

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:

- ExceleRate Illinois Orientation for Licensed Family Child Care YES NO*
- 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, 3B, 4C, 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 identified a curriculum and assessment tool that is aligned with the Illinois Early Learning Guidelines/Standards for use in your program? 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

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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.*

2A – FAMILY PROVIDER COMMUNICATION AND COLLABORATION

3. 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

4. Does your program offer at least 2 family supports monthly and at least 2 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

5. Does your program have policies and procedures to provide general information about transitions and engage parents in discussions and/or activities addressing child and family transitions? YES NO*

If Yes, please include a narrative and/or documentation of program’s 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

6. Has the primary provider completed a Business Administration Scale (BAS) self-assessment? YES NO*

If Yes, please include a copy of the BAS Profile Sheet.

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

3C – CONTINUOUS QUALITY IMPROVEMENT

7. Has the primary provider completed a Continuous Quality Improvement Plan (CQIP) using BAS self-assessment results?

YES

NO*

If Yes, please enclose a copy of the completed CQIP to address BAS items below 4.0.

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

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.

8. Has the primary provider attained the Gateways FCC Credential Level 4 or higher?

YES

NO

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.