NAFCC Accreditation **Annual Update**

☐ 1st year	□ 2nd year
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		Your Home. Your Profession. Our commitment:
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 annual updates are a vehicle for provider's to a Standards for NAFCC Accreditation, ensure complidevelopment and quality improvement.		s and their program for compliance with the Quality ty requirements, and report continued professional
Provider Certification		
compliance of the Quality Standards is dete	Standards for NA tion eligibility red for Family Child (ermined and/or if	AFCC Accreditation. quirements. Care has the right to revoke accreditation if non-
Provider Signature		Date
Co-provider Signature (if applicable)		Date

	Provider - First Name	Last Name		
	I Update Requirements-Annual Updates must rsary date to maintain a valid accreditation statu	be received within 30 days before or after your accreditation us.		
	Complete Annual Update Form			
	Annual Update Fee Due with 1st year update only.			
		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		
	Licensing Reports All licensing reports from last year.			
		s of non-compliance against your family child care home please of the complaints or areas of non-compliance, outcome, when, prespondence from the regulatory office.		
	Quality Improvement Report See page 4-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 update, choose 3 on your own.			
	Professional Development Report See page 5-Describe two specific things you learned from the training/education and how this knowledge positively impacted your family child care program.			
	taken since you applied for accreditation (if thi	update. However, we recommend submitting any training you have s is your first update) or since you submitted your 1st update (if ng registries, certificates, and/or transcripts must be included.		
Submit	Annual Update to:	Contact Us:		
	NAFCC 1743 W. Alexander St. Salt Lake City, UT 84119	Phone: 801-886-2322 Fax: 801-886-2325 accreditation@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
Payment In	formation
Please send the completed NAFCC Accreditation Annual Update with payment to:	Contact NAFCC
NAFCC 1743 W. Alexander St. Salt Lake City, UT 84119	Phone: 801-886-2322 Fax: 801-886-2325 accreditation@nafcc.org www.nafcc.org
Annual Update fees are due with the 1st year update. No Fees are non-refundable and non-transferable.	o fees are due with the 2nd year update.
Member	Non-Member
□ \$45 Membership Renewal Fee	□ \$225 Annual Update Fee
\$150 Annual Update Fee	Total amount \$
Total amount \$	
A personal check is enclosed. Check #	Make check payable to: NAFCC Accreditation
My annual update fees are being paid by ☐ Agency/Pro	ect (specify)
☐ Army ☐ Navy ☐ Air Force ☐ Othe	(specify)
☐ Visa ☐ MasterCard # (There will be a 3% processing fee on all credit card transactions)	Expiration Date tions.)
Name on Card (please print)	
Billing Address	
City	State Zip
Signature	
	your email? Receive accreditation updates, s, and special promotions via email.
	l address so you won't miss out. safe sender list.

Re-write

Email

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		
Name	□ Adult (18 or older) living in home □ Substitute □ Assistant		
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Name	□ Adult (18 or older) living in home □ Substitute □ Assistant		
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.

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 your regulatory agency completes **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. accreditation@nafcc.org

State	Provider	Assistants and Substitutes	Adults in Home
Armed Forces (Air Force, Army, Coast Guard, Marines, and Navy)	State & FBI	State & FBI	State & FBI
Alabama	No	Unknown	Unknown
Alaska	State & FBI	Unknown	Unknown
Arizona	State & FBI	State & FBI	State & FBI
Arkansas	State	State	State
California	State & FBI	State & FBI	State & FBI
Colorado	State	State	State
Connecticut	No	Unknown	Unknown
Delaware	No	Unknown	Unknown
District of Columbia	No	Unknown	Unknown
Florida	No	No	No
Georgia	No	Unknown	Unknown
Hawaii	State	Unknown	Unknown
Idaho	State & FBI	State & FBI	State & FBI
Illinois	State	State	State
Indiana	State & FBI	State & FBI	State & FBI
Iowa	State	State	State

Criminal Background Check Requirements -page 2

State	Provider	Assistants and Substitutes	Adults in Home
Kansas	State	State	State
Kentucky	No	Unknown	Unknown
Louisiana	State & FBI	No	State & FBI
Maine	State	No	State
Maryland	State & FBI	State & FBI	State & FBI
Massachusetts	State	State	State
Michigan	State & FBI	State	State
Minnesota	State	State	State
Mississippi	No	Unknown	Unknown
Missouri	State	State	State
Montana	State	State	State
Nebraska	No	Unknown	Unknown
Nevada	No	Unknown	Unknown
New Hampshire	State	Unknown	Unknown
New Jersey	No	Unknown	Unknown
New Mexico	State & FBI	State & FBI	State & FBI
New York	State	State	State
North Carolina	No	Unknown	Unknown
North Dakota	No	Unknown	Unknown
Ohio	No	Unknown	Unknown
Oklahoma	No	Unknown	Unknown
Oregon	State	State	State
Pennsylvania	State	State	State
Puerto Rico	State & FBI	Unknown	Unknown
Rhode Island	State	State	State
South Carolina	No	Unknown	Unknown
South Dakota	No	Unknown	Unknown
Tennessee	No	Unknown	Unknown
Texas	State	State	State
Utah	State	State	State
Vermont	State	State	State
Virginia	No	Unknown	Unknown
Washington	State & FBI	State & FBI	State & FBI
West Virginia	State & FBI	State	State
Wisconsin	State	State	State
Wyoming	No	Unknown	Unknown

Quality Improvement Report

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 update, choose 3 on your own. Use the space provided below.

1. Standard-	
Report-	
Тороп	
2. Standard-	
Report-	
3. Standard-	
Report-	
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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.

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