

PURPOSE

The purpose of the Renewal Materials is to ensure that programs continue to meet all Candidacy Requirements. For more information, visit the NAEYC [Academy website](#) and click on *Pursuing Accreditation*.

INSTRUCTIONS

Use this form to document all required information, including requested documentation ONLY; do not submit additional information (i.e. awards, handbooks, photographs, etc.) which may be reviewed during the site visit for renewal.

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Section 1: PROGRAM INFORMATION

Program Identification

Program Name:

Legal name to appear on all correspondence and official documents from NAEYC, including the NAEYC Accreditation Certificate.

Program ID#:

Designated Program Administrator

*The **Designated Program Administrator** is responsible for receiving written correspondence regarding the program's accreditation and can update NAEYC with changes to program information. See [Clarification on Program Administrator](#) for more information.*

Name:

Title:

Phone:

Fax:

Email:

Secondary Contact

*The **Secondary Contact** will be copied on all correspondence regarding the program's accreditation and can update NAEYC with changes to program information.*

Name:

Title:

Phone:

Fax:

Email:

Additional Contacts

***Additional Contacts** are authorized to receive confidential programmatic information from NAEYC. Programs may name up to three (3) additional contacts.*

Name:

Name:

Name:

Title:

Title:

Title:

Multiple Programs within the Same Facility

*NAEYC Accreditation is granted to the overall program, and will not be granted to individual classrooms within a program. Throughout the NAEYC Accreditation process, all eligible groups a program serves must be reported and may be observed during a site visit. **This includes groups within the program that operate during the summer and after-school care groups.***

A group can only be excluded from a program's NAEYC Accreditation if it is part of a separate program that has a separate public identity. A program pursuing NAEYC Accreditation must notify NAEYC of all separate programs that operate within its facility and be able to demonstrate a separate budget, administration, license and/or other criteria.

Complete the information below to inform NAEYC of other programs that operate within your program's facility.

My program is the only program that operates within its facility. Yes No

NOTE: If "yes" is checked above, and your program offers a summer camp option or after-school care groups, these groups must be reported and may be observed during a site visit.

In addition to my program, one or more programs operate within the same facility. Yes No

If yes, use the space below to list other programs that operate within your program's facility and describe how other existing programs are separate from your program. Include relevant information about how all other existing programs have a separate name, budget, administration, and/or license from your program.

If necessary, you may attach an additional page to continue your description of separate programs that operate within your program's facility.

Security Clearance

Is a security clearance required upon entry to the program?

No Yes – If yes, provide the name and phone number for the proper authority outside of your program below.

If yes, a security clearance must be given prior to an announced or unannounced site visit, please provide the name and phone number for the proper authority outside of your program.

Name:

Email:

Relationship to program:

Phone:

Section 1: PROGRAM INFORMATION Continued

Program Address

Contact information will be posted on the NAEYC website when a program achieves NAEYC Accreditation.

Street Address:		Suite/dept/floor:
City:	State:	Zip:
County:	Country:	
Phone:	Fax:	
Email:	Website:	

Mailing Address

To be used for written correspondence to the program.

Same as program address

Street Address:		Suite/dept/floor:
City:	State:	Zip:
County:	Country:	
Email:	Phone:	

Billing Address

To be used for invoices sent to the program.

Same as program address Same as mailing address

Attention:

This individual must also be listed as the Designated Program Administrator, Secondary Contact, or an Additional Contact on page 1.

Organization Name (if different than program name):

Street Address:		Suite/dept/floor:
City:	State:	Zip:
County:	Country:	
Email:	Phone:	Fax:

Shipping Address

To be used for the shipment of all NAEYC Accreditation Materials.

Same as program address Same as mailing address Same as billing address

Street Address: <i>No P.O. Boxes accepted</i>		Suite/dept/floor:
City:	State:	Zip:
County:	Country:	
Email:	Phone:	

Section 2: FEES FOR NAEYC ACCREDITATION

An NAEYC Accredited program that has maintained its accreditation throughout its current term and has followed the established timeline will not be assessed separate renewal fees in addition to the Annual Accreditation fee.

Programs no longer NAEYC Accredited that want to re-enter the process within one (1) year of exiting the system must follow the fee chart below:

Maintaining Accreditation Fees	Fees for Re-entering the NAEYC Accreditation Process	
\$0	\$1,050	1 - 60 children
\$0	\$1,400	61 - 120 children
\$0	\$1,550	121 - 240 children
\$0	\$1,700	241 - 360 children
	Add \$150 for every additional 120 children.	

The Renewal Materials fee is nonrefundable.

This form will not be processed until NAEYC receives the applicable fee.

The accreditation fee is calculated based on the number of children enrolled in a program at the time this form is submitted. If the number of children changes for a defined portion of the year (for example, altered program operation during the summer), the program should report the number of children that typically applies throughout the majority of the school year. Programs will be billed for supplemental fees (according to the chart above) if program enrollment is inaccurately reported during the accreditation process.

Reference the following rules to determine the number of children that determines the accreditation fee for your program.

- Each child is only counted once.
- Each child of eligible age (birth through kindergarten) that is part of an eligible group is counted. All eligible groups MUST be included in your program's NAEYC Accreditation. Note that groups are not eligible if more than 50% of the children are school age (first grade and beyond).
- For programs with hourly care or drop-in care groups in which the total number of children enrolled in the group exceeds the maximum licensing capacity of the group, only the maximum licensing capacity of the group is counted. Add the maximum licensing capacity of any drop-in care groups to the total number of children, if applicable.

Age Category	Number of Children Enrolled
Infant (birth to 15 months)	
Toddler/Twos (12 to 36 months)	
Preschool (30 months to 5 years)	
Kindergarten (public or private)	
TOTAL Number of Children:	

Late Fee

If the program submits the Renewal Materials up to one (1) calendar month past the Renewal Materials due date, a late fee of \$150 must be included with the payment. Please note that this form will not be accepted unless NAEYC receives the applicable fee within one (1) calendar month past the Renewal Materials due date.

- I acknowledge that this form is being submitted up to one (1) calendar month past the Renewal Materials due date and the \$150 late fee is included with the payment.
- I acknowledge that my program may experience a lapse in its accreditation as a result of submitting its Renewal Materials late.

Section 3: PAYMENT INFORMATION

Choose ONE method of payment and include applicable information below.

Check

Check Number:

Name on Checking Account:

Attach check to this form

If check is sent under separate cover, program ID number or other identifying information must be included on the check.

Purchase Order

Purchase Order Number:

Name on Purchase Order:

Attach purchase order to this form.

If purchase order is sent under separate cover, program ID number or other identifying information must be included on the purchase order.

Credit Card

VISA MasterCard Amex

Credit Card Number:

Credit Card Expiration Date: Month: Year:

Name on card/checking account or purchase order holder:

Card billing address:

City:	State:	Zip:
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Country:

I authorize NAEYC to charge the above credit card at the amount of \$

Signature:

Programs who do not wish to provide their credit card information at this time may pay by phone, 1

International ACH

International ACH Number:

Name on International ACH:

Signature:

NAEYC Information for Transfer:

Account Number: 2000013841458 Routing Number: 121000248 Swift Code: WFBIUS6S

International Wire Transfer

International Wire Transfer Number:

Name on International Wire Transfer:

I acknowledge that a \$20 fee is included with the payment for processing.

Signature:

NAEYC Information for Transfer:

Account Number: 2000013841458 Routing Number: 121000248 Swift Code: WFBIUS6S

Section 4: LICENSING/REGULATION Continued

Reporting on Licensing/Regulatory Status, Critical Incidents, and Major Changes

NAEYC-Accredited programs and programs that have submitted an Application (Step 2) for NAEYC Accreditation are required to update NAEYC of critical incidents, suspension or revocation of license or regulatory status, and major changes according to the following timeframes. To meet upcoming Candidacy and site visit requirements for NAEYC Accreditation, a program must maintain good standing in its licensing or regulatory status by having no serious issues of noncompliance within the last year or since its last inspection.

NOTIFY WITHIN 72 HOURS

Program staff must submit the [72- Hour Notification form](#) if the program experiences any of the following critical incidents that may impact program quality status:

Any suspension or revocation in program’s license or regulatory status

Any incident that did or could have compromised the essential health or safety of any child, such as but not limited to:

- The death of any child from any cause
- A [critical injury](#) to any child that results in the child being admitted to a hospital Emergency Room for treatment (whether transported by the Emergency Medical Response team, program, parent, or other individual)
- Any unusual incident involving a lack of supervision (such as but not limited to a child being left unattended or leaving the facility alone)
- Any suspected physical or psychological abuse of a child at the program or by an individual that the child met through the program.

REPORT WITHIN 30 DAYS

Program staff must inform NAEYC of all major programmatic changes using the [Self Report form](#).

Examples of major changes include, but are not limited to:

- Change in ownership or vendor
- New designated program administrator
- Change of location
- Change to the physical facility or ground (due to damage, renovations, etc.)
- Incorporation of a new age category that was not previously served
- Court order or legal action
- Change in general program information
- Change in the primary or secondary contact for the program or related contact information
- Merge with an existing program

List the date(s) in which your program submitted all applicable 72-Hour Notification and/or Self Reports to NAEYC within the past 12 months. If your program has experienced any of the incidents or changes noted above, appropriate notification must be submitted immediately.

72-Hour Notification Form(s) Submitted

Dates Submitted:

N/A - My program has not submitted any 72-Hour Notification forms in the past 12 months.

Dates of Self Report Form(s) Submitted

Dates Submitted:

N/A - My program has not submitted any Self Report forms in the past 12 months.

Section 5: PROGRAM SCHEDULE

Program Closures

<input type="checkbox"/> My program operates 12 months/year.	OR	<input type="checkbox"/> My program operates less than 12 months/year. <ul style="list-style-type: none"> • The program begins serving children on / / • The program ends on / /
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Indicate the dates your program will be closed for the next 12 months. Begin with the current month and place an X over the dates in each month in which your program will be closed.

Month	Dates Closed	Year																																
<i>Select the current month</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr> <tr><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		20
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Note that NAEYC will not conduct site visits on Federal Holidays, including New Year's Day, Birthday of Martin Luther King, Jr., Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, and Christmas Day. For more information on Federal Holidays, refer to the [U.S. Office of Personnel Management](#).

Preferred Contact Person

During the six months following your Renewal due date, the NAEYC Academy may contact your program for additional information to inform the Renewal decision or schedule a site visit. Your program is required to respond to any correspondence from the NAEYC Academy within five business days, regardless of whether or not your program is closed for the summer or holidays. Please list the preferred contact person below:

Name:	Relationship to program:
Phone:	Email:

Section 5: PROGRAM SCHEDULE Continued

Hours of Operation

Indicate the days of the week your program operates and time of day your program opens and closes each day.

Program is open 24 hours/day, 7 days a week

Days Open	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Opening Time	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Closing Time	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

Age Categories Served

Each age category served by the program must be represented in at least one group on the day of the site visit. For example, if a program serves infants and toddler/twos, the NAEYC Assessor must have the opportunity to observe at least one group containing infants and one group containing toddlers/twos on the day of the site visit.

Complete the following chart to identify the age categories served by your program and when each age category is in session.

NAEYC Defined Age Categories <i>(Age ranges for each of the age categories overlap for program flexibility. Programs can choose the age category that applies to children whose ages fall within the overlapping portion of the age ranges.)</i>	Age Category NOT Served	Age Category present less than 12 months	Age Category present 12 months/year
<i>Check ONE of the appropriate boxes for each age category:</i>			
Infant: birth - 15 months	<input type="checkbox"/>	<input type="checkbox"/> Indicate all date ranges during which infants are NOT served:	<input type="checkbox"/>
Toddler/Two: 12 - 36 months	<input type="checkbox"/>	<input type="checkbox"/> Indicate all date ranges during which toddlers/twos are NOT served:	<input type="checkbox"/>
Preschool: 30 months - 5 years	<input type="checkbox"/>	<input type="checkbox"/> Indicate all date ranges during which preschoolers are NOT served:	<input type="checkbox"/>
Kindergarten: enrolled in a public or private kindergarten	<input type="checkbox"/>	<input type="checkbox"/> Indicate all date ranges during which kindergartners are NOT served:	<input type="checkbox"/>

NOTE: Children within all eligible groups a program serves must be reported. **This includes children from groups that operate during the summer and after-school care groups.**

Additional Information

Note any **special circumstances** regarding your program's schedule that may affect the scheduling of a site visit.

Do not exceed the space provided.

Section 6: GROUP INFORMATION
Summary of Groups

Please report on all eligible groups your program serves. Refer to [Clarification on Groups](#) to determine how many groups your program serves and the age categories that apply to each group. Direct questions about how to report on groups within your program to 1-800-424-2460, option 3, option 1.

Age Categories	# of Part Day Groups <i>(meet for <5 hrs)</i>	# of Full Day Groups <i>(meet for ≥5 hrs)</i>	Total # of Groups
Infant Group(s)			
Toddler/Two Group(s)			
Preschool Group(s)			
Kindergarten Group(s)			
Mixed Age Group(s)			

TOTAL of all groups:

Do any children in this program speak languages other than English? No Yes – The children speak:

If yes, how much time do the children in this program typically speak a language other than English?

- all of the time
- most of the time
- sometimes
- never

Satellite Locations

Only complete this section if any of the groups are housed in a satellite location.

A program with satellite location must meet the following criteria:

1. Have no more than 2 satellite locations
2. Location is within 5 mile radius of the primary location
3. The satellite location/s enroll 60 or fewer children
4. One Program Administration
5. One Budget
6. One Public Identity

Satellite Site Address 1

Street Address:		Suite/dept/floor:
City:	State:	Zip:

Satellite Site Address 2

Street Address:		Suite/dept/floor:
City:	State:	Zip:

TEACHING STAFF QUALIFICATIONS OPTION GUIDE

Use the guide below as a reference to indicate the qualifications of the [teaching staff members](#) for each group. Be sure to choose one option per teaching staff member, using the highest level of education when reporting staff qualifications for the group.

Option	Teaching Staff Member has this qualification:	Must Provide this documentation:
A	(Meets Candidacy for Assistant Teachers-Teacher Aides only – Not for Teachers.) Working on the CDA Credential issued by the Council for Professional Recognition.	<p><i>“Working on” means some evidence of educational progress must be within one year of the Candidacy Due date. This can include work scheduled to begin less than 1 year following the Candidacy Due date. Acceptable documentation that is dated within one year of the Candidacy Due date includes one or more of the following:</i></p> <ul style="list-style-type: none"> ○ copy of an application ○ copy of grade report ○ copy of transcript ○ letter from an advisor ○ CDA preparation course flyer ○ receipt of tuition payment ○ military training modules ○ course description from course catalog
B	(Meets Candidacy for Assistant Teachers-Teacher Aides only – Not for Teachers.) Working on the NAEYC-defined equivalency of the CDA Credential issued by the Council for Professional Recognition (12 Credits in ECE, CD, EIEd, or EC Spec Ed.)	<p><i>“Working on” means some evidence of educational progress must be within one year of the Candidacy Due date. This can include work scheduled to begin less than 1 year following the Candidacy Due date. Acceptable documentation that is dated within one year of the Candidacy Due date includes one or more of the following:</i></p> <ul style="list-style-type: none"> ○ copy of an application ○ copy of grade report ○ copy of transcript ○ letter from an advisor ○ CDA preparation course flyer ○ receipt of tuition payment ○ military training modules ○ course description from course catalog
C	A current Child Development Associate (CDA) Credential issued by the Council for Professional Recognition.	A copy of the CDA credential awarded by the Council for Professional Recognition. <i>Always submit the CDA (if the teaching staff member has earned it) in addition to other qualifications/credentials.</i>
D	A CDA Credential equivalent as defined by NAEYC as at least 12 college credits in ECE, CD, EIEd, or EC Spec Ed.	<ul style="list-style-type: none"> ○ a transcript documenting 12 ECE credits (<i>highlight credits</i>) OR ○ documentation from a college/university that would grant a minimum of 12 credits for a specified training program OR ○ military training modules.
E	Working on an Associate’s <u>or higher</u> degree in ECE, CD, EIEd, or EC Spec Ed.	<p><i>“Working on” means some evidence of educational progress must be within one year of the Candidacy Due date. This can include work scheduled to begin less than 1 year following the Candidacy Due date. Acceptable documentation that is dated within one year of the Candidacy Due date includes one or more of the following:</i></p> <ul style="list-style-type: none"> ○ copy of an application ○ copy of grade report ○ copy of transcript ○ letter from an advisor ○ CDA preparation course flyer ○ receipt of tuition payment ○ military training modules ○ course description from course catalog
F	An Associate’s <u>or higher</u> degree in ECE, CD, EIEd, or EC Spec Ed.	<ul style="list-style-type: none"> ○ a copy of the transcript that specifies major and reflects that the degree was earned (<i>highlight major</i>)AND/OR ○ a copy of the diploma that lists the major field of study
G	Working on the NAEYC-defined equivalency of an Associate’s or higher degree in ECE, CD, EIEd, or EC Spec Ed.	<p><i>“Working on” means some evidence of educational progress must be within one year of the Candidacy Due date. This can include work scheduled to begin less than 1 year following the Candidacy Due date. Acceptable documentation that is dated within one year of the Candidacy Due date includes one or more of the following:</i></p> <ul style="list-style-type: none"> ○ copy of an application ○ copy of grade report ○ copy of transcript ○ letter from an advisor ○ CDA preparation course flyer ○ receipt of tuition payment ○ military training modules ○ course description from course catalog
H	The equivalency to an Associate’s degree in ECE, which is defined by NAEYC as at least 60 college/university credits with at least 30 college credits in ECE, CD, EIEd, or EC Spec Ed.	Transcripts documenting (<i>highlight credits</i>): at least 60 college/university credits INCLUDING at least 30 credits in ECE, CD, EI Ed, or EC Spec Ed
I	The equivalency to a Baccalaureate degree in ECE degree which is defined by NAEYC as a Baccalaureate degree in any discipline with at least 36 college credits in ECE, CD, EIEd, or EC Spec Ed	A copy of the diploma reflecting that the degree was completed AND a copy of a transcript reflecting a BA degree in any discipline, WITH at least 36 credits in ECE, CD, EIEd, or EC Spec Ed. (<i>highlight credits</i>)
J	An Associate’s or higher degree in a non-ECE related field with at least 3 years experience in an NAEYC-Accredited program.	A copy of the degree OR a transcript that reflects the degree was earned AND a resume or letter that includes the program name, location, length of employment, role constituting 3 years of experience, and note that the program was/is accredited by NAEYC during employment.
K	An Associate’s or higher degree in non-ECE related field with at least 3 years experience in a non-accredited program, and at least 30 contact hours of relevant training during the past 3 years.	A copy of the degree OR a transcript that reflects the degree was earned AND a resume or letter that includes the program name, location, length of employment, and role constituting 3 years of experience; AND documentation of 30 contact hours of relevant training from the last 3 years.

Section 6: GROUP INFORMATION Continued

Complete a separate copy of the page to include information about each of the eligible groups and assigned teaching staff within your program. Make [a copy](#) of the following page and complete for additional groups served at your program. Please refer to [Clarification on Groups](#) for more information.

Group Name

Group Address

- This group is located at the main facility listed as the site address
- This group is located at Satellite Site 1
- This group is located at Satellite Site 2

Age Categories Served by this Group

- Check all that apply:
- Infant
 - Toddler/Two
 - Preschool
 - Kindergarten

Group Characteristics

Do any children enrolled in this group have any of the following diagnosed special needs? If yes, please indicate the number of children.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Orthopedic handicaps: | <input type="checkbox"/> Learning disabilities: | <input type="checkbox"/> Autism, spectrum disorders: | <input type="checkbox"/> Visual impairment: |
| <input type="checkbox"/> Speech & language: | <input type="checkbox"/> ADHD: | <input type="checkbox"/> Mentally disabled/Developmentally Delayed: | <input type="checkbox"/> Behavioral: |
| <input type="checkbox"/> Neurological disorders: | <input type="checkbox"/> Hearing impairment: | <input type="checkbox"/> Maintenance care diseases (diabetes, HIV): | <input type="checkbox"/> Other, specify: |
| <input type="checkbox"/> Down Syndrome: | | | |

Group Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Group does not meet	<input type="checkbox"/> Group does not meet	<input type="checkbox"/> Group does not meet	<input type="checkbox"/> Group does not meet	<input type="checkbox"/> Group does not meet
Arrival: :	Arrival: :	Arrival: :	Arrival: :	Arrival: :
Departure: :	Departure: :	Departure: :	Departure: :	Departure: :

Teaching Staff Members Present in this Group

List all Teachers and Assistant Teachers assigned to this group only. Place an X in the box for the option the teacher/assistant teacher fully meets. NAEYC defines teaching staff by the roles they fill within the group. Please refer to the [Definition of Teaching Staff](#) for more information.

Teaching Staff Name	A	B	C	D	E	F	G	H	I	J		K		None
	Working on a CDA	Working on CDA equiv.	CDA (exp date)	CDA Equiv	Working on AA or higher	AA or higher in ECE	Working on AA or BA equiv	AA equiv	BA equiv	AA or higher in non-ECE	Yrs of Acc Exp.	AA or higher non-ECE	Yrs of exp w/ contact hrs.	No Documentation
Teachers														
Assistant Teachers														

YOU MUST ATTACH DOCUMENTATION OF QUALIFICATIONS FOR ALL TEACHING STAFF. If a teaching staff member is assigned to multiple groups, list his/her name for each group to which he/she is assigned. It is not necessary to submit duplicate documentation. Refer to the guide on page 11 for information on acceptable qualifications.

Number of other adults (if any): _____ How often are they present? _____ What is their role? _____

Section 7: PROGRAM ADMINISTRATOR

For assistance completing pages 12-15, refer to criteria 10.A.02 and 10.A.04 in TORCH as well as the Candidacy Requirements on the [Academy website](#).

Name of Designated Program Administrator:

Program administrator qualifications (10.A.02) must be met as part of the Candidacy Requirements. When two or more individuals share program administrative responsibilities, at least one person must meet the qualifications outlined in criterion 10.A.02 and is considered the designated program administrator. There are three different ways that a program administrator can meet 10.A.02. Indicate how the (designated) program administrator meets the qualifications as outlined in Criterion 10.A.02 by completing form A, B, or C. Complete only ONE form. If form A or B are completed, you must **attach documentation, for example a copy of the degree completed specifying discipline and/or transcripts.**

- A. Has at least a baccalaureate degree with 24 credits in ECE, CD, EIEd or EC Spec Ed **AND 9 credits** in administration, leadership, or management. **(Complete FORM A on page 12 and attach documentation; do not complete FORM B or C.)**
- B. Has plan in place to meet the qualifications outlined in Option A within 5 years. **(Complete FORM B on page 13 but no documentation needs to be attached; do not complete FORM A or C.)**
- C. Meets the alternative pathway – must document a total of 100 points across all 3 categories: education, administrator experience and relevant training or credentials. **(Complete FORM C on pages 14-15 and attach documentation; do not complete FORM A or FORM B.)**

Form A

Use this form **ONLY** to document that the designated program administrator has at least a baccalaureate degree with 24 credit-bearing hours of specialized college-level course work in early childhood education (ECE), child development (CD), elementary education (EIEd), or early childhood special education (EC Spec Ed) that addresses child development and learning from birth through kindergarten AND 9 credit-bearing hours of specialized college-level course work in administration, leadership, or management. **Documentation to support FORM A must be attached and immediately follow FORM A.**

Baccalaureate Degree or Higher: List the baccalaureate degree or higher degree received below. Individuals who hold an international degree must submit an evaluation and verification of US equivalencies. **Attach a copy of the degree and/or transcripts showing completion and discipline immediately following this page.**

Degree	Name of College/University	Date	Major

Credit Hours: List the courses that comprise the 24 credits in ECE, CD, EIEd, or EC Spec Ed and/or the 9 credits in administration, leadership, or management. This may include coursework obtained as part of the degree or courses completed separately. **If it is apparent that the degree listed above is in administration/management (for example an MBA), you do not need to list the 9 credits in administration. If the degree is in ECE, CD, EIEd, or EC Spec Ed, then you do not need to list the 24 credits in ECE.** If the degree is not in administration, leadership, or management, ECE, CD, EIEd, or EC Spec Ed (for example Psychology), you would need to list 24 credits in ECE and 9 credits in administration, leadership, or management. **Attach a copy of the relevant transcripts immediately following this page. Please highlight applicable courses on the transcript.**

Credits	Course name	College/University	State	Date completed

END OF FORM A—Insert documentation for Form A HERE and proceed to page 16.

Section 7: PROGRAM ADMINISTRATOR Continued

Form B

Use this form **ONLY** to document that the designated program administrator has a plan in place to have at least a baccalaureate degree with 24 credits in ECE and 9 credits in administration, leadership, or management within five years. **No additional documentation to support Form B is needed.**

Describe Plan:

Do not exceed the space provided and do not attach additional information.

END OF FORM B—No additional documentation needs to be attached for Form B. Proceed to page 16.

Section 7: PROGRAM ADMINISTRATOR Continued

Form C

Use this form **ONLY** to document that the designated program administrator has met an alternative pathway to achieve the educational qualifications of a program administrator. **Documentation to support Form C must be included immediately following Form C.**

For assistance completing Form C, refer to the [Alternative Pathway to Achieve Educational Qualifications of a Program Administrator](#)

Formal Education: List degrees completed. Attach a copy of the degree and/or transcripts showing completion and discipline. Individuals who hold an international degree must submit an evaluation and verification of US equivalencies. You must be able to document educational experiences equaling a minimum of 50 points and a maximum of 70 points for formal education, using the following values:

- 70 points Baccalaureate degree or higher in early childhood education, child development & family studies, early childhood special education, or elementary education that encompasses development and learning of children birth through kindergarten; but lacking 9 credit hours in leadership, management and/or administration
- 65 points Baccalaureate degree or higher in educational leadership, management or a related field (human services administration, business administration, organizational development, public administration) but lacking 24 credit hours that encompass development and learning of children birth through kindergarten
- 60 points Baccalaureate degree or higher in ECE-related field (social work, psychology) without 24 credit hours that encompass development and learning of children birth through kindergarten and without 9 credit hours in leadership, management, and/or administration
- 55 points Associate degree in ECE/CD
- 50 points Baccalaureate degree or higher in any other field

Degree	Name of College/University	State	Date	Major

Points claimed: **Attach a copy of the degree and/or transcripts showing completion and discipline immediately following this page.**

Experience: List relevant work experience here. You must be able to document work experiences equaling a minimum of 15 and a maximum of 50 points using the following values:

- 50 points At least 5 years experience as a program administrator that includes leading a program through and maintaining NAEYC Accreditation for at least 2 years
- 40 points At least 3 years experience as a program administrator that includes successfully leading the program through the NAEYC Accreditation process (at least 12 months prior to visit)
- 30 points At least 3 years experience as a program administrator in an NAEYC-Accredited program that includes maintaining accreditation without a lapse
- 25 points At least 5 years experience as a program administrator in a program not accredited by NAEYC
- 15 points At least 3 years experience as a program administrator in a program not accredited by NAEYC

Administrative Position	Program Name	City, State	Date hired (MM/YYYY)	Date ended (MM/YYYY)	NAEYC Accredited?

Points claimed: **No additional documentation related to experience is required.**

Section 7: PROGRAM ADMINISTRATOR Continued

Form C Continued

Relevant Training/Credentials: List relevant training/credentials related to early childhood education, child development, early childhood special education, elementary education, program administration, leadership, or management. You must be able to document a minimum of 5 points and a maximum of 35 points in relevant training/credentials outside of the formal education listed on page 13. **Please list only training/credentials required to meet the alternative pathway for Candidacy. Documentation must be attached.**

List of Relevant Credits: One college credit equals four points. **Documentation must be attached.**

Credits	Course name	College/University	State	Date completed

List of Relevant Training Hours: Four contact hours of training within the past 5 years equals one point. Contact hours refer to training hours, rather than hours working in a classroom with children. **Documentation must be attached.**

Name of Training	Sponsoring institution/program	Total time (hours) in training with instructor	Date completed

Relevant Credentials: [State director credentials that are NAEYC approved](#) equal 35 points. **Documentation must be attached.**

Do you have a state director or administrator's credential? No Yes- If yes, from what state?

Points claimed: Attach a copy of any credits, training, or credentials listed on page 15.

END OF FORM C—Insert documentation for Form C HERE and proceed to page 16.

Section 8: PROFESSIONAL DEVELOPMENT PLAN

Description of Program Professional Development Plan

Check all relevant types of professional development for teaching staff that is supported by the program and describe the overall plan in one or two sentences.

- Education programs
- Training programs
- Tuition reimbursement
- In-service training
- Mentoring
- Attendance at conferences
- Other

Describe Plan:

Do not exceed the space provided and do not attach additional information.

Section 9: RIGHTS AND RESPONSIBILITIES

Program Rights

- Right:** To receive professional and timely support from NAEYC.
- Phone - (800) 424-2460, option 3. Monday - Friday, 9:00 AM to 5:00 PM ET
 - Email - accreditation.information@naeyc.org
- Right:** To receive information from the NAEYC Academy regarding updates on the NAEYC Accreditation system, policies, and procedures.
- Monthly [Accreditation e-Updates](#) emailed to primary and secondary contacts provided to NAEYC.
 - Bi-Annual [Accreditation Updates](#) mailed to program mailing address provided to NAEYC.
- Right:** To access current, accurate information about the NAEYC Accreditation process and the NAEYC Early Childhood Program Standards and Accreditation Criteria, including related assessment tools and resources.
- [NAEYC Academy Website](#)
 - [TORCH](#)
- Right:** To provide feedback to the NAEYC regarding the NAEYC Accreditation process and the NAEYC Early Childhood Program Standards and Accreditation Criteria.
- Submit [Feedback on the Accreditation System](#)
 - Submit feedback on the accreditation criteria via [TORCH](#) Criteria Feedback and [TORCH](#) Discussions
- Right:** To [withdraw from the NAEYC Accreditation process](#) at any time.

Program Responsibilities

- Responsibility:** To understand the NAEYC Accreditation process and access the most current versions of the NAEYC Early Childhood Program Standards and Accreditation Criteria and related assessment tools and resources.
For information about the NAEYC Accreditation process, visit the [NAEYC Academy Website](#) frequently and sign up for the [Accreditation e-Updates](#) and bi-annual [Accreditation Updates](#).
For current versions of the NAEYC Early Childhood Program Standards and Accreditation Criteria and related assessment tools and resources, visit [TORCH](#).
- Responsibility:** To [Update NAEYC](#) of programmatic changes and critical incidents according to the appropriate timeframes.
- Report major programmatic changes within 30 days using the [Self Report form](#).
 - Notify NAEYC of critical incidents that may impact program quality status within 72 hours using the [72 Hour Notification form](#).
 - Inform NAEYC of updates to contact information for the primary and secondary contact of your program to ensure open communication between the program and NAEYC. Changes to contact information should be reported as soon as possible with the [Self Report form](#).
- Responsibility:** To notify NAEYC immediately if [Candidacy Requirements](#) reported on within these Renewal Materials are no longer met. Failure to meet Candidacy Requirements may affect a program's ability to move forward in the renewal process and/or maintain status as a currently NAEYC-Accredited program.
- Responsibility:** To retain a copy of all forms submitted to NAEYC and retain documentation verifying the date of all submissions. Postmark documentation is acceptable for submissions by mail and a copy of sent e-mail with date and time stamp information is acceptable for e-mail submissions.
- Responsibility:** Completed Renewal Materials and payment must be submitted by the due date chosen. If a program fails to submit the Renewal Materials and fee by the selected due date, then the program will be withdrawn as an Applicant for NAEYC Accreditation. If withdrawn, a program can re-apply by submitting a new Application and fee.

Signature

I have read and understand my program's rights and responsibilities.

I verify that the information submitted in this form is accurate. If false or misleading information is ever provided to the NAEYC Academy, I understand that my program's pursuit of NAEYC Accreditation will cease and/or my program's current accreditation may be revoked.

I understand that failure to fully complete the Renewal Materials, provide the necessary documentation as it relates to the educational qualifications for Candidacy, and/or maintain the Candidacy Requirements may result in my program's denial of Renewal Materials.

I understand that the program must notify the NAEYC Academy of all staff changes prior to a visit. (This includes changes in the program administrator designated in 10.A.02 or teaching staff).

Signature
Title

Section 10: SUBMISSION INSTRUCTIONS

Mail completed form with payment to: NAEYC Academy
P.O. Box 96036
Washington, D.C. 20090-6036

NAEYC accepts the postmark date as the submission date. NAEYC recommends that programs obtain written confirmation of receipt of all forms sent to NAEYC P.O. Boxes. Please discuss tracking options with your local Post Office. NAEYC is not able to sign for materials that are delivered to a P.O. Box by an individual courier such as UPS or FedEx.

Copy this form for your program's records before submission. NAEYC will not return this form to the program.