



# QUALITY COUNTS

Striving for Five Star Early Learning

## FCCH Application Form



<b>1. PROGRAM INFORMATION</b>		Date Application completed:	
Date Program Opened:		License Number:	
Program Name:			
Owner/Provider:			
Street Address:		City:	Zip:
Phone #:		Fax #:	
Additional Phone #:		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"/> NAFCC <input type="checkbox"/> Other: _____    Gold Seal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of Accreditation:		Date of Expiration:	
<b>3. PROVIDER/STAFF</b> <i>Please complete this grid about yourself and any staff (if applicable)</i>			
	<b>Provider/Owner</b>	<b>Assistant Teacher #1</b>	<b>Assistant Teacher #2</b>
Predominant Language Spoken ( <i>English, Spanish, etc.</i> )			
High School Diploma or equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
FCCPC (CDA-E or CDA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Associate degree or higher in ECE or related field?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Associate degree or higher in non-ECE related field?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
WAGE\$ participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. PROGRAM DEMOGRAPHICS</b>			
Total License Capacity: _____		Total Enrolled: _____	
Enter the total number of children enrolled in each age group:			
<b>AGE GROUP/NUMBER OF CHILDREN</b>		<b>AGE GROUP/NUMBER OF CHILDREN</b>	
Infants (0-12 months)/# Children: _____		Three year olds (37-48 months)# Children: _____	
One year olds (12-24 months)/# Children: _____		Four & Five year olds (48 mos. - school entry)/# Children: _____	
Two year olds (24-30 months)/# Children: _____		School Age in after school care (5-12 years)/# Children: _____	
Two year olds (31-36 months)/# Children: _____			
Total number of subsidized children c/o Early Learning Coalition - County Child Development Services in the above age groups: _____			

## 5. ENVIRONMENT RATING SCALE EXPERIENCE

How experienced are you on the Environment Rating Scale (FCCERS-R)? (Check all that apply)

- Never heard of the Environment Rating Scale (ERS)
- Have heard of ERS but never used it
- An outside source has assessed program using ERS
- Program has used ERS for self-assessment
- Program 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>	