

# ACCREDITATION TEAM CONTRIBUTION LIST

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|                 |            |                 |
|-----------------|------------|-----------------|
| NAME OF PROGRAM | PROGRAM ID | DATE (mm/dd/yy) |
|-----------------|------------|-----------------|

TYPE OF PROGRAM (Fill in one circle (⊙) only)

- Day Care Centre     
  Family Day Home Agency     
  Out-of-School Care Program

As a staff member, by signing this document I declare that I have read or have been included in the reflective process of the **Annual Report** that is being submitted to the accreditation agency.

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