



# FCCPSA

## Florida Coalition of Christian Private Schools Accreditation

### Gold Seal Annual Report

The Program Director shall provide the following information and submit all forms and supporting documentation and annual renewal fee during the anniversary month of the Gold Seal accreditation certificate. The President or presiding chair of the accreditation committee will review the documentation to verify that the program is still in compliance with the accreditation standards and will make a recommendation to the full board for continuation of the Gold Seal program.

Name of Early Learning Program: \_\_\_\_\_

Web Site URL: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Office E-Mail: \_\_\_\_\_ Email Contact Person: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Name of affiliated Church or Christian private school: \_\_\_\_\_

Administrator/Director: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Additional Contact (Name/Position): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_



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**1) Enter the Number of Students per Age Groupings:**

Birth-12 Months: \_\_\_\_\_ 1 Year Olds: \_\_\_\_\_ 2 Year Olds: \_\_\_\_\_

3 Year Olds: \_\_\_\_\_ 4 Year Olds: \_\_\_\_\_ 5 Year Olds: \_\_\_\_\_

**2) Enter the Number of Staff Members based on FCCPSA Personnel Standards:**

Director: \_\_\_\_\_ Primary Teachers: \_\_\_\_\_

Associate Teachers: \_\_\_\_\_ Teacher Aid/Volunteers \_\_\_\_\_

Non-Teaching Support Staff: \_\_\_\_\_

**3) Enter the Teacher / Pupil Ratio for each age group in the center:**

Group 1 (Age(s); \_\_\_\_\_, Ratio: \_\_\_\_\_)      Group 2 (Age(s); \_\_\_\_\_, Ratio: \_\_\_\_\_)

Group 3 (Age(s); \_\_\_\_\_, Ratio: \_\_\_\_\_)      Group 4 (Age(s); \_\_\_\_\_, Ratio: \_\_\_\_\_)

Group 5 (Age(s); \_\_\_\_\_, Ratio: \_\_\_\_\_)      Group 6 (Age(s); \_\_\_\_\_, Ratio: \_\_\_\_\_)

Group 7 (Age(s); \_\_\_\_\_, Ratio: \_\_\_\_\_)      Group 8 (Age(s); \_\_\_\_\_, Ratio: \_\_\_\_\_)

Group 9 (Age(s); \_\_\_\_\_, Ratio: \_\_\_\_\_)      Group 10 (Age(s); \_\_\_\_\_, Ratio: \_\_\_\_\_)

**4) Physical Campus Changes:** Detail any changes in the program during the last Gold Seal Provider year, including, but not limited to change in director, addition/deletion of grades, facilities improvements, staff changes, location, etc. (Attach additional pages if needed.)

**5) Program Operational Changes:** Detail any changes in the Vision, Mission or Educational Philosophy, By-laws, Operational Policies, Curriculum, Nutrition or Food Operations. (Attach additional pages if needed.)



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6) If this is the first annual renewal since the site visit, provide a detailed list of corrective actions taken from the visiting team report (if applicable). (Attach separate page(s) as needed.)

### 7) Submission Items:

- A. Provide ALL external inspections from DCF and ELC
- B. Current Budget for the academic school year.
- C. Tuition and fee structure for the current academic school year.
- D. Academic calendar
- E. Training logs for each teaching staff member

### CERTIFICATION

Name of School: \_\_\_\_\_

*I, the Head of School of the above named school, certify that, to the best of my knowledge, the information provided in this FCCPSA Annual Report is true and correct.*

\_\_\_\_\_  
Signature of School Head

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Annual Accreditation Renewal/Report Fee of \$300.00 is enclosed.**

**(Make check payable to FCCPSA.)**

**If your facility is Religious Exempt with FCCPSA, the above fee is \$100.**

Please return this signed form with your payment to:

FCCPSA  
P.O. Box 5100  
Deltona, FL 32728-5100

If you have any questions, please contact the office:  
Joe Gibilisco, President  
(386) 218-5310 / [joe.gibilisco@fccpsa.org](mailto:joe.gibilisco@fccpsa.org)