



**MISSOURI DEPARTMENT OF SOCIAL SERVICES  
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
- AdvancedED** – 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 DSS 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.

CHILD CARE PROVIDER SIGNATURE

DATE