

## Information about Candidacy Materials (Step 3) for NAEYC Accreditation for Programs Serving Young Children

After completing Self-Study (step 1), programs officially begin the accreditation process by submitting an Application in which they commit to a Candidacy due date (step 3). In preparation for this Candidacy due date, programs must:

- Use the resources in Folder 4. Tools for Self-Assessment in the [TORCH](#) Resource Library to compile evidence on how your program meets the 10 NAEYC Early Childhood Standards.
- Gather documentation that your program meets [Candidacy Requirements](#).
- Review information regarding Candidacy (Step 3) in the [TORCH](#) Resource Library, Folder 5. Candidacy.

The purpose of the Candidacy is to demonstrate key components of high quality programming and preparedness for site visit. To meet this end, programs are required to:

- Complete the program-specific Candidacy Materials made available in the [Program Record](#) 8 weeks prior to the Candidacy due date selected in the Application (step 2). Note that programs that submit Candidacy Materials that were NOT assigned to their program will have them returned and may miss their Candidacy due date.
- Access additional copies of the Candidacy Materials for group information and teaching staff members in the [TORCH](#) Resource Library, Folder 5. Candidacy.
- Submit [Candidacy fee](#).

For more information, visit the NAEYC website at [www.naeyc.org/academy](http://www.naeyc.org/academy) and click on *Pursuing Accreditation or Reaccreditation*. For additional resources, access the Resource Library in [TORCH](#).

Following is a sample of the Candidacy Materials used for the September 30, 2009 Candidacy due date. Note that changes may be made to these materials for future Candidacy due dates, but the vast majority of the information collected will remain unchanged.

Program Name:  (Legal name to appear on all correspondence and official documents from NAEYC)	Program ID:  (Assigned at Enrollment, Step 1)
---	---

**PURPOSE AND 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 if your program is accepted as a Candidate.  
**To facilitate timely processing of your materials, please do not staple, do not place pages in plastic sleeves, and do not spiral bind or collate materials into notebooks or binders.**

Congratulations on beginning Step 3: Becoming a Candidate for NAEYC Accreditation! **These materials should have been downloaded from your program's record at [www.program.naeyc.org](http://www.program.naeyc.org). If you received these materials through any other method STOP, and either go to your program record to download the appropriate materials or contact the NAEYC Academy at (800) 424-2460 and select option 3.** Each program must complete the version of the Candidacy Materials that is assigned to the specific program and are located in the program's record. Programs may not share their program's Candidacy Materials with other programs or through other individuals. Programs that submit Candidacy Materials that were NOT assigned to their program will have them returned and may miss their Candidacy due date.

The purpose of the Candidacy Materials is to ensure that programs meet all Candidacy Requirements, and therefore are eligible for a site visit. For more information, visit the NAEYC Accreditation website at [www.naeyc.org/academy](http://www.naeyc.org/academy) and click on *Pursuing Accreditation or Reaccreditation*.

#### TABLE OF CONTENTS

<b>Section 1:</b> Program Information (Pages 1-3)	<b>Section 7:</b> Teaching Staff Qualifications and Staffing Pattern (Pages 16-20)
<b>Section 2:</b> Candidacy Fee (Page 4)	<b>Section 8:</b> Program Self-Assessment Report (Pages 21-24)
<b>Section 3:</b> Information to Schedule the Site Visit (Pages 5-7)	<b>Section 9:</b> Rights & Responsibilities and Signature (Pages 25-27)
<b>Section 4:</b> Licensing/Regulation (Pages 8-9)	<b>Section 10:</b> Next Steps and Mailing Instructions (Page 27)
<b>Section 5:</b> Collaborative Process for Self-Assessment (Pages 10-11)	
<b>Section 6:</b> Program Administrator (Pages 12-16);	

#### Section 1: PROGRAM INFORMATION

##### PROGRAM CONTACTS

*\*These individuals will be the contacts for confidential information between the program and the NAEYC Academy.*

Primary Contact*		Secondary Contact*	
Name		Name	
Title		Title	
( ) _____ - _____ Phone	( ) _____ - _____ Fax	( ) _____ - _____ Phone	( ) _____ - _____ Fax
Email		Email	

NAEYC has permission to share our program's contact information with other organizations offering funding and other supports for programs enrolled in Self-Study, Applicants, and Candidates of NAEYC Accreditation.  Yes  No

##### ATTENTION TO THE INDIVIDUAL COMPLETING THESE CANDIDACY MATERIALS:

Are you responsible for submitting other programs' Candidacy Materials on this same due date?  Yes  No

If Yes, Please list the program IDs:

**DO NOT** make a copy of these Candidacy Materials to use for any other program. Programs must use the Candidacy Materials assigned to their specific program that are located in their program record or the program will be denied Candidacy.

Note: The NAEYC Academy regularly reviews its criteria, policies, and procedures, and reserves the right at any time to modify or change any such criteria, policies, or procedures, including accreditation fees. The NAEYC Academy will provide notice of new and/or revised criteria, policies, and procedures at least sixty (60) days prior to implementation. Programs seeking NAEYC Accreditation must follow the four steps to achieve NAEYC Accreditation. Individual staff members are not required to become members of NAEYC, and programs do not need to purchase NAEYC publications or services. NAEYC publications and services are optional resources that can help early childhood educators continue to improve the experiences they provide for young children.

Program ID: \_\_\_\_\_

**Section 1: PROGRAM INFORMATION Continued**

**Site Address\*** (Physical location) Multi-site programs, enter Site 1 information here; Sites 2 and 3 are entered on page 3.

Street		Suite/dept/floor
City	State	Zip
County	Country	
( <u>    </u> ) _____ - _____ Phone	( <u>    </u> ) _____ - _____ Fax	
Email	Website	

*\*This information will be posted on the NAEYC website when a program achieves NAEYC Accreditation, except for the fax number.*

**Mailing Address** (Correspondence)  Same as site address

Street		Suite/dept/floor
City	State	Zip
County	Country	

**Billing Address** (Invoices)  Same as site address  Same as mailing address

Attention\*\*:  Primary Contact  Secondary Contact  Other:

**\*\*This person will be the contact for financial information between the program and the NAEYC Academy.**

Organization Name (if different than program name):

Street		Suite/dept/floor
City	State	Zip
County	Country	
Email	( <u>    </u> ) _____ - _____ Phone	( <u>    </u> ) _____ - _____ Fax

**Shipping Address** (Accreditation Decision) **NAEYC cannot accept a P.O. Box as a shipping address.**  
 Same as site address  Same as mailing address  Same as billing address

Street		Suite/dept/floor
City	State	Zip
County	Country	

## Section 1: PROGRAM INFORMATION Continued

## SITE #1 ENROLLMENT

Site #1 Name:	ENROLLMENT BY AGE CATEGORY*	TOTAL
	Infant (birth to 15-month-old)	
Site #1 address is included on page 2.	Toddler/Two (12- to 36-month-old)	
	Preschool (30-month-old to 5-year-old)	
	Kindergarten (public or private)	
	SITE #1 TOTAL	

## MULTI-SITE\* PROGRAM INFORMATION

\*Only programs that became an Applicant for NAEYC Accreditation as a multi-site program are eligible to become a multi-site NAEYC Candidate. Please enter address and enrollment information below for each site.

## SITE #2 ADDRESS AND ENROLLMENT

Distance from Site 1: \_\_\_\_\_ miles. Distance from Site 3: \_\_\_\_\_ miles. May not exceed 5 miles.

Street	ENROLLMENT BY AGE CATEGORY*		TOTAL
Suite/dept/floor	Infant (birth to 15-month-old)		
City	State	Zip	Toddler/Two (12- to 36-month-old)
County	Country		Preschool (30-month-old to 5-year-old)
Email	Website		Kindergarten (public or private)
Phone	Fax		SITE #2 TOTAL (up to 60 children)

## SITE #3 ADDRESS AND ENROLLMENT

Distance from Site 1: \_\_\_\_\_ miles. May not exceed 5 miles.

Street	ENROLLMENT BY AGE CATEGORY*		TOTAL
Suite/dept/floor	Infant (birth to 15-month-old)		
City	State	Zip	Toddler/Two (12- to 36-month-old)
County	Country		Preschool (30-month-old to 5-year-old)
Email	Website		Kindergarten (public or private)
Phone	Fax		SITE #3 TOTAL (up to 60 children)

\*Age categories overlap for program flexibility. Programs should specify the number of children of eligible ages for each eligible group. Please do not count a child more than once.

Program ID: \_\_\_\_\_

## Section 2: CANDIDACY FEE

Level	Number of Children	Candidacy Fee
Level 1	10-60 Children	\$650
Level 2	61-120 Children	\$775
Level 3	121-240 Children	\$950
Level 4	241-360 Children	\$1150
For every additional 1-120 children		Add \$100

If a program is denied Candidacy due to incomplete information or because the program does not meet the Candidacy requirements, the program may have following options:

- 1.) **Receive a second review** by paying an additional review fee rather than paying the entire Candidacy fee again. If your program chooses this option, please refer to our Additional Fees chart online at [www.naeyc.org/academy](http://www.naeyc.org/academy) for more information about additional fees that will be charged.
- 2.) **Withdraw from the NAEYC Accreditation process** with the option to pursue accreditation again at a later date. If your program chooses this option, please refer to information about cancellations and withdrawals online at [www.naeyc.org/academy](http://www.naeyc.org/academy) for more information about applicable refunds.
- 3.) **Appeal the Candidacy Decision.** No additional fees are associated with an appeal. For more information about appeals, please refer to information about appeals online at [www.naeyc.org/academy](http://www.naeyc.org/academy).

TOTAL CHILDREN ENROLLED\*:

\*If a single site program, use the total under Site 1 on page 3. If a multi-site program, this is the total number of children at all sites.

## PAYMENT INFORMATION

Please mark the method of payment below.

Check (Please make checks payable to NAEYC.)

VISA     MasterCard     American Express     Discover

Purchase Order (If applicable, you must attach the purchase order.)

Credit card/check or purchase order number

Credit card expiration date

\_\_\_\_\_ Month    \_\_\_\_\_ Year

Credit card/checking account holder or name on purchase order

**For Credit card payments, complete the section below.**

Signature of credit card holder

Credit card billing address

City

State

Zip

Country

**NOTE:** If sending payment under separate cover, please be sure to include the Program ID with payment. Programs that do not submit complete Candidacy Materials with fee are not guaranteed a site visit and may be required to return to an earlier step in the process.

Program ID: \_\_\_\_\_

## Section 3: INFORMATION TO SCHEDULE THE SITE VISIT

**Program Closure Information**
 My program operates 12 months/year.

OR

 My program operates less than 12 months/year.

The program begins serving children on:

 / /  
 month / day / year

The program closes on:

 / /  
 month / day / year
**Days and Hours of Operation**
 Check box if the program is open 24 hours/day, 7 days a week

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

**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	E-mail Address
Relationship to program	Phone ( ) -

**Preferred Contact Person**

During the six months following your Candidacy due date, the NAEYC Academy may contact your program for additional information to inform the Candidacy decision or schedule the 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 and that individual's information below:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Separate Programs with Separate Public Identities**

When multiple programs operate within the same facility, one program can demonstrate a separate public identity from a second program by documenting a separate budget, administration, license and/or other criteria. Check the appropriate box below to report a program with a separate public identity that operates in your program's facility.

 There is a separate program with a separate public identity operating within my program's facility. My program is able to demonstrate that it is separate from this program. Groups within this separate program are excluded from my program's NAEYC Accreditation.

OR

 My program is the only program that operates within its facility.

Program ID: \_\_\_\_\_

Section 3: INFORMATION TO SCHEDULE THE SITE VISIT Continued

**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 toddlers/twos, the NAEYC Assessor must have the opportunity to observe at least one group containing toddlers/twos and one group containing infants on the day of the site visit.

Complete the following chart to verify that each age category served by your program is available for observation for at least three of the six months following the Candidacy due date.

<b>NAEYC Defined Age Categories</b> <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>	My program NEVER serves this age category.	My program SOMETIMES serves this age category.	My program ALWAYS serves this age category.
	Check ONE of the appropriate boxes for each age category:		
<b>Infant:</b> birth to 15 months	<input type="checkbox"/>	<input type="checkbox"/> Indicate when your program does NOT serve this age category:	<input type="checkbox"/>
<b>Toddler/Two:</b> 12-36 months	<input type="checkbox"/>	<input type="checkbox"/> Indicate when your program does NOT serve this age category:	<input type="checkbox"/>
<b>Preschool:</b> 30-48 months	<input type="checkbox"/>	<input type="checkbox"/> Indicate when your program does NOT serve this age category:	<input type="checkbox"/>
<b>Kindergarten:</b> enrolled in a public or private kindergarten	<input type="checkbox"/>	<input type="checkbox"/> Indicate when your program does NOT serve this age category:	<input type="checkbox"/>

**Age Groups Served**

Complete the following chart with information about each of the groups your program serves. A program must include all eligible groups it serves every day it is in operation throughout all hours of operation. This includes groups within the program that operate during the summer and after-school care groups.

<b>Age Groups</b> <i>The age category of the children within each group determines the age group. Programs can choose which age category applies to children whose ages fall within the overlapping portion of the age ranges.</i>	<b># of Part Day Groups</b> <i>(meet for &lt;5 hrs)</i>	<b># of Full Day Groups</b> <i>(meet for ≥5 hrs)</i>	<b>Total # of Groups</b>
<b>Infant Group(s)</b>			
<b>Toddler/Two Group(s)</b>			
<b>Preschool Group(s)</b>			
<b>Kindergarten Group(s)</b>			
<b>Mixed Age Group(s)</b> If a group includes children from more than one age category, then the group is a mixed-age group. Only report on mixed age groups that include at least 50% children of eligible age (birth through kindergarten).			
<b>Total of all Groups:</b>			

## Section 3: INFORMATION TO SCHEDULE THE SITE VISIT Continued

**Language Needs**Do **children** in the program speak languages other than English? No Yes - if yes indicate languages below.The *children* speak \_\_\_\_\_  
(language other than English)during the program  all of the time  
 most of the time  
 sometimes  
 never.

In how many groups? \_\_\_\_\_

The *children* also speak \_\_\_\_\_  
(language other than English)during the program  all of the time  
 most of the time  
 sometimes  
 never.

In how many groups? \_\_\_\_\_

Do **teaching staff** in the program speak languages other than English? No Yes - if yes indicate languages below.The *teaching staff* speak \_\_\_\_\_  
(language other than English)during the program  all of the time  
 most of the time  
 sometimes  
 never.

In how many groups? \_\_\_\_\_

The *teaching staff* also speak \_\_\_\_\_  
(language other than English)during the program  all of the time  
 most of the time  
 sometimes  
 never.

In how many groups? \_\_\_\_\_

**Off Site or Confidential Evidence**I verify that **all applicable Sources of Evidence will be organized and readily available** during the site visit.Yes No—If no, please explain:

If No, your program must provide a notarized letter that must:

- Be prepared by the authorized agency or individual responsible for the documentation;
- Clearly identify the criterion for which it is being substituted;
- Verify the existence and location of the document(s);
- Provide information related to meeting the criterion for which the letter is being used as supporting evidence; and
- Include a blank copy of the form used or one in which any identifying information has been marked out.

You can view a sample letter in TORCH; see [www.naeyc.org/torchinfo](http://www.naeyc.org/torchinfo) for instructions on how to access TORCH.**Other Special Circumstances**Are there any other **special circumstances** the NAEYC Academy should consider in scheduling the site visit, such as offering back-up care or drop-in care? NO YES - If yes, explain:**Updates to INFORMATION TO SCHEDULE THE SITE VISIT**If any information within *Section 3: Information to Schedule the Site Visit* changes between the submission of these Candidacy Materials and the site visit, programs must contact NAEYC as soon as possible at [accreditation.information@naeyc.org](mailto:accreditation.information@naeyc.org) or (800) 424-2460 option 3, option 1.

Program ID: \_\_\_\_\_



## Section 4: LICENSING/REGULATION UPDATE continued

Has your program previously Self Reported any incidents and/or licensing violations to NAEYC within the last 12 months?

Yes  No

*Be sure to provide documentation of any and all incidents and/or licensing violations within the last 12 months in the remainder of Section 4: Licensing/Regulation Update.*

A. Our program's most recent licensing/regulatory inspection visit was on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_.  
(month) (day) (year)

Not applicable – my program does not receive licensing/regulatory inspection visits.

B. My program had a licensing/regulatory inspection visit in the last 12 months that resulted in **violations with state regulations**

Yes  No  Not Applicable

Attach a copy of the full licensing report(s) from the licensing/regulatory body. If any violations were identified by the licensing/regulatory body, please include the action/corrective plan. (Use the space below or a separate sheet of paper to provide comments.)

C. Within the past 12 months, has your program received any notice of suspension, revocation, probation, or other change in licensing/regulation status due to violations related to licensing or other applicable regulations? (If your program's licensing/regulation status is anything other than full you must answer this question.)

Yes  No  Not Applicable

My program's licensing/regulation status will change back to full on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_.  
(month) (day) (year)

Attach a copy of the full licensing report(s) from the licensing/regulatory body. If any violations were identified by the licensing/regulatory body, include the action/corrective plan. Use a separate sheet of paper to provide comments.

D. Within the past 12 months, has your program experienced any incidents 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; any serious injury to any child that required medical treatment; any unusual incident or lack of supervision, or any suspected physical or psychological abuse of any child.

Yes  No  Not Applicable

If yes, please provide comments and attach documentation of the incident along with the action/corrective plan.

NOTE: When the NAEYC Academy gains information to suggest that a violation of a Required Criterion may have occurred in a program seeking or maintaining NAEYC Accreditation, the NAEYC Academy will conduct a review to determine the program's capacity to meet and maintain the Required Criteria over time. For more detailed information about this review, including possible outcomes of the review process, please see the Required Criteria–Clarification on Compliance for Programs document located at [www.naeyc.org/academy/](http://www.naeyc.org/academy/).

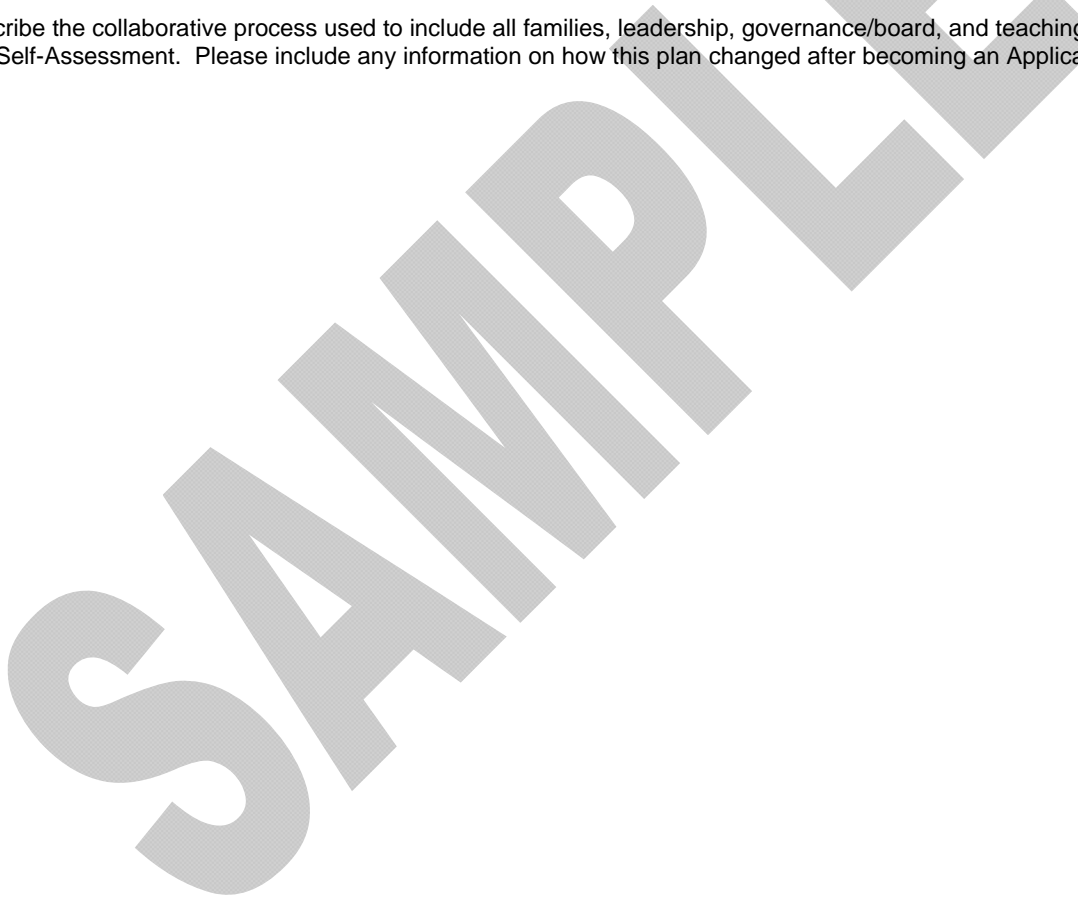
Program ID: \_\_\_\_\_

**Section 5: COLLABORATIVE PROCESS FOR SELF-ASSESSMENT**

Please answer the following statements to document the Candidacy Requirement that a collaborative process was used during your Self-Assessment process. Failure to engage families, leadership, and teaching staff in a collaborative process will result in Denial of Candidacy.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	All families were informed of the program's Self-Assessment and were invited to participate in the process.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Members of the program's governing body were involved in the Self-Assessment process.	<input type="checkbox"/> N/A (no governing board)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The Self-Assessment included a Family Survey that all families had the opportunity to complete anonymously and confidentially.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The Self-Assessment included a Teaching Staff Survey that all teaching staff had the opportunity to complete anonymously and confidentially.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The program has documentation of this collaboration and the surveys on-site with the Program Portfolio for the Assessor to review, for example meeting agendas, newsletters, and/or surveys.	

Briefly describe the collaborative process used to include all families, leadership, governance/board, and teaching staff during your program's Self-Assessment. Please include any information on how this plan changed after becoming an Applicant (Step 2).



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

**Section 5: COLLABORATIVE PROCESS FOR SELF-ASSESSMENT Continued**

Perspectives of families and teaching staff are important sources of evidence for Self-Assessment (Step 2) just as they were for Self-Study (Step 1). There are specific surveys for the Self-Assessment process available in the *Tools for Self-Assessment* folder located in the TORCH Resource Library (see [www.naeyc.org/torchinfo](http://www.naeyc.org/torchinfo) for instructions on how to register or login) that are quantitative (Yes/No format) and do not provide the more open-ended options to give feedback for program improvement that appear in the Self-Study versions. Surveys should be tallied on the summary forms. These surveys and summary sheets should be included in your Program Portfolio for review during the site visit.

**THE FAMILY SELF-ASSESSMENT SURVEY**

Date Family Surveys Distributed		Number Family Surveys Distributed	
Date Family Surveys Completed		Number Family Surveys Returned	
Percentage Return Rate			
(Programs must demonstrate at least a 50% return rate for Family Surveys)			

Briefly describe how **all** families were provided with the opportunity to complete the surveys anonymously and confidentially. For example, no names, identifying information, or coding may be used. Failure to describe a completely anonymous process will result in Denial of Candidacy. The only exception is if some sort of coding is used solely for the purpose of increasing the return rate and that the identity of the respondents is not used for any other purpose. If your program used coding for this purpose, please acknowledge this and explain how you ensured families' responses remained confidential.

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

**THE TEACHING STAFF SELF-ASSESSMENT SURVEY**

Date Teaching Staff Surveys Distributed		Number Surveys Distributed	
Date Teaching Staff Surveys Completed		Number Surveys Completed	
Percentage Return Rate			
(Programs must demonstrate at least a 80% return rate for Teaching Staff Surveys)			

Briefly describe how **all** teaching staff members were provided with the opportunity to complete the surveys anonymously and confidentially. For example, no names, identifying information, or coding may be used. Failure to describe a completely anonymous process will result in Denial of Candidacy. The only exception is if some sort of coding is used solely for the purpose of increasing the return rate and that the identity of the respondents is not used for any other purpose. If your program used coding for this purpose, please acknowledge this and explain how you ensured teaching staff's responses remained confidential.

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

**Section 6: PROGRAM ADMINISTRATOR**

NOTE: For assistance completing pages 12-15, refer to criteria 10.A.02 and 10.A.04 in TORCH and well as the Alternative Pathway to Achieve Educational Qualifications of a Program Administrator and Candidacy Requirements at [www.naeyc.org/academy](http://www.naeyc.org/academy).

**Designated Program Administrator Name:**

If the program administrator also functions as a member of the teaching staff, has he/she successfully completed a Pediatric First Aid course (criterion 5.A.03)?  Yes  No

If yes, did the course include managing a blocked airway and rescue breathing for infants and children?  Yes  No

Date of First Aid Certificate:                      Expiration Date:                      Organization Issued by:

Has the program administrator successfully completed a CPR course (5.A.03)?  Yes  No

Date of CPR Certificate:                      Expiration Date:                      Organization Issued by:

Program administrator qualifications (10.A.02) must be met as part of the Candidacy requirements. When 2 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, EEd 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. 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 B on pages 13-14 and attach documentation; do not complete FORM A or FORM C.)**
- C. Has plan in place to meet the qualifications outlined in Option A within 5 years. **(Complete FORM C on page 15 but no documentation needs to be attached; do not complete FORM A or B.)**

**FORM A—TO DOCUMENT BACCALAUREATE DEGREE AND 24 ECE & 9 ADMIN CREDITS**

**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 (EEd), 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, EEd, 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, EEd, 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, EEd, 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 15.**

**Section 6: PROGRAM ADMINISTRATOR Continued**

**FORM B—TO DOCUMENT ALTERNATIVE PATHWAY (pages 12-13)**

FORM B: 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 B must be included immediately following FORM B.**

**Name of designated 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 6: PROGRAM ADMINISTRATOR** Continued

**FORM C—TO DOCUMENT PLAN TO MEET QUALIFICATIONS**

FORM C: 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 C is needed.**

**Name of designated program administrator:**

**Describe Plan:**

**SAMPLE**

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

**END OF FORM C—No Additional Documentation Needs to be Attached for FORM C. Proceed to page 15.**

Program ID: \_\_\_\_\_

Section 6: PROGRAM ADMINISTRATOR Continued

**Additional Administrative Staff (Optional)**

Please provide additional information about any other administrative staff and their roles at your program, which you believe assist in providing context about the program's operations. (Note: This question is optional because NAEYC does not have requirements for the qualifications of these staff.)

**The National Registry Alliance (TNRA)**

My program is located in OK, MO, ME, WI, or MT and has attached documentation from The National Registry Alliance (TNRA) on the designated administrator and/or teaching staff qualifications. NAEYC has permission to share our program's contact information with TNRA.

Section 7: TEACHING STAFF QUALIFICATIONS & STAFFING PATTERN

**Description of Professional Development Plan**

Briefly describe the program-wide plan/strategy for ensuring that early childhood expertise is being provided to guide curriculum and learning throughout the program for the teaching staff. This plan may look different for every program. For example, plans might include details regarding comprehensive and systematic inservice trainings that encompass a series of learning experiences that address each topic identified within the Teachers standard. Another example would be a copy of the level of educational requirements for teaching staff that is consistent with or a higher threshold than criteria 6.A.05 and 6.A.06. One plan per program that is inclusive of all teaching staff is required-- this should not be a plan for individual teachers.

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

**Section 7: TEACHING STAFF QUALIFICATIONS & STAFFING PATTERN**

**Directions:** Immediately following the group information (pages 17-18), you will provide staff qualifications information (pages 19-20) for each staff member that works with this group of children. **For additional groups** you will need to copy pages 17 and 18 so that each group is represented separately, followed immediately by the teaching staff qualifications (pages 19-20) for each of the individuals that work with that group of children.

<b>GROUP NAME:</b>	Site #:
--------------------	---------

<b>AGE CATEGORIES</b> Please check ALL that apply: <input type="checkbox"/> Infant <input type="checkbox"/> Toddler/Two <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten  <i>For multi-age groups, more than one box should be checked.</i>	<b>GROUP HOURS</b> <table style="width:100%"> <thead> <tr> <th style="text-align:center">Day of Week</th> <th style="text-align:center">Group Start Time</th> <th style="text-align:center">Group End Time</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Monday</td> <td>: <input type="checkbox"/>am <input type="checkbox"/>pm</td> <td>: <input type="checkbox"/>am <input type="checkbox"/>pm</td> </tr> <tr> <td><input type="checkbox"/> Tuesday</td> <td>: <input type="checkbox"/>am <input type="checkbox"/>pm</td> <td>: <input type="checkbox"/>am <input type="checkbox"/>pm</td> </tr> <tr> <td><input type="checkbox"/> Wednesday</td> <td>: <input type="checkbox"/>am <input type="checkbox"/>pm</td> <td>: <input type="checkbox"/>am <input type="checkbox"/>pm</td> </tr> <tr> <td><input type="checkbox"/> Thursday</td> <td>: <input type="checkbox"/>am <input type="checkbox"/>pm</td> <td>: <input type="checkbox"/>am <input type="checkbox"/>pm</td> </tr> <tr> <td><input type="checkbox"/> Friday</td> <td>: <input type="checkbox"/>am <input type="checkbox"/>pm</td> <td>: <input type="checkbox"/>am <input type="checkbox"/>pm</td> </tr> <tr> <td><input type="checkbox"/> Saturday</td> <td>: <input type="checkbox"/>am <input type="checkbox"/>pm</td> <td>: <input type="checkbox"/>am <input type="checkbox"/>pm</td> </tr> <tr> <td><input type="checkbox"/> Sunday</td> <td>: <input type="checkbox"/>am <input type="checkbox"/>pm</td> <td>: <input type="checkbox"/>am <input type="checkbox"/>pm</td> </tr> </tbody> </table>	Day of Week	Group Start Time	Group End Time	<input type="checkbox"/> Monday	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Tuesday	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Wednesday	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Thursday	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Friday	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Saturday	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Sunday	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm
Day of Week	Group Start Time	Group End Time																							
<input type="checkbox"/> Monday	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm																							
<input type="checkbox"/> Tuesday	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm																							
<input type="checkbox"/> Wednesday	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm																							
<input type="checkbox"/> Thursday	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm																							
<input type="checkbox"/> Friday	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm																							
<input type="checkbox"/> Saturday	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm																							
<input type="checkbox"/> Sunday	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm																							

Birth Date of youngest child enrolled _____ / _____ / _____ <small>(month) / (day) / (year)</small>	Birth Date of oldest child enrolled _____ / _____ / _____ <small>(month) / (day) / (year)</small>
---	---

Do any children enrolled in the group have any of the following diagnosed special needs?

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

# Teachers Working in Group: _____ <i>Must be at least one (1)*</i>  Teachers are defined as those adults with primary responsibility for a group of children.	# Assistant Teachers Working in Group: _____  Assistant teachers (or teacher aides) are defined as adults who work under the direct supervision of a teacher.
---	---

List all teachers'* names:          *At least one teacher must be assigned to each group.	List all assistant teachers' names:          
---	---

Are "other adults\*" regularly present in this classroom?  No  Yes, how many? \_\_\_\_\_

How often are they present? \_\_\_\_\_ What is their role? \_\_\_\_\_

\* "Other adults" are not considered part of the teaching staff and include:

- cooks, bus drivers, janitorial, or administrative support staff
- special subject teachers (such as music or art)
- foster grandparents or reading buddies
- parents participating in a parent cooperative programs (such as a cooperative nursery school)
- individuals who support the ongoing work of the teacher and assistant teacher by assisting with routine tasks such as room set-up, cleaning, meals, transitions, and supervision of napping children.

**Section 7: TEACHING STAFF QUALIFICATIONS & STAFFING PATTERN**

Group Name:	Number Children enrolled in Group:	Number of Teaching Staff for this Group:
-------------	------------------------------------	--

	6 AM	7 AM	8 AM	9AM	10 AM	11 AM	12 PM	1PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM
--	------	------	------	-----	-------	-------	-------	-----	------	------	------	------	------	------

**Monday** This table is for reference only and teaching staff signatures are not required. Please list their initials.

# Children														
# Teaching Staff														
Teaching Staff Initials														
# of "Other Adults"														

**Tuesday** (if different than above)

# Children														
# Teaching Staff														
Teaching Staff Initials														
# of "Other Adults"														

**Wednesday** (if different than above)

# Children														
# Teaching Staff														
Teaching Staff Initials														
# of "Other Adults"														

**Thursday** (if different than above)

# Children														
# Teaching Staff														
Teaching Staff Initials														
# of "Other Adults"														

**Friday** (if different than above)

# Children														
# Teaching Staff														
Teaching Staff Initials														
# of "Other Adults"														

Please check this box if your program begins earlier than 6 am and/or extends after 7pm and/or operates on Saturdays/Sundays.

<b>Section 7: TEACHING STAFF QUALIFICATIONS &amp; STAFFING PATTERN</b>	
<b>Directions:</b> Please complete a copy of pages 19 and 20 for each teaching staff member who works with the preceding group. (You will need to copy both of these pages for each teaching staff member.)	
<b>Teaching Staff Name:</b>	
<b>JOB TITLE</b> (Choose one of the following):	
<input type="checkbox"/> <b>Teacher</b> (primary responsibility for a group of children)	<input type="checkbox"/> <b>Teacher Assistant/Aide</b> (works under the direct supervision of a teacher)
<b>GROUP INFORMATION</b>	
<b>Group Name:</b>	
If teaching staff member works with other groups, please list:	
<i>If you have already detailed this teaching staff member's qualifications for a previous group, check this box <input type="checkbox"/> and STOP here. Begin a new copy of pages 18-19 for the next teaching staff member.</i>	
<b>INFORMATION EVALUATED AT THE SITE VISIT FOR REQUIRED CRITERION 5.A.03</b> (Do NOT attach documentation at this time.)	
Has this teaching staff member successfully completed a Pediatric First Aid course? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, did the course include managing a blocked airway and rescue breathing for infants and children?  Date of Pediatric First Aid Certificate: Expiration Date: Organization Issued by:	Has this teaching staff member successfully completed a CPR course? <input type="checkbox"/> Yes <input type="checkbox"/> No  Date of CPR Certificate: Expiration Date: Organization Issued by:
<b>MEETING TEACHING STAFF CANDIDACY REQUIREMENTS AND ACCREDITATION CRITERIA 6.A.05 &amp; 6.A.06</b>	
Candidacy requirements establish a lower threshold for teaching staff qualifications that must be met when criteria 6.A.05 and 6.A.06 are not met. The documentation you submit for each teaching staff member (see page 19), determines if your program meets criteria 6.A.05 and 6.A.06 and/or the Candidacy requirements for teachers and assistant teachers-teacher aides. Programs must meet the Candidacy requirements for Teachers and Assistant Teacher—Teacher Aides in order to be accepted as a Candidate. Failure to meet Criterion 6.A.05 and Criterion 6.A.06 is <i>not</i> grounds for a denial of Candidacy. <i>NOTE: Refer to the following page for a full list of options and the necessary documentation for each option.</i>	
<b>Teachers</b> (primary responsibility for a group of children)	
Criterion 6.A.05 (always assessed, but not required)	<b>For programs with 4 or more classes or teachers:</b> <ul style="list-style-type: none"> <li>All teachers have a minimum of a Child Development Associate Credential issued by the Council for Professional Recognition or equivalent.</li> <li>At least 25% of teachers have an Associate's or Baccalaureate degree in Early Childhood Education (ECE), Child Development (CD), Elementary Education, (EI Ed), Early Childhood Special Education (EC Spec Ed) or equivalent.</li> <li>All teachers have or are working on an Associate's or Baccalaureate degree in ECE, CD, EI Ed, or EC Spec Ed or equivalent. [Annual reports must show continuous improvement.] For definitions of equivalent degrees and for programs with fewer classes or teachers, please refer to the timeline for criterion 6.A.05 at <a href="http://www.naeyc.org/academy/standards/criteria/teacher_qualification_timeline.html">http://www.naeyc.org/academy/standards/criteria/teacher_qualification_timeline.html</a>.</li> </ul>
Candidacy Requirement	If Criterion 6.A.05 is not met, at least 75% of teachers meet Option C, D, E, F, G, H, I, J, or K as outlined on the following page.
<b>Assistant Teachers-Teacher Aides</b> (work under the direct supervision of a teacher)	
Criterion 6.A.06 (always assessed, but not required)	At least 50% of assistant teachers—teacher aides meet Options C, D, F, H,I; <b><u>AND</u></b> 100% of remaining assistant teachers—teacher aides meet Options A, B, E, or G.
Candidacy Requirement	If Criterion 6.A.06 is not met, 50% of assistant teachers-teacher aides meet Options A, B, C, D, E, F, G, H, I, J, or K.

Information regarding this teacher's qualifications is continued on the next page.

DOCUMENTATION OF TEACHING STAFF EDUCATIONAL QUALIFICATIONS				
<p>1. Please <u>attach documentation immediately following this page</u> for each staff member showing all relevant educational qualifications listed.</p> <p>2. Check the box(es) next to all evidence you are submitting.</p> <p>3. Circle the letter(s) of all options the teacher fully meets in the "Option" column. <i>Highlight information as indicated.</i></p>				
TEACHER HAS THIS QUALIFICATION:	PROVIDE THIS DOCUMENTATION: (check all that apply)	OPTION: (Circle all that are fully met)		
A current Child Development Associate (CDA) credential awarded by the Council for Professional Recognition	<input type="checkbox"/> A copy of the CDA credential awarded by the Council for Professional Recognition. <b><i>Always submit the CDA (if the teacher has earned it) in addition to other qualifications/credentials.</i></b>	<b>C</b>		
Associate's degree (AA) OR Baccalaureate degree (BA) or higher in <ul style="list-style-type: none"> <li>• Early Childhood Education (ECE),</li> <li>• Child Development (CD),</li> <li>• Elementary Education (EI Ed), OR</li> <li>• Early Childhood Special Ed ( EC Spec Ed )</li> </ul>	<input type="checkbox"/> a copy of the transcript that specifies major and reflects that the degree was earned ( <i>highlight major</i> ). AND/OR <input type="checkbox"/> a copy of the diploma that lists the major field of study	<b>F</b>		
Equivalent of an AA degree in ECE	Transcripts documenting: <input type="checkbox"/> at least 60 college/university credits <input type="checkbox"/> INCLUDING at least 30 credits in ECE, CD, EI Ed, or EC Spec Ed*. ( <i>highlight credits</i> )	<b>H</b>		
Equivalent of a BA degree in ECE	<input type="checkbox"/> a copy of the diploma reflecting that the degree was completed <input type="checkbox"/> AND a copy of a transcript reflecting a BA degree in any discipline, WITH <input type="checkbox"/> at least 36 credits in ECE, CD, EIEd, or EC Spec Ed*. ( <i>highlight credits</i> )	<b>I</b>		
<ul style="list-style-type: none"> <li>• AA degree or higher in a non-ECE related field <b>AND</b></li> <li>• at least 3 years experience in an NAEYC Accredited program.</li> </ul>	<input type="checkbox"/> a copy of the degree OR <input type="checkbox"/> a transcript that reflects the degree was earned; <b>AND</b> <input type="checkbox"/> 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.	<b>J</b>		
<ul style="list-style-type: none"> <li>• AA degree or higher in non-ECE related field <b>AND</b></li> <li>• at least 3 years experience in a non-accredited program, <b>AND</b></li> <li>• at least 30 contact hours of training</li> </ul>	<input type="checkbox"/> a copy of the degree OR <input type="checkbox"/> a transcript that reflects the degree was earned; <b>AND</b> <input type="checkbox"/> a resume or letter that includes the program name, location, length of employment, and role constituting 3 years of experience; <b>AND</b> <input type="checkbox"/> documentation of 30 contact hours of relevant training	<b>K</b>		
CDA credential equivalent as defined by NAEYC as at least 12 college credits in ECE, CD, EI Ed, or EC Spec Ed	<input type="checkbox"/> a transcript documenting 12 ECE* credits ( <i>highlight credits</i> ) OR <input type="checkbox"/> documentation from a college/university that would grant a minimum of 12 credits for a specified training program OR <input type="checkbox"/> military training modules.	<b>D</b>		
Working on an AA degree or higher degree in ECE, CD, EI Ed, or EC Spec Ed	<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.</i>  <i>Acceptable documentation that is dated within one year of the Candidacy Due date includes one or more of the following:</i> Copy of <input type="checkbox"/> an application, <input type="checkbox"/> grade report, <input type="checkbox"/> transcript, <input type="checkbox"/> course description from a course catalog, <input type="checkbox"/> CDA preparation course flyer, <input type="checkbox"/> letter from an advisor, <input type="checkbox"/> receipt of tuition payment, or <input type="checkbox"/> military training modules.	<b>E</b>		
Working on the equivalent of an AA degree or higher in ECE, CD, EI Ed, or EC Spec Ed		<b>G</b>		
Working on the CDA credential awarded by the Council for Professional Recognition		<table border="1"> <tr> <td><b>A</b></td> <td rowspan="2">Options A and B are available to teacher assistants/ teacher aides only.</td> </tr> <tr> <td><b>B</b></td> </tr> </table>	<b>A</b>	Options A and B are available to teacher assistants/ teacher aides only.
<b>A</b>	Options A and B are available to teacher assistants/ teacher aides only.			
<b>B</b>				
Working on the equivalent of the CDA credential (as defined by NAEYC as 12 credits)				
None of the above qualifications apply.	<input type="checkbox"/> No additional documentation is included.	<b>NONE</b>		
*ECE = Early Childhood Education; CD = Child Development; EIEd = Elementary Education; EC Spec Ed = Early Childhood Special Education				
<b>NOTE: All college credits and degrees must be from a regionally accredited institution of higher education.</b> The U.S. Department of Education maintains a listing of recognized accredited institutions of higher education at <a href="http://ope.ed.gov/accreditation">http://ope.ed.gov/accreditation</a> . International degrees must be verified through a process of matching US equivalent degrees.				
Documentation certifying the above qualifications for _____ (staff member's name), who is a <input type="checkbox"/> teacher <input type="checkbox"/> assistant teacher/teacher aide (check staff member's role) in _____ (group name(s)) is included directly following this page.				

**Section 8: PROGRAM SELF-ASSESSMENT REPORT**

**SOURCES OF EVIDENCE INFORMATION**

The Sources of Evidence for all Criteria have been updated as of September 16, 2008. Programs that submit Candidacy Materials on the September 30, 2009 Candidacy due date must organize their evidence according to the 2008 Sources of Evidence as listed below.

**2008 Sources of Evidence**

- Program Portfolio
- Classroom Portfolios
- Teaching Staff Survey
- Family Survey
- Observable Criteria

**INSTRUCTIONS**

To complete Section 8: Program Self-Assessment Report, all Sources of Evidence created during Self-Assessment should be complete with labeled pieces of evidence or completed summary forms. Reference your completed Sources of Evidence to answer the following questions.

**Notes:**

- Not all criteria apply to all age categories. If you do not serve the age category to which the criterion applies, check the appropriate box and move on to the next question.
- Do not exceed the space provided as you complete each question. Doing so will decrease the user-friendliness of these Candidacy Materials.
- Do not attach evidence to these materials. Simply report on the evidence that you have collected throughout your program's formal Self-Assessment.

*Refer to the sample questions below. On your program's Candidacy Materials, your program will be asked to report on a random sampling of criteria to demonstrate its readiness for a site visit. Candidacy Materials will be made available to programs 8 weeks prior to their selected Candidacy due date on the Program Record.*

**Criterion XX.XX.XX: Language of criterion**

Reference one piece of evidence for criterion XX.XX.XX from the **[Program/Classroom] Portfolio**. Complete the chart below to describe the piece of evidence. Do not attach evidence to these materials. Do not hesitate to utilize the "Other" choice in which you can describe a type of evidence that is not included on the list.

<input type="checkbox"/>	Type of Evidence Commonly Used
<input type="checkbox"/>	Type of Evidence Commonly Used
<input type="checkbox"/>	Type of Evidence Commonly Used
<input type="checkbox"/>	Other: _____
Description of Evidence:	

**Criterion XX.XX.XX: Language of criterion**

Complete the chart below with survey data for criterion XX.XX.XX based on the results from the **[Family/Teaching Staff] Survey Results Spreadsheet**.

Score for Criterion XX.XX.XX	Information learned from the <b>[Family/Teaching Staff] Survey</b>
%	

**Criterion XX.XX.XX: Language of criterion**

Complete the chart below with observation data for criterion XX.XX.XX based on the results from the **Observable Criteria** Tool. If your program does not serve groups that include an age category listed below, mark NA for “not applicable.”

<b>INFANT</b>	Total # Groups	
	# Groups that Fully Meet	
	# Groups that do NOT Fully Meet	
<b>TODDLER/TWO</b>	Total # Groups	
	# Groups that Fully Meet	
	# Groups that do NOT Fully Meet	
<b>PRESCHOOL</b>	Total # Groups	
	# Groups that Fully Meet	
	# Groups that do NOT Fully Meet	
<b>KINDERGARTEN</b>	Total # Groups	
	# Groups that Fully Meet	
	# Groups that do NOT Fully Meet	
<b>MIXED AGE</b> If a group includes children whose ages range beyond the overlapping portion of two age categories, then the group is a mixed-age group.	Total # Groups	
	# Groups that Fully Meet	
	# Groups that do NOT Fully Meet	

**FINAL QUESTIONS**

What information does NAEYC need to know to conduct an accurate assessment of your program (for example, any unique characteristics of the facility, program, enrolled children, or community) when reviewing your Candidacy materials and during the site visit?

(Do not exceed the space provided.)

Are there any criteria with which your program cannot comply because the program is subject to a governmental rule that does not allow you to meet it? If so, please specify the criteria (letter and number) and attach documentation of the regulation that prohibits meeting the expectation of the criterion.

(Do not exceed the space provided.)

**END OF SECTION 8: PROGRAM SELF-ASSESSMENT REPORT**

**SAMPLE**

## Section 9: RIGHTS and RESPONSIBILITIES &amp; SIGNATURE

## PROGRAM RIGHTS

**Right:** To receive professional and timely technical support in completing the Candidacy Materials. The NAEYC Program Support staff members are available by phone, toll-free, at (800) 424-2460, option 3 Monday - Friday, 9:00 AM to 5:00 PM EST, and by email at [accreditation.information@naeyc.org](mailto:accreditation.information@naeyc.org). The web site [www.naeyc.org/academy](http://www.naeyc.org/academy) also provides resources and information on NAEYC Accreditation, including The Online Resource Center Headquarters (TORCH) at [www.naeyc.org/selfstudy/](http://www.naeyc.org/selfstudy/).

**Right:** To report a concern or compliment to the NAEYC Academy about the accreditation process. A form is available online at [www.naeyc.org/academy](http://www.naeyc.org/academy).

**Right:** To receive a site visit within 6 months of the Candidacy due date if materials are complete, received with the fee, and the program meets all of the Candidacy Requirements.

**Right:** To receive information from the NAEYC Academy including updates on the NAEYC Accreditation system, policies, and procedures through the email address provided to the Academy.

**Right:** To withdraw from the Candidacy process at any time. NAEYC Accreditation is a voluntary process. (Please note, however, that the Candidacy fee may be non-refundable depending on when the withdrawal occurs.)

## PROGRAM RESPONSIBILITIES

**Responsibility:** To ensure the program is using the most current version of NAEYC Early Childhood Program Standards, Accreditation Criteria, and procedures when the Candidacy Materials are submitted for NAEYC Accreditation.

**Responsibility:** To submit the completed Candidacy Materials to NAEYC with applicable fee postmarked on or before the Candidacy due date. It is the program's responsibility to verify when local post offices change the postmark to the next day to ensure it is accepted. Candidacy Materials will not be processed until the applicable fee is received by NAEYC. If sending payment under separate cover, please be sure to include the Program ID with payment. Programs that do not submit complete Candidacy Materials with fee will not have the site visit within 6 months and may be denied Candidacy.

**Responsibility:** To visit [www.naeyc.org/academy](http://www.naeyc.org/academy) and TORCH (see [www.naeyc.org/selfstudy](http://www.naeyc.org/selfstudy) for instructions on how to register) frequently and to read information from the NAEYC Academy. These resources provide valuable information and updates on the NAEYC Accreditation system, policies, and procedures.

**Responsibility:** To notify NAEYC of any program updates including staffing changes and new contact information. Please contact the Academy at 800-424-2460 option 3 or [accreditation.information@naeyc.org](mailto:accreditation.information@naeyc.org) for guidance on providing these updates. Updating this information is the only way to ensure your program moves forward successfully through the process, receives information about the status of Candidacy, and updates about NAEYC Accreditation.

**Responsibility:** To pay Self-Study Enrollment (Step 1), Application (Step 2), and Candidacy (Step 3) fees based on the number of eligible children enrolled by a program. Programs will be billed for supplemental fees (according to NAEYC levels) if program enrollment is inaccurately reported during the accreditation process. The costs incurred by the NAEYC Academy for the accreditation process is directly related to the number of eligible children enrolled in each program.

**Responsibility:** To notify NAEYC immediately if the program no longer meets all of the Application and/or Candidacy requirements, such as serving a minimum of ten children or Candidacy requirements for teaching staff. If a program does not meet all the requirements, it will not be able to achieve NAEYC Accreditation. The fees paid by the program as it moves forward in the process may be non-refundable.

**Responsibility:** To submit the Candidacy Materials specifically generated for your program, which are made available in your program record ([www.program.naeyc.org](http://www.program.naeyc.org)). Programs that submit other programs' Candidacy Materials may miss their Candidacy due date by not submitting the appropriate materials.

## Section 9: RIGHTS and RESPONSIBILITIES &amp; SIGNATURE continued

- I verify that the information submitted in these Candidacy Materials is accurate and that if any false or misleading information is ever provided to the NAEYC Academy, accreditation may be revoked (if granted) and the accreditation process will cease.
- I have read and understand my program's rights and responsibilities.
- I understand that my program will have a site visit within 6 months of the Candidacy due date selected if we have met all the established deadlines and requirements and have been granted Candidacy.
- I verify that our program has been in operation for at least one year by the Candidacy due date selected, and we have continued to meet all eligibility requirements reported in the Application previously submitted.
- I understand that portions of the Candidacy fee are non-refundable.
- I understand that failure to fully complete the Candidacy 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 Candidacy and the end of the Accreditation process.
- 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).
- I understand that if granted Candidacy in order to achieve NAEYC Accreditation our program must meet 80% of the criteria for which the program is assessed within each Standard, that no individual classroom may fall below 70%, and that our program must meet each of the Required Criteria:
- 1.B.09 Teaching staff never use physical punishment such as shaking or hitting and do not engage in psychological abuse or coercion.
  - 3.C.02 Teaching staff supervise infants and toddlers/twos by sight and sound at all times.
  - 3.C.04 Teaching staff supervise children primarily by sight. Supervision for short intervals by sound is permissible, as long as the teachers check frequently on children who are out of sight (e.g. those who can use the toilet independently, who are in a library area, or who are napping).
  - 5.A.03 At least one staff member who has a certificate showing satisfactory completion of pediatric first-aid training, including managing a blocked airway and providing rescue breathing for infants and children, is always present with each group of children. When the program includes swimming and wading and when a child in the group has a special health condition that might require CPR, one staff person who has successfully completed training in CPR is present in the program at all times.
  - 5.A.12 To reduce the risk of Sudden Infant Death Syndrome (SIDS): Infants, unless otherwise ordered by a physician, are placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission.

\_\_\_\_\_  
(Print Full Name)

\_\_\_\_\_  
(Title)

Signature \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(month) (date) (year)

**Each box must be checked in order to become a Candidate for NAEYC Accreditation.**

Program ID: \_\_\_\_\_

## Section 9: RIGHTS and RESPONSIBILITIES &amp; SIGNATURE continued

When the Candidacy Materials are completed, the administrator should identify an individual who is knowledgeable about the program to read the Candidacy Materials to verify its completeness and accuracy. That person could be an assistant administrator, lead teacher, board member or chair, parent, licenser/regulator or other individual who is familiar with the daily operation of the program. Please identify an appropriate person within your program to verify that the attached Candidacy Materials are true and accurate. That individual should read the Candidacy Requirements and certify its accuracy by signing below:

**I have read the attached Candidacy Materials and verify that to the best of my knowledge it is true and accurate.** (Please sign below.)

\_\_\_\_\_  
Signature of person verifying accuracy

\_\_\_\_\_  
Relationship to program

\_\_\_\_\_  
Date

## Section 10: NEXT STEPS &amp; MAILING INSTRUCTIONS

1. After the Candidacy Materials are submitted (both the Candidacy Materials and applicable fees), they will be reviewed by NAEYC Academy staff members.
2. 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). Please contact the Program Support Information Center at 800-424-2460 option 3 or [accreditation.information@naeyc.org](mailto:accreditation.information@naeyc.org) for guidance on providing these updates.
3. Programs that meet all Candidacy Requirements will be notified that they have been **approved as a Candidate for NAEYC Accreditation**. If the Program adhered to all the necessary deadlines, the site visit will occur within 6 months and an NAEYC Assessor will work with the program to schedule the visit.

Programs that do not meet all Candidacy Requirements will be notified that they are denied Candidacy for NAEYC Accreditation. They may be provided with the opportunity to submit a second review fee with additional information; or may be required to submit another Application and fee when all eligibility requirements are met.

4. While awaiting notification, the program should continue to make program improvements using the NAEYC Early Childhood Program Standards and Accreditation Criteria and the *Guide to Self-Assessment* located in TORCH (see [www.naeyc.org/selfstudy](http://www.naeyc.org/selfstudy) for instructions on how to register).

## MAILING INSTRUCTIONS

NAEYC Academy  
P.O. Box 96036  
Washington, D.C. 20090-6036

Do not forget to make a copy of the Candidacy Materials for the program files before submitting it to NAEYC. Making a copy is important because NAEYC will keep the original.

**Please submit the completed Candidacy Materials to NAEYC with applicable fee postmarked (verify the availability of the postmark with your local post office) on or before the selected Candidacy due date.** Please **do not** use overnight or express mail when sending the Candidacy Materials to the P.O. Box. Please verify, with your local post office, the best method to trace the submission of your Candidacy Materials.

**Candidacy Materials will not be processed until the applicable fee is received by NAEYC. If sending payment under separate cover, please be sure to include the Program ID with payment. Programs that do not submit complete Candidacy Materials with fee are not guaranteed a site visit and may be required to return to an earlier step in the process.**