



# BIRTH THROUGH FIVE FLORIDA CHILD CARE PROFESSIONAL CREDENTIAL (FCCPC) TRAINING PROGRAM PROVIDER APPLICATION

For Official Use Only	
Application:	_____
Program #:	_____
Date Processed:	_____
Processed by:	_____
Certificate:	_____
Issued by:	_____
Certificate #:	_____
<input type="checkbox"/> Revised Application <input type="checkbox"/> New Application	

## I. Application Information

Name of Institution/Agency Submitting Application		Phone Number	
Birth Through Five FCCPC Training Program Title			
Address	City	State	Zip Code
Website			

**Area of Specialization.** Please select one of the following (a separate application is required for each area of specialization):

Facility-based infant & toddler (0-3 years) <input type="checkbox"/>	Facility-based pre-school (3-5 years) <input type="checkbox"/>
Facility-based birth through five <input type="checkbox"/>	Family Child Care Home <input type="checkbox"/>

**Program Details.** Please answer all questions:

Is this program offered in Spanish? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does this program award college credits? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this program faith-based? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does this program award CEUs? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this program available online? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Geographical Area Served.**

In what counties will the training program be offered? (If the number of counties exceeds fifteen, please indicate so with "statewide")

\_\_\_\_\_

\_\_\_\_\_

**Public Contact Information.** This information will be displayed on the Department's website [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare).

Name	Business E-mail	Phone Number
Address (if different than above)	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. Training Program Provider Accreditation/Licensure Requirement**


Submit proof of one of the following:

- 1. Accreditation by a national or regional accreditation organization recognized by the United States Department of Education. Specific information on accreditation by the United States Department of Education may be obtained by going to <http://www.ed.gov/admins/finaid/accred/index.html> ; or
- 2. Licensure by the Florida Commission for Independent Education. Specific information on the Florida Commission for Independent Education may be obtained by going to <http://www.fldoe.org/cie/>.

**III. Training Program Requirements**

**A. All Training Program Applicants**


- 1. A Birth Through Five FCCPC Training Program must include a minimum of 120 clock hours of early childhood training, 80 of which includes an absolute minimum of ten hours in each of the content areas listed below.

 Please attach a curriculum crosswalk and course syllabus\*, which verify compliance with this program requirement.

\* The course syllabus should contain the following: (1) an outline of the course, (2) a list of learner outcomes, (3) a description of the observation requirement, (4) a description of the assessment tool and strategies used to observe the student, (5) a description of the Early Childhood Portfolio (ECP) requirement, and (6) a description of the assessment tool and strategies used to evaluate the student's ECP.

	Content Area
1	Knowledge of basic principles of child growth and development.
2	Creation of developmentally appropriate learning environment that is safe, healthy, respectful and supportive of children and families.
3	Development of educational programs that promote the social and emotional development of children.
4	Development of educational programs that improve motor, language and cognitive development of children, including literacy development.
5	Promotion of involvement and positive relationships with families and communities.
6	Understanding and application of the principles of screening and assessment.
7	Identification and demonstration of professionalism in the field of early childhood education.
8	Identification and demonstration of effective program management techniques.

- 2. A Birth Through Five FCCPC Training Program Provider must require and ensure each student submit written proof of 480 clock hours working with children in an early childhood child care setting in the last five (5) years prior to issuance of a completion certificate. A minimum of 80 clock hours within the 480 clock hour requirement must be completed while attending the FCCPC Training Program.

 Please attach a copy of the tracking tool your program will utilize in ensuring the 480 clock hour requirement is met for each student.

**B. Online Training Program Applicants Only**

- 1. Design and Content: In the space provided below, please provide the URL and any required access codes or instructions to allow access to your online program for the purpose of reviewing the design and content.

\_\_\_\_\_

URL

\_\_\_\_\_

Access Code(s)

Additional Instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 2. Pilot Testing: Please provide the following information below.

Date pilot testing began: \_\_\_\_\_ Date pilot testing completed: \_\_\_\_\_


Number of participants who began pilot testing: \_\_\_\_\_ Number of participants who completed pilot testing: \_\_\_\_\_

Number of participants at each level:

<u>Education</u>	<u>Computer Competence</u>	<u>Age</u>	<u>Child Care Experience</u>	<u>Child Care Position</u>
___ GED	___ Novice (beginner)	___ 18-29	___ None	___ Aide/Assistant
___ High School	___ Low level	___ 30-39	___ 0-2 yrs.	___ Teacher
___ CDA/FCCPC	___ Intermediate level	___ 40-49	___ 2-5 yrs.	___ Lead Teacher
___ 2-yr. degree	___ High level	___ 50-59	___ 6-10 yrs.	___ Director
___ 4-yr. degree		___ 60 +	___ 10 + yrs.	___ Other _____

Average number of hours needed to complete online course across all pilot participants: \_\_\_\_\_ hours.\*

\*A number of hours between 114 and 126 is required to meet FCCPC Training Program requirements.

 Please attach a copy of all forms given to pilot participants for data collection. Forms must include, at a minimum, the following: (1) time log used to record online hours, and (2) calculations used to determine the average number of hours needed for pilot participants (as a group) to complete the online course.


Optional: Please attach any additional information about your online FCCPC course for consideration in the evaluation of your application.

#### **IV. Trainer Qualifications**

A Birth Through Five FCCPC Training Program Provider must require and ensure each trainer hold the following requirements listed below.


1. Four year college degree or higher with six college credit hours in early childhood education/child growth and development; and
2. One year of experience\* in a child care setting serving children ages birth through eight.

\*One year of experience is equivalent to a minimum of 1040 hours and must be verified.

 Please attach a copy of the position description for the trainer that includes the educational and experiential requirements.

#### **V. Observation**

A Birth Through Five FCCPC Training Program Provider must require and ensure that each student is formally observed once while working with children during the course of the FCCPC Training Program. This observation must be within an early childhood classroom setting while the student is working with children as the lead teacher. The observation must be conducted by a qualified observer meeting the requirements outlined in Section VI and utilizing an observation tool submitted with this application and approved by the Child Care Program Office of the Department of Children and Families or its designated representative.

 Please attach a copy of the observation tool your program will utilize when formally observing a student.

#### **VI. Observer Qualifications**

A Birth Through Five FCCPC Training Program Provider must require and ensure that each observer hold the educational and experiential requirements listed below and is able to demonstrate competency in the eight content areas established in Section III.

1. An active National Early Childhood Credential or Birth Through Five FCCPC, four years of experience\* working with children ages birth through eight, and two years of responsibility for the professional growth of another adult\*\*; or
2. Associate's level degree in Early Childhood Education, Child Development or related field\*\*\*, two years of experience\* working with children ages birth through eight, and two years of responsibility for the professional growth of another adult\*\*; or
3. A bachelor's level degree in Early Childhood Education, Child Development or related field\*\*\*, one year of experience\* working with children ages birth through eight, and one year of responsibility for the professional growth of another adult\*\*.

\*Year(s) of experience shall be verified and shall be defined as follows: one year is equivalent to a minimum of 1040 hours, two years are equivalent to a minimum of 2080 hours, and four years are equivalent to a minimum of 4160 hours.

\*\* Professional growth shall be defined as professional development activities (i.e. career advising, mentoring and job coaching sessions, and other training activities) that enhance the knowledge and professional skills of another adult.


\*\*\*Related field shall be defined as an associate's or bachelor's level degree with a minimum of six college credits in Early Childhood Education/Child Development.

 Please attach a copy of the position description for the observer that includes the educational and experiential requirements.

## **VII. Early Childhood Portfolio**

A Birth Through Five FCCPC Training Program Provider must require and ensure that each student compile and maintain a collection of materials which contain, at a minimum, the contents listed below prior to completion of the FCCPC Training Program:

1. **Autobiography:** A document, minimum of 300 words, that describes the student's early childhood educational goals and why working with young children and families is important to them; and
2. **Statement of Competence:** Eight separate statements of competence, 250 word minimum each, related to the eight content areas established in Section III of this application. Each statement must include how the student reflects the competency within their teaching practices with children, examples of positive early childhood practices, and must clearly indicate the student's knowledge and understanding of each competency area; and
3. **Resource Collection:** Should include samples of materials for each content area, therefore demonstrating competency. This should include, but not be limited to, contact names and numbers of local and state child care and community agencies; early childhood membership and training certificates; age appropriate songs, activities, and book titles; policies and information for parents; record keeping forms; and an observation tool.

 Please attach a copy of the assessment tool your program will utilize in ensuring compliance with this requirement for each student.


## **VIII. Certificate Information**

Upon completion of a Birth Through Five FCCPC Training Program, the FCCPC Training Program Provider is required to submit a spreadsheet with student completion information using the form prescribed by the Child Care Program Office of the Department of Children and Families or its designated representative. Spreadsheets with student completion information shall be retained for a period of two years.

The Child Care Program Office of the Department of Children and Families will update each student's transcript as to completion of the FCCPC Training Program and issue a Florida Child Care Professional Credential, CF-FSP Form 5270, to the student.

Approved FCCPC Training Program Providers that issue provider-specific certificates of completion to their students must ensure the following:

1. The certificate shall identify the number of clock hours of coursework completed in early childhood training.
2. The certificate shall state that the coursework was completed in an approved Birth Through Five FCCPC Training Program.
3. The certificate shall not document the Department of Children and Families Staff Credential requirement.

 As of July 1, 2006, CF-FSP Form 5270 will be the only certificate recognized by the Child Care Program Office of the Department of Children and Families for completion of a Birth Through Five FCCPC Training Program for the purposes of licensing.

## **IX. Program Assurances**

A Birth Through Five FCCPC Training Program Provider must adhere to all requirements and guidelines of the Birth Through Five Florida Child Care Professional Credential Training Program outlined in this application.

A Birth Through Five FCCPC Training Program Provider must ensure the availability of all training program files to the Child Care Program Office upon request and be subject to both informal and formal audits/observations.

A Birth Through Five FCCPC Training Program Provider must ensure that all graduating students have met all program requirements outlined in this application. The following documents shall be completed for all graduating students and shall be retained for a period of two years: 480 clock hour tracking tool, observation tool, and Early Childhood Portfolio assessment tool.

**Please ensure that you submit, in addition to all six of the completed pages of this application, the following:**

1. Proof of accreditation by a national or regional accreditation organization recognized by the United States Department of Education OR licensure by the Florida Commission for Independent Education.

2. A curriculum crosswalk and course syllabus that verify compliance with the FCCPC curriculum requirement.
3. A copy of the tracking tool your program will utilize in ensuring the 480 clock hour training requirement.
4. A copy of all forms given to pilot participants for data collection for online training programs.
5. A position description for the trainer and observer that includes educational and experiential requirements
6. A copy of the observation tool your program will utilize when formally observing a student.
7. A copy of the assessment tool your program will utilize in ensuring that the Early Childhood Portfolio requirement is met.

**Please mail 2 copies of the completed application and all supporting documentation to the following address:**

Florida Department of Children and Families  
 Child Care Program Office – Credential Unit  
 1317 Winewood Blvd., Bldg. 6, Room 389A  
 Tallahassee, Florida 32399-0700

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**Birth Through Five Florida Child Care Professional Credential Training Program**

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

\_\_\_\_\_  
*Name of Training Program*

hereby attest that the information provided to the Department of Children and Families on the "Birth Through Five Florida Child Care Professional Credential Training Program Provider Application", CF-FSP Form 5191, and all supporting documentation provided with this application is truthful and correct and will be strictly enforced by the applicant. I understand that falsification of application information is grounds for termination as an approved FCCPC Training Program Provider by the Department and that this application may be withdrawn at any time I so desire.

By signing below, I am indicating that all the information provided on this application between annual anniversary dates based on the signature date on this application will be immediately submitted in writing to the address below.

I understand that this attestation page must be completed, signed, dated and submitted to the address below by the anniversary date based on the signature date of this application annually.

Florida Department of Children and Families  
 Child Care Program Office – Credential Unit  
 1317 Winewood Blvd., Bldg. 6, Room 389A  
 Tallahassee, Florida 32399-0700

I understand that failure to comply with the above is grounds for termination as an approved FCCPC Training Program Provider by the Department.

**BY SIGNING BELOW, I HEREBY ATTEST THAT ALL THE INFORMATION GIVEN WITHIN THIS APPLICATION IS COMPLETE AND ACCURATE.**

\_\_\_\_\_  
**Signature of the Person Legally Responsible for the Organization**

\_\_\_\_\_  
**Date**