

Section 1 - Grantee Information

SITE NAME: _____

E/HS GRANTEE CONTACT: _____ TITLE: _____

E/HS GRANTEE NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____ GRANTEE CONTACT E-MAIL: _____

Section 2 - Standards and Evidence

For each question below, check either 'Yes' or 'No' to indicate whether your program meets the standard as listed.

If answering 'Yes', additional information may be required. Completion of required ExceleRate Illinois Orientation and Credentials will be verified by the Gateways Registry.

1A AND 1C - ASSESSMENT TOOLS

1. Choose which tool the program would like assessed on.

ERS

CLASS (AGES 3-5 ONLY)

Please Note:

ITERS-R is used to assess classrooms with children birth thru 35 months.

ECERS-3 is used to assess classrooms with children 36 months to 5 years (unless you have chosen CLASS).

SACERS-U is used to assess classrooms with children 5 years and older.

If a program has a combined classroom of 2 and 3 year old children, ECERS-3 will be used if 75% or more of the children are age 3 or older at the time of verification. Otherwise ITERS-R will be used to assess the classroom.

1B - CURRICULUM

2. Do you utilize a research-based curriculum in your program that is aligned with the Illinois Early Learning Guidelines/Standards? YES NO

2a. What is the name of the curriculum? _____

2b. Is this curriculum on the list of aligned curricula found on the ExceleRate Illinois website? YES NO

If No, include a narrative description of how the curriculum is aligned with the Illinois Early Learning Guidelines/Standards.

4A/4B – DIRECTOR AND STAFF QUALIFICATIONS

3. Director holds Illinois Director Credential II or higher. YES NO

4. 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. YES NO

5. 40% of Teaching staff in infant-toddler classrooms have at Gateways Infant Toddler Credential Level 3. YES NO N/A DO NOT HAVE INFANT/TODDLER CLASSROOMS

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.

4C – STAFF DEVELOPMENT

6. Do all classroom staff in your program have written individual professional development plans? YES NO

7. Do all classroom staff in your program complete at least 20 hours of professional development per year including a minimum of 5 Gateways Registry-Approved training? YES NO

IDCFS LICENSE NUMBER _____

CERTIFICATIONS AND APPLICATION AUTHORIZATION

To enroll via the Head Start path, all community-based and school-based sites included in this application must meet the following requirements:

- All sites are directly-operated by this Early Head Start or Head Start (E/HS) Grantee YES NO
- All classrooms are E/HS funded, and operate in accordance with E/HS Program Performance Standards for the full program day YES NO
- The site administrator/director or Education Coordinator, and all classroom teaching staff, are employed and supervised by the Grantee YES NO
- If site operates with a blended/collaboration funding model, E/HS children are not separated by classroom or time of service YES NO

I certify that all information provided herein is true and accurate. By my signature below I authorize INCCRRA to verify any information and documents submitted as part of this application. I understand that false or misleading information may constitute grounds for denial of this application. I understand that my ExceleRate Circle of Quality, if awarded, will be published on the ExceleRate public website, and that aggregated site information may be used for research/evaluation purposes.

SIGNATURE, GRANTEE AUTHORIZED OFFICIAL: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

E/HS GRANTEE MONITORING EVIDENCE:

1. Please enclose ONE of the follow as evidence of your program's ongoing monitoring system relevant to your type of site, i.e. grantee directly operated, delegate, or partner agency (if applicable):

- A narrative description of your program's monitoring protocol relevant to how and when this site is monitored for compliance.
- A copy of your sites monitoring calendar that identifies what is being monitored and shows the frequency of the monitoring.
- A copy of your programs monitoring policy and/or procedures if this outlines the frequency and describes the monitoring process for this site.
- A copy of your program or site specific monitoring plan.

2. Please send a copy of your most recent comprehensive federal review report.

If your program has begun the 5-year grant cycle please include monitoring reports from these reviews. If any of the grantee review reports show an area of non-compliance or a deficiency, please also include a copy of the follow up review report that shows the issue has been corrected.

3. Sites are expected to meet all DCFS Licensing, Fire Code or Health Code Regulations. In the event the site has had a recent (within the last 12 months) code violation noted by a regulatory body, please include information with this supplement that shows the violation and the official documentation that it has been corrected.

*Note: licensed programs should check with their DCFS licensing representatives and view their sites compliance report in the Sunshine database on the IDCFS website. In the event of any substantiated violations within the past year, a site needs to ensure any violations are corrected prior to submitting an ExceleRate application

*Please Note: If the Grantee was placed into the Designation and Renewal System, re-competed and successfully received back the grant, you are eligible to apply through this Head Start Supplement Pathway. If your program is in the process of re-competing for the E/HS grant, an individual site cannot use the HS Supplement but can still apply through the licensing route or if accredited, through the accreditation pathway.

IDCFS LICENSE NUMBER _____