

Accreditation Assistance Information/Request Form

Return form to:

Tennessee Early Childhood Training Alliance
Tennessee State University
3500 John Merritt Blvd Box 9500
Nashville, TN 37209

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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