



Gold Seal Quality Care Accrediting Association Application

This application will be accepted for review only in January and July.
The Attestation document is page 5 of this application.

- Initial
- *Renewal
- Revision of Accreditation Standards

Official Use Only

Application:
 Program # _____
 Date received: _____
 Date of review: _____
 Approved: Y / N
 Date of designation: _____
 Date of communication to applicant: _____
 Archived by: _____

Application Process

- This application and required support documentation for approval as a Gold Seal Quality Care accrediting association will be reviewed by the department and parties identified in section 402.281(3)(b), Florida Statutes.
- Direction is provided in each section as to whether required documentation is to be provided to the department electronically or in hard copy form. The department may request additional information.

I. Accrediting Agency Contact Information

Name of Accrediting Association		Website Address (URL)	
Address	City	State	Zip Code
Name of Person Submitting Application and Title		Email Address	Telephone Number

Public Contact Information. Once approved, this information will be displayed on the department's website www.myflorida.com/childcare along with the name of the Accrediting Association.

Name	Business E-mail	Phone Number
Address (if different than Section I)	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. Accrediting Association (Applicant) Requirements

Name of Corporation		Corporate FEIN #	
Address of Corporation	City	State	Zip Code
Name of Designated Corporate Representative		Email Address	Telephone Number
Incorporated in which State?			

Required Criteria:

If out of state, is the corporation registered in the State of Florida? YES NO If no, please register prior to submitting an application.

How long has the corporation been an accrediting association? _____

Has the accrediting association been established and issuing accreditation in Florida for five years? YES NO If no, please meet this requirement prior to submission.

Has the accrediting association ever been recognized by the Department as a Gold Seal Accrediting Association? YES NO

III. Accreditation Information

Area of Accreditation Specialization (please select all that apply):

Child Care Program After-School Program Public/Nonpublic School

Family Day Care Home Large Family Child Care Home

Religious Exempt Child Care

IV. Accreditation Standards Crosswalk

The applicant must provide the department a formal crosswalk document that addresses the association's standards of accreditation and aligns them with the Gold Seal Quality Care Accreditation Standards for Facilities and/or Family Day Care Homes as described on CF-FSP Forms 5387 and 5388. This crosswalk must be electronically submitted. The applicant must include hard copies or electronic documentation in a searchable format (**Microsoft Word, Adobe PDF, etc.**) that supports the standards included on the crosswalk. A sample crosswalk is available at www.myflorida.com/childcare.

The applicant's crosswalk must identify and describe its standards for each domain below, including the performance and outcome expectations for each standard.

***Exception: Pursuant to section 402.281, F.S., NAEYC, NAFCC and NECPA are exempt from this section of the application.*

Structural Indicators of Quality

FOR ACTIVE ASSOCIATIONS ONLY: CHECK HERE IF CHANGES HAVE BEEN MADE IN YOUR STANDARDS IN THIS AREA SINCE THE LAST APPLICATION.

Licensure and Regulation
Ratio and Group Size
Staff Credential
Director Requirements

Process Indicators of Quality

FOR ACTIVE ASSOCIATIONS ONLY: CHECK HERE IF CHANGES HAVE BEEN MADE IN YOUR STANDARDS IN THIS AREA SINCE THE LAST APPLICATION.

Curriculum Implementation
Literacy Support
Health and Safety
Teacher-Child Interactions
Family Interactions
Program Operations

Accreditation Process

FOR ACTIVE ASSOCIATIONS ONLY: CHECK HERE IF CHANGES HAVE BEEN MADE IN YOUR STANDARDS IN THIS AREA SINCE THE LAST APPLICATION.

Self-Study
Teacher Assessment
Administrative Assessment
Family Assessment
Validation Process
Renewal Process

Copies of the above documents must be attached to the application.

V. Accreditation Assurances

An approved Gold Seal Quality Care Accrediting Association must:

- 1) Adhere to all requirements and guidelines outlined in this application as well as section 402.281 Florida Statutes, and ensure each child care program it accredits meets all requirements outlined in this application.
- 2) Ensure the availability of standards and programmatic requirements and documents related to the Gold Seal Quality Care program immediately upon request by the department and be subject to onsite visits, monitoring, or observations by the department or the department's representative/designee.
- 3) Issue a certificate of accreditation to each accredited child care program that includes the full name and full physical address of the program.

- 4) Notify the department in writing within 15 days of termination of accreditation of any Gold Seal provider, including the reasons for termination.
 - 5) Submit an updated list to the department quarterly that includes the name and full address of each accredited child care program, the accreditation effective date and accreditation expiration date for each program, and any programs for which accreditation has expired or been terminated during the quarter.
 - 6) Agree to communicate, in writing, to the providers it accredits and to the department a minimum of six months in advance of any intent to not continue as a Gold Seal Quality Care Accrediting Association, so the department may provide guidance and assistance to the affected providers in retaining Gold Seal Quality Care designation.
 - 7) Pursuant to rule 65C-22.009(4)(l) and 65C-20.014(3)(l), F.A.C., Gold Seal Accrediting Associations may not contract with or otherwise authorize any other entities, including affiliated groups, membership groups, or subgroups to issue accreditations to Florida child care providers for the purposes of Gold Seal designation.
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Please mail this completed application and supporting documentation to the following address:

The Children's Forum
Attn: Gold Seal
2807 Remington Green Circle
Tallahassee, Florida 32308

Please email an electronic copy of supporting documentation to the following email address:

goldsealproviderapps@thechildrensforum.com

Gold Seal Quality Care Program

I, _____, _____
Print Name of Person Legally Responsible for the Organization *Person's Title*

Name of Accrediting Association

hereby attest that the information provided to the Department of Children and Families on the "Gold Seal Quality Care Accreditation Application," CF-FSP Form 5315, and all supporting documentation provided with this application are truthful and correct and will be strictly enforced by the applicant. I understand that falsification of application information is grounds for termination of designation as a department approved Gold Seal Quality Care Accrediting Association and that this application may be withdrawn for consideration at any time I so desire.

I agree to forward to the department any changes to the information provided on this application within 30 days of the change.

I understand my organization, as a Gold Seal Accrediting Association, must comply with the provisions of rule 65C-22.009 and 65C-20.014, Florida Administrative Code, and the requirements described in this application, including the Accreditation Assurances.

I understand that the Gold Seal Accrediting approval is nontransferable and therefore I must notify the department if the approved corporation is sold or merged. The new corporation must apply for approval by the department.

I understand that failure to comply with the above is grounds for termination of department approval as a Gold Seal Quality Care Accrediting Association.

I HEREBY ATTEST THAT ALL THE INFORMATION GIVEN WITHIN THIS APPLICATION IS COMPLETE AND ACCURATE.

Signature of the Accrediting Association Chief Executive Officer

Date

ATTESTATION

This document is to be completed and submitted annually to the department.

I, _____, _____
Print Name of Person Legally Responsible for the Organization *Person's Title*

Name of Accrediting Association

hereby attest the following (Choose one check box below):

The information previously and formally communicated to the department on form CF-FSP 5315 Gold Seal Quality Care Accrediting Association Application November 2014 **has changed**. I have provided supporting documentation to notate changes. I understand that all changes will be reviewed by the department to determine if approval as Gold Seal Accrediting Association remains valid.

Or

The information previously and formally communicated to the department on form CF-FSP 5315 Gold Seal Quality Care Accrediting Association Application November 2014 **has not changed**. Specifically, I affirm that

1. The information listed in Section I of form CF-FSP 5315 Gold Seal Quality Care Accrediting Association Application November 2014, previously submitted to the department is correct, and the accrediting association has made no changes to its place of location, corporate structure, etc. which have not previously been formally communicated to the department in writing.
2. The information listed in Sections II and III of form CF-FSP 5315 Gold Seal Quality Care Accrediting Association Application November 2014, previously submitted to the department is correct, and the accrediting association has made no changes to its accreditation, its area(s) of specialization, the number of states it has accredited programs in, the accreditation standards, etc., which have not previously been formally communicated to the department in writing.
3. The accrediting association continues to meet or exceed the processes and standards included on the CF-FSP 5387 Gold Seal Quality Standards for Facilities, November 2014, and/or the CF-FSP 5388 Gold Seal Quality Care Standards for Family Child Care Homes and Large Family Child Care Homes, November 2014.

I hereby attest that the information provided to the Department of Children and Families and all supporting documentation provided with this document is truthful and correct.

I understand that failure to comply with the above is grounds for termination of the department's approval as a Gold Seal Quality Care Accrediting Association.

Signature of the Person Legally Responsible for the Association Corporation

Date

Date received by the department _____