



Official Use Only

 Application:
 Date Rcvd: _____
 Processed by: _____

 Certificate:
 Date Issued: _____

GOLD SEAL QUALITY CARE PROVIDER APPLICATION

CHILD CARE FACILITY OR HOME INFORMATION (Please Print)

Child Care License # or DCF ID# _____

Name of Child Care Facility or Home: _____

Name of Owner/Operator: _____ Alternate contact person: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Accrediting Association Name: _____

Program Phone: () _____ Alternate Contact Phone: () _____

 Provider Type: Child Care Facility Family Day Care Home Large Family Child Care Home

Mandatory Agreement for Exempt Providers

By signing below, I _____, applicant of _____, do hereby agree to periodic inspection by the Department of Children and Families of the program and facilities that are licensed exempt.

This application will not be processed without the required items listed below:

- Gold Seal-recognized Accreditation Certificate that matches the provider's legal name and physical address
- Child Care License, Notice of Religious Exemption, or United States Department of Defense Certificate
- Providers located on a military installation only: Child Care Inspection reports in the two years preceding this application.

Please note:

- Applications submitted after the current Gold Seal has expired will have an effective date of the day the Gold Seal application has been approved.
- Incomplete applications will only be retained for thirty (30) days from the date of receipt.
- Name, address, or accreditation changes **must be updated within 15 days** of the change.
- Applications from providers that have not been operational and attended by children for one (1) year will not be processed.

ATTESTATION

I hereby attest that all information pertaining to this application is true, correct, and complete. I hereby attest that the child care facility or home indicated on this application meets the standards for Gold Seal Quality Care designation pursuant to **section 1002.945, Florida Statutes**. I understand that if any of the information provided is found to be false, Gold Seal Quality Care designation will be denied or rescinded. I agree to alert the Division of Early Learning of any change of business or operation to the child care program indicated on this application.

Signature of Applicant_____
Date of Application

This application and a copy of the accreditation certificate may be faxed to 1-888-814-8611 or mailed to:
 Children's Forum, Attn: Gold Seal, 1211 Governor's Square Blvd. Suite 200, Tallahassee Florida 32301; or
emailed to goldsealproviderapps@thechildrensforum.com

If you have questions regarding this application or the Gold Seal Quality Care Program, please visit
www.floridaearlylearning.com; or call 1-888-352-4453