



APPLE Accreditation Annual Report

Fee \$200.00

For office use only: Date received ____/____/____

APPLE Accreditation Annual Report

Date ____/____/____

Program Name _____ Program # _____

Address _____

Email Address _____

City _____ State _____ Zip _____

Phone # (____) _____ Fax # (____) _____

Please respond to the following items:

1. Is the program still in the same location? 1. _____

If not, please be advised that the program must file an **Accreditation Amendment Form** and follow the procedures outlined on that form to be granted provisional status until the program can be re-verified and full accredited status can be reinstated. Call the APPLE office for information.

2. Have there been any major changes or renovations to the facility in which the program is located? 2. _____
If yes, please describe the changes. Attach a new floor plan or new playground diagram.

3. Please submit a current copy of the license to operate a childcare center. 3. _____

4. Is the management and administrative staff of the program the same as it was at the time of Verification? 4. _____

If the center has been sold, please be advised that accreditation is not transferable. An **Accreditation Amendment Form** must be filed with FACCM and the center will need to submit an updated portfolio and be reverified within 9 months of the change in ownership. During the interim, not to exceed nine (9) months, the center will be granted provisional accredited status. Call the APPLE office for information.

If there have been managerial and administrative changes, please describe how the new staff maintains the quality of the program. If there is a new director, please attach a resume or copies of credentials.



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5. Has new staff been added since the accreditation?

5. _____

If yes, please attach a copy of their

- A. Screening documentation form(s)
- B. Training documentation form(s)
- C. Highest training credential(s) earned

6. When the program was verified, and when your documentation was reviewed, suggestions may have been made to improve the quality of your program or potential problem areas may have been pointed out to you. Please explain how you have addressed these areas. For programs renewing accreditation, please identify current areas of program quality improvement.

7. During the accreditation process you were asked to outline goals for the program. Please explain your progress toward those goals. For programs renewing accreditation, please identify current program goals and your progress in meeting these goals.

8. List new goals you have set for your program.



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Accreditation Outcomes:

8. If you serve subsidized children or if you accept vouchers are you being reimbursed at the higher Gold Seal rate?

8. _____

9. Are you taking advantage of the ad-valorem tax benefit associated with Gold Seal status?

9. _____

10. Are you taking advantage of the sales tax exemption on school supplies available to Gold Seal programs that offer health insurance to their employees?

10. _____

11. Have you seen an increase in interest in your program because it is accredited?

11. _____

12. Have you noticed an increase in pride by your staff, by the parents as a result of the center being APPLE accredited?

12. _____

One of the goals of the APPLE program is to create a network of accredited programs, staffed by Early Childhood Professionals. Further, we aim to create a synergy between child care professionals, students, and parents where we can focus our efforts to affect real, long-lasting and affordable changes improving the quality of care, education and work life of families. Please share with us your accomplishments as well as your needs and concerns on a separate sheet of paper.

This renewal will be reviewed and you will receive a letter from APPLE for your files indicating the acceptance and renewal of your accreditation or you will be asked to send additional information.

Please have this form notarized and mail with the appropriate payment, certified, return receipt requested to:
APPLE Accreditation Office
10060 Amberwood Road
Suite 3
Fort Myers, Florida 33913
1-877-634-9874 telephone

Important: FACCM membership must be current.

Under penalty of perjury and cancellation of FACCM-APPLE accreditation, I swear and affirm that all the information in this APPLE accreditation renewal, including requested documentation, is truthful and accurate. In the event of any lawsuits and/or other legal actions resulting from mistruths given herein, the signer agrees to hold FACCM, Inc. and it's assigns harmless.

Applicant's signature _____ Date ____/____/____

Print name and Position _____

Sworn to and subscribed before me this _____ day of _____ 20_____

Notary _____