



Gold Seal Quality Care Accreditation 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

Application Process

- This application and required support documentation for approval as a Gold Seal Quality Care accrediting association will be reviewed by the Division of Early Learning (DEL) and parties identified in section 1002.945, Florida Statutes.
- Please email an electronic copy of this application and supporting documentation to: goldsealproviderapps@thechildrensforum.com. The DEL may request additional information.

Official Use Only

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

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 DEL's website www.floridaearlylearning.com 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

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Has the accrediting association ever been revoked as a Gold Seal Accrediting Association? YES NO

Can the accrediting association provide evidence that a process for accreditation has, at a minimum, all of the following components:

- a. Clearly defined prerequisites that a child care provider must meet before beginning the accreditation process, including the site being operational and attended is by children? YES NO If no, please meet this requirement prior to submission.
- b. Procedures for completion of a self-study and comprehensive onsite verification process for each classroom that documents compliance with accrediting standards? YES NO If no, please meet this requirement prior to submission.
- c. Training process for accreditation verifiers to ensure inter-rater reliability? YES NO If no, please meet this requirement prior to submission.
- d. Ongoing compliance procedures that include each child care provider to file an annual report with the accrediting association and risk-based, onsite auditing protocols for accredited providers? YES NO If no, please meet this requirement prior to submission.
- e. Procedures for revocation of accreditation due to failure to maintain accrediting standards or any other relevant information received by the accrediting association? YES NO If no, please meet this requirement prior to submission.
- f. Accreditation renewal procedures that include an onsite verification occurring at least every 5 years? YES NO If no, please meet this requirement prior to submission.
- g. A process for verifying continued accreditation compliance in the event of a transfer of ownership of facilities? YES NO If no, please meet this requirement prior to submission.
- h. A process to communicate issues that arise during the accreditation period with governmental entities that have a vested interest in the Gold seal Quality care Program? YES NO If no, please meet this requirement prior to submission.
- i. Procedures for determining compliance with the accreditation standards and the required percentage of assessed items measured to achieve accreditation. YES NO If no, please meet this requirement prior to submission.

III. Accreditation Information

Area of Accreditation Specialization (please select all that apply):
 Early Childhood Standards (0-5 year old) School-Age Standards (5-12 year old)

Program Types (please select all that apply):
 Child Care Facility School-Age Only Facility Family Day Care Home Large Family Child Care Home

IV. Accreditation Standards Crosswalk

The applicant must provide the DEL 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 Form DEL-GS03 and Form DEL-GS01. This crosswalk must be electronically submitted. The applicant must include 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.floridaearlylearning.com.

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

<p>Structural Indicators of Quality <input type="checkbox"/> FOR ACTIVE ASSOCIATIONS ONLY: CHECK HERE IF CHANGES HAVE BEEN MADE IN YOUR STANDARDS IN THIS AREA SINCE THE LAST APPLICATION.</p> <ul style="list-style-type: none"> Ratio and Group Size Director Requirements Teacher and Staff Training/Continued Professional Dev. Provider Eligibility for Accreditation Quality Relationships 	<p>Process Indicators of Quality <input type="checkbox"/> FOR ACTIVE ASSOCIATIONS ONLY: CHECK HERE IF CHANGES HAVE BEEN MADE IN YOUR STANDARDS IN THIS AREA SINCE THE LAST APPLICATION.</p> <ul style="list-style-type: none"> Curriculum Implementation Literacy Support Health and Safety Teacher-Child Interactions Family Interactions Program Operations Learning Environment Social Development Developmental Learning Professional and Business Practices 	<p>Accreditation Process <input type="checkbox"/> FOR ACTIVE ASSOCIATIONS ONLY: CHECK HERE IF CHANGES HAVE BEEN MADE IN YOUR STANDARDS IN THIS AREA SINCE THE LAST APPLICATION.</p> <ul style="list-style-type: none"> Self-Study Teacher Assessment Administrative Assessment Family Assessment Validation Process Renewal Process <p><i>Copies of the above documents must be included in the application.</i></p>
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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 1002.945, Florida Statutes (F.S.), and ensure each child care program it accredits meets all requirements outlined in s.1002.945, F.S. and rule 6M-10.001, Florida Administrative Code (F.A.C.).
- 2) Ensure the availability of standards and programmatic requirements and documents related to the Gold Seal Quality Care program immediately upon request by the DEL and be subject to onsite visits, monitoring, or observations by the DEL or the DEL'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 as it appears on the child care license or Notice of Religious Exemption.
- 4) Notify the DEL in writing within 15 days of termination of accreditation of any Gold Seal provider, including the reasons for termination.
- 5) Submit an updated Excel spreadsheet list to the DEL 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 DEL a minimum of six months in advance of any intent to not continue as a Gold Seal Quality Care Accrediting Association, so the DEL may provide guidance and assistance to the affected providers in retaining Gold Seal Quality Care designation.
- 7) Pursuant to rule 6M-10.002, 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.

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 Education, Division of Early Learning (DEL) on the "Gold Seal Quality Care Accreditation Application," Form DEL-GS06, 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 DEL 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 DEL 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 6M-10.002, Florida Administrative Code, and the requirements described in this application, including the Accreditation Assurances and required applicant criteria in Section II.

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

I understand that when audited the association will be required to provide evidence of the criteria in Section II to show compliance with s. 1002.945(3)(a)4., F.S.

I understand that failure to comply with the above is grounds for termination of DEL 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 DEL.

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 DEL on Form DEL-GS06 Gold Seal Quality Care Accrediting Association Application **has changed**. I have provided supporting documentation to notate changes. I understand that all changes will be reviewed by the DEL to determine if approval as Gold Seal Accrediting Association remains valid.

Or

The information previously and formally communicated to the DEL on Form DEL-GS06 Gold Seal Quality Care Accrediting Association Application **has not changed**. Specifically, I affirm that

1. The information listed in Section I of Form DEL-GS06 Gold Seal Quality Care Accrediting Association Application, previously submitted to the DEL 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 DEL in writing.
2. The information listed in Sections II and III of Form DEL-GS06 Gold Seal Quality Care Accrediting Association Application, previously submitted to the DEL 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 DEL in writing.
3. The accrediting association continues to meet or exceed the processes and standards included on the Form DEL-GS03 Gold Seal Quality Standards for Child Care Facilities, and/or the Form DEL-GS01 Gold Seal Quality Care Standards for Family Day Care Homes and Large Family Child Care Homes.

I hereby attest that the information provided to the DEL and all supporting documentation provided with this document is truthful and correct.

I understand failure to comply with the above is grounds for termination of the DEL'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 DEL _____