BIRTH THROUGH FIVE
FLORIDA CHILD CARE PROFESSIONAL CREDENTIAL (FCCPC)
TRAINING PROGRAM PROVIDER APPLICATION

Official Use Only
Application: ____________________________
Program #: ____________________________
Date Processed: ________________________
Processed by: __________________________
Certificate: Issued by: ____________________
Certificate #: __________________________
☐ Revised Application
☐ New Application

I. Program Information

Name of Institution/Agency ____________________________ Phone Number ____________________________
Birth Through Five FCCPC Training Program Title ____________________________
Address ____________________________ City ____________ State ____________ Zip Code ____________________________
Website ____________________________

Area of Specialization. Please select one of the following:
Facility-based infant & toddler (0-3 years) ____________ Facility-based pre-school (3-5 years) ____________
Facility-based birth through five ____________ Family Child Care Home ____________

Program Details. Please answer all questions:
Is this program offered in Spanish? Yes ☐ No ☐
Is this program faith-based? Yes ☐ No ☐
Is this program available online? Yes ☐ No ☐
Does this program award college credits? Yes ☐ No ☐
Does this program award CEUs? Yes ☐ No ☐

Geographical Area Served.
In what counties will the training program be offered? (If the number of counties exceeds fifteen, please indicate so with "statewide")
____________________________________________________________________________
____________________________________________________________________________

Public Contact Information. This information will be displayed on the Department’s website www.myflfamilies.com/childcare.
Name ____________________________ Business E-mail ____________________________ Phone Number ____________________________
Address (if different than above) ____________________________ City ____________ Zip ____________________________

Administrative Contact Information. This information is for administrative purposes only.
Name ____________________________ Business E-mail ____________________________ Phone Number ____________________________
Address (if different than above) ____________________________ City ____________ Zip ____________________________
II. Training Program Provider Accreditation/Licensure Requirement

Submit proof of one of the following:

1. Accreditation by a national or regional accreditation organization recognized by the United States Department of Education. Specific information on accreditation by the United States Department of Education may be obtained by going to http://www.ed.gov/admins/finaid/accred/index.html; or

2. Licensure by the Florida Commission for Independent Education. Specific information on the Florida Commission for Independent Education may be obtained by going to http://www.fldoe.org/cie/.

III. Training Program Requirements

A. All Training Programs

1. A Birth Through Five FCCPC Training Program must include a minimum of 120 clock hours of early childhood training, 80 of which includes an absolute minimum of ten hours in each of the content areas listed below.

Please attach a curriculum crosswalk and course syllabus*, which verify compliance with this program requirement.

* The course syllabus should contain the following: (1) an outline of the course, (2) a list of learner outcomes, (3) a description of the observation requirement, (4) a description of the assessment tool and strategies used to observe the student, (5) a description of the Early Childhood Portfolio (ECP) requirement, and (6) a description of the assessment tool and strategies used to evaluate the student’s ECP.

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Knowledge of basic principles of child growth and development.</td>
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<tr>
<td>2</td>
<td>Creation of developmentally appropriate learning environment that is safe, healthy, respectful and supportive of children and families.</td>
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<tr>
<td>3</td>
<td>Development of educational programs that promote the social and emotional development of children.</td>
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<tr>
<td>4</td>
<td>Development of educational programs that improve motor, language and cognitive development of children, including literacy development.</td>
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<tr>
<td>5</td>
<td>Promotion of involvement and positive relationships with families and communities.</td>
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<tr>
<td>6</td>
<td>Understanding and application of the principles of screening and assessment.</td>
</tr>
<tr>
<td>7</td>
<td>Identification and demonstration of professionalism in the field of early childhood education.</td>
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<tr>
<td>8</td>
<td>Identification and demonstration of effective program management techniques.</td>
</tr>
</tbody>
</table>

2. A Birth Through Five FCCPC Training Program Provider must require and ensure each student submit documentation of a high school diploma/GED, as defined in CCF Handbook, Section 1.2, and written proof of 480 clock hours working with children in an early childhood child care setting in the last five (5) years prior to issuance of a completion certificate. A minimum of 80 clock hours within the 480 clock hour requirement must be completed while attending the FCCPC Training Program.

Please attach a copy of the tracking tool your program will utilize in ensuring the 480 clock hour requirement is met for each student.

B. Online Training Program Only

1. Design and Content: In the space provided below, please provide the URL and any required access codes or instructions to allow access to your online program for the purpose of reviewing the design and content.

   URL ____________________________ Access Code(s) ____________________________

   Additional Instructions:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2. Pilot Testing: Please provide the following information below.

   Date pilot testing began: ____________________________ Date pilot testing completed: ____________________________
   Number of participants who began pilot testing: ______  Number of participants who completed pilot testing: ______
   Number of participants at each level:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
### IV. Trainer Qualifications

A Birth Through Five FCCPC Training Program Provider must require and ensure each trainer hold the following requirements listed below.

1. Four year college degree or higher with six college credit hours in early childhood education/child growth and development; and
2. One year of experience* in a child care setting serving children ages birth through eight.

*One year of experience is equivalent to a minimum of 1040 hours and must be verified.

Please attach a copy of the position description for the trainer that includes the educational and experiential requirements.

### V. Observation

A Birth Through Five FCCPC Training Program Provider must require and ensure that each student is formally observed once while working with children during the course of the FCCPC Training Program. This observation must be within an early childhood classroom setting while the student is working with children as the lead teacher. The observation must be conducted by a qualified observer meeting the requirements outlined in Section VI and utilizing an observation tool submitted with this application and approved by the Child Care Program Office of the Department of Children and Families or its designated representative.

Please attach a copy of the observation tool your program will utilize when formally observing a student.

### VI. Observer Qualifications

A Birth Through Five FCCPC Training Program Provider must require and ensure that each observer hold the educational and experiential requirements listed below and is able to demonstrate competency in the eight content areas established in Section III.

1. An active National Early Childhood Credential or Birth Through Five FCCPC, four years of experience* working with children ages birth through eight, and two years of responsibility for the professional growth of another adult**; or
2. Associate’s level degree in Early Childhood Education, Child Development or related field***, two years of experience* working with children ages birth through eight, and two years of responsibility for the professional growth of another adult**; or
3. A bachelor’s level degree in Early Childhood Education, Child Development or related field***, one year of experience* working with children ages birth through eight, and one year of responsibility for the professional growth of another adult**.

*Year(s) of experience shall be verified and shall be defined as follows: one year is equivalent to a minimum of 1040 hours, two years are equivalent to a minimum of 2080 hours, and four years are equivalent to a minimum of 4160 hours.

** Professional growth shall be defined as professional development activities (i.e. career advising, mentoring and job coaching sessions, and other training activities) that enhance the knowledge and professional skills of another adult.

***Related field shall be defined as an associate’s or bachelor’s level degree with a minimum of six college credits in Early Childhood Education/Child Development.

Please attach a copy of the position description for the observer that includes the educational and experiential requirements.
VII. Early Childhood Portfolio

A Birth Through Five FCCPC Training Program Provider must require and ensure that each student compile and maintain a collection of materials which contain, at a minimum, the contents listed below prior to completion of the FCCPC Training Program:

1. Autobiography: A document, minimum of 300 words, that describes the student’s early childhood educational goals and why working with young children and families is important to them; and

2. Statement of Competence: Eight separate statements of competence, 250 word minimum each, related to the eight content areas established in Section III of this application. Each statement must include how the student reflects the competency within their teaching practices with children, examples of positive early childhood practices, and must clearly indicate the student’s knowledge and understanding of each competency area; and

3. Resource Collection: Should include samples of materials for each content area, therefore demonstrating competency. This should include, but not be limited to, contact names and numbers of local and state child care and community agencies; early childhood membership and training certificates; age appropriate songs, activities, and book titles; policies and information for parents; record keeping forms; and an observation tool.

⚠️ Please attach a copy of the assessment tool your program will utilize in ensuring compliance with this requirement for each student.

VIII. Certificate Information

Upon completion of a Birth Through Five FCCPC Training Program, the FCCPC Training Program Provider is required to submit a spreadsheet with student completion information using the form prescribed by the Child Care Program Office of the Department of Children and Families or its designated representative. Spreadsheets with student completion information shall be retained for a period of two years.

The Child Care Program Office of the Department of Children and Families will update each student’s transcript as to completion of the FCCPC Training Program and issue a Florida Child Care Professional Credential, CF-FSP Form 5270, to the student.

Approved FCCPC Training Program Providers that issue provider-specific certificates of completion to their students must ensure the following:

1. The certificate shall identify the number of clock hours of coursework completed in early childhood training.
2. The certificate shall state that the coursework was completed in an approved Birth Through Five FCCPC Training Program.
3. The certificate shall not document the Department of Children and Families Staff Credential requirement.

⚠️ As of July 1, 2006, CF-FSP Form 5270 will be the only certificate recognized by the Child Care Program Office of the Department of Children and Families for completion of a Birth Through Five FCCPC Training Program for the purposes of licensing.

IX. Program Assurances

A Birth Through Five FCCPC Training Program Provider must adhere to all requirements and guidelines of the Birth Through Five Florida Child Care Professional Credential Training Program outlined on this form.

A Birth Through Five FCCPC Training Program Provider will maintain and provide updated Birth Through Five FCCPC Training Program curriculum and textbooks to its students.

A Birth Through Five FCCPC Training Program Provider must ensure the availability of all training program files to the Office of Child Care Regulation upon request and be subject to both informal and formal audits/observations.

A Birth Through Five FCCPC Training Program Provider must ensure that all graduating students have met all program requirements outlined on this form. The following documents shall be completed for all graduating students and shall be retained for a period of two years: 480 clock hour tracking tool, observation tool, and Early Childhood Portfolio assessment tool.

In addition to all six of the completed pages of this form, please ensure that you submit the following:

1. Proof of accreditation by a national or regional accreditation organization recognized by the United States Department of Education OR licensure by the Florida Commission for Independent Education.
2. A curriculum crosswalk and course syllabus that verify compliance with the FCCPC curriculum requirement.
3. A copy of the tracking tool your program utilizes to ensure completion of the high school diploma/GED and 480 clock hour training requirement.
4. A copy of all forms given to pilot participants for data collection for online training programs.
5. A copy of the position description for the trainer and observer that includes educational and experiential requirements.
6. A copy of the observation tool your program utilizes when formally observing a student.
7. A copy of the assessment tool your program will utilize in ensuring that the Early Childhood Portfolio requirement is met.
Please mail the completed CF-FSP 5191 and all supporting documentation to the following address:

The Children’s Forum  
Child Care Training and Accreditation Provider Evaluation Services  
1211 Governors Square Blvd.  
Suite 200  
Tallahassee, Florida 32301

__________________________________________________________________  
Signature of the Person Legally Responsible for the Organization  
Date

BY SIGNING BELOW, I HEREBY ATTEST THAT ALL THE INFORMATION GIVEN WITHIN THIS FORM IS COMPLETE AND ACCURATE.