

## Section 1 - Program Information

SITE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

FEIN \_\_\_\_\_ IDCFS LICENSE NUMBER \_\_\_\_\_

*Please include a copy of your IDCFS License with your application. IDCFS License will be checked for violations.*

IF SERVING CHILD CARE ASSISTANCE PROGRAM (CCAP) CHILDREN YOU MUST PROVIDE YOUR 15 DIGIT PROVIDER NUMBER(S) YOU RECEIVE PAYMENT UNDER. FAILURE TO PROVIDE THIS WILL RESULT IN MISSED ADD-ONS, IF AVAILABLE.

PROVIDER NUMBER(S) \_\_\_\_\_

*This number can be found directly after your name on the CCAP documentation.*

### On-Site Contact Person:

NAME \_\_\_\_\_

REGISTRY MEMBER ID \_\_\_\_\_ EMAIL \_\_\_\_\_

## Section 2 - Site Information

### Days and Hours of Operation:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

### Year Schedule: (check one)

- FULL YEAR (serving children at least 47 weeks)       SUMMER ONLY  
 SCHOOL YEAR ONLY       OTHER PART YEAR (serving children less than 47 weeks, but not School Year Only or Summer Only)

### Check the box(es) for each source of funding that this site receives: (check all that apply)

- PARENT TUITION/FEES       PREVENTION INITIATIVE (ISBE/CPS)  
 CHILD CARE ASSISTANCE PROGRAM (CCAP)       PRESCHOOL FOR ALL (ISBE/CPS)  
 HEAD START/EARLY HEAD START       DEPARTMENT OF FAMILY AND SUPPORT SERVICES (DFSS) CITY OF CHICAGO

TOTAL # CLASSROOMS AT SITE: \_\_\_\_\_

# 1/2 DAY CLASSROOMS/SESSIONS \_\_\_\_\_ # FULL DAY CLASSROOMS/SESSIONS \_\_\_\_\_

CURRENT ENROLLMENT: TOTAL HS (AGES 0 – 3) \_\_\_\_\_ TOTAL HS (AGES 3 – 5) \_\_\_\_\_

## Section 3 - Standards and Evidence

### 4A/4B – DIRECTOR AND STAFF QUALIFICATIONS

*Note: if program holds **AMERICAN MONTESSORI SOCIETY (AMS) ACCREDITATION**, this section is N/A and you do not need to complete. Proceed to section 4.*

- |  |                           |                          |
|--|---------------------------|--------------------------|
| 1. Director holds Illinois Director Credential 1 or higher.  | <input type="radio"/> YES | <input type="radio"/> NO |
| 2. 30% of Teaching staff have a minimum of a Gateways ECE Credential Level 3.                            | <input type="radio"/> YES | <input type="radio"/> NO |
| 3. 30% of Teaching staff in infant-toddler classrooms have a Gateways Infant Toddler Credential Level 2. | <input type="radio"/> YES | <input type="radio"/> 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.exceleRateillinoisproviders.com/docman/resources/61-09-26-14-exceleRate-credential-faq/file>

## Section 4 - Certification Acknowledgement and Application Authorization

1. Please submit a copy of your program’s current valid accreditation certificate from a state approved accrediting body.

Please check one:

- AMERICAN MONTESSORI SOCIETY (AMS) ACCREDITATION
- COGNIA ACCREDITATION
- COUNCIL ON ACCREDITATION (COA) EARLY CHILDHOOD PROGRAMS
- NATIONAL ACCREDITATION COMMISSION (NAC)
- NATIONAL EARLY CHILDHOOD PROGRAM ACCREDITATION (NECPA)
- NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (NAEYC) ACCREDITATION +

Note: NAEYC accreditation includes three tiers: Recognition, Accreditation, and Accreditation +. For ExceleRate the **Accreditation+** tier is recognized.

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, PROGRAM AUTHORIZED OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_