

## *Accreditation Assistance Information/Request Form*

*Return form to:*  
Dr. Linda A. Sitton  
APSU-TECTA  
P.O. Box 4514  
Clarksville, TN 37044  
FAX (931) 221-6453

Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ TN Zip \_\_\_\_\_ County \_\_\_\_\_

- Type of Agency:   \_\_\_ Center   \_\_\_ Registered Family Home   \_\_\_ Family Day Home  
                  \_\_\_ Group Day Care Home   \_\_\_ School-Age Care   \_\_\_ Other \_\_\_\_\_

Tennessee Childcare report card overall rating:   \_\_\_ 0   \_\_\_ 1   \_\_\_ 2   \_\_\_ 3 Star   Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Organization you are seeking Accreditation from \_\_\_\_\_

- Number of full time staff: \_\_\_\_\_                      Number of part-time staff: \_\_\_\_\_
- Full and part-time number of children enrolled: \_\_\_\_\_
- Ages of children enrolled: \_\_\_\_\_
- I am interested in the following information regarding quality child care:  
          \_\_\_ Assistance with Accreditation Fee's   \_\_\_ Training needed for accreditation  
          \_\_\_ Support group meetings for director's   \_\_\_ Consultant services

If you are currently in the Accreditation processes please indicate where:

\_\_\_ Exploring           \_\_\_ Need to apply of Self Study           \_\_\_ Need to apply for Candidacy  
\_\_\_ Awaiting onsite visit           \_\_\_ Annual Report

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