



# QUALITY COUNTS

Striving for Five Star Early Learning

## Center Application Form



<b>1. CENTER INFORMATION</b>		Date Application completed:	
Date Center Opened:		License Number:	
Center Name:			
Corporate Name:			
Director:		Owner:	
Street Address:		City:	Zip:
Center Phone #:		Fax #:	
Additional Phone #:		Center E-mail Address:	
Hours: ____ AM to ____ PM	If your program changes significantly in the summer, please describe:		
Year Around? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2. ACCREDITATION STATUS</b>			
<input type="checkbox"/> NAEYC <input type="checkbox"/> APPLE <input type="checkbox"/> ACSI <input type="checkbox"/> Other: _____    Gold Seal? <input type="checkbox"/> YES <input type="checkbox"/> No			
Date of Accreditation:		Date of Expiration:	
<b>3. STAFF</b> <i>(Please complete this grid about the staff at your center based on highest educational level)</i>			
	<b>Director</b>	<b>Lead Teachers</b>	<b>Assistant Teachers</b>
<b>Total number employed</b>			
<b>Number with High School or less</b>			
<b>Number with FCCPC (CDA-E or CDA)</b>			
<b>Number with Associate degree or higher in ECE</b>			
<b>Number with Associate degree or higher in non-ECE field</b>			
<b>4. WHAT IS THE PREFERRED LANGUAGE OF YOUR STAFF?</b>			
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Other: _____ -			
<b>5. TRAININGS ARE CURRENTLY OFFERED IN ENGLISH AND SPANISH.</b>			
How many of your staff prefer: ____ English ____ Spanish ____ Other : _____			

## 6. CENTER DEMOGRAPHICS

<b>Total License Capacity:</b> _____	<b>Total Enrolled:</b> _____
<b>Enter the total number of children enrolled in each age group:</b>	
<b>AGE GROUP</b>	<b>NUMBER OF CHILDREN</b>
Infants (0-12 months)	
One year olds (12-24 months)	
Two year olds (24-30 months)	
Two year olds (31-36 months)	
Three year olds (37-48 months)	
Four & Five year olds (48 months - school entry)	
School Age in after school care program (5-12 years)	
<b>Total number of subsidized children c/o Early Learning Coalition - County Child Development Services in the above age groups:</b> _____	
<b>How many classrooms for ages 0-5 do you have (not including school age)?</b> _____	

## 7. ENVIRONMENT RATING SCALES EXPERIENCE

<b>How experienced are you on the Environment Rating Scales (ITERS-R and ECERS-R)? (Check all that apply)</b>	
<input type="checkbox"/> Never heard of the Environment Rating Scales (ERS) <input type="checkbox"/> Have heard of ERS but never used them <input type="checkbox"/> An outside source has assessed center using at least one ERS <input type="checkbox"/> Center has used at least one ERS for self-assessment <input type="checkbox"/> Center has used results of ERS assessment to improve the quality of the program	
<b>Print Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

*The selection process is designed to bring in a representative cross-section of early care and education centers throughout the county each round. The process will consider a programs size and geographical location, and will consider the percentage of subsidized children a program serves or location in a high poverty zip code. A program's application will be considered valid for one year and programs will be automatically reconsidered for selection every selection round using the information in their application.*

### Send application to:

Quality Counts  
 Early Learning Coalition of Miami-Dade/Monroe  
 2555 Ponce de Leon Blvd, Suite 500  
 Coral Gables, FL 33134

**Please keep a copy for your records!**

<b>Received by TA provider on:</b>		<b>Initials:</b>	
<b>Received by ELC on:</b>		<b>Initials:</b>	
<b>Received by NIIL on:</b>		<b>Initials:</b>	