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. A PROGRAM MUST HAVE NO PENDING/SUBSTANTIATED VIOLATIONS IN THE PREVIOUS 12 MONTHS.

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 disabilities or developmental delays (and assistant if applicable)?*

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*

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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.

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.

1F – INCLUSION OF CHILDREN WITH DISABILITIES OR DEVELOPMENTAL DELAYS

3. Does your program care for a child with a disability or developmental delay? ◯ 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.

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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.

2C – TRANSITIONS

6. Program implement a plan of activities and strategies to assist in the transition of children/families into and out of the FCC home, other early learning environments, community services, and school settings including transition to kindergarten. ◯ YES ◯ NO*

◯ If *Yes*, please include program policy around transition practices.

3A – BUSINESS ADMINISTRATION

7. Fiscal Management, Record Keeping, and Risk Management items from the Business Administration Scale (BAS) 2nd Edition will be verified through document review and provider interview.

Please select three additional BAS items below that you wish to be verified on.

- ◯ INCOME AND BENEFITS
- ◯ WORK ENVIRONMENT
- ◯ PROVIDER-FAMILY COMMUNICATION
- ◯ FAMILY SUPPORT AND ENGAGEMENT
- ◯ MARKETING AND COMMUNITY RELATIONS
- ◯ PROVIDER AS EMPLOYER (ONLY IF PROVIDER HAS AN ASSISTANT)

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3B – RATIOS

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

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

9. Has the primary provider attained:

◯ BACHELOR'S DEGREE AND GATEWAYS FCC CREDENTIAL LEVEL 5

Provider must hold the applicable Gateways FCC Credential or have a pending application on file. If not meeting the applicable Credential, the provider may write a CQIP (using the letter received from the Credential Department), to outline goals and action steps, coursework & training to accomplish towards the applicable Credential. Updated CQIP of accomplishments towards Credential attainment will be required at annual report and progress must be shown.

Please refer to the ExceleRate/Credentials FAQ for additional details
https://www.excelerateillinoisproviders.com/docman/resources/193-excelerate-illinois-and-gateways-to-opportunity-credentials-frequently-asked-questions-for-licensed-family-child-care/file

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4B – ASSISTANT & SUBSTITUTE QUALIFICATIONS

10. Has the assistant attained a Gateways ECE Level 2 or FCC Level 2 Credential? ◯ YES ◯ NO* ◯ N/A

11. Has the substitute attained a Gateways ECE Level 3 or FCC Level 3 Credential ◯ YES ◯ NO* ◯ N/A

Assistant/Substitute must hold the applicable Gateways Credentials or havea pending application on file. If not meeting the applicable Credential, theprovider/staff may write a CQIP (using the letter the individual received from the Credential Department), to outline goals and action steps, coursework & training to accomplish towards the applicable Credential. Updated CQIP of accomplishments towards Credential attainment will be required at annual report and progress must be shown.

Please refer to the ExceleRate/Credentials FAQ for additional details
https://www.excelerateillinoisproviders.com/docman/resources/193-excelerate-illinois-and-gateways-to-opportunity-credentials-frequently-asked-questions-for-licensed-family-child-care/file

4C – FCC PROVIDER PEER SUPPORT

12. 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.

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