

Please ensure you have all the required documentation prior to submission of the application. See below for the application checklist.

Application filled out in its entirety

Affidavit signed by the Program Director

Training Certificates

Benchmark Menus for consideration

Policies for Benchmark Menus for consideration

Photographs of best practices for Benchmark Menus for consideration

**Please submit completed applications with required documentation to:
info@FLeceaward.org**

The Florida Early Care and Education Recognition Program Application

We appreciate your interest in the Florida Early Care and Education (ECE) Recognition Program. This program works to encourage programs to meet best practices in child nutrition, healthy beverages, physical activity, reduced screen time, and infant feeding. The program encourages early child care programs to take proactive, voluntary steps, to improve their program practices and policies to create healthy change for the children and families they serve.

Contact Information

Name of Site on License

Director Name

Contact Name

Contact Title

Contact Phone Number

Contact Email

How do you hope to benefit from this recognition? (fill all that apply)

Technical Assistance Support

Professional Development

Increased Enrollment

Access to Resources

Parent Engagement Increase

Wellness

Site Information

Which Benchmark Menu is your site applying for? (Check all that apply.)

Child Nutrition

Healthy Beverages

Physical Activity

Reduced Screen Time

Infant Feeding

Type of Site

Home

Center

Early Head Start/Head Start

Other (please specify)

Is this a multi-site request?

No

Yes

If yes, please provide the name and address of each site applying for.

Address of Site

Year Licensed

License/Registration Number

Days/Hours of Operations

Population Served

Age Range of Children

of children currently served

Max Capacity of Children

of Infants (0 to 11 months)

of Toddlers (12 to 3 years)

* # of Preschoolers (4 years to 5 years)

* Total # of Staff (full and part-time)

Please identify the provider of each meal by checking the appropriate boxes.

	Parent Provided	Child Care Site Provided
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>
Snack 1	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>
Snack 2	<input type="checkbox"/>	<input type="checkbox"/>
Dinner/Supper	<input type="checkbox"/>	<input type="checkbox"/>

Required Documentation

Please attach all required documentation with the application. Submit to: info@FLeceaward.org.

Affidavit signed by program director (attach with application)

Copies of training certificates to meet the training requirement (attach with application)

Note: Please combine all training certificates into a single PDF.

Title of Training

Title of Training

Title of Training

Title of Training

Title of Training

Title of Training

Title of Training

Title of Training

Copy of Child Nutrition Benchmark Menu for consideration (attach with application)

Copy of Healthy Beverages Benchmark Menu for consideration (attach with application)

Copy of Physical Activity Benchmark Menu for consideration (attach with application)

Copy of Screen Time Benchmark Menu for consideration (attach with application)

Copy of Infant Feeding Benchmark Menu for consideration (attach with application)

Copies of policies for Benchmark Menus for consideration (attach with application)

Photographs of best practices for Benchmark Menus for consideration (attach with application)

Any additional items (attach with application)