



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 OFFICE OF CHILDHOOD - QUALITY PROGRAMS  
**CHILD CARE PROVIDER ACCREDITATION RATE DIFFERENTIAL AGREEMENT**

Provider Name		Facility Name
Provider Mailing Address		
City, State, Zip Code		
Provider telephone number	Departmental Vendor Number (DVN)	Provider County

**SECTION 1 – PROVIDER STATUS (CHECK ONLY ONE BOX)**

I AM A:

- Licensed, contracted provider
- License exempted, registered provider

**SECTION 2 – ACCREDITING ORGANIZATION (CHECK ONLY ONE BOX)**

- NAEYC** – National Association for the Education of Young Children
- NAFCC** – National Association for Family Child Care
- NECPA** – National Early Childhood Program Accreditation
- MOA** – Missouri Accreditation
- CARF International** – Commission on Accreditation of Rehabilitation Facilities
- COA** – Council on Accreditation
- COGNIA** – (formally Advanced Education, Inc)

ACCREDITATION BEGIN DATE:	ACCREDITATION EXPIRATION DATE:
---------------------------	--------------------------------

**SECTION 3 – ACCREDITATION RATE DIFFERENTIAL TERMS**

To qualify for the accreditation rate differential, I understand that I must agree to the following: (Agree to each of the items by initialing that you have read and understand each statement.)

- \_\_\_\_\_ 1. I am a contracted or registered child care provider.
- \_\_\_\_\_ 2. I must submit proof of accreditation with this agreement.
- \_\_\_\_\_ 3. I must agree to notify the Department of Elementary and Secondary Education immediately if my facility is no longer accredited.
- \_\_\_\_\_ 4. I understand my facility is responsible for returning any rate differential payment received after losing accreditation status.
- \_\_\_\_\_ 5. I am responsible for submitting a copy of a new accreditation certificate prior to the end date of the current accreditation certificate in order to continue receiving the rate differential.

I certify that I am an accredited provider, the above information is accurate and I agree to abide by the accreditation rate differential agreement.

<b>CHILD CARE PROVIDER SIGNATURE</b>	<b>DATE</b>
--------------------------------------	-------------

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).