Licensed Family Child Care and Group Home Application Silver Circle of Quality Supplement -National Association for Family Child Care (NAFCC) Accreditation Path



1 of 4

Section 1 - NAFCC Accreditation Information

| ACCREDITATION START DATE: / / ACCREDITATION EXP | PIRATION DATE: / / |
|---|---|
| O PLEASE SUBMIT ACCREDITATION CERTIFICATE AND/OR LETTER SHOWING EXT | TENSION IF IN THE RENEWAL PROCESS. |
| \bigcirc PLEASE SUBMIT A COPY OF ILLINOIS DEPARTMENT OF CHILDREN AND FAMIL | Y 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 trainings (as specified below) before applying for the Gold Circle of Quality. The Section 1 of the main application. Completion of trainings will be verified by the | he primary provider is the person listed in |
| 1. Has the primary provider completed all the following training | gs: |
| ExceleRate Illinois Orientation for Licensed Family Child Care | ○ YES ○ NO* |
| Getting Ready for the Business Administration Scale (BAS) 2nd Edition | n |
| 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 appropressources available to complete this standard requirement. | priate |
| Section 3 - Standards and Evidence | |
| Your program's NAFCC accreditation meets the following ExceleRate Illinois stan 1A, 1B, 1C,1G, 3B, 4C, and 4D. Standard 4A and 4B will be verified by the Gatew | |
| For each question below, check either 'Yes' or 'No' to indicate whether your progra | am meets the standard as listed. |
| If answering 'Yes', additional information and supporting documentation may be re Completion of required trainings will be verified by the Gateways Registry. | equired. |
| 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? | |
| Administered through | IDCFS LICENSE NUMBER |

ExceleRate Illinois Is administered through INCCRRA under joint direction of the Governor's Office of Early Childhood Development, the Illinois Department of Human Services and the Illinois State Board of Education.

EX13©2015 INCCRRA REV 11.01.18

Licensed Family Child Care and Group Home Application Silver Circle of Quality Supplement -National Association for Family Child Care (NAFCC) Accreditation Path



| 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? | O YES | О NO | |
| If No, include a narrative description of how the curriculum is aligned with the Illinois Early Learning Guidelines/Standards. | ed | | |
| *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? | O YES | O NO | |
| 2. Does the primary provider conduct child screening? | O YES | O NO | |
| 2a. If Yes, has the primary provider completed an ExceleRate- approved training on screening tools? | O YES | ○ NO* | N/A (only if provi |
| 2b. If No, who is completing child screening? | | | entity to do screening) |
| 2c. Does your program have policies and procedures for screening children, sharing results with parents, and parent signed permission forms? | O 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 COLLABO | RATION | | |
| 3. Does your program offer at least 2 conferences with each family per year? | O YES | ○ NO* | |
| O If Yes, please include a program policy and/or documentation of conf | ferences. | | |
| *If answering No, you will need to delay your application, use the appropriate resources available to complete this standard requirement. | | | |



Licensed Family Child Care and Group Home Application Silver Circle of Quality Supplement -National Association for Family Child Care (NAFCC) Accreditation Path



| 2B – CONNECTING AND SUPPORTING FAMILIES | | |
|---|-------|-------|
| 4. Does your program offer at least 2 family supports monthly and at least 2 formal/informal gatherings annually? | O YES | O 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? | O 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) 2nd Edition self-assessment? | O YES | ○ NO* |
| ○ If Yes, please include a copy of the BAS 2nd Edition Profile Sheet. | | |
| Please Note: Beginning January 1, 2019, all ExceleRate BAS assessments will be conducted using the BAS 2nd Edition. | | |
| *If answering No, you will need to delay your application, use the appropriate resources available to complete this standard requirement. | | |



Licensed Family Child Care and Group Home Application Silver Circle of Quality Supplement -National Association for Family Child Care (NAFCC) Accreditation Path



| 3C - CONTINUOUS QUALITY IMPROVEMENT | | |
|--|-------|-------|
| 7. Has the primary provider completed a Continuous Quality Improvement Plan (CQIP) using BAS 2nd Edition self-assessment results? | ○ YES | ○ NO* |
| O 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 | | |
| 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. | | |
| 8. Has the primary provider attained the Gateways FCC Credential Level 4 or higher? | ○ YES | O NO |
| 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.