

## ATTESTATION

*This document is to be completed and submitted annually to the department.*

I, \_\_\_\_\_, \_\_\_\_\_  
*Print Name of Person Legally Responsible for the Organization* *Person's Title*

\_\_\_\_\_  
*Name of Accrediting Association*

hereby attest the following (Choose one check box below):

The information previously and formally communicated to the department on form CF-FSP 5315 Gold Seal Quality Care Accrediting Association Application April 2015 **has changed**. I have provided supporting documentation to notate changes. I understand that all changes will be reviewed by the department to determine if approval as Gold Seal Accrediting Association remains valid.

**Or**

The information previously and formally communicated to the department on form CF-FSP 5315 Gold Seal Quality Care Accrediting Association Application April 2015 **has not changed**. Specifically, I affirm that

1. The information listed in Section I of form CF-FSP 5315 Gold Seal Quality Care Accrediting Association Application April 2015, previously submitted to the department is correct, and the accrediting association has made no changes to its place of location, corporate structure, etc. which have not previously been formally communicated to the department in writing.
2. The information listed in Sections II and III of form CF-FSP 5315 Gold Seal Quality Care Accrediting Association Application April 2015, previously submitted to the department is correct, and the accrediting association has made no changes to its accreditation, its area(s) of specialization, the number of states it has accredited programs in, the accreditation standards, etc., which have not previously been formally communicated to the department in writing.
3. The accrediting association continues to meet or exceed the processes and standards included on the CF-FSP 5387 Gold Seal Quality Standards for Child Care Programs, April 2015, and/or the CF-FSP 5388 Gold Seal Quality Care Standards for Family Child Care Homes and Large Family Child Care Homes, April 2015.

I hereby attest that the information provided to the Department of Children and Families and all supporting documentation provided with this document is truthful and correct.

I understand that failure to comply with the above is grounds for termination of the department's approval as a Gold Seal Quality Care Accrediting Association.

\_\_\_\_\_  
**Signature of the Person Legally Responsible for the Association Corporation**

\_\_\_\_\_  
**Date**

Date received by the department \_\_\_\_\_