NAEYC First through Third Anniversary Annual Report

NAEYC no longer accepts the Annual Report up to two (2) calendar months past a program's accreditation anniversary date. The Annual Report will be accepted up to two (2) calendar months before the accreditation anniversary date, but the postmark date of the Annual Report submission must be on or before the accreditation anniversary date. A program that needs additional time is permitted to submit the Annual Report up to one (1) calendar month after its anniversary date if it pays a late fee of $125.

The following graphic further explains the Annual Report Submission Window that all programs must follow at this time.

Annual Report Submission Window

Effective as of January 1, 2011

Submission window before anniversary date deadline

Late fee applies

2 months

1 month

Accreditation Anniversary Date, the deadline for Annual Report submission

NAEYC First through Third Anniversary Annual Report

PURPOSE

The purpose of the Annual Report is to:

- Ensure that accredited programs are continuing to meet the NAEYC Early Childhood Program Standards and Accreditation Criteria.
- Increase the accountability of the NAEYC Accreditation system for children, families, and all customers of NAEYC Accreditation.
- Provide NAEYC with the most up-to-date information related to the program's current daily operations and overall characteristics.

INSTRUCTIONS

The Annual Report is due on the first, second, third, and fourth anniversary of a program's accreditation (refer to the program's accreditation certificate for this anniversary date). **Failure to submit an Annual Report within the established submission window will result in the revocation of the program's accreditation.** In order to complete this report programs will need to refer to the criteria, which are available on The Online Resource Center Headquarters (TORCH) to support program quality improvement, in the publication *NAEYC Early Childhood Program Standards and Accreditation Criteria (NAEYC # 9900)*, and in the NAEYC Self-Study Kit.

TABLE OF CONTENTS

Section 1: PROGRAM INFORMATION

Program Identification

Program Name:

Legal name to appear on all correspondence and official documents from NAEYC, including the NAEYC Accreditation Certificate.

Program ID#:

Designated Program Administrator	Secondary Contact
The **Designated Program Administrator** is responsible for receiving written correspondence regarding the program's accreditation and can update NAEYC with changes to program information. See *Clarification on Program Administrator* for more information.	The **Secondary Contact** will be copied on all correspondence regarding the program's accreditation and can update NAEYC with changes to program information.
Name:	Name:
Title:	Title:
Phone: Fax:	Phone: Fax:
Email:	Email:

Additional Contacts

Additional Contacts are authorized to receive confidential programmatic information from NAEYC. Programs may name up to three (3) additional contacts.

Name:	Name:	Name:
Title:	Title:	Title:

Multiple Programs within the Same Facility

NAEYC Accreditation is granted to the overall program, and will not be granted to individual classrooms within a program. Throughout the NAEYC Accreditation process, all eligible groups a program serves must be reported and may be observed during a site visit. **This includes groups within the program that operate during the summer and after-school care groups.**
A group can only be excluded from a program's NAEYC Accreditation if it is part of a separate program that has a separate public identity. A program pursuing NAEYC Accreditation must notify NAEYC of all separate programs that operate within its facility and be able to demonstrate a separate budget, administration, license and/or other criteria.
Complete the information below to inform NAEYC of other programs that operate within your program's facility.

My program is the only program that operates within its facility.   ☐ Yes   ☐ No

NOTE: If "yes" is checked above, and your program offers a summer camp option or after-school care groups, these groups must be reported and may be observed during a site visit.

In addition to my program, one or more programs operate within the same facility.   ☐ Yes   ☐ No

If yes, use the space below to list other programs that operate within your program's facility and describe how other existing programs are separate from your program. Include relevant information about how all other existing programs have a separate name, budget, administration, and/or license from your program.

If necessary, you may attach an additional page to continue your description of separate programs that operate within your program's facility.

Security Clearance

Is a security clearance required upon entry to the program?
☐ No   ☐ Yes – If yes, provide the name and phone number for the proper authority outside of your program below.

If yes, a security clearance must be given prior to an announced or unannounced site visit, please provide the name and phone number for the proper authority outside of your program.

Name:	Email:
Relationship to program:	Phone:

Section 1: PROGRAM INFORMATION Continued

Program Address

Contact information will be posted on the NAEYC website when a program achieves NAEYC Accreditation.

Street Address:	Suite/dept/floor:
City:	State:	Zip:
County:	Country:
Phone:	Fax:
Email:	Website:

Mailing Address

To be used for written correspondence to the program.

☐ Same as program address

Street Address:	Suite/dept/floor:
City:	State:	Zip:
County:	Country:
Email:	Phone:

Billing Address

To be used for invoices sent to the program.

☐ Same as program address   ☐ Same as mailing address

Attention:

This individual must also be listed as the Designated Program Administrator, Secondary Contact, or an Additional Contact on page 1.

Organization Name (if different than program name):

Street Address:		Suite/dept/floor:
City:	State:	Zip:
County:	Country:	
Email:	Phone:	Fax:

Shipping Address

To be used for the shipment of all NAEYC Accreditation Materials.

☐ Same as program address   ☐ Same as mailing address   ☐ Same as billing address

Street Address: *No P.O. Boxes accepted*	Suite/dept/floor:
City:	State:	Zip:
County:	Country:
Email:	Phone:

Program ID#:

Section 2: LICENSING/REGULATION

Licensing/Regulatory Status (Includes programs that are license exempt)

Programs must be regulated by the appropriate licensing/regulatory body or in process of obtaining a license in order to become an Applicant for NAEYC Accreditation. Define the licensing/regulation status based on the four options below.

☐ **Option 1: My program is licensed.**

Appropriate licensing bodies refer to state licensing agencies.

My program is licensed by: State: Agency: with a: ☐ Full License

☐ Temporary License

☐ Provisional License

☐ Other:

My program is license-exempt, but voluntarily licensed. ☐ No ☐ Yes

My program's license expires. ☐ No ☐ Yes – if yes, indicate expiration date:

License Number:	Specialist Name:	Phone:

OR

☐ **Option 2: My program is regulated.**

Appropriate regulatory bodies refer to public agencies such as a board of education or the military.

My program is regulated by:

My program's regulation expires. ☐ No ☐ Yes – if yes, indicate expiration date:

OR

☐ **Option 3: My program is license-exempt, eligible for licensure, and began the application process to become licensed.**

The application process for licensure was begun in: Month: Year:

With: State: Agency:

Until the program becomes licensed, I verify that:

1) The program administrator has reviewed the state's licensing requirements;
2) The Board chair/president or owner has reviewed the state's licensing requirements;
3) My program is voluntarily in compliance with the state's licensing requirements; and
4) Upon registration of children in the program, my program provides families with a copy of the state's licensing requirements, informs families that the program is license-exempt, and informs families that the program is voluntarily in compliance with the state's licensing requirements.

OR

☐ **Option 4: My program is license-exempt, and legally prohibited from licensure.**

I verify that:

1) The program administrator has reviewed the state's licensing requirements;
2) The Board chair/president or owner has reviewed the state's licensing requirements;
3) My program is voluntarily in compliance with the state's licensing requirements;
4) Upon registration of children in the program, my program provides families with a copy of the state's licensing requirements, informs families that the program is license-exempt, and informs families that the program is voluntarily in compliance with the state's licensing requirements;
5) The program has documentation of fire and health inspections; and
6) The program will have completed a criminal background check on all staff and have complied with state and federal law concerning background checks. In addition, the program employs no individual convicted of a crime involving sexual abuse or child abuse or neglect.

Section 2: LICENSING/REGULATION Continued

Reporting on Licensing/Regulatory Status

NAEYC-Accredited programs and programs that have submitted an Application (Step 2) for NAEYC Accreditation are required to update NAEYC of critical incidents, suspension or revocation of license or regulatory status, and major changes according to the following timeframes. To meet upcoming Candidacy and site visit requirements for NAEYC Accreditation, a program must maintain good standing in its licensing or regulatory status by having no serious issues of noncompliance within the last year or since its last inspection.

NOTIFY WITHIN 72 HOURS	REPORT WITHIN 30 DAYS
Program staff must submit the 72- Hour Notification form if the program experiences any of the following critical incidents that may impact program quality status:	*Program staff must inform NAEYC of all major programmatic changes using the Self Report form.*
Any suspension or revocation in program's license or regulatory status **Any incident that did or could have compromised the essential health or safety of any child, such as but not limited to:** • The death of any child from any cause • A critical injury to any child that results in the child being admitted to a hospital Emergency Room for treatment (whether transported by the Emergency Medical Response team, program, parent, or other individual) • Any unusual incident involving a lack of supervision (such as but not limited to a child being left unattended or leaving the facility alone) • Any suspected physical or psychological abuse of a child at the program or by an individual that the child met through the program.	**Examples of major changes include, but are not limited to:** • Change in ownership or vendor • New designated program administrator • Change of location • Change to the physical facility or ground (due to damage, renovations, etc.) • Incorporation of a new age category that was not previously served • Court order or legal action • Change in general program information • Change in the primary or secondary contact for the program or related contact information • Merge with an existing program

List the date(s) in which your program submitted all applicable 72-Hour Notification and/or Self Reports to NAEYC within the past 12 months. If your program has experienced any of the incidents or changes noted above, appropriate notification must be submitted immediately.

72-Hour Notification Form(s) Submitted	Dates of Self Report Form(s) Submitted
Dates Submitted: ☐ N/A - My program has not submitted any 72-Hour Notification forms in the past 12 months.	Dates Submitted: ☐ N/A - My program has not submitted any Self Report forms in the past 12 months.

Required Criteria

Program staff must submit the 72-Hour Notification form if the program is not meeting any of the following Required Criteria listed below.

1.B.09:	No use of physical punishment or other forms of physical or psychological abuse or coercion.
3.C.02:	Teaching staff supervise infants and toddlers/twos by sight and sound at all times.
3.C.04:	Teaching staff supervise children primarily by sight. Supervision for short intervals by sound is permissible, as long as the teachers check frequently on children who are out of sight (e.g., those who can use the toilet independently, who are in a library area, or who are napping; preschool and kindergartners).
5.A.03:	At least one staff member who has a certificate showing satisfactory completion of pediatric first-aid training, including managing a blocked airway and providing rescue breathing for infants and children, is always present with each group of children. When the program includes swimming and wading and when a child in the group has a special health condition that might require CPR, one staff person who has successfully completed training in CPR is present in the program at all times.
5.A.12:	Infants placed to sleep on their backs unless otherwise ordered by a physician.

Program ID#:

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Section 3: PROGRAM SCHEDULE

Program Closures

☐ My program operates 12 months/year.	**OR**	☐ My program operates less than 12 months/year. • The program begins serving children on ___/___/___. • The program ends on ___/___/___.

Indicate the dates your program will be closed for the next 12 months. Begin with the current month and place an X over the dates in each month in which your program will be closed.

Month	Dates Closed																Year
Select the current month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	**20**
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	☐ Check if program is closed for the entire month																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	**20**
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	☐ Check if program is closed for the entire month																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	**20**
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	☐ Check if program is closed for the entire month																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	**20**
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	☐ Check if program is closed for the entire month																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	**20**
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	☐ Check if program is closed for the entire month																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	**20**
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	☐ Check if program is closed for the entire month																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	**20**
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	☐ Check if program is closed for the entire month																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	**20**
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	☐ Check if program is closed for the entire month																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	**20**
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	☐ Check if program is closed for the entire month																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	**20**
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	☐ Check if program is closed for the entire month																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	**20**
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	☐ Check if program is closed for the entire month																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	**20**
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	☐ Check if program is closed for the entire month																

Note that NAEYC will not conduct site visits on Federal Holidays, including New Year's Day, Birthday of Martin Luther King, Jr., Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, and Christmas Day. For more information on Federal Holidays, refer to the U.S. Office of Personnel Management.

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Section 3: PROGRAM SCHEDULE Continued

Hours of Operation

Indicate the days of the week your program operates and time of day your program opens and closes each day.

☐ Program is open 24 hours/day, 7 days a week

Days Open	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday	☐ Sunday
Opening Time	: ☐ a.m. ☐ p.m.	: ☐ a.m. ☐ p.m.	: ☐ a.m. ☐ p.m.	: ☐ a.m. ☐ p.m.	: ☐ a.m. ☐ p.m.	: ☐ a.m. ☐ p.m.	: ☐ a.m. ☐ p.m.
Closing Time	: ☐ a.m. ☐ p.m.	: ☐ a.m. ☐ p.m.	: ☐ a.m. ☐ p.m.	: ☐ a.m. ☐ p.m.	: ☐ a.m. ☐ p.m.	: ☐ a.m. ☐ p.m.	: ☐ a.m. ☐ p.m.

Age Categories Served

Each age category served by the program must be represented in at least one group on the day of the site visit. For example, if a program serves infants and toddler/twos, the NAEYC Assessor must have the opportunity to observe at least one group containing infants and one group containing toddlers/twos on the day of the site visit.

Complete the following chart to identify the age categories served by your program and when each age category is in session.

NAEYC Defined Age Categories (Age ranges for each of the age categories overlap for program flexibility. Programs can choose the age category that applies to children whose ages fall within the overlapping portion of the age ranges.)	My program **NEVER** serves this age category.	My program **SOMETIMES** serves this age category.	My program **ALWAYS** serves this age category.
		Check ONE of the appropriate boxes for each age category:	
Infant: birth - 15 months	☐	☐ Indicate all timeframes during which infants are NOT served:	☐
Toddler/Two: 12 - 36 months	☐	☐ Indicate all timeframes during which toddlers/twos are NOT served:	☐
Preschool: 30 months - 5 years	☐	☐ Indicate all timeframes during which preschoolers are NOT served:	☐
Kindergarten: enrolled in a public or private kindergarten	☐	☐ Indicate all timeframes during which kindergartners are NOT served:	☐

NOTE: Children within all eligible groups a program serves must be reported. **This includes children from groups that operate during the summer and after-school care groups.**

Additional Information

*Note any **special circumstances** regarding your program's schedule that may affect the scheduling of a site visit.*

Do not exceed the space provided.

Program ID#:

Section 4: GROUP INFORMATION

Summary of Groups

Please report on all eligible groups your program serves. Refer to Clarification on Groups to determine how many groups your program serves and the age categories that apply to each group. Direct questions about how to report on groups within your program to 1-800-424-2460, option 3, option 1.

Age Categories	# of Part Day Groups (meet for <5 hrs)	# of Full Day Groups (meet for ≥5 hrs)	Total # of Groups
Infant Group(s)			
Toddler/Two Group(s)			
Preschool Group(s)			
Kindergarten Group(s)			
Mixed Age Group(s)			
TOTAL of all groups:			

Do any children in this program speak languages other than English? ☐ No   ☐ Yes – The children speak:

If yes, how much time do the children in this program typically speak a language other than English?
- ☐ all of the time
- ☐ most of the time
- ☐ sometimes
- ☐ never

Satellite Locations

Only complete this section if any of the groups are housed in a satellite location.

A program with satellite location must meet the following criteria:

1. Have no more than 2 satellite locations
2. Location is within 5 mile radius
3. The satellite location/s enroll 60 or fewer children
4. One Program Administration
5. One Budget
6. One Public Identity

Satellite Site Address 1

Street Address:		Suite/dept/floor:
City:	State:	Zip:

Satellite Site Address 2

Street Address:		Suite/dept/floor:
City:	State:	Zip:

Program ID#:

Section 5: MEETING NAEYC STANDARDS AND CRITERIA

Topic Area 10.F. Program Evaluation, Accountability and Continuous Improvement

Please report on all four of the criteria listed below and provide comments on what your program has done in the past 12 months to continue to meet and maintain these criteria. You may refer your program's policies, systems, and procedures found in your Program Portfolio related to routine monitoring of program performance to ensure program accountability, continuous program improvement, and enhanced outcomes for children, but you are not required to do so. For guidance related to these criteria, refer to the TORCH Criteria Search.

Criterion	Rating	Comments
10.F.02: **The annual evaluation processes** include gathering evidence on all areas of program functioning, including a. policies and procedures; b. program quality; c. children's progress and learning, family involvement and satisfaction, and community awareness and satisfaction. d. A report of **the annual evaluation** findings is shared with families, staff, and appropriate advisory and governance boards, and the results are used as a basis for continuing successful activities and for changing those that need improvement.	☐ Meet ☐ Do Not Meet	
10.F.03: The program establishes goals for continuous improvement and innovation using information from **the annual program evaluation**. The program uses this information to plan professional development and program quality-improvement activities as well as to improve operations and policies.	☐ Meet ☐ Do Not Meet	
10.F.04: The program offers staff and families opportunities to assist in making decisions to improve the program. Collaborative and shared decision making is used with all participants to build trust and enthusiasm for making program changes. Staff and families meet **at least annually** to consult on program planning and ongoing program operations.	☐ Meet ☐ Do Not Meet	
10.F.05: The program has an ongoing monitoring system to ensure that all program goals and requirements are met. The program has a data system that is used to collect evidence that goals and objectives are met; this evidence is incorporated in the **annual program evaluation**. **(This criterion is an Emerging Practice.)**	☐ Meet ☐ Do Not Meet	

Section 5: MEETING NAEYC STANDARDS AND CRITERIA Continued

Most Improved NAEYC Accreditation Criteria

Please report on five current NAEYC Accreditation Criteria that the program has continued to improve upon. Programs are not required to address criteria from Topic Areas that were cited as areas for improvement in the Accreditation Decision Report, but may wish to do so. Please indicate the criterion number, rating and provide a brief comment for each criterion listed.

Criterion	Rating	Comments
	☐ Meet ☐ Do Not Meet	
	☐ Meet ☐ Do Not Meet	
	☐ Meet ☐ Do Not Meet	
	☐ Meet ☐ Do Not Meet	
	☐ Meet ☐ Do Not Meet	

Most Challenging NAEYC Accreditation Criteria

Please report on five current NAEYC Accreditation Criteria that are the most challenging for the program to meet. Please indicate the criterion number, rating and provide a comment for each criterion listed.

Criterion	Rating	Comments
	☐ Meet ☐ Do Not Meet	
	☐ Meet ☐ Do Not Meet	
	☐ Meet ☐ Do Not Meet	
	☐ Meet ☐ Do Not Meet	
	☐ Meet ☐ Do Not Meet	

Program ID#:

Section 6: DESIGNATED PROGRAM ADMINISTRATOR QUALIFICATIONS

*The **Designated Program Administrator** is responsible for receiving written correspondence regarding the program's accreditation and can update NAEYC with changes to program information. See Clarification on Program Administrator for more information.*

Name:

Select one of the following options as it best relates to the administrators qualifications.

☐ A. Has at least a baccalaureate degree with 24 credits in ECE, CD, ElEd or EC Spec Ed **AND** 9 credits in administration, leadership, or management.

☐ B. Has plan in place to meet the qualifications outlined in Option A within 5 years.

☐ C. Meets the alternative pathway – must document a total of 100 points across all 3 categories: education, administrator experience and relevant training or credentials.

☐ D. Does not meet the qualifications described in A, B, or C. Describe the plans if any, in place toward meeting A, B, or C listed above:

Program ID#:

Section 7: TEACHING STAFF QUALIFICATIONS OPTION GUIDE

Use the guide below as a reference if your program has experienced staff changes to indicate the qualifications of the teaching staff members. Indicate the total number of Teachers and/or Assistant Teachers-Teacher Aides for each option as it relates to their qualifications. Be sure to choose one option per teaching staff member, using the highest level of education when reporting staff qualifications for the new age group. For example, if a teacher has a CDA Credential and is working on an Associate's degree in ECE, then choose option E.

Option A. (Meets Candidacy for Assistant Teachers-Teacher Aides only – Not for Teachers.) Working on the CDA Credential issued by the Council for Professional Recognition.

Option B. (Meets Candidacy for Assistant Teachers/Teacher Aides only – Not for Teachers.) Working on the NAEYC-defined equivalency of the CDA Credential issued by the Council for Professional Recognition (12 Credits in ECE, CD, ElEd, or EC Spec Ed.)

Option C. A current Child Development Associate (CDA) Credential issued by the Council for Professional Recognition.

Option D. A CDA Credential equivalent as defined by NAEYC as at least 12 college credits in ECE, CD, ElEd, or EC Spec Ed.

Option E. Working on an Associate's <u>or higher</u> degree in ECE, CD, ElEd, or EC Spec Ed.

Option F. An Associate's <u>or higher</u> degree in ECE, CD, ElEd, or EC Spec Ed.

Option G. Working on the NAEYC-defined equivalency of an Associate's or higher degree in ECE, CD, ElEd, or EC Spec Ed.

Option H. The equivalency to an Associate's degree in ECE, which is defined by NAEYC as at least 60 college/university credits with at least 30 college credits in ECE, CD, ElEd, or EC Spec Ed.

Option I. The equivalency to a Baccalaureate degree in ECE degree which is defined by NAEYC as a Baccalaureate degree in any discipline with at least 36 college credits in ECE, CD, ElEd, or EC Spec Ed .

Option J. An Associate's or higher degree in a non-ECE related field with at least 3 years experience in an NAEYC-Accredited program.

Option K. An Associate's or higher degree in non-ECE related field with at least 3 years experience in a non-accredited program, and at least 30 contact hours of relevant training during the past 3 years.

EXAMPLE: A program consisting of 5 Teachers and 5 Teacher Assistants-Teacher Aides with the following qualifications:

(For Teachers: 2 Baccalaureate in ECE; 1 Baccalaureate in ElEd; 1 Associate's in EC Spec Ed; and 1 CDA)

(For Teacher Assistants-Teacher Aides: 1 Associate's in ECE; 2 CDA's; 2 high school)

Use the charts below to indicate the teaching staff qualifications for the new group.

Teachers Qualifications

Option	A	B	C	D	E	F	G	H	I	J	K	None
Total #			1			4						

Assistant Teachers/Aides Qualifications

Option	A	B	C	D	E	F	G	H	I	J	K	None
Total #			2			1						2

Section 7: TEACHING STAFF QUALIFICATIONS AND STAFF TURNOVER

Teacher Qualifications

Total number of Teachers:

Employed MORE THAN 12 Months

How many Teachers have been employed at this program for 12 months or more?

Of these Teachers, list the total number of Teachers that meet each option below:

Teacher Qualifications											
Option	A	B	C	D	E	F	G	H	I	J	K	None
Total #												

How many Teachers experienced a change in assignment and/or teaching role?

Describe the change(s) and how the change(s) have impacted the program:

Employed LESS THAN 12 Months

How many Teachers have joined the program within the last 12 months?

Of these Teachers, list the total number of Teachers that meet each option below:

Teacher Qualifications											
Option	A	B	C	D	E	F	G	H	I	J	K	None
Total #												

Former Teacher Qualifications

How many Teachers have left the program within the last 12 months?

Of these Teachers, list the total number of Teachers that meet each option below:

Teacher Qualifications											
Option	A	B	C	D	E	F	G	H	I	J	K	None
Total #												

Contributions To Staff Changes

Does the mission, community context, or type of early childhood program contribute to consistent trends in changes of teaching staff, such as a higher rate of staff turnover (e.g., lab school, migrant program, parent co-op, serving military personnel)? ☐ Yes   ☐ No

If yes, please explain

Program ID#:

Section 7: TEACHING STAFF QUALIFICATIONS AND STAFF TURNOVER Continued

Assistant Teacher-Teacher Aide Qualifications

Total number of Assistant Teacher-Teacher Aides:

Employed MORE THAN 12 Months

How many Assistant Teachers-Teacher Aides have been employed at this program for 12 months or more?

Of these Assistant Teachers-Teacher Aides, list the total number Assistant Teachers-Teacher Aides that meet each option below:

Teacher Assistant-Teacher Aide Qualifications (refer to page 17 for option descriptions)											
Option	A	B	C	D	E	F	G	H	I	J	K	None
Total #												

How many Assistant Teachers-Teacher Aides experienced a change in assignment and/or teaching role?

Describe the change(s) and how the change(s) have impacted the program:

Employed LESS THAN 12 Months

How many Assistant Teachers-Teacher Aides have joined the program within the last 12 months?

Of these Assistant Teachers-Teacher Aides, list the total number Assistant Teachers-Teacher Aides that meet each option below:

Teacher Assistants/Aides Qualifications (refer to page 17 for option descriptions)											
Option	A	B	C	D	E	F	G	H	I	J	K	None
Total #												

Former Assistant Teacher-Teacher Aide Qualifications

How many Assistant Teacher /Aides have left the program within the last 12 months?

Of these Assistant Teachers-Teacher Aides, list the total number Teacher Assistants-Teacher Aides that meet each option below:

Teacher Assistants/Aides Qualifications (refer to page 17 for option descriptions)											
Option	A	B	C	D	E	F	G	H	I	J	K	None
Total #												

Description Of Staff Changes

Does the mission, community context, or type of early childhood program contribute to consistent trends in changes of teaching staff (e.g. lab school, migrant program, parent co-op, serving military personnel)? ☐ Yes ☐ No

If yes, please explain:

Program ID#:

Section 7: TEACHING STAFF QUALIFICATIONS Continued

Description of Professional Development Plan

Check all relevant types of professional development for teaching staff that is supported by the program and describe the overall plan in one or two sentences.

☐ Education programs

☐ Training programs

☐ Tuition reimbursement

☐ In-service training

☐ Mentoring

☐ Attendance at conferences

☐ Other

Describe Plan:

Do not exceed the space provided and do not attach additional information.

Program ID#:

Section 8: RIGHTS AND RESPONSIBILITIES

Program Rights

Right: To receive professional and timely support from NAEYC.
- Phone - (800) 424-2460, option 3, option 1. Monday - Friday, 9:00 AM to 5:00 PM ET
- Email - accreditation.information@naeyc.org
- Accreditation Program Support Resources

Right: To receive information from the NAEYC Academy regarding updates on the NAEYC Accreditation system, policies, and procedures.
- Monthly Accreditation e-Updates emailed to primary and secondary contacts provided to NAEYC.
- Bi-Annual Accreditation Updates mailed to program mailing address provided to NAEYC.

Right: To access current, accurate information about the NAEYC Accreditation process and the NAEYC Early Childhood Program Standards and Accreditation Criteria, including related assessment tools and resources.
- NAEYC Academy Website
- TORCH

Right: To provide feedback to the NAEYC regarding the NAEYC Accreditation process and the NAEYC Early Childhood Program Standards and Accreditation Criteria.
- Submit Feedback on the Accreditation System
- Submit feedback on the accreditation criteria via TORCH Criteria Feedback and TORCH Discussions

Right: To withdraw from the NAEYC Accreditation process at any time.

Program Responsibilities

Responsibility: To understand the NAEYC Accreditation process and access the most current versions of the NAEYC Early Childhood Program Standards and Accreditation Criteria and related assessment tools and resources.
- For information about the NAEYC Accreditation process, visit the NAEYC Academy Website frequently and read monthly Accreditation e-Updates and bi-annual Accreditation Updates.
- For current versions of the NAEYC Early Childhood Program Standards and Accreditation Criteria and related assessment tools and resources, visit TORCH.

Responsibility: To Update NAEYC of programmatic changes and critical incidents according to the appropriate timeframes.
- Report major programmatic changes within 30 days using the Self Report form.
- Notify NAEYC of critical incidents that may impact program quality status within 72 hours using the 72 Hour Notification form.
- Inform NAEYC of updates to contact information for the primary and secondary contact of your program to ensure open communication between the program and NAEYC. Changes to contact information should be reported as soon as possible with the Self Report form.

Responsibility: To notify NAEYC immediately if Candidacy Requirements are no longer met. Failure to meet Candidacy Requirements may affect a program's maintain status as a currently NAEYC-Accredited program.

Responsibility: To retain a copy of all forms submitted to NAEYC and retain documentation verifying the date of all submissions. Postmark documentation is acceptable for submissions by mail and a copy of sent e-mail with date and time stamp information is acceptable for e-mail submissions.

Signature

☐ I have read and understand my program's rights and responsibilities.

☐ I verify that the information submitted in this form is accurate. If false or misleading information is ever provided to the NAEYC Academy, I understand that my program's pursuit of NAEYC Accreditation will cease and/or my program's current accreditation may be revoked.

☐ I verify that my program continues to meet all of the eligibility requirements for NAEYC Accreditation, as reported in the Application for NAEYC Accreditation (Step 2).

_____   _____
Signature   Title

Program ID#:

Section 9: FEES FOR NAEYC ACCREDITATION

NAEYC is phasing in an improved fee structure that will better assist programs in long-term budgeting for accreditation costs. Refer to your program's Valid Until date printed on the NAEYC Accreditation Certificate to determine the fee to include along with the Annual Report. For more information, refer to www.naeyc.org/academy and click on Fees.

Valid Until Dates December 2015 and Earlier

$300	10 - 60 children
$350	61 - 120 children
$400	121 - 240 children
$450	241 - 360 children
Add $100 for every additional 120 children.	

Note: Additional fees associated with the renewal process will be due in the fourth year of the accreditation term.

Valid Until Dates January 2016 and Later

$500	10 - 60 children
$600	61 - 120 children
$700	121 - 240 children
$800	241 - 360 children
Add $150 for every additional 120 children.	

Note: Programs that successfully maintain accreditation over time will not pay additional renewal fees. The Annual Accreditation fee will be due annually, including on the fifth anniversary of accreditation.

The accreditation fee is calculated based on the number of children enrolled in a program at the time this form is submitted. If the number of children changes for a defined portion of the year (for example, altered program operation during the summer), the program should report the number of children that typically applies throughout the majority of the school year. Programs will be billed for supplemental fees (according to the chart above) if program enrollment is inaccurately reported during the accreditation process.

Reference the following rules to determine the number of children that determines the accreditation fee for your program.

- *Each child is only counted once.*
- *Each child of eligible age (birth through kindergarten) that is part of an eligible group is counted. All eligible groups MUST be included in your program's NAEYC Accreditation. Note that groups are not eligible if more than 50% of the children are school age (first grade and beyond).*
- *For programs with hourly care or drop-in care groups in which the total number of children enrolled in the group exceeds the maximum licensing capacity of the group, only the maximum licensing capacity of the group is counted. Add the maximum licensing capacity of any drop-in care groups to the total number of children, if applicable.*

Age Category	Number of Children Enrolled
Infant (birth to 15 months)	
Toddler/Twos (12 to 36 months)	
Preschool (30 months to 5 years)	
Kindergarten (public or private)	
TOTAL Number of Children:	

This form will not be processed until NAEYC receives the applicable fee.

Late Fee

If the program submits the Annual Report up to one (1) calendar month past the accreditation anniversary due date, a late fee of $125 must be included with the payment. Please note that this form will not be accepted unless NAEYC receives the applicable fee within one (1) calendar month past the accreditation anniversary due date.

☐ | I acknowledge that this form is being submitted up to one (1) calendar month past the accreditation anniversary due date and the $125 late fee is included with the payment.

Program ID#

Section 10: PAYMENT INFORMATION

Choose ONE method of payment and include applicable information below.

Check

Check Number:

Name on Checking Account:

Attach check to this form

If check is sent under separate cover, program ID number or other identifying information must be included on the check.

Purchase Order

Purchase Order Number:

Name on Purchase Order:

Attach purchase order to this form.

If purchase order is sent under separate cover, program ID number or other identifying information must be included on the purchase order.

Credit Card

☐ VISA ☐ MasterCard ☐ Amex

Credit Card Number:

Credit Card Expiration Date: Month: Year:

Name on card/checking account or purchase order holder:

Card billing address:

City:	State:	Zip:

Country:

☐   I authorize NAEYC to charge the above credit card at the amount of $

Signature:

Programs who do not wish to provide their credit card information at this time may pay by phone, 1-800-424-2460, option 3, option1.

International ACH

International ACH Number:

Name on International ACH:

Signature:

NAEYC Information for Transfer:

Account Number: 2000013841458   Routing Number: 121000248   Swift Code: WFBIUS6S

International Wire Transfer

International Wire Transfer Number:

Name on International Wire Transfer:

☐   I acknowledge that a $20 fee is included with the payment for processing.

Signature:

NAEYC Information for Transfer:

Account Number: 2000013841458   Routing Number: 121000248   Swift Code: WFBIUS6S

Program ID#

Section 11: SUBMISSION INSTRUCTIONS

Mail completed form with payment to:

<div align="center">

Annual Report

P.O. Box 96037

Washington, DC 20090-6037

</div>

E-Mail completed form with payment to:

<div align="center">

annualreport@naeyc.org

</div>

NAEYC will ONLY accept Annual Reports through e-mail if a credit card payment is included. **Programs paying via check or purchase order are not eligible to submit via -email.**

Faxed Annual Reports will not be accepted.

NAEYC accepts the postmark date or the e-mail sent date as the submission date. NAEYC recommends that programs obtain written confirmation of receipt of all forms sent to NAEYC P.O. Boxes. Please discuss tracking options with your local Post Office. NAEYC is not able to sign for materials that are delivered to a P.O. Box by an individual courier such as UPS or FedEx. Similarly, NAEYC recommends that programs save a copy of any automated e-mail replies as confirmation of receipt of all forms emailed to NAEYC.

Copy this form for your program's records before submission. NAEYC will not return this form to the program.

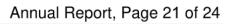Program ID#:

Section 12: RESEARCH PARTICIPATION

Information gathered on our application forms and during the site visit will become part of a national data base of early childhood knowledge. As we put together information about programs across the nation we will be able to fully describe aspects of early childhood programs in ways that have never been achieved before. Ideas that emerge from the work of programs will guide professional development, research, and program development. At no time will individual programs, teachers, children or families be identified in any way. In keeping with the professional ethics of Institutional Research Boards in universities, NAEYC is committed to keeping work of individual programs confidential.

Programs may have opportunities to engage in research projects, but will at that time be fully informed of the scope and nature of the project. If you have concerns about the use of information gathered during the accreditation process, please email qualityassurance@naeyc.org.

By providing this voluntary demographic information, your program provides data that helps NAEYC gain a better understanding of how criteria are met and whether certain criteria pose challenges for programs with various characteristics. This information is used for continuous quality improvement and guides professional development, research and program development.

Additional Program Information

This information will be used to help NAEYC better support programs in Self-Study and to evaluate the effectiveness of NAEYC Accreditation over time. **The information you provide will NOT affect your NAEYC Accreditation status in any way.**

Why did your program seek NAEYC Accreditation: (check all that apply)

☐ Required for receiving funding

☐ Part of state Quality Rating and Improvement System (QRIS)

☐ Prestige and recognition

☐ Believe in NAEYC's mission for improving quality of care for young children

☐ Families expect it

Corporate Structure: (must choose one)

☐ Nonprofit

☐ Private corporation (for profit)

☐ Public Agency:

    ☐ school district   ☐ military   ☐ college/university   ☐ other

If the program is military, please specify the branch:

☐ Army   ☐ Air Force   ☐ Coast Guard

☐ Navy   ☐ Marines

Is your program receiving technical assistance from: (choose only one)

☐ Accreditation Facilitation Project

☐ State Quality Rating and Improvement System (QRIS)

☐ Consultant

What year did your program begin operation?

What best describes your program site location? (choose only one)

☐ Urban   ☐ Rural   ☐ Suburban   ☐ Military base

What is your program schedule? (If your program offers multiple options, choose all that apply)

☐ Full Day (more than 6 hours/day)   ☐ 24 hour   ☐ Part Year

☐ Part Day (up to 6 hours a day)   ☐ Full Year

Program ID#:

Section 12: RESEARCH PARTICIPATION Continued

Additional Program Information

Do you offer any of these services? (check all that apply)

☐ Before or after school care   ☐ Back up care   ☐ Bilingual Programs:

☐ Drop-in care   ☐ Summer camp/vacation programs   If yes what languages besides English:

Which characteristics describe your program: (choose all that apply)

☐ Campus-based   ☐ Migrant services   ☐ Parent cooperative

☐ Employer-sponsored   ☐ Military   ☐ Head Start

☐ Faith-based   ☐ State Pre-Kindergarten   ☐ Hospital-affiliated

Is your program located in a:

☐ Public school (P-12)   ☐ US Government facility (not military)   ☐ Military facility   ☐ None of the above

☐ College or university campus   ☐ Tribal nation   ☐ Alaskan native village

Define your license/regulation status based on the options below:

☐ My program is licensed/regulated:

    ☐ My program is licensed.

    ☐ My program is license-exempt but voluntarily licensed.

    ☐ My program is regulated

(the term regulated refers to programs that are not licensed but under the regulation of, for example, public school systems, or the military. If your program is licensed and regulated by another body, please choose licensed and regulated.)

☐ My program is <u>not</u> licensed **but** <u>is</u> eligible for licensure

☐ My program is <u>not</u> licensed and is <u>not</u> eligible for licensure

Characteristics of Enrolled Children

What **number** of children are enrolled in your program (birth through kindergarten)?

Of the children enrolled in your program (birth through kindergarten), what **number** of them are:

☐ White or Caucasian, Non-Hispanic   ☐ Asian/Pacific Islander

☐ Black or African American, Non-Hispanic   ☐ American Indian/Alaska Native/Native American

☐ Spanish/Hispanic/Latino   ☐ Other: (please specify)

Of the children enrolled in your program (birth through kindergarten), what **number** of them speak the following languages during your program:

☐ English: ☐ French: ☐ Vietnamese: ☐ Portuguese:

☐ Spanish: ☐ German: ☐ Khmer: ☐ Other:

☐ Chinese: ☐ Hmong: ☐ Italian:

Do any enrolled children have any of the following special needs? If so, how many?

☐ Hearing impairment: ☐ Down Syndrome:

☐ Visual impairment: ☐ Emotional disturbance:

☐ Orthopedic handicaps: ☐ Autism, spectrum disorders:

☐ Speech & language disorders: ☐ Learning disabilities:

☐ Behavioral: ☐ Maintenance care diseases (diabetes, HIV) :

☐ Neurological disorders: ☐ Mentally disabled/developmentally delayed:

☐ ADHD: ☐ Other, specify:

Do you serve special populations?

☐ Military families   ☐ Teen parents   ☐ Not applicable

☐ Migrant Workers   ☐ Homeless Families   ☐ Other, specify:

Program ID#:

Section 12: RESEARCH PARTICIPATION Continued

Program Funding

Does your program receive any of the following types of public funding? (Check all that apply)

☐ Child Care Subsidies   ☐ Head Start   ☐ Pre-Kindergarten Funding

☐ Early Head Start   ☐ Child and Adult Care Food Program   ☐ Other public funds (federal, state or local)

                                                                             if yes, please specify:

For programs not operated by school districts, does your program subcontract with the school district to provide Pre-Kindergarten services? ☐ Yes   ☐ No

---

Does the program administrator or any member of the teaching staff receive publicly funded scholarship support for postsecondary coursework? ☐ Yes   ☐ No   ☐ Don't know

---

Does the program administrator or any member of the teaching staff receive loan forgiveness from a federal Perkins, Stafford, or Direct Loan? ☐ Yes   ☐ No   ☐ Don't know

---

What was your program's total income in the last fiscal year?

How much funding did you receive from the following sources:

Tuition/Fees: $ In-kind contributions: $

Government Grants or Subsidies: $ Private Foundation Grants: $

Employers of families served: $ Fundraising: $

Support from sponsoring organizations: $ Other, specify : $

Private donors: $

How many children enrolled (in age groups birth through kindergarten) receive need-based financial assistance to attend your program through scholarships, sliding fee scales, or public subsidies?

Characteristics of Program Administrators

How many administrators are in your program?

Of those responsible for the program's leadership and management, how many have completed the following level of education?

☐ Doctoral Degree

☐ Master's Degree

☐ Baccalaureate Degree

☐ Associate Degree

☐ Some College

☐ High School

How many of the program's administrators have at least nine (9) credit-bearing hours of specialized college-level course work in administration, leadership, and management AND at least 24 credit bearing semester hours of specialized college-level course work in early childhood education, child development, elementary education, or early childhood special education that encompasses child development and children's learning from birth through kindergarten; family and community relationships; the practices of observing, documenting, and assessing young children; teaching and learning processes; and professional practices and development?

Section 12: RESEARCH PARTICIPATION Continued

Characteristics of Lead Teachers

Adult with primary responsibility for a group of children.

Total number of teachers:

Of the teachers in your program, how many have completed the following highest level of education:

Doctoral Degree in ECE or related field:

Master's Degree in ECE or related field:

Baccalaureate Degree in ECE or related field:

Associate Degree in ECE or related field:

Baccalaureate Degree in non-ECE related field:

Any Degree in non-ECE or related field:

Child Development Associate credential:

Some College:

High School/GED:

How many teachers are:

Currently enrolled in a Graduate program in ECE or related field:

Currently enrolled in a Baccalaureate program in ECE or related field:

Currently enrolled in an Associate degree program in ECE or related field:

Currently working toward a Child Development Associate Credential:

Characteristics of Assistant Teachers-Teacher Aides

Adult who works under the direct supervision of a teacher.

Total number of teacher assistants/aides:

Of the teacher assistants and teacher aides in your program, how many have completed the following highest level of education?

Doctoral Degree in ECE or related field:

Master's Degree in ECE or related field:

Baccalaureate Degree in ECE or related field:

Associate Degree in ECE or related field:

Baccalaureate Degree in non-ECE related field:

Any Degree in non-ECE or related field:

Child Development Associate credential:

Some College:

High School/GED:

How many teacher assistants and teacher aides are:

Currently enrolled in a Graduate program in ECE or related field:

Currently enrolled in a Baccalaureate program in ECE or related field:

Currently enrolled in an Associate degree program in ECE or related field:

Currently working toward a Child Development Associate Credential:

Program ID#:

Section 12: RESEARCH PARTICIPATION Continued

NAEYC Accreditation Emerging Practice Criteria

*Please report on **any seven** of the current 21 Emerging Practice Criteria and provide comments on the steps your program has developed and/or implemented, if any, toward meeting the Emerging Practice Criteria.   A full list of Emerging Practice Criteria may be located in the* TORCH Resource Library, *Folder 2. The 10 Standards.*

Criterion	Rating	Comments
	☐ Meet ☐ Do Not Meet	
	☐ Meet ☐ Do Not Meet	
	☐ Meet ☐ Do Not Meet	
	☐ Meet ☐ Do Not Meet	
	☐ Meet ☐ Do Not Meet	
	☐ Meet ☐ Do Not Meet	
	☐ Meet ☐ Do Not Meet	

Emerging Practice Criteria are identified as important aspects of program performance that are not yet widely practiced, and the early childhood field and individual programs need time to develop the capacity to meet these criteria (due to the need for additional training, major facility renovations, or an increased supply of certified consultants). Therefore, not meeting Emerging Practice Criteria does not count against a program, but credit is given when they are met.

Program ID#: