Licensed Center Application ExceleRate® Illinois | Gold Circle of Quality Supplement National Accreditation Commission (NAC) **Accreditation Path**



Section 1 - NAC Accreditation Information			
ACCREDITATION START DATE: / / ACCREDITATION EXPIRATION	I DATE: /	/	
PLEASE SUBMIT A COPY OF ACCREDITATION CERTIFICATE AND/OR LETTER SHOWING			SS.
PLEASE SUBMIT A COPY OF ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICE *IDCFS LICENSE WILL BE CHECKED FOR VIOLATIONS	CES (IDCFS) LIC	ENSE.	
1. Accreditation Certificate covers all ages served within the program	. O YES	O NO	
Section 2 - Required Training			
An on-site Program Administrator must complete the following training before applying A Program Administrator may be any person listed in Section 4 of the main application of Director/Teacher. Completion of training will be verified by the Gateways Registry.	-		
1. Has an on-site Program Administrator completed the ExceleRate Illinois Orientation?	O YES	O NO	
Section 3 - Standards and Evidence			
Your program's NAC accreditation meets the following ExceleRate Illinois standards with 1A, 1C, 2A, 3A, 3B, and 3C. Standards 4A, 4B, and 4C will be verified by the Gateways F		ditional documentation:	
For each question below, check either 'Yes' or 'No' to indicate whether your program me	ets the standar	d as listed.	
If answering 'Yes', additional information and supporting documentation may be required Completion of required trainings will be verified by the Gateways Registry.	1.		
1B - CURRICULUM			
1. Do you utilize a curriculum in your program that is aligned with the Illinois Early Learning Guidelines/Standards?	O YES	O NO	
1a. If Yes, what is the name of the curriculum?			_
1b. If Yes, is this curriculum on the list of aligned curricula found on the ExceleRate Illinois website?	O YES	O NO	
 If No, include a narrative description of how the curriculum is aligned with the Illinois Early Learning Guidelines/Standards. 			
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1D - CHILD SCREENING					
2. Does your program conduct developmental screenings for all children at least annually, as well as complete screenings within 60 days of a child's entrance to the program?	O YES	С	NO NO		
Olf Yes, include a copy of your program's written policies related to developmental/child screening.					
1E - CHILD ASSESSMENT					
3. Does your program implement an approved child assessment tool, as listed on the ExceleRate Illinois website?	O YES	С	NO NO		
3a. If Yes, what is the name of the assessment tool?					
 If No, please include a narrative description of how the assessment tool used aligns with the program's curriculum. 					
1F - INCLUSION OF CHILDREN WITH DISABILITIES OR DEV	/ELOPMEI	NTA	L DEI	_AY	S
A statewide MOU is in development for CFC's and/or Local Education Agency (LEA) to use with programs. Until a statewide MOU is available, this requirement is waived.					
4. Does your program have a written Memorandum of Understanding (MOU) with the local Child and Family Connections (if serving children under 3)?	O YES	\circ	NO	0	N/A (not serving children under age 3
5. Does your program have a written MOU with at least one Local Education Agency (LEA) concerning services to children age 3 - 5 with an Individual Education Program (IEP)?	O YES	0	NO	0	N/A (not serving children age 3 - 5)
OPTIONAL: If Yes, include a copy of a signed MOU with at least one LEA.					



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2B – TRANSITIONS			
6. Does your program implement a written plan of activities and strategies that facilitate the transition of children and families into and out of classrooms, early learning environments, community services, and school settings including the transition to kindergarten? And is the plan shared with parents and community/school stakeholders?	○ YES	O NO	
O If Yes, please include a copy of the transition policy as well as an example of communication that indicates it has been shared with parent	S.		
3D - LINGUISTICALLY AND CULTURALLY APPROPRIATE P	RACTICE		
7. Does your program communicate with families in their home language whenever possible?	O YES	O NO C	N/A (not serving families with a home language
O If Yes, include an example of communication with families in their home language.			other than English)
4A/4B - DIRECTOR AND STAFF QUALIFICATIONS			
8. Director holds Illinois Director Credential II or higher.	O YES	○ NO	
9. 20% of Teaching staff have a minimum of a Gateways ECE Credential Level 4 and 20% of Teaching staff have a minimum of Gateways ECE Level 5.	O YES	O NO	
10. 40% of Teaching staff in infant-toddler classrooms have a Gateways Infant Toddler Credential Level 3.	O YES	○ NO	
Administrator and Teaching staff must hold the applicable Gateways Credential, or have a pending application on file. If not meeting the applicable Credential, the program administrator/staff may write a CQIP to outline goals, action steps, specific coursework/ training the individual can accomplish over the year to work towards the applicable Credential. The program administrator/staff should use the letter each individual received from the Credential Department to guide CQIP development in what coursework/training is needed. Updated CQIP of accomplishments will be required at annual report and progress must be shown towards Standards 4A and 4B Credential attainment. Please refer to the ExceleRate/Credentials FAQ for additional details https://www.excelerate			
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illinoisproviders.com/docman/resources/61-09-26-14-excelerate-credential-faq/file

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1C _	STAFF	DEVEL	OPMEN	Т
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8. Do all classroom staff in your program complete a minimum of	○ YES	○ NO
5 hours Gateways Registry-approved training as part of their		
professional development each year?		

