

Section 1 - AMS Accreditation Information

AMS ID: _____

ACCREDITATION START DATE: ____ / ____ / ____ ACCREDITATION EXPIRATION DATE: ____ / ____ / ____

- PLEASE SUBMIT ACCREDITATION CERTIFICATE AND/OR LETTER SHOWING EXTENSION IF IN THE RENEWAL PROCESS.
- PLEASE SUBMIT A COPY OF ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES (IDCFS) LICENSE.

***IDCFS LICENSE WILL BE CHECKED FOR VIOLATIONS**

1. Accreditation Certificate covers all ages served within the program. YES NO

Section 2 - Required Training

An on-site Program Administrator must complete the following training before applying for the Gold Circle of Quality. A Program Administrator may be any person listed in Section 4 of the main application as a Director, Assistant Director, or Director/Teacher. Completion of training will be verified by the Gateways Registry.

1. Has an on-site Program Administrator completed the ExceleRate Illinois Orientation ? YES NO

Section 3 - Standards and Evidence

Your program's AMS accreditation meets the following ExceleRate Illinois standards without need for additional documentation: 1A, 1C, 1E, 2A, 2B, 3A, 3B, 3C, 3D, 4A, 4B, and 4C.

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

If answering 'Yes', additional information and supporting documentation may be required. Completion of required trainings will be verified by the Gateways Registry.

1B - CURRICULUM

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

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

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? YES NO

If Yes, supply a copy of your program’s written policies related to developmental/child screening.

1F – INCLUSION OF CHILDREN WITH SPECIAL NEEDS

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.

3. Does your program have a written Memorandum of Understanding (MOU) with the local Child and Family Connections (if serving children under 3)? YES NO N/A (not serving children under age 3)

4. 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)? YES NO N/A (not serving children age 3 - 5)

OPTIONAL: If Yes, enclose a copy of a signed MOU with at least one LEA.