

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

APPLE Accreditation Amendment Report

Date ___/___/___

Center Name _____ APPLE# _____

Address _____

City _____ State _____ Zip _____

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

Email Address _____

Contact (Director or Owner) _____

Section 1

Applies to new locations only

Accreditation is not transferable to a new location without a verification visit

A center that moves to a new location is placed on provisional status for a period up to six (6) months from the date the new license is issued, or the Accreditation Expiration Date, whichever is less. If the center wishes to return to full accredited status the center must submit to a verification visit within those 6 months. There will be a fee for the verification visit. Call the APPLE accreditation office for the current fee schedule for this visit. If the center demonstrates substantial compliance with the accreditation criteria, accreditation will be reinstated until the end of the original accreditation period.

The accreditation expiration date will remain the same after a successful verification.

- The above mentioned center will move to a new location on _____
The new address is:

Please accept this letter as a commitment of our intention to continue in our accredited state and to follow the procedures outlined above for full APPLE accreditation status once the verification visit has taken place and substantial compliance with the accreditation criteria has been verified. This letter serves to notify the APPLE Program office to schedule the verification visit.

Signature _____ Date ___/___/___

Section 2
Applies to new ownership only:

Accreditation is not automatically transferable to new ownership.

A center that wishes to maintain accredited status will be granted a provisional accreditation for up to (12) months. During this timeline the center must submit an updated portfolio *and* submit to a verification visit. Call the APPLE accreditation office for the current fee schedule. Please see the Advanced [APPLE Process document](#) for guidelines on the process.

Please Note: A copy of the NEW child care license *must* be submitted with the change of ownership paperwork.

A New FACCM membership application must also be submitted.

The portfolio will be reviewed and, if the portfolio submission meets the criteria, a verifier will be assigned to visit the center and conduct a verification visit. If the center demonstrates substantial compliance with the accreditation criteria, the center will be awarded accreditation.

Accreditation is initially valid for three years. Subsequent terms of accreditation are for five years, provided there are no gaps. Up to eighteen (18) months before the end of that period, the center may apply for re-accreditation. To maintain accreditation the center is responsible for submitting the Accreditation Annual Update Form.

Failure to submit the annual update report is grounds for cancellation of accreditation.

The above mentioned center will have a change of ownership on _____
The new owner(s):

Phone : (____) _____ - _____ E-mail _____

READ CAREFULLY!

I/we, the new owner(s) have been made aware of the circumstances under which APPLE accreditation can be temporarily extended and I/we wish to exercise that option. I/we understand that we have up to twelve (12) months to successfully complete the accreditation process. Present management has allowed us the use of their APPLE accreditation portfolio to use as the basis for the updated version.

Signature _____ Date ___/___/___

Signature _____ Date ___/___/___

I/we, the new owner(s) have been made aware of the circumstances under which APPLE accreditation can be temporarily extended and I/we do NOT wish to exercise that option. I/we understand that if, at a future time, the center chooses to pursue APPLE accreditation, I/we will need to initiate that process.

Signature _____ Date ___/___/___

Signature _____ Date ___/___/___

Section 3
All must complete this page:

Please respond to the following items:

1. Will the name of the center change? If so, please give the new name.

2. Are you planning any major changes or renovations to the physical facility in which the center is located? _____
 - If yes, please describe the changes on a separate sheet of paper and attach.
3. If a changing location: include diagrams, floor plans or playground layout with square footage clearly marked.
4. At accreditation how many children was the center licensed for? _____
 - What is the average daily attendance now? _____
5. Does the center plan to add or discontinue any age groups? Please explain.
6. Submit a copy of the new license.

One of the goals of the APPLE program is to create a network of accredited centers, staffed by Early Childhood Professionals. 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. On a separate sheet of paper, please share with us your accomplishments as well as your needs and concerns.

For Change in Location:

Upon receipt, this accreditation amendment will be reviewed and for a change in location, a verifier will be assigned. Allow 30 to 60 days to schedule the on-site verifier visit within the allotted timeline.

For change in Ownership:

Please note that the portfolio review and the verification visit must be completed within the up to 12 (twelve) months timeline of the change in ownership in order for accreditation to be continuous and seamless.

I hereby attest that all the information provided in this document and submitted to the APPLE Program staff, including all enclosures, is truthful and accurate. I understand if any of the information provided is found to be false, that my accreditation may be revoked.

Applicant's signature _____ Date ___/___/___

Print name and title _____

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

Notary _____