

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) 2nd Edition*
- *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) 2nd Edition 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
- FAMILY SUPPORT AND ENGAGEMENT
- WORK ENVIRONMENT
- MARKETING AND COMMUNITY RELATIONS
- PROVIDER-FAMILY COMMUNICATION
- PROVIDER AS EMPLOYER (ONLY IF PROVIDER HAS AN ASSISTANT)

Please Note: Beginning January 1, 2019, all ExceleRate BAS assessments will be conducted using the BAS 2nd Edition.

3B – RATIOS

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

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

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

4A – PROVIDER QUALIFICATIONS

Currently, the enforcement of Standards 4A and 4B is delayed while we analyze programs' CQIP plans and progress. Programs not in full compliance are required to include concrete, achievable goals and action steps in their CQIP and also to describe their progress in the annual report. Please make every effort to support your staff and your own efforts to attain the required credentials as quickly as possible. Further information will be announced when the analysis of CQIP plans is complete.

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

Currently, the enforcement of Standards 4A and 4B is delayed while we analyze programs' CQIP plans and progress. Programs not in full compliance are required to include concrete, achievable goals and action steps in their CQIP and also to describe their progress in the annual report. Please make every effort to support your staff and your own efforts to attain the required credentials as quickly as possible. Further information will be announced when the analysis of CQIP plans is complete.

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.*