

**MARYLAND STATE DEPARTMENT OF EDUCATION**  
 OFFICE OF CHILD CARE – Credentialing Branch  
 200 West Baltimore Street • Baltimore, Maryland 21201

**APPLICATION FOR ACCREDITATION SUPPORT**

**INSTRUCTIONS:** Complete all information requested on this application form in the spaces provided and mail with all documentation to the Office of Child Care (OCC) at the above address. Incomplete applications will be returned.

**1. Facility Information**

The facility seeking accreditation is a:  Family Child Care Home     Child Care Center

\_\_\_\_\_ Lic/Reg # \_\_\_\_\_  
 Center or Family Provider Name

\_\_\_\_\_ City \_\_\_\_\_  
 Mailing Address: Number                      Street                      Apt. # (if applicable)                      Zip Code

Contact Name: \_\_\_\_\_  
 (Please print or type)                      Last                      First                      Middle

Social Security or Federal Tax ID#: \_\_\_\_\_ CCATS ID Number \_\_\_\_\_  
 (required)

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

E-mail \_\_\_\_\_ FAX \_\_\_\_\_

**2. Application and payment information:**

Submit this completed application form and <u>copies</u> of: <b>(Each item required)</b> a. Completed accreditation application form for: (Check only one)	<b>FOR MSDE USE ONLY</b> <b>Remit Payment to:</b>
<input type="checkbox"/> National Association for the Education of Young Children (NAEYC)	Academy Accounting, NAEYC 1313 L. Street, NW, Suite 500 Washington, DC, 20005
<input type="checkbox"/> National Early Childhood Program Accreditation (NECPA)	The NECPA Commission, Inc. 1150 Hungryneck Blvd, Ste C-305 Mount Pleasant, SC 29464
<input type="checkbox"/> National After School Association (NAA)	The National AfterSchool Association Attn: Accreditation Council 529 Main Street, Suite 214 Charlestown, MA 02129
<input type="checkbox"/> National Association for Family Child Care (NAFCC)	NAFCC Accreditation 5202 Pinemount Drive Salt Lake City, Utah, 84123
<input type="checkbox"/> Other* (specify): _____ *OCC may consider other organizations for accreditation support and reserves the right to approve or not the request based on the set criteria.	
b. Statement of requirements and fees charged by the accrediting organization. <b>Amount Requested:</b> _____ c. Copy of current Family Day Care Registration Certificate or Child Care Center License. d. Documentation of school service area. (May be obtained from the local board of education.) e. Accreditation work plan. (The steps to be accomplished and time frames. Example: 1) Complete self-study (date) 2) Identify and schedule training to be completed (date), etc...)	

**3. Statement and Agreement**

All information in this application is true and accurate to the best of my knowledge. I have not received nor have I applied for program accreditation funds from any other source. I understand that any false reporting will result in the application being rejected. I further understand that if I receive funding through an accreditation support award I will:

- Apply for a program accreditation package within 30 days of receiving an award.
- Submit documentation to the Office of application for program accreditation.
- Pursue program accreditation through the organization checked above.
- Complete the specified program accreditation process within two years of making the initial application and submit documentation to the OCC.

Applicant's Signature **(Must be signed in BLUE INK)** \_\_\_\_\_ Date \_\_\_\_\_  
 OCC 278 (revised 10/09) - All previous editions are obsolete.