

## Section 1 - NAFCC Accreditation Information

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**

## Section 2 - Required Training

The primary Licensed Family Child Care and Group Home Providers and any assistants must complete the following trainings (as specified below) before applying for the Gold Circle of Quality. The primary provider is the person listed in Section 1 of the main application. Completion of trainings will be verified by the Gateways Registry.

**1. Has the primary provider completed all the following trainings:**       YES       NO\*

- ExceleRate Illinois Orientation for Licensed Family Child Care
- Getting Ready for the Business Administration Scale (BAS)
- Completed an ExceleRate-approved training on inclusion of children with special needs (and assistant if applicable)?

*\*If answering No, you will need to delay your application, use the appropriate resources available to complete this standard requirement.*

## Section 3 - Standards and Evidence

Your program’s NAFCC accreditation meets the following ExceleRate Illinois standards without need for additional documentation: 1A, 1B, 1C,1G, and 4D. Standard 4A and 4B will be verified by the Gateways Registry.

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.

### 1D – CURRICULUM AND ASSESSMENT

**1. Have you chosen and implemented a curriculum and assessment tool 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, what is the name of the assessment tool? \_\_\_\_\_

1c. 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.

*\*If answering No, you will need to delay your application, use the appropriate resources available to complete this standard requirement.*

### 1E – CHILD SCREENING

2. Does the primary provider conduct child screening?  YES  NO

2a. If Yes, has the primary provider completed an ExceleRate-approved training on screening tools?  YES  NO\*  N/A (only if provider uses outside entity to do screening)

2b. If No, who is completing child screening? \_\_\_\_\_

2c. Does your program have policies and procedures for screening children, sharing results with parents, and parent signed permission forms?  YES  NO\*

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

*\*If answering No, you will need to delay your application, use the appropriate resources available to complete this standard requirement.*

### 1F – INCLUSION OF CHILDREN WITH SPECIAL NEEDS

3. Does your program care for a child with a special need?  YES  NO

If Yes, please provide documentation of policies and procedures for sharing IFSP/IEP meeting results with providers and parents .

2A – FAMILY PROVIDER COMMUNICATION AND COLLABORATION

**4. Does your program offer at least 2 conferences with each family per year?**  YES  NO\*

If Yes, please include a program policy and/or documentation of conferences.

*\*If answering No, you will need to delay your application, use the appropriate resources available to complete this standard requirement.*

2B – CONNECTING AND SUPPORTING FAMILIES

**5. Does your program offer at least 3 family supports monthly and at least 3 formal/informal gatherings annually?**  YES  NO\*

If Yes, please include a narrative and/or documentation of family supports and gatherings.

*\*If answering No, you will need to delay your application, use the appropriate resources available to complete this standard requirement.*

2C – TRANSITIONS

**6. Does your program implement and communicate general information about transitions and engage parents in discussions and/or activities addressing child and family transitions?**  YES  NO\*

If Yes, please include documentation of program’s communication to parents about transition practices.

*\*If answering No, you will need to delay your application, use the appropriate resources available to complete this standard requirement.*

### 3A – BUSINESS ADMINISTRATION

7. Fiscal Management, Record Keeping, and Risk Management items from the Business Administration Scale (BAS) will be verified on-site through document review and provider interview. You will need to have all documentation gathered in an organized program portfolio for review the day of the verification visit. *Documentation will not be accepted after the verification visit. Please select three additional BAS items below that you wish to be verified on.*

- INCOME AND BENEFITS
- WORK ENVIRONMENT
- PROVIDER-PARENT COMMUNICATION
- COMMUNITY RESOURCES
- MARKETING AND PUBLIC RELATIONS
- PROVIDER AS EMPLOYER (ONLY IF PROVIDER HAS AN ASSISTANT)

### 3B – RATIOS

8. Are you meeting ratios listed below\*?  YES  NO

GOLD

**FCC HOME\***  
1 adult to 6 children with no more than 2 children under 2 years of age

**FCC GROUP HOME\***  
2 adults to 12 children with no more than 6 children under 30 months; no more than 4 children under 15 months

*\*Ratios and group size will be verified on site at the time of the verification visit.*

### 4A – PROVIDER QUALIFICATIONS

**For the remainder of 2018, the enforcement of Standard 4A will be delayed. Staff are still expected to apply for the appropriate Credentials listed on the chart. A new deadline will be announced at the end of 2018.**

#### 9. Has the primary provider attained (check which option applies):

- BACHELOR'S DEGREE AND GATEWAYS FCC CREDENTIAL LEVEL 5
- BACHELOR'S DEGREE AND GATEWAYS FCC CREDENTIAL LEVEL 4 AND COLLABORATES WITH A STATE-APPROVED CONSULTANT

### 4B – ASSISTANT & SUBSTITUTE QUALIFICATIONS

**For the remainder of 2018, the enforcement of Standard 4B will be delayed. Staff are still expected to apply for the appropriate Credentials listed on the chart. A new deadline will be announced at the end of 2018.**

### 4C – FCC PROVIDER PEER SUPPORT

**10. Are you an active and ongoing member of a professional provider association, training cohort, or professional peer support group?**  YES  NO

If Yes, what is the name of the provider peer group? \_\_\_\_\_

If Yes, supply copy of evidence of participation in professional networking activities.  
Note documentation can include: proof of attendance at meetings.

*\*If answering No, you will need to delay your application, use the appropriate resources available to complete this standard requirement.*