ExceleRate® Illinois | Licensed Family Child Care and Group Home Application
Silver Circle of Quality Supplement - QRS Rated Family Child Care Alignment Path

ExceleRate ILLINOIS | Preparing Children for Success

Section 1 - **Required Training**

The Family Child Care (FCC) Provider and applicable assistants and/or substitutes must complete the following trainings (as specified below) before applying for the Silver Circle of Quality. Completion of trainings will be verified by the Gateways Registry.

1. **Has the Primary Provider completed the *ExceleRate Illinois Orientation for Licensed Family Child Care Providers* AND the *Getting Ready for the Business Administration Scale (BAS)* trainings?**   ○ YES   ○ NO

2. **Has the FCC Provider and any applicable assistant(s) completed an ExceleRate-approved training on inclusion of children with special needs?**   ○ YES   ○ NO

Section 2 - **Standards and Evidence**

For each question below, check either '*Yes*' or '*No*' to indicate whether your program meets the standard as listed.

If answering '*Yes*', additional information may be required. Completion of required trainings and credentials will be verified by the Gateways Registry.

1A – LEARNING ENVIRONMENT

1. **Using your program's most recent FCCERS-R self-assessment results, did your program meet subscale scores of 4.5 or higher (excluding Personal Care Routines subscale and Active Physical Play (item #26)?**   ○ YES   ○ NO

○ Submit a copy of completed FCCERS-R Profile Sheet.

○ If *No,* include a copy of your program's Continuous Quality Improvement Plan (CQIP) that addresses subscales below 4.5. CQIP must also address how your program will improve these scores by the time of your program's next renewal.

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1B – SAFE AND HEALTHY ENVIRONMENT

2. Using your program's most recent FCCERS-R self-assessment results, did your program meet a score of 5.0 or higher on FCCERS-R item #25?   ◯ YES   ◯ NO

◯ If *No*, include a copy of your program's Continuous Quality Improvement Plan (CQIP) that addresses FCCERS-R item #25, including how your program will improve this score by the time of your next renewal.

3. Have you completed the CCAT-R Health and Safety Checklist (revised May 21, 2015)?   ◯ YES   ◯ NO

◯ If *Yes*, please include a copy of the completed checklist.

1C – INTERACTIONS

4. Using your program's most recent FCCERS-R self-assessment results, did your program meet a score of 4.0 or higher on the "Interaction" and/or "Language Reasoning/Listening and Talking" FCCERS-R subscales?   ◯ YES   ◯ NO

◯ If *No*, include a copy of your program's CQIP that addresses "Interaction" and/or "Language Reasoning/Listening and Talking" subscale scores below 4.0 AND how your program will improve these scores by time of next renewal. *If covered in CQIP for 1A, it should not be duplicated.*

1D – CURRICULUM AND ASSESSMENT

5. Do you utilize a curriculum in your program that is aligned with the Illinois Early Learning Guidelines/Standards?   ◯ YES   ◯ NO

    5a. If *Yes*, what is the name of the curriculum? _____

    5b. If *Yes*, what is the name of the assessment tool? _____

◯ If *No*, please include a narrative description of how the curriculum and assessment tool align with the Illinois Early Learning Guidelines/Standards.

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1E – CHILD SCREENING

6. Does your program use a screening tool?   ◯ YES   ◯ NO

◯ If *Yes*, include a copy of the program's written policy related to
child screening.

7. Do you complete your own child screenings?   ◯ YES   ◯ NO

7a. If *Yes,* have you completed the ExceleRate-approved training on
screening tools?   ◯ YES   ◯ NO

7b. If *No,* who completes your program's child screenings? _____

1G – LINGUISTICALLY AND CULTURALLY APPROPRIATE PRACTICE

◯ Using you program's FCCERS self-assessment results (item #24),
create and submit CQIP addressing linguistic and cultural practices
within your program.

2A – FAMILY-PROVIDER COMMUNICATION AND COLLABORATION

◯ Please submit a narrative and/or documentation demonstrating two
modes of communication used with families in the previous 12 months
(with at least one in the family's preferred language, if applicable)

NOTE: FCC Provider must meet standard requirement at the next renewal.

2B – CONNECTING AND SUPPORTING FAMILIES

◯ Please submit a narrative and/or documentation describing two family
support activities that have happened in the previous 12 months AND
include two family gatherings from the previous 12 months.

NOTE: FCC Provider must meet standard requirement at the next renewal.

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2C – TRANSITIONS

8. Does your program implement policies and practices to provide general information about transitions and engage parents in discussions and/or activities addressing child and family transitions?

○ YES   ○ NO

○ If *Yes*, include a narrative and/or documentation of program's transition practices.

3A – BUSINESS ADMINISTRATION

9. Has your program completed a Business Administration Scale (BAS) self-assessment?

○ YES   ○ NO

○ If *Yes*, include a copy of the BAS Profile sheet AND Continuous Quality Improvement Plan (CQIP) that addresses any items below 4.0.

3B – RATIOS

10. Is your program's Illinois Department of Children and Family Services (IDCFS) license in compliance?

○ YES   ○ NO

3C – CONTINUOUS QUALITY IMPROVEMENT

11. Has your program completed a Continuous Quality Improvement Plan using your program's most recent FCCERS-R and BAS self-assessment results?

○ YES   ○ NO

○ If *Yes*, please enclose a copy of the program's Continuous Quality Improvement Plan.

NOTE: FCC Provider must meet standard requirement at the next renewal.

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4A – FCC PROVIDER QUALIFICATIONS

Provider needs to apply for or have earned one of the following:

**12. Have you applied for or earned a Gateways ECE Credential
Level 2 or higher?**   ◯ YES   ◯ NO

**13. Have you applied for or earned a Gateways FCC Credential
Level 2 or higher?**   ◯ YES   ◯ NO

**14. Have you applied for or earned an Illinois Director Credential
Level I or higher?**   ◯ YES   ◯ NO

**15. Do you have a current Child Development Associate (CDA)
Credential?**   ◯ YES   ◯ NO

NOTE: Provider must achieve the credential within the first year of the
program's eligibility.

4B – FCC ASSISTANT AND SUBSTITUTE (IF APPLICABLE) QUALIFICATIONS

**Program staff are required to apply for or have earned appropriate
credentials as listed under 4B on the alignment crosswalk.
Program staff must achieve the credentials within the first year
of the program's eligibility.**

4C – FCC PROVIDER PEER SUPPORT

◯ Please submit documentation of your participation in a professional
association, training cohort or professional peer support group.

4D – ONGOING PROFESSIONAL DEVELOPMENT

**16. Do you have a written policy and procedure of how you and any
assistant(s) will attain the required number of professional
development hours annually?**   ◯ YES   ◯ NO

◯ If *Yes*, include a copy of your program's policy and procedure
regarding how you attain 20 hours of professional development
annually, AND your assistant(s) (if applicable) attain 10 professional
development hours annually.

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