

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.

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? _____

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- 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.*

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3A – BUSINESS ADMINISTRATION

7. Fiscal Management, Record Keeping, and Risk Management items from the Business Administration Scale (BAS) will be verified on-site. Please select three additional BAS items below that you wish to be verified on.

- | | |
|---|--|
| <input type="radio"/> QUALIFICATIONS AND PROFESSIONAL DEVELOPMENT | <input type="radio"/> COMMUNITY RESOURCES |
| <input type="radio"/> INCOME AND BENEFITS | <input type="radio"/> MARKETING AND PUBLIC RELATIONS |
| <input type="radio"/> WORK ENVIRONMENT | <input type="radio"/> PROVIDER AS EMPLOYER (ONLY IF PROVIDER HAS AN ASSISTANT) |
| <input type="radio"/> PROVIDER-PARENT COMMUNICATION | |

4A – PROVIDER QUALIFICATIONS

Initial ExceleRate Illinois applications receive an extension related to provider & staff qualifications. Provider/assistants, and substitutes (if applicable), are required to apply for the Gateways Credentials. Gateways Credentials must be achieved within the first year of the program’s eligibility.

8. Is the provider a part of the Family Child Care (FCC) Network*? YES NO

8a. If Yes, what is the network name? _____

8b. If Yes, who is the network contact? _____

8c. If Yes, has the primary provider applied or attained (*check which option applies*):

- ASSOCIATE DEGREE OR HIGHER
- GATEWAYS ECE CREDENTIAL LEVEL 3
- CDA

8d. If No, has the primary provider applied or attained (*check which option applies*):

- ASSOCIATE DEGREE OR HIGHER AND IS WORKING TOWARD A BA IN ECE
- GATEWAYS ECE CREDENTIAL LEVEL 4 OR HIGHER AND INFANT TODDLER CREDENTIAL LEVEL 3 (IF SERVING INFANTS/TODDLERS) AND WORKING TOWARDS A BA.

*FCC Network – An Illinois Department of Human Services (IDHS), Illinois State Board of Education (ISBE) or Head Start FCC network serves as a means of providing peer support, sharing resources, and enhancing professionalism. The goal of the network is to improve the quality of family child care in a specific area, neighborhood, or community by supporting family child care providers. Networks are staffed with paid personnel who offer regular supports and services to meet the unique needs of FCC providers within the network.

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4B – ASSISTANT & SUBSTITUTE QUALIFICATIONS

Initial ExceleRate Illinois applications receive an extension related to provider & staff qualifications. Provider/assistants, and substitutes (if applicable), are required to apply for the Gateways Credentials. Gateways Credentials must be achieved within the first year of the program’s eligibility.

4C – FCC PROVIDER PEER SUPPORT

9. 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.*