



# SAMPLE Candidacy Materials

## Information about Candidacy Materials (Step 3) for NAEYC Accreditation of Programs for 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 \(Step 3\)](#).

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

- Complete the program-specific Candidacy Materials made available in the [Program Record](#) eight 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.
- 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*. For additional resources, access the *Resource Library* in [TORCH](#).

The following is a sample of the Candidacy Materials used for the September 30, 2013 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.

## PURPOSE

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 [Academy website](#) and click on *Pursuing Accreditation*.

## INSTRUCTIONS

Congratulations on beginning Step 3: Becoming a Candidate for NAEYC Accreditation! **These materials should have been downloaded from your [program's record](#). If you received these materials through any other method STOP, and either go to your program record to download the appropriate materials or call (800) 424-2460 option 3, then option 1.** Each program must complete the version of the Candidacy Materials that is assigned to the specific program and are located within 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.

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.

## TABLE OF CONTENTS

<b>Section 1:</b>	Program Information (Pages 2-3)
<b>Section 2:</b>	Fees for NAEYC Accreditation (Page 4)
<b>Section 3:</b>	Payment Information (Page 5)
<b>Section 4:</b>	Licensing/Regulation (Pages 6-7)
<b>Section 5:</b>	Program Schedule (Pages 8-9)
<b>Section 6:</b>	Group Information (Pages 10-12)
<b>Section 7:</b>	Program Administrator (Pages 13-16)
<b>Section 8:</b>	Professional Development Plan (Page 17)
<b>Section 9:</b>	Collaborative Process for Self-Assessment (Pages 18-19)
<b>Section 10:</b>	Program Self-Assessment Report (Pages 20-21)
<b>Section 11:</b>	Rights and Responsibilities (Page 22)
<b>Section 12:</b>	Submission Instructions (Page 22)

**Section 1: PROGRAM INFORMATION****Program Identification**

Program Name:

*Legal name to appear on all correspondence and official documents from NAEYC, including the NAEYC Accreditation Certificate.*

Program ID#: (Assigned at Enrollment Step 1)

**Designated Program Administrator**

The **Designated Program Administrator** is responsible for receiving written correspondence regarding the program's accreditation and can update NAEYC with changes to program information. See [Clarification on Program Administrator](#) for more information.

Name:

Title:

Phone:

Fax:

Email:

**Secondary Contact**

The **Secondary Contact** will be copied on all correspondence regarding the program's accreditation and can update NAEYC with changes to program information.

Name:

Title:

Phone:

Fax:

Email:

**Additional Contacts**

**Additional Contacts** are authorized to receive confidential programmatic information from NAEYC. Programs may name up to three (3) additional contacts.

Name:

Name:

Name:

Title:

Title:

Title:

**Multiple Programs within the Same Facility**

NAEYC Accreditation is granted to the overall program, and will not be granted to individual classrooms within a program. Throughout the NAEYC Accreditation process, all eligible groups a program serves must be reported and may be observed during a site visit. **This includes groups within the program that operate during the summer and after-school care groups.**

A group can only be excluded from a program's NAEYC Accreditation if it is part of a separate program that has a separate public identity. A program pursuing NAEYC Accreditation must notify NAEYC of all separate programs that operate within its facility and be able to demonstrate a separate budget, administration, license and/or other criteria.

Complete the information below to inform NAEYC of other programs that operate within your program's facility.

My program is the only program that operates within its facility.  Yes  No

*NOTE: If "yes" is checked above, and your program offers a summer camp option or after-school care groups, these groups must be reported and may be observed during a site visit.*

In addition to my program, one or more programs operate within the same facility.  Yes  No

If yes, use the space below to list other programs that operate within your program's facility and describe how other existing programs are separate from your program. Include relevant information about how all other existing programs have a separate name, budget, administration, and/or license from your program.

*If necessary, you may attach an additional page to continue your description of separate programs that operate within your program's facility.*

**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:

Email:

Relationship to program:

Phone:

**Section 1: PROGRAM INFORMATION Continued****Program Address**

Contact information will be posted on the NAEYC website when a program achieves NAEYC Accreditation.

Street Address:		Suite/dept/floor:
City:	State:	Zip:
County:	Country:	
Phone:	Fax:	
Email:	Website:	

**Mailing Address**

To be used for written correspondence to the program.

Same as program address

Street Address:		Suite/dept/floor:
City:	State:	Zip:
County:	Country:	
Email:	Phone:	

**Billing Address**

To be used for invoices sent to the program.

Same as program address     Same as mailing address

Attention:

This individual must also be listed as the Designated Program Administrator, Secondary Contact, or an Additional Contact on page 1.

Organization Name (if different than program name):

Street Address:		Suite/dept/floor:
City:	State:	Zip:
County:	Country:	
Email:	Phone:	Fax:

**Shipping Address**

To be used for the shipment of all NAEYC Accreditation Materials.

Same as program address     Same as mailing address     Same as billing address

Street Address: <i>No P.O. Boxes accepted</i>		Suite/dept/floor:
City:	State:	Zip:
County:	Country:	
Email:	Phone:	

## Section 2: FEES FOR NAEYC ACCREDITATION

The Candidacy Materials fee is nonrefundable.

This form will not be processed until NAEYC receives the applicable fee.

<b>\$750</b>	10 - 60 children
<b>\$875</b>	61 - 120 children
<b>\$1100</b>	121 - 240 children
<b>\$1300</b>	241 - 360 children
<b>Add \$100 for every additional 120 children.</b>	

The accreditation fee is calculated based on the number of children enrolled in a program at the time this form is submitted. If the number of children changes for a defined portion of the year (for example, altered program operation during the summer), the program should report the number of children that typically applies throughout the majority of the school year. Programs will be billed for supplemental fees (according to the chart above) if program enrollment is inaccurately reported during the accreditation process.

Reference the following rules to determine the number of children that determines the accreditation fee for your program.

- Each child is only counted once.
- Each child of eligible age (birth through kindergarten) that is part of an eligible group is counted. All eligible groups MUST be included in your program's NAEYC Accreditation. Note that groups are not eligible if more than 50% of the children are school age (first grade and beyond).
- For programs with hourly care or drop-in care groups in which the total number of children enrolled in the group exceeds the maximum licensing capacity of the group, only the maximum licensing capacity of the group is counted. Add the maximum licensing capacity of any drop-in care groups to the total number of children, if applicable.

Age Category	Number of Children Enrolled
Infant (birth to 15 months)	
Toddler/Twos (12 to 36 months)	
Preschool (30 months to 5 years)	
Kindergarten (public or private)	
<b>TOTAL Number of Children:</b>	

### Late Fee

If the program submits Candidacy Materials up to one (1) calendar month past the Candidacy due date, a late fee of \$125 must be included with the payment. Please note that this form will not be accepted unless NAEYC receives the applicable fee within one (1) calendar month past the Candidacy due date.

- I acknowledge that this form is being submitted up to one (1) calendar month past the Candidacy due date and the \$125 late fee is included with the payment.

**Section 3: PAYMENT INFORMATION**

Choose ONE method of payment and include applicable information below.

**Check**

Check Number:

Name on Checking Account:

**Attach check to this form**

If check is sent under separate cover, program ID number or other identifying information must be included on the check.

**Purchase Order**

Purchase Order Number:

Name on Purchase Order:

**Attach purchase order to this form.**

If purchase order is sent under separate cover, program ID number or other identifying information must be included on the purchase order.

**Credit Card**

VISA  MasterCard  Amex

Credit Card Number:

Credit Card Expiration Date: Month:                      Year:

Name on card/checking account or purchase order holder:

Card billing address:

City:

State:

Zip:

Country:

I authorize NAEYC to charge the above credit card at the amount of \$

Signature:

Programs who do not wish to provide their credit card information at this time may pay by phone, 1-800-424-2460, option 3, option 1.

**International ACH**

International ACH Number:

Name on International ACH:

Signature:

**NAEYC Information for Transfer:**

Account Number: 2000013841458

Routing Number: 121000248

Swift Code: WFBIUS6S

**International Wire Transfer**

International Wire Transfer Number:

Name on International Wire Transfer:

I acknowledge that a \$20 fee is included with the payment for processing.

Signature:

**NAEYC Information for Transfer:**

Account Number: 2000013841458

Routing Number: 121000248

Swift Code: WFBIUS6S

**Section 4: LICENSING/REGULATION****Licensing/Regulatory Status (Includes programs that are license exempt)**

Programs must be regulated by the appropriate licensing/regulatory body or in process of obtaining a license in order to become an Applicant for NAEYC Accreditation. Define the licensing/regulation status based on the four options below.

 **Option 1: My program is licensed.**

Appropriate licensing bodies refer to state licensing agencies.

My program is licensed by: State: \_\_\_\_\_ Agency: \_\_\_\_\_ with a:  Full License  
 Temporary License  
 Provisional License  
 Other: \_\_\_\_\_

My program is license-exempt, but voluntarily licensed.  No  Yes

My program's license expires.  No  Yes – if yes, indicate expiration date: \_\_\_\_\_

License Number: \_\_\_\_\_

Specialist Name: \_\_\_\_\_

Phone: \_\_\_\_\_

OR

 **Option 2: My program is regulated.**

Appropriate regulatory bodies refer to public agencies such as a board of education or the military.

My program is regulated by: \_\_\_\_\_

My program's regulation expires.  No  Yes – if yes, indicate expiration date: \_\_\_\_\_

OR

 **Option 3: My program is license-exempt, eligible for licensure, and began the application process to become licensed.**

The application process for licensure was begun in: Month: \_\_\_\_\_ Year: \_\_\_\_\_

With: State: \_\_\_\_\_ Agency: \_\_\_\_\_

Until the program becomes licensed, I verify that:

- 1) The program administrator has reviewed the state's licensing requirements;
- 2) The Board chair/president or owner has reviewed the state's licensing requirements;
- 3) My program is voluntarily in compliance with the state's licensing requirements; and
- 4) Upon registration of children in the program, my program provides families with a copy of the state's licensing requirements, informs families that the program is license-exempt, and informs families that the program is voluntarily in compliance with the state's licensing requirements.

OR

 **Option 4: My program is license-exempt, and legally prohibited from licensure.**

I verify that:

- 1) The program administrator has reviewed the state's licensing requirements;
- 2) The Board chair/president or owner has reviewed the state's licensing requirements;
- 3) My program is voluntarily in compliance with the state's licensing requirements;
- 4) Upon registration of children in the program, my program provides families with a copy of the state's licensing requirements, informs families that the program is license-exempt, and informs families that the program is voluntarily in compliance with the state's licensing requirements;
- 5) The program has documentation of fire and health inspections; and
- 6) The program will have completed a criminal background check on all staff and have complied with state and federal law concerning background checks. In addition, the program employs no individual convicted of a crime involving sexual abuse or child abuse or neglect.

<b>Section 4: LICENSING/REGULATION Continued</b>	
<b>Reporting on Licensing/Regulatory Status, Critical Incidents, and Major Changes</b>	
<p>NAEYC-Accredited programs and programs that have submitted an Application (Step 2) for NAEYC Accreditation are required to update NAEYC of critical incidents, suspension or revocation of license or regulatory status, and major changes according to the following timeframes. To meet upcoming Candidacy and site visit requirements for NAEYC Accreditation, a program must maintain good standing in its licensing or regulatory status by having no serious issues of noncompliance within the last year or since its last inspection.</p>	
<p style="text-align: center;"><b>NOTIFY WITHIN 72 HOURS</b></p> <p>Program staff must submit the <a href="#">72-Hour Notification form</a> if the program experiences any of the following critical incidents that may impact program quality status:</p> <p><b>Any suspension or revocation in program’s license or regulatory status</b></p> <p><b>Any <a href="#">incident</a> that did or could have compromised the essential health or safety of any child, such as but not limited to:</b></p> <ul style="list-style-type: none"> <li>• The death of any child from any cause</li> <li>• A <a href="#">critical injury</a> to any child that results in the child being admitted to a hospital Emergency Room for treatment (whether transported by the Emergency Medical Response team, program, parent, or other individual)</li> <li>• Any unusual incident involving a lack of supervision (such as but not limited to a child being left unattended or leaving the facility alone)</li> <li>• Any suspected physical or psychological abuse of a child at the program or by an individual that the child met through the program.</li> </ul>	<p style="text-align: center;"><b>REPORT WITHIN 30 DAYS</b></p> <p>Program staff must inform NAEYC of all major programmatic changes using the <a href="#">Self Report form</a>.</p> <p><b>Examples of major changes include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• Change in ownership or vendor</li> <li>• New designated program administrator</li> <li>• Change of location</li> <li>• Change to the physical facility or ground (due to damage, renovations, etc.)</li> <li>• Incorporation of a new age category that was not previously served</li> <li>• Court order or legal action</li> <li>• Change in general program information</li> <li>• Change in the primary or secondary contact for the program or related contact information</li> <li>• Merge with an existing program</li> </ul>
<p>List the date(s) in which your program submitted all applicable 72-Hour Notification and/or Self Reports to NAEYC within the past 12 months. If your program has experienced any of the incidents or changes noted above, appropriate notification must be submitted immediately.</p>	
<b>72-Hour Notification Form(s) Submitted</b>	<b>Dates of Self Report Form(s) Submitted</b>
<p>Dates Submitted:</p> <p><input type="checkbox"/> N/A - My program has not submitted any 72-Hour Notification forms in the past 12 months.</p>	<p>Dates Submitted:</p> <p><input type="checkbox"/> N/A - My program has not submitted any Self Report forms in the past 12 months.</p>



**Section 5: PROGRAM SCHEDULE**

**Program Closures**

<input type="checkbox"/> My program operates 12 months/year.	<b>OR</b>	<input type="checkbox"/> My program operates less than 12 months/year. <ul style="list-style-type: none"> <li>• The program begins serving children on     /     /</li> <li>• The program ends on     /     /</li> </ul>
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*Indicate the dates your program will be closed for the next 12 months. Begin with the current month and place an X over the dates in each month in which your program will be closed.*

Month	Dates Closed	Year																																
<i>Select the current month</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr> <tr><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		20
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<input type="checkbox"/> Check if program is closed for the entire month																																		

*Note that NAEYC will not conduct site visits on Federal Holidays, including New Year's Day, Birthday of Martin Luther King, Jr., Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, and Christmas Day. For more information on Federal Holidays, refer to the [U.S. Office of Personnel Management](#).*

**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 a 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 below:*

Name:	Relationship to program:
Phone:	Email:

**Section 5: PROGRAM SCHEDULE Continued**

**Hours of Operation**

Indicate the days of the week your program operates and time of day your program opens and closes each day.

Program is open 24 hours/day, 7 days a week

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

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

Complete the following chart to identify the age categories served by your program and when each age category is in session.

NAEYC Defined Age Categories <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>	Age Category NOT Served	Age Category present less than 12 months	Age Category present 12 months/year
<i>Check ONE of the appropriate boxes for each age category:</i>			
<b>Infant:</b> birth - 15 months	<input type="checkbox"/>	<input type="checkbox"/> Indicate all date ranges during which infants are NOT served:	<input type="checkbox"/>
<b>Toddler/Two:</b> 12 - 36 months	<input type="checkbox"/>	<input type="checkbox"/> Indicate all date ranges during which toddlers/twos are NOT served:	<input type="checkbox"/>
<b>Preschool:</b> 30 months - 5 years	<input type="checkbox"/>	<input type="checkbox"/> Indicate all date ranges during which preschoolers are NOT served:	<input type="checkbox"/>
<b>Kindergarten:</b> enrolled in a public or private kindergarten	<input type="checkbox"/>	<input type="checkbox"/> Indicate all date ranges during which kindergartners are NOT served:	<input type="checkbox"/>

NOTE: Children within all eligible groups a program serves must be reported. This includes children from groups that operate during the summer and after-school care groups.

**Additional Information**

Note any special circumstances regarding your program's schedule that may affect the scheduling of a site visit.

**Section 6: GROUP INFORMATION****Summary of Groups**

Please report on all eligible groups your program serves. Refer to [Clarification on Groups](#) to determine how many groups your program serves and the age categories that apply to each group. Direct questions about how to report on groups within your program to 1-800-424-2460, option 3, option 1.

Age Categories	# of Part Day Groups (meet for <5 hrs)	# of Full Day Groups (meet for ≥5 hrs)	Total # of Groups
Infant Group(s)			
Toddler/Two Group(s)			
Preschool Group(s)			
Kindergarten Group(s)			
Mixed Age Group(s)			

**TOTAL of all groups:**

Do any children in this program speak languages other than English?  No  Yes – The children speak:

If yes, how much time do the children in this program typically speak a language other than English?

- all of the time  
 most of the time  
 sometimes  
 never

**Satellite Locations**

Only complete this section if any of the groups are housed in a satellite location.

A program with satellite location must meet the following criteria:

1. Have no more than 2 satellite locations
2. Location is within 5 mile radius
3. The satellite location/s enroll 60 or fewer children
4. One Program Administration
5. One Budget
6. One Public Identity

**Satellite Site Address 1**

Street Address:		Suite/dept/floor:
City:	State:	Zip:

**Satellite Site Address 2**

Street Address:		Suite/dept/floor:
City:	State:	Zip:

**TEACHING STAFF QUALIFICATIONS OPTION GUIDE**

Use the guide below as a reference to indicate the qualifications of the [teaching staff members](#) for each group. Be sure to choose one option per teaching staff member, using the highest level of education when reporting staff qualifications for the group.

Option	Teaching Staff Member has this qualification:	Must Provide this documentation:
<b>A</b>	(Meets Candidacy for Assistant Teachers-Teacher Aides only – Not for Teachers.) Working on the CDA Credential issued by the Council for Professional Recognition.	<p>“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. Acceptable documentation that is dated within one year of the Candidacy Due date includes one or more of the following:</p> <ul style="list-style-type: none"> <li>○ copy of an application</li> <li>○ copy of grade report</li> <li>○ copy of transcript</li> <li>○ letter from an advisor</li> <li>○ CDA preparation course flyer</li> <li>○ receipt of tuition payment</li> <li>○ military training modules</li> <li>○ course description from course catalog</li> </ul>
<b>B</b>	(Meets Candidacy for Assistant Teachers-Teacher Aides only – Not for Teachers.) Working on the NAEYC-defined equivalency of the CDA Credential issued by the Council for Professional Recognition (12 Credits in ECE, CD, EIEd, or EC Spec Ed.)	<p>“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. Acceptable documentation that is dated within one year of the Candidacy Due date includes one or more of the following:</p> <ul style="list-style-type: none"> <li>○ copy of an application</li> <li>○ copy of grade report</li> <li>○ copy of transcript</li> <li>○ letter from an advisor</li> <li>○ CDA preparation course flyer</li> <li>○ receipt of tuition payment</li> <li>○ military training modules</li> <li>○ course description from course catalog</li> </ul>
<b>C</b>	A current Child Development Associate (CDA) Credential issued by the Council for Professional Recognition.	A copy of the CDA credential awarded by the Council for Professional Recognition. <i>Always submit the CDA (if the teaching staff member has earned it) in addition to other qualifications/credentials.</i>
<b>D</b>	A CDA Credential equivalent as defined by NAEYC as at least 12 college credits in ECE, CD, EIEd, or EC Spec Ed.	<ul style="list-style-type: none"> <li>○ a transcript documenting 12 ECE credits (<i>highlight credits</i>) OR</li> <li>○ documentation from a college/university that would grant a minimum of 12 credits for a specified training program OR</li> <li>○ military training modules.</li> </ul>
<b>E</b>	Working on an Associate’s or higher degree in ECE, CD, EIEd, or EC Spec Ed.	<p>“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. Acceptable documentation that is dated within one year of the Candidacy Due date includes one or more of the following:</p> <ul style="list-style-type: none"> <li>○ copy of an application</li> <li>○ copy of grade report</li> <li>○ copy of transcript</li> <li>○ letter from an advisor</li> <li>○ CDA preparation course flyer</li> <li>○ receipt of tuition payment</li> <li>○ military training modules</li> <li>○ course description from course catalog</li> </ul>
<b>F</b>	An Associate’s or higher degree in ECE, CD, EIEd, or EC Spec Ed.	<ul style="list-style-type: none"> <li>○ a copy of the transcript that specifies major and reflects that the degree was earned (<i>highlight major</i>) AND/OR</li> <li>○ a copy of the diploma that lists the major field of study</li> </ul>
<b>G</b>	Working on the NAEYC-defined equivalency of an Associate’s or higher degree in ECE, CD, EIEd, or EC Spec Ed.	<p>“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. Acceptable documentation that is dated within one year of the Candidacy Due date includes one or more of the following:</p> <ul style="list-style-type: none"> <li>○ copy of an application</li> <li>○ copy of grade report</li> <li>○ copy of transcript</li> <li>○ letter from an advisor</li> <li>○ CDA preparation course flyer</li> <li>○ receipt of tuition payment</li> <li>○ military training modules</li> <li>○ course description from course catalog</li> </ul>
<b>H</b>	The equivalency to an Associate’s degree in ECE, which is defined by NAEYC as at least 60 college/university credits with at least 30 college credits in ECE, CD, EIEd, or EC Spec Ed.	Transcripts documenting ( <i>highlight credits</i> ): at least 60 college/university credits INCLUDING at least 30 credits in ECE, CD, EIEd, or EC Spec Ed
<b>I</b>	The equivalency to a Baccalaureate degree in ECE degree which is defined by NAEYC as a Baccalaureate degree in any discipline with at least 36 college credits in ECE, CD, EIEd, or EC Spec Ed	A copy of the diploma reflecting that the degree was completed AND a copy of a transcript reflecting a BA degree in any discipline, WITH at least 36 credits in ECE, CD, EIEd, or EC Spec Ed. ( <i>highlight credits</i> )
<b>J</b>	An Associate’s or higher degree in a non-ECE related field with at least 3 years experience in an NAEYC-Accredited program.	A copy of the degree OR a transcript that reflects the degree was earned <b>AND</b> 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>K</b>	An Associate’s or higher degree in non-ECE related field with at least 3 years experience in a non-accredited program, and at least 30 contact hours of relevant training during the past 3 years.	A copy of the degree OR a transcript that reflects the degree was earned <b>AND</b> a resume or letter that includes the program name, location, length of employment, and role constituting 3 years of experience; <b>AND</b> documentation of 30 contact hours of relevant training from the last 3 years.

**Section 6: GROUP INFORMATION Continued**

Complete a separate copy of the page to include information about each of the eligible groups and assigned teaching staff within your program. Make a [copy](#) of the following page and complete for additional groups served at your program. Please refer to [Clarification on Groups](#) for more information.

**Group Name**

**Group Address**

- This group is located at the main facility listed as the site address
- This group is located at Satellite Site 1
- This group is located at Satellite Site 2

**Age Categories Served by this Group**

- Check all that apply:
- Infant
  - Toddler/Two
  - Preschool
  - Kindergarten

**Group Characteristics**

Do any children enrolled in this group have any of the following diagnosed special needs? If yes, please indicate the number of children.

- Orthopedic handicaps:
- Learning disabilities:
- Autism, spectrum disorders:
- Visual impairment:
- Speech & language:
- ADHD:
- Mentally disabled/Developmentally Delayed:
- Behavioral:
- Neurological disorders:
- Hearing impairment:
- Maintenance care diseases (diabetes, HIV):
- Other, specify:
- Down Syndrome:

**Group Schedule**

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Group does not meet	<input type="checkbox"/> Group does not meet	<input type="checkbox"/> Group does not meet	<input type="checkbox"/> Group does not meet	<input type="checkbox"/> Group does not meet
Arrival: : Departure: :	Arrival: : Departure: :	Arrival: : Departure: :	Arrival: : Departure: :	Arrival: : Departure: :

**Teaching Staff Members Present in this Group**

List all Teachers and Assistant Teachers assigned to this group only. Place an X in the box for the option the teacher/assistant teacher fully meets. NAEYC defines teaching staff by the roles they fill within the group. Please refer to the [Definition of Teaching Staff](#) for more information.

Teaching Staff Name	A	B	C	D	E	F	G	H	I	J		K		None
	Working on a CDA	Working on CDA equiv.	CDA (exp date)	CDA Equiv	Working on AA or higher	AA or higher in ECE	Working on AA or BA equiv	AA equiv	BA equiv	AA or higher in non-ECE	Yrs of Acc Exp.	AA or higher non-ECE	Yrs of exp w/ contact hrs.	No Documentation
<b>Teachers</b>														
<b>Assistant Teachers</b>														

**YOU MUST ATTACH DOCUMENTATION OF QUALIFICATIONS FOR ALL TEACHING STAFF.** If a teaching staff member is assigned to multiple groups, list his/her name for each group to which he/she is assigned. It is not necessary to submit duplicate documentation. Refer to the guide on page 11 for information on acceptable qualifications.

Number of other adults (if any): \_\_\_\_\_ How often are they present? \_\_\_\_\_ What is their role? \_\_\_\_\_

**Section 7: PROGRAM ADMINISTRATOR**

For assistance completing pages 13-16, refer to criteria 10.A.02 and 10.A.04 in TORCH as well as the Candidacy Requirements on the [Academy website](#).

Name of Designated Program Administrator:

Program administrator qualifications (10.A.02) must be met as part of the Candidacy Requirements. When two 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, EIEd or EC Spec Ed **AND 9 credits** in administration, leadership, or management. **(Complete FORM A on page 13 and attach documentation; do not complete FORM B or C.)**
- B. Has plan in place to meet the qualifications outlined in Option A within 5 years. **(Complete FORM B on page 14 but no documentation needs to be attached; do not complete FORM A or C.)**
- C. 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 C on pages 15-16 and attach documentation; do not complete FORM A or FORM B.)**

**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 (EIEd), 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, EIEd, 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, EIEd, 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, EIEd, 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 17.**

**Section 7: PROGRAM ADMINISTRATOR Continued**

**Form B**

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 B is needed.**

Describe Plan:

SAMPLE

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

**END OF FORM B—No additional documentation needs to be attached for Form B. Proceed to page 17.**

**Section 7: PROGRAM ADMINISTRATOR Continued**

**Form C**

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 C must be included immediately following Form C.**  
 For assistance completing Form C, refer to the [Alternative Pathway to Achieve Educational Qualifications of a 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 8: PROFESSIONAL DEVELOPMENT PLAN**

**Description of Professional Development Plan**

*Check all relevant types of professional development for teaching staff that is supported by the program and describe the overall plan in one or two sentences.*

- Education programs
- Training programs
- Tuition reimbursement
- In-Service training Mentoring
- Attendance at conferences
- Other

Describe Plan:

SAMPLE

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

**The National Registry Alliance (TNRA)**

My program is located in MO, MT, NJ, WI, and WY 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 9: 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 9: 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 that should be completed before the site visit and are available in folder 4. Tools for Self-Assessment located in the [TORCH Resource Library](#) 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. If you used the Self-Study surveys and have not completed the Self-Assessment Surveys, please call 800 424 2460, option 3, option 1. 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 10: PROGRAM SELF-ASSESSMENT REPORT

### Sources of Evidence Information

The Sources of Evidence for all Criteria have been updated as of September 2008. Programs that submit Candidacy Materials on the September 30, 2013 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

### 2008 Sources of Evidence Portfolio Spot Check

This quick test will assist individuals as they spot check a program's Program Portfolio (PP) and Classroom Portfolios (CPs) to determine if they are aligned to the current 2008 Sources of Evidence (SOE2008).

Complete the charts below by marking 'Yes' or 'No.' Mark 'Yes' if evidence exists within the portfolio for the criterion indicated. Mark 'No' if evidence does NOT exist in portfolio.

Program Portfolio	
Criterion	Evidence Included?
6.A.09	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.B.01	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Formerly evaluated by Staff File Evidence in SOE2006.</i>	

Classroom Portfolios	
<i>Check one or two CPs only</i>	
Criterion	Evidence Included?
4.C.02	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.C.03	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Formerly evaluated by Child File Evidence in SOE2006.</i>	

If you marked 'Yes' for all criteria, indicating that evidence is included within portfolios for the criteria above, your program's Self-Assessment is aligned to SOE2008 and no further action is necessary.

If you marked 'No' for any criteria, indicating that evidence does not exist within portfolios for the criteria above, your program's Self-Assessment may not be aligned to SOE2008. Refer to the [Transition to 2008 Sources of Evidence Worksheet](#) for a list of all criteria that have been added to CPs and the PP as a result of the 2008 Sources of Evidence Update.

### Instructions

To complete Section 10: 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.*

**Section 10: PROGRAM SELF-ASSESSMENT REPORT Continued**

**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.*

**Section 11: RIGHTS AND RESPONSIBILITIES****Program Rights**

- Right:** To receive professional and timely support from NAEYC.
- Phone - (800) 424-2460, option 3, option 1. Monday - Friday, 9:00 AM to 5:00 PM ET
  - Email - [accreditation.information@naeyc.org](mailto:accreditation.information@naeyc.org)
  - [Accreditation Program Support Resources](#)
- Right:** To receive information from the NAEYC Academy regarding updates on the NAEYC Accreditation system, policies, and procedures.
- Monthly [Accreditation e-Updates](#) emailed to primary and secondary contacts provided to NAEYC.
  - Bi-Annual [Accreditation Updates](#) mailed to program mailing address provided to NAEYC.
- Right:** To access current, accurate information about the NAEYC Accreditation process and the NAEYC Early Childhood Program Standards and Accreditation Criteria, including related assessment tools and resources.
- [NAEYC Academy Website](#)
  - [TORCH](#)
- Right:** To provide feedback to the NAEYC regarding the NAEYC Accreditation process and the NAEYC Early Childhood Program Standards and Accreditation Criteria.
- Submit [Feedback on the Accreditation System](#)
  - Submit feedback on the accreditation criteria via [TORCH](#) Criteria Feedback and [TORCH](#) Discussions
- Right:** To [withdraw from the NAEYC Accreditation process](#) at any time.

**Program Responsibilities**

- Responsibility:** To understand the NAEYC Accreditation process and access the most current versions of the NAEYC Early Childhood Program Standards and Accreditation Criteria and related assessment tools and resources.  
For information about the NAEYC Accreditation process, visit the [NAEYC Academy Website](#) frequently and read monthly [Accreditation e-Updates](#) and bi-annual [Accreditation Updates](#).  
For current versions of the NAEYC Early Childhood Program Standards and Accreditation Criteria and related assessment tools and resources, visit [TORCH](#).
- Responsibility:** To [Update NAEYC](#) of programmatic changes and critical incidents according to the appropriate timeframes.
- Report major programmatic changes within 30 days using the [Self Report form](#).
  - Notify NAEYC of critical incidents that may impact program quality status within 72 hours using the [72 Hour Notification form](#).
  - Inform NAEYC of updates to contact information for the primary and secondary contact of your program to ensure open communication between the program and NAEYC. Changes to contact information should be reported as soon as possible with the [Self Report form](#).
- Responsibility:** To notify NAEYC immediately if [Candidacy Requirements](#) reported on within these Candidacy Materials are no longer met. Failure to meet Candidacy Requirements may affect a program's ability to move forward in the accreditation process and/or maintain status as a currently NAEYC-Accredited program.
- Responsibility:** To retain a copy of all forms submitted to NAEYC and retain documentation verifying the date of all submissions. Postmark documentation is acceptable for submissions by mail and a copy of sent e-mail with date and time stamp information is acceptable for e-mail submissions.
- Responsibility:** Completed Candidacy Materials and payment must be submitted by the due date chosen. If a program fails to submit the Candidacy Materials and fee by the selected due date, then the program will be withdrawn as an Applicant for NAEYC Accreditation. If withdrawn, a program can re-apply by submitting a new Application and fee.

**Signature**

- I have read and understand my program's rights and responsibilities.
- I verify that the information submitted in this form is accurate. If false or misleading information is ever provided to the NAEYC Academy, I understand that my program's pursuit of NAEYC Accreditation will cease and/or my program's current accreditation may be revoked.
- I verify that my program continues to meet all of the [eligibility requirements](#) for NAEYC Accreditation, as reported in the Application for NAEYC Accreditation (Step 2).
- 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).

\_\_\_\_\_  
Signature\_\_\_\_\_  
Title**Section 12: SUBMISSION INSTRUCTIONS**

**Mail completed form with payment to:** NAEYC Academy  
P.O. Box 96036  
Washington, D.C. 20090-6036

*NAEYC accepts the postmark date as the submission date. NAEYC recommends that programs obtain written confirmation of receipt of all forms sent to NAEYC P.O. Boxes. Please discuss tracking options with your local Post Office. NAEYC is not able to sign for materials that are delivered to a P.O. Box by an individual courier such as UPS or FedEx.*

*Copy this form for your program's records before submission. NAEYC will not return this form to the program.*