*		COLUMN TOWNS TO SERVICE STREET	-					
Fall 2017 Curriculum Development For Early Educators 2/7/2017 Basic Specialized Care part 1* 2/14/2017 Basic Specialized Care part 2*	28 Hours Or Less-	Part of a Series More Than 2 Hours- Approved Agency	Taught by Candidate Confinuing Education Units	College Courses	Degree	Presenter Name	# of Hours	Total
Fall 2017 Curriculum Development For Early Educators 2/7/2017 Basic Specialized Care part 1* 2/14/2017 Basic Specialized Care part 2*	0.000				42		45	45
2/7/2017 Basic Specialized Care part 1* 2/14/2017 Basic Specialized Care part 2*				45		Dana Alloway	45	90
2/14/2017 Basic Specialized Care part 2*		2				Phyllis Linder	2	92
	5525	2				Phyllis Linder	2	94
2/21/2017 Basic Specialized Care part 3*		2				Phyllis Linder	2	96
3/10/2017 My Pyramid 2	2					Elma Clemons	2	98
4/17/2017 Taking Lead'ship as Informal Parent Educators 1.5	1.5					Misty Ward	1.5	99.5
5/27/2017 Enhancing Infant/Toddler Programs		6				Kim Smith	9	105.5
6/20/2017 Building and Maintaining Healthy Relationshps	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	7	6 17	0	45	42	Totals	120	120

<sup>&</sup>quot;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."

Revised 11/17

National Association for Family Child Care Update

## Family Child Care Health Assessment Patient completes this section Name: ☐ Child Care Provider Telephone: ( \_\_\_\_\_ ) \_\_\_\_ Address That Home. Year Profession. Our Commitment. City State 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:

\_\_\_\_\_\_Telephone: ( \_\_\_\_\_\_ ) \_\_\_\_\_

State

City

NOTE: The Health Assessment is valid for 2 years

10/12

Zip

Address

## 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 te	st.	Date of test:	
	This patient is low risk for acquir	ing TB. Te	esting is not recommend	ded at this time.
	This patient has a positive TB te and symptoms of active TB and			ow free of any signs
	This patient is not cleared to wor	k with chil	dren.	
Sig	nature of health care professional:			Date:
Nar	me:		Telephone: (	)
Add	dress	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
ldaho	License Only	License Only	License Only
Illinois	FBI	FBI	FBI
Indiana	License Only	License Only	License Only
lowa	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