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OBSERVATION STIPEND APPLICATION FOR NAFCC
(To be completed with Application for Financial Assistance
For National Accreditation)

Name _____ Date _____

Program Name (if applicable) _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Email Address _____

List number of children in program: _____

Where are you in the accreditation process? Complete the following checklist:

_____ Enrolled in self-study through NAFCC

_____ Evaluated yourself and your program using NAFCC quality standards

_____ Set goals for quality improvement

_____ Implemented improvement plan or (_____ in process of implementing plan)

_____ Distributed parent surveys

_____ Completed accreditation application; Ready for observation visit

Signature _____ Date _____

Please return to:

Jaime L. Price, MS
Tiered Reimbursement/QRIS Coordinator
Bureau for Family Assistance
Division of Early Care and Education
West Virginia Department of Human Services
1027 N Randolph Avenue
Elkins, WV 26241
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