

For ExceleRate Illinois, a “Family Child Care Network” is defined as: An Illinois Department of Human Services (IDHS), Illinois State Board of Education (ISBE) or Head Start funded FCC network that 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. FCC provider is paid for services by the network.

**Directions for supplement completion:** Any family child care provider who participates in a FCC network as described above must submit this completed supplement along with the Licensed Family Child Care Application, Circle of Quality Supplement, and supporting documentation. The following information should be completed by Network staff and submitted by the provider to INCCRRA. All information is required unless noted as optional.

**Network Contact Information:**

NETWORK NAME \_\_\_\_\_

NETWORK CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

NETWORK IS FUNDED BY: (check all that apply)

IDHS/CCAP     HEAD START/EARLY HS     ISBE/PFA     OTHER, SPECIFY \_\_\_\_\_

I verify that \_\_\_\_\_ (Provider/program name) with DCFS licensed number \_\_\_\_\_ is an active member within the Network listed above. Should this provider’s network status change, I will contact INCCRRA (as administrator of ExceleRate Illinois) to inform them accordingly at 866.697.8278.

SERVICES/ACTIVITIES THE NETWORK SUPPLIES TO THE PROVIDER: (check all that apply)

TECHNICAL ASSISTANCE     PROFESSIONAL DEVELOPMENT     CHILD CARE REFERRALS  
 PROVIDE RESOURCES/MATERIALS     OTHER, SPECIFY \_\_\_\_\_

I verify that I have read this paragraph and that all information provided herein is true and accurate. By signing below I understand that INCCRRA will use my signature as authorization to verify any information and documents I have submitted as part of this application. I understand that any false or misleading statements or subsequent documentation may constitute ground for denial. I understand if a network provider is awarded an ExceleRate Circle of Quality, that information will be made publicly available and aggregated program information may be used for research/evaluation purposes.

SIGNATURE OF NETWORK ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME OF NETWORK ADMINISTRATOR \_\_\_\_\_

SIGNATURE OF PROVIDER \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME OF PROVIDER \_\_\_\_\_

*Please retain a copy for your records.*