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**FALL 2025**

**Thank you for your interest in applying for NAEYC Accreditation support through the OEC’s AQIS project.**

**What kind of support is available through this AQIS application?**

When accepted, your program will be matched to a designated technical assistance provider, also called an AQIS facilitator, who will provide individualized program support based on NAEYC’s best practices.

You can expect:

* Phone and email access to your AQIS facilitator for NAEYC Accreditation support.
* Priority for you and your program staff in free professional development.

You commit to:

* A monthly visit for you and your AQIS facilitator to work on your program’s NAEYC Accreditation timeline and program improvement plan using AQIS forms.
* A monthly support group meeting to make sure you have NAEYC updates and develop a network of support (please see the schedule of Support Group Meetings by region in Section E of this application).

**How long will my program receive support?**

With monthly activity in the project, your program will receive support from November 2025 until either the program’s NAEYC accreditation site visit, successful achievement of accreditation or June 30, 2026, whichever comes first.

**Can my program apply?**

Programs that meet ALL of the following criteria are encouraged to apply:

* Programs that meet NAEYC Accreditation eligibility, AND are currently OEC licensed OR license exempt; AND
* Programs that are planning:
  + INITIAL Recognition, Accreditation, or Accreditation+ OR
  + RENEWAL with a valid until date up to January 1, 2028; AND
* Programs that commit to actively and consistently working toward NAEYC Accreditation within the timeline of the agreement issued if awarded support.

**How do I apply?**

* Submit a completed application by **12:00 p.m. on Thursday, October 2, 2025.**
* Submit the completed application by uploading the application directly in your program’s OEC Registry account (<https://www.oecregistry.org/>), or emailing it to [OEC.Accreditation@ct.gov](mailto:OEC.Accreditation@ct.gov).
  + To upload in the Registry: You must have administrative / multi-site administrative access to the program in the OEC Registry. If you need help, please [contact your Registry regional education advisor](https://www.ccacregistry.org/index.cfm?module=contactUs).
* Attend an NAEYC Overview Session to learn more about the NAEYC Accreditation process:
  + Virtual (Statewide): Thursday, September 11, 2025, 4:00-6:30 PM, [click here to register](https://catalog.protraxx.com/ClassDetails/438498?CustomerID=186).
  + Virtual (hosted by *ACES/CREC*) Friday, September 12, 2025, 9:30 AM – 11:30 AM, [click here to register](https://catalog.protraxx.com/ClassDetails/438499?CustomerID=186).
  + Virtual(hosted by *EASTCONN/LEARN*) Thursday, September 4, 2025, 9:00 AM - 11:30 AM, [click here](https://catalog.protraxx.com/ClassDetails/440354?CustomerID=186) [to register](https://www.protraxx.com/Scripts/EzCatalogNY/ViewClass.aspx?ID=430672&CustomerID=186).
  + Virtual (hosted by *CES*): Monday, September 15, 2025, 10:00 AM - 12:00 PM, [click here to register](https://catalog.protraxx.com/ClassDetails/440163?CustomerID=186).
  + Virtual(hosted by *EdAdvance*) Thursday, Sept. 11, 2025, 2:00 – 4:00 PM, [click here](https://catalog.protraxx.com/ClassDetails/438579?CustomerID=186) [to](https://catalog.protraxx.com/ClassDetails/440163?CustomerID=186) [register](https://www.protraxx.com/Scripts/EzCatalogNY/ViewClass.aspx?ID=430216&CustomerID=186).

**How will I know if my program has been accepted to the project?**

You will receive an email by October 10, 2025, welcoming you to the project and next steps. Support will begin November 1, 2025.

**Who should I contact if I have questions?**

Please reach out to [AQIS staff in your region](https://www.ctoec.org/program-improvement-supports/aqis/).

**This document is protected. To complete it in Word, follow these directions:**

* To navigate through the document, use the **TAB** button, to back track, use **SHIFT/TAB**.
* Use the **SPACE BAR** to check/uncheck a checkbox.
* Type in the light blue spaces that appear as you TAB from section to section.**NAEYC Accreditation Support: FALL 2025 Application**

**Complete application must be received at** [**OEC.Accreditation@ct.gov**](mailto:OEC.Accreditation@ct.gov) **or uploaded to the program’s Registry account.**

**By 12:00 p.m. on Thursday, October 2, 2025**

|  |  |  |  |  |  |
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| **SECTION A: GENERAL PROGRAM INFORMATION** | | | | | |
| **Program Name (if OEC licensed, you must use the name on the license):** | | | | | |
| Program Address: |  | | | | |
| City: |  | | | Zip: | |
| **Program OEC License # (DCCC/DCGH/DCFH/DCEX/NA):** (Check NA if license exempt without a DCEX#)  NA | | | | | |
| *Licensed child care center (DCCC):* | | | | | |
| *Licensed group child care home (DCGH):* | | | | | |
| *Licensed family child care home (DCFH):* | | | | | |
| *License-exempt center-based or school-based program (DCEX):* | | | | | |
| Program OEC Registry ID# (**4 digit**; [https://oecregistry.org/](http://www.ccacregistry.org/) | | Is the Registry up to date?  Yes  No | | | |
| Program Phone: | | Program Fax: | | | |
| NAEYC Legacy ID#: | | NAEYC Org ID#: | | | |
| Program Hours of Operation: | | Part Day or  Full Day | | | Part Year or  Full Year |
| Capacity: | | Current enrollment: | | | |
| Age categories served in your accreditation:  Infant  Toddler  Preschool  Kindergarten  School Age  Number of Classrooms by age group:      Infant/Toddler     Preschool     Kindergarten     School Age | | Number of Teaching Staff:         Number of Administrative Staff: | | | |
| **Program Administrator Name:** | | | | | |
| Program Administrator OEC Registry ID# (9 digit): | | On-site  full time  part time: estimated hours per week: | | | |
| Program Administrator Email: | | | | | |
| **Education Consultant Name:** | | | | | |
| Date of last visit/call from/to Education Consultant: | | | | | |
| Purpose of Visit: | | | | | |
| Describe the consultant’s role in your program and the amount of contact you have with them: | | | | | |
| Describe any other consultants your program uses, the nature and extent of the use: | | | Other OEC Initiatives the program is involved with:  (Check all that apply)  Coaching  CQIS  DOTS  ELDS  ELEVATE  GEER  PYRAMID  WBDC | | |

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| **SECTION B: CONTACT INFO – PRIMARY PERSON IN CHARGE OF NAEYC ACCREDITATION PROCESS** | |
| Primary contact’s name: | Primary contact’s title: |
| Primary contact’s role in NAEYC Accreditation process: | |
| Primary contact’s phone: | Primary contact’s e-mail: |

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| **SECTION C: PROGRAM DETAILS** | | | | | | | |
| **Part 1** (Check ***ALL*** that apply) | | | | | | | |
| For profit | | Part of a larger organization, chain or corporation | | | Nursery School | | |
| Non-profit | | Public Agency | | | Co-op | | |
| Single site | | Primary with Cable Site(s): | | | # Satellite sites | | |
| **If program has satellite sites:** | **Satellite Site 1** | | **Satellite Site 2** | | | **Satellite Site 3** | |
| Legal Name of Site: |  | |  | | |  | |
| Address, Town, Zip Code: |  | |  | | |  | |
| License #/License Exempt Status: |  | |  | | |  | |
| Capacity: |  | |  | | |  | |
| Ages Served: |  | |  | | |  | |
| Current Enrollment  *(Please note: Full Year/Part Year):* |  | |  | | |  | |
| Contact person: |  | |  | | |  | |
| Contact’s Email Address: |  | |  | | |  | |
| Contact’s Hours On Site: |  | |  | | |  | |
| **Part 2 For OEC licensed programs only** (Check NA if license exempt)  NA | | | | | | | |
| Date of issue of first OEC license: | | | | | | | |
| Is the program currently operating under a licensing **consent order**? Note: consent orders do not have end dates.   Yes  No | | | | | | | |
| If yes: (a) was the consent order issued within the last 18 months?  Yes  No | | | | | | | |
| If yes: (b) The following MUST be attached to the application: | | | | | | | |
| A copy of the consent order | | | A description of what has been done to date to address the items in the consent order. | | | | |
| **A consent order does not necessarily disqualify your application from consideration.** | | | | | | | |
| **Part 3** Please indicate if any of your spaces are funded and/or subsidized by state or federal funding. Check ***ALL*** that apply and indicate contract number AND number of **funded** spaces as requested. | | | | | | | # spaces |
| Early Start CT funding through the OEC  contract # | | | | # of Infant & Toddler spaces | | |  |
|  | | | | # of Preschool spaces | | |  |
|  | | | | # of School-age spaces | | |  |
| Head Start, Early Head Start | | | | # of Head Start/EHS spaces | | |  |
| Care4Kids | | | | # of Care4Kids spaces | | |  |

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| **SECTION D: NAEYC ACCREDITATION ELIGIBILITY** | |
| 1. Is this program currently NAEYC Accredited?  No  Yes | |
| If you answered **No**, please answer the questions in this column: | If you answered **Yes**, please answer the questions in this column: |
| 1. By what date do you want the Accreditation decision (your goal date): | 1. What is the program **valid until date**?     (located on the program’s NAEYC Accreditation certificate, or in the NAEYC program portal) (**\*\*Note: programs eligible for this application must have a valid until date up to and including January 1, 2028).** |
|  |
| 1. Is this a firm date or is there some flexibility?   Please explain how this date was chosen. | 1. Have you accessed the NAEYC program portal?   No  Yes |
| c. Have you registered with NAEYC?  No  Yes  Please indicate the date of registration: | 1. Is your NAEYC program portal up to date?   No  Yes |
| Information and updates are available on the [Early Learning Program Quality Assessment and Accreditation System](https://www.naeyc.org/accreditation/early-learning/planned-changes) | 1. Have you completed the 4th Annual Report in the NAEYC Accreditation portal?   No  Yes |
|  | If Yes, please indicate the date: |
| 1. **If program has been denied or deferred accreditation** by NAEYC, please attach the following applicable communications from NAEYC:   Check here if not applicable  Accreditation Decision Report  Program’s decision appeal letter and NAEYC response  Brief (no longer than one page) description of what has been done at the program to date to address the candidacy or decision report issues. | |

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| **SECTION E: WORK TO BE ADDRESSED** | |
| What led you to apply for AQIS Accreditation Support? What are your program goals related to this work? | |
| If accepted for AQIS services, a **program leader** is **REQUIRED** to attend monthly site visits with the AQIS Facilitator AND the monthly AQIS Support Group Meeting in the region during the weekday (virtually or in-person). Will you be able to meet this expectation? (See schedule below to confirm the date of your regional Support Group.)  Yes  No | |
| **Monthly regional Support Group Meetings** (find the region where your program is located [here](https://www.ctoec.org/program-improvement-supports/aqis/)): | |
| North Central (CREC): 4th Thursday, 1:00 PM – 3:00 PM  Northeast (EASTCONN): 2nd Tuesday, 12:45 PM – 2:45 PM  Northwest (EdAdvance): 2nd Thursday, 10:00 AM – 12:00 PM | South Central (ACES): 2nd Wednesday, 12:30 PM – 2:30 PM  Southeast (LEARN): 3rd Tuesday, 1:00 PM – 3:00 PM  Southwest (CES): 4th Tuesday, 10:00 AM – 12:00 PM |
| If accepted for AQIS services, a **program leader** is **REQUIRED** to attend an **AQIS Agreement Meeting** in the region you are assigned to before services begin. Please see the list below to determine your region’s meeting date and time: | |
| North Central: Wednesday, October 23, 2025, 9:30 AM – 11:30 AM  Northeast: individual meetings will be scheduled October 14 – 24, 2025  Northwest: Wednesday, October 22, 2025, 1:00 PM – 3:00 PM | South Central: Wednesday, October 22, 2025, 10:00 AM – 12:00 PM  Southeast: Thursday, October 23,2025, 1:00 pm - 3:00 PM  Southwest: Wednesday, October 22, 2025, 1:00 PM – 2:30 PM |
| Will you be able to meet this expectation?  Yes  No | |

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| **SECTION F: NAEYC PROCESS (Respond to each question; only complete answers will be considered)** |
| 1. **Steps of the Process:** Please identify what you have already done to become familiar with the NAEYC Accreditation process. If your program is renewing, please identify how you have introduced new staff to the system, kept up to date about changes, etc. |
| 1. **Early Learning Program Accreditation Standards and Assessment Items:** 2. How have you learned about the Early Learning Program Accreditation Standards and Assessment Items?      1. How has your staff been engaged in the learning? |
| 1. **Program Evaluation:**   Briefly describe how you **evaluate your program**. Please identify all the sections listed below:   1. Program evaluation tools used, i.e., ECERS-R, Family Surveys, Head Start federal reviews, Program Administration Scale (PAS), NAEYC Decision Report, etc.      1. People involved (i.e., staff, consultants, families, Board/owner, etc.)      1. Timeframes (annually, fall, etc.)      1. How the evaluation data is analyzed, goals are developed, and progress is tracked? |

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| **NAEYC Accreditation Support Application** |
| **Leadership and Governance Acknowledgement** |

1. **All programs MUST complete this section:**

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| *Person Completing Application:* |  | Name (print): | Title: |
|  |  | Signature: | Date: |
| *Program Administrator:* |  | Name (print): | Title: |
|  |  | Signature: | Date: |
| *Site Manager (if applicable):*  *Not Applicable* |  | Name (print): | Title: |
|  |  | Signature: | Date: |

**This application covers support from** November 2025 until either the program’s NAEYC accreditation site visit, successful achievement of accreditation or June 30, 2026, whichever comes first.

**B. Complete the section below relevant to your program; one section MUST be completed.**

**B-1. BOARD OF DIRECTORS / EDUCATION Acknowledgement**  **Section not applicable (You must complete B-2)**

The undersigned Chair of the Board of      (“Program”) hereby acknowledges the following:

1. I understand this program is pursuing accreditation by the National Association for the Education of Young Children (NAEYC).
2. I understand this program will participate in a local support project administered under the auspices of the CT Office of Early Childhood (OEC).
3. I understand this Board of Directors/Education role is to support the Program Administrator throughout the Accreditation process and respond to the creation and implementation of program improvement plans in a timely manner.
4. I acknowledge that the Board of Directors/Education has discussed/will discuss the above agreements at our        (month/day/year) meeting.

Signature of Chair, Board of Directors/Education, District Superintendent, or authorized signer:       

Date:       Printed name of Chair:

\*(District Superintendent or designee can sign on behalf of BoE)

**B-2. OWNER Acknowledgement**  **Section not applicable (You must complete B-1)**

The undersigned Owner of       (“Program”) hereby acknowledges and swears that the Program has no Board of Directors and that the owner and Program Administrator have full authority:

1. To seek accreditation of the program by the National Association for the Education of Young Children (NAEYC).
2. To participate in a local support project administered under the auspices of the CT Office of Early Childhood (OEC).
3. To support the Program Administrator throughout the Accreditation process and respond to the creation and implementation of program improvement plans in a timely manner.

Signature of Owner:        

Date:       Printed name of Owner: