

NAEYC ACADEMY ANNUAL REPORT FORM

PURPOSE

The purpose of the Annual Report is to

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

PROCEDURES

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). The NAEYC Academy **will not accept Annual Reports more than 2 calendar months prior to the anniversary date and no more than 2 calendar months after the 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 (www.naeyc.org/torch), in the publication *NAEYC Early Childhood Program Standards and Accreditation Criteria (NAEYC # 9900)*, and in the NAEYC Self-Study Kit. Completed Annual Reports and applicable fees must be submitted by mail to:

**NAEYC Annual Report
PO Box 96037**

Washington, DC 20090-6037 NAEYC will accept Annual Reports through e-mail (annualreport@naeyc.org) if a credit card payment is included. **Programs paying via check or purchase order are not eligible to submit via e-mail.**

Faxed Annual Reports will not be accepted. The postmark date of the Annual Report is considered the submission date.

REPORTING CHANGES

Programs may use the Annual Report to report the incidents, violations and program changes listed below **ONLY** if the Annual Report is being submitted to the NAEYC Academy within the required time period. Otherwise they should use the Self Report Form. Upon review of this information, NAEYC may require additional verification to ensure that the program is maintaining the NAEYC Accreditation Standards and Criteria.

VIOLATIONS INCLUDED

YES NO **This form contains information related to Required Criteria violation(s), which must be reported to NAEYC Academy within 72 hours** (See page 9 for the list of required criteria)

REPORT WITHIN 72 HOURS

It is the program's responsibility to inform the NAEYC Academy **within seventy two (72) hours** of any of the following violations/incidents

- Incidents related to NAEYC Required Criteria (1.B.09, 3.C.02, 3.C.04 and 5.A.12);
- Any notice of suspension revocation, probation, or other change in licensing/regulation status due to violations (or related to licensing or other applicable regulations);
- Any violations (or incidents) that did or could have compromised the essential health or safety of any child, such as but not limited to: 1) the death of any child from any cause; 2) any serious injury to any child that required medical treatment from emergency responders, emergency room treatment, or care from the child's physician /health care provider; 3) any unusual incident or lack of supervision; or 4) any suspected physical or psychological abuse of any child.

REPORT WITHIN 30 DAYS

It is also the program's responsibility to inform the NAEYC Academy **within thirty (30) days** of program changes. It is important for the NAEYC Academy to maintain current and accurate records about accredited programs. Programs must report the following programmatic changes:

- New ownership or administrator;
- Change in location or severe damage to the building and grounds;
- Addition of a new age group that was not previously served;
- Addition of a new site;
- Court order.

INSTRUCTIONS

Please read all instructions carefully and completely. It is important to complete the Annual Report in its entirety. Programs must update the program site information as well as the mailing, billing, and shipping addresses.

- Be sure to use the program normal enrollment total for payment purposes, and be sure to count each child once in the age category.
- Be sure to report any changes that your program has experienced within the last 12 months, since your last Site Visit or last Self Report.

Note: It is the program's responsibility to carefully review the Annual Report to ensure that all of the necessary sections are complete and the appropriate information is provided. Failure to do so may jeopardize your program's accredited status.

The NAEYC Academy regularly reviews its criteria, policies, and procedures, and reserves the right at any time to modify or change any such criteria, policies, or procedures, including accreditation fees. The NAEYC Academy will provide notice of new and/or revised criteria, policies, and procedures at least sixty (60) days prior to implementation. NAEYC-Accredited programs receive regular communications (through e-mail and in print) from the NAEYC Academy. In addition, detailed information about the NAEYC Academy's policies and procedures is provided on the website (www.naeyc.org/academy) and/or at TORCH (www.naeyc.org/torch). Programs are strongly encouraged to provide a current email address and review the monthly Accreditation E-Update.

Programs seeking NAEYC Accreditation must follow the four steps to achieve NAEYC Accreditation. Individuals are not required to become members of NAEYC, and programs do not need to purchase NAEYC publications or services. NAEYC publications and services are optional resources that can help early childhood educators continue to improve the experiences they provide for young children.

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Section 1: PROGRAM INFORMATION

Program Name	Program ID #
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PROGRAM CONTACTS

**These individuals are the designated contacts for relaying confidential information between the program and the NAEYC Academy.*

*Primary Contact		*Secondary Contact	
Name		Name	
Title		Title	
Phone () -	Fax () -	Phone () -	Fax () -
E-mail		E-mail	

NAEYC has permission to share our program's contact information with other organizations offering funding and other support for programs enrolled in Self-Study, Applicants, and Candidates of NAEYC Accreditation. YES NO

PRIMARY SITE ADDRESS AND ENROLLMENT

Check here if your program operates as a single-site program (if checked please skip page 4).

Site Address	TOTALS AT THIS SITE	# OF CHILDREN ENROLLED	# OF GROUPS*** OF CHILDREN
Suite/Dept./Floor	Age categories overlap for programs flexibility. Count each child in only one age category.		
City	Infant (birth to 15 months)		
State	Toddler/Twos (12 to 36 months)		
Zip	Preschool (30 months to 5 years)		
County	Kindergarten (public or private)		
Country	School Age**		
Phone () -			
Fax () -			
E-mail	PRIMARY SITE TOTALS		
Web-site	** Programs accredited after September 15, 2006, are not eligible to include school-age children in their NAEYC Accreditation.		

SECURITY CLEARANCE

Is a security clearance required upon entry to the program? YES NO

If 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	E-mail Address
Relationship to program	Phone () -

*** Groups are defined as children who are assigned for most of the day to a specific teacher or team of teaching staff and who occupy an individual classroom or well-defined space. If children from different groups do intermingle within a larger room or area for more than two hours, if the composition of the original group of children changes by more than 50 percent, or if both occur, then this intermingled group is considered a separate group.

Section 1: PROGRAM INFORMATION Continued

MULTI-SITE* PROGRAMS

Programs accredited as a single site will be invoiced \$100 for the addition of one site and \$200 for the addition of two sites.

*Types of programs eligible for multi-site: 1) Currently accredited programs and 2) New sites (that did not previously exist and are an expansion of the original program)

Eligibility requirements: 1) Each site has the same administration, budget, and public identity; 2) Sites are located within five (5) miles of each other 3) Site 2 and site 3 serve 60 or fewer children.

Site #2 ADDRESS AND ENROLLMENT

My program would like to add site #2 at this time and be invoiced \$100 for the addition of this site. YES NO

If the additional site is currently NAEYC Accredited, please enter the Program ID #

Site #2 Name		Distance from Site 1: miles Distance from site 3: miles May not exceed 5 miles	
Site Address		TOTAL AT THIS SITE Age categories overlap for programs flexibility. Count each child in only age category.	# OF CHILDREN ENROLLED
Suite/Dept./Floor		Infant (birth to 15 months)	# OF GROUPS OF CHILDREN
City		Toddler/Twos (12 to 36 months)	
State	Zip -	Preschool (30 months to 5 years)	
County	Country	Kindergarten (public or private)	
Phone () -	Fax () -	School Age**	
E-mail		SITE #2 TOTALS (up to 60 children)	
Web site		** Programs accredited after September 15, 2006 are not eligible to include school-age children in their NAEYC Accreditation.	

Site #3 ADDRESS AND ENROLLMENT

My program would like to add site # 3 at this time and be invoiced \$100 for the addition of this site. YES NO

If the additional site is currently NAEYC Accredited, please enter the Program ID #

Site # 3 Name		Distance from Site 1: miles Distance from site 2: miles May not exceed 5 miles	
Site Address		TOTAL AT THIS SITE Age categories overlap for programs flexibility. Count each child in only one age category.	# OF CHILDREN ENROLLED
Suite/Dept./Floor		Infant (birth to 15 months)	# OF GROUPS OF CHILDREN
City		Toddler/Twos (12 to 36 months)	
State	Zip -	Preschool (30 months to 5 years)	
County	Country	Kindergarten (public or private)	
Phone () -	Fax () -	School Age**	
E-mail		SITE #3 TOTALS (up to 60 children)	
Web site		** Programs accredited after September 15, 2006 are not eligible to include school-age children in their NAEYC Accreditation.	

Section 1: PROGRAM INFORMATION Continued

Mailing, Billing, and Shipping Addresses
If there were changes to any of the above-mentioned addresses, please complete the applicable section(s) below

Mailing Address
(Correspondence)

Same as primary site address

Street		Suite/Dept./Floor	
City	State	Zip	
Attention		Country	

Billing Address
(Invoices)

Same as primary site address Same as mailing address

Billing Contact

Primary Contact Secondary Contact
 Other:

(This person will be the primary contact for financial information between the program and the NAEYC Academy.)

Organization Name (If different from program)

Street		Suite/Dept./Floor	
City	State	Zip	
County	Country		
E-mail	Phone () -	Fax () -	

Shipping Address NAEYC cannot accept a P.O. Box as a shipping address.
(Accreditation Decision)

Same as primary site address Same as mailing address Same as billing address

Street		Suite/Dept./Floor	
City	State	Zip	
Attention		Country	

SECTION 2: ANNUAL REPORT FEE

Level	Number of Children	Annual Report Fee
Level 1	10—60 Children	\$300
Level 2	61—120 Children	\$350
Level 3	121—240 Children	\$400
Level 4	241—360 Children	\$450
For every additional 1—120 children		Add \$100

The Annual Report fee is non-refundable. The Annual Report **IS NOT COMPLETE** until NAEYC receives the applicable fee.

If the fee is mailed separately from the Annual Report, please include the program ID # with your payment. This helps NAEYC identify and apply the fee in an accurate and timely manner.

The fee is NOT accepted outside the established Annual Report submission window that applies to your program (refer to page 2 for your submission window). **If the fee is not received within your program's Annual Report submission window, the Annual Report will not be processed and the program's NAEYC Accreditation will be revoked.**

Programs must serve a minimum of 10 children.

Programs accredited after September 15, 2006, are not eligible to include school-age children in their NAEYC Accreditation.

*Programs accredited before September 15, 2006, **must** include school- age children in their enrollment throughout their current term of accreditation.*

PAYMENT INFORMATION

TOTAL NUMBER OF CHILDREN ENROLLED

If a single site, use the total number under primary site on page 3.
If a multi-site program, this is the total number of children at all sites on pages 3 and 4.

Check Visa MasterCard Amex Discover

Purchase order (must be attached or the Annual Report **will not** be processed)

Check, purchase order, or credit card number

Credit card expiration date

MM / YYYY

Credit card/checking account or purchase order holder

For credit card payments ONLY—complete the section below.

Signature of credit card holder (If the Annual Report is submitted via e-mail, a signature is not required.)

Credit card billing address

City State Zip Country

Section 3: INCIDENTS/VIOLATIONS

To maintain NAEYC Accreditation, a program must **maintain good standing** with its licensing or regulatory body. Please answer the following questions on pages 7 and 8 about the program's licensing/regulation status.

Define the licensing/regulation status based on the four options below. Select only ONE option (1, 2, 3 or 4) and respond to ALL of the questions related to that option (i.e. the questions within the box for the option you select).

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
 Temporarily License
 Provisional License
 Other

My program is **license-exempt** but **voluntarily licensed**.
 YES NO

My program's license expires.
 NO YES – If yes, indicate expiration date
 MM / DD/YYYY

License Number: _____ Specialist Name: _____ Phone Number
 - - ext. _____

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
 MM / DD/YYYY

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 _____ with _____ (state) (agency) .
 MM/YYYY

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 NOT eligible for 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 will 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 3: INCIDENTS/VIOLATIONS: Must be reported within 72 hours

Has your program previously self reported any incidents/violations to NAEYC within the last 12 months?
 YES NO

A. Our program's most recent licensing/regulatory inspection visit was on _____ MM / DD / YYYY
 Not applicable, my program does not receive licensing/regulatory inspection visits.

B. My program had a licensing/regulatory inspection visit in the last 12 months that resulted in **violations with state regulations**.
 YES NO Not Applicable

If yes, please attach a copy of the full licensing report(s) from the licensing/regulatory body. If any violations were identified by the licensing/regulatory body, please include the action/corrective plan. Also, include a diagram of the incident, if applicable (for example, if pertaining to supervision, include map of space in which child was unsupervised). (Use the space below and/or a separate sheet of paper to provide additional comments.)

C. Within the past 12 months, has your program received any notice of suspension, revocation, probation, or other change in licensing/regulation status due to violations related to licensing or other applicable regulations? (If your program's licensing/regulation status is anything other than full, you must answer this question.)
 YES NO Not Applicable Status will change back to full on _____ MM / DD / YYYY

If yes, please attach a copy of the full licensing report(s) from the licensing/regulatory body. If any violations were identified by the licensing/regulatory body, please include the action/corrective plan. Also, include a diagram of the incident, if applicable (for example, if pertaining to supervision, include map of space in which child was unsupervised). (Use the space below and/or a separate sheet of paper to provide additional comments.)

D. Within the past 12 months, has your program experienced any violations (or incidents) that did or could have compromised the essential health or safety of any children, such as but not limited to: 1) the death of any child from any cause; 2) any serious injury to any child that required medical treatment from emergency responders, emergency room treatment, or care from the child's physician /health care provider; 3) any unusual incident or lack of supervision; or 4) any suspected physical or psychological abuse of any child?
 YES NO

If yes, please provide comments and attach documentation of the incident, along with the action/corrective plan.

Note: When the NAEYC Academy gains information to suggest that a violation of a Required Criterion may have occurred in a program seeking or maintaining NAEYC Accreditation, the NAEYC Academy will conduct a review to determine the program's capacity to meet and maintain the Required Criteria over time. For more detailed information about this review, including possible outcomes of the review process, please see the Required Criteria Policy document located at www.naeyc.org/academy.

Incidents/Violations: Must be reported within 72 hours		
NAEYC ACCREDITATION REQUIRED CRITERIA		
<p><i>NAEYC—Accredited programs must continue to meet the NAEYC Program Standards and Accreditation Criteria throughout the program’s term of accreditation. Failure to meet the NAEYC Program Standards and Accreditation Criteria is grounds for revocation of accreditation. For more details on the NAEYC Required Criteria Policy and the Scope and Severity Screen, visit www.naeyc.org/academy. Please answer “yes” if any incidents or violations have occurred in your program that relate to the following required criteria. Comments must be provided for each criterion for which there was a related incident or violation.</i></p>		
Required Criterion	Incident/Violation	Comments
Example 5.A.03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	We currently do not meet this criterion but a pediatric first aid and CPR training for new staff members is scheduled for two weeks from today. After the training is complete, all staff members will be trained and this criterion will be met at all times.
1.B.09: No use of physical punishment or other forms of physical or psychological abuse or coercion.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.C.02: Teaching staff supervise infants and toddlers/twos by sight and sound at all times.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Age Applicable	
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).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Age Applicable	
5.A.12: Infants placed to sleep on their backs unless otherwise ordered by a physician.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Age Applicable	
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 4: PROGRAM OPERATIONS

STANDARD OPERATIONS

<input type="checkbox"/> My program operates 12 months/year.	OR	<input type="checkbox"/> My program operates less than 12 months/year. The program begins serving children on: <div style="text-align: center;">MM / DD / YYYY</div> The program closes on: <div style="text-align: center;">MM / DD / YYYY</div> Preferred Contact Person: The NAEYC Academy may contact your program for additional information to inform the Annual Report decision. Your program is required to respond to any correspondence from the NAEYC Academy within five business days, even if the program is closed for the summer or holidays. Name _____ E-mail _____ Phone () - _____
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HOURS OF OPERATION

Please indicate the days and hours of operation in the chart below.

Primary Site Hours of Operation		
<input type="checkbox"/> Check box if the program is open 24 hours/day, 7 days a week.		
Days Open	Opening Time	Closing Time
<input type="checkbox"/> Monday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Tuesday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Wednesday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Thursday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Friday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Saturday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Sunday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

PART DAY/PART WEEK OPERATION

Does the program offer part day* and/or week groups? YES NO
 If yes, specify which site, the age category, the number of groups, days and hours of operation.

***Part-day groups are groups that meet for less than 5 hours per day.**

FLUCTUATING ENROLLMENT

Are there times during your programs operation in which the enrollment fluctuates and the assessor would be unable to observe 50% of all eligible groups AND/OR each age group served? YES NO
 If yes, please explain when this occurs; list the groups and/or age groups that would not be present, and any additional information that will help NAEYC plan the visit.

Section 4: PROGRAM OPERATIONS Continued

This page is for multi-site programs only.

Note: Types of programs eligible for multi-site: 1) Currently accredited programs and 2) New sites (that did not previously exist and are an expansion of the original program) Eligibility requirements: 1) Each site has the same administration, budget, and public identity; 2) Sites are located within five (5) miles of each other 3) Site 2 and site 3 serve 60 or fewer children.

STANDARD OPERATIONS Site #2

My program operates 12 months/year. Please indicate the days and hours of operation in the chart below
 Does this site have the same operating hours as site #1? No Yes – if yes, then you do not need to complete the table below.

Site #2 Hours of Operation		
<input type="checkbox"/> Check box if the program is open 24 hours/day, 7 days a week.		
Days Open	Opening Time	Closing Time
<input type="checkbox"/> Monday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Tuesday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Wednesday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Thursday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Friday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Saturday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Sunday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

STANDARD OPERATIONS Site #3

My program operates 12 months/year. Please indicate the days and hours of operation in the chart below
 Does this site have the same operating hours as site #1? No Yes – if yes, then you do not need to complete the table below.

Site #3 Hours of Operation		
<input type="checkbox"/> Check box if the program is open 24 hours/day, 7 days a week.		
Days Open	Opening Time	Closing Time
<input type="checkbox"/> Monday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Tuesday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Wednesday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Thursday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Friday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Saturday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Sunday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

SEPARATE PROGRAMS WITH SEPARATE PUBLIC IDENTITIES

When multiple programs operate within the same facility, one program can demonstrate a separate public identity from a second program by documenting a separate budget, administration, license and/or other criteria. In determining their public identity, strong consideration of a parent's perspective and understanding of the identity must be taken under advisement. Check the appropriate box below to report a program with a separate public identity that operates in you program's facility.

<input type="checkbox"/> There is a separate program with a separate public identity operating within my program's facility. My program is able to demonstrate that it is separate from this program. Groups within this separate program are excluded from my program's NAEYC Accreditation.	OR	<input type="checkbox"/> My program is the only program that operates within its facility.
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Section 4: PROGRAM OPERATIONS Continued

Language Needs: This section helps the NAEYC Academy to determine if a bi-lingual Assessor would be required during a verification or unannounced visit of your program.

Do the children in your program speak languages other than English during the program's operation? YES NO

In how many groups?

Below, list the languages spoken during the program's operation and check the applicable box to indicate how often.

Language spoken	Frequency spoken during the program's operation
	<input type="checkbox"/> all of the time <input type="checkbox"/> some of the time <input type="checkbox"/> most of the time.
	<input type="checkbox"/> all of the time <input type="checkbox"/> some of the time <input type="checkbox"/> most of the time.
	<input type="checkbox"/> all of the time <input type="checkbox"/> some of the time <input type="checkbox"/> most of the time.
	<input type="checkbox"/> all of the time <input type="checkbox"/> some of the time <input type="checkbox"/> most of the time.

Do the teaching staff in the program speak languages other than English during the program's operation? YES NO

In how many groups?

Below, list the languages spoken during the program's operation and check the applicable box to indicate how often.

Language spoken	Frequency spoken during the program's operation
	<input type="checkbox"/> all of the time <input type="checkbox"/> some of the time <input type="checkbox"/> most of the time.
	<input type="checkbox"/> all of the time <input type="checkbox"/> some of the time <input type="checkbox"/> most of the time.
	<input type="checkbox"/> all of the time <input type="checkbox"/> some of the time <input type="checkbox"/> most of the time.
	<input type="checkbox"/> all of the time <input type="checkbox"/> some of the time <input type="checkbox"/> most of the time.

SPECIAL CIRCUMSTANCES

Are there any **special circumstances** the NAEYC Academy should consider in scheduling the site visit, such as offering back-up care, drop-in care, or that your program will be providing documentation of a separate identity from another program at the same site?

YES NO

If yes, explain. (Do not exceed the space provided.)



Be sure you have updated all applicable information including contact information, addresses, and licensing information



Section 5: MEETING NAEYC STANDARDS AND CRITERIA continued

NAEYC ACCREDITATION EMERGING PRACTICE CRITERIA

Please report on **any 7** 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. For a list of Emerging Practices criteria please visit us at www.naeyc.org/torch (go to the Resource Library, Folder 2. The 10 Standards/ General).

Criterion	Rating	Comments
	<input type="checkbox"/> Meet <input type="checkbox"/> Do Not Meet	
	<input type="checkbox"/> Meet <input type="checkbox"/> Do Not Meet	
	<input type="checkbox"/> Meet <input type="checkbox"/> Do Not Meet	
	<input type="checkbox"/> Meet <input type="checkbox"/> Do Not Meet	
	<input type="checkbox"/> Meet <input type="checkbox"/> Do Not Meet	
	<input type="checkbox"/> Meet <input type="checkbox"/> Do Not Meet	
	<input type="checkbox"/> Meet <input type="checkbox"/> Do Not Meet	

NOTE: 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. A full list of Emerging Practice Criteria may be located in the TORCH Resource Library at www.naeyc.org/torch (go to the Resource Library, Folder 2. The 10 Standards/ General).

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. (Do not exceed the space provided.)

Criterion	Rating	Comments
	<input type="checkbox"/> Meet <input type="checkbox"/> Do Not Meet	
	<input type="checkbox"/> Meet <input type="checkbox"/> Do Not Meet	
	<input type="checkbox"/> Meet <input type="checkbox"/> Do Not Meet	
	<input type="checkbox"/> Meet <input type="checkbox"/> Do Not Meet	
	<input type="checkbox"/> Meet <input type="checkbox"/> 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. (Do not exceed the space provided.)

Criterion	Rating	Comments
	<input type="checkbox"/> Meet <input type="checkbox"/> Do Not Meet	
	<input type="checkbox"/> Meet <input type="checkbox"/> Do Not Meet	
	<input type="checkbox"/> Meet <input type="checkbox"/> Do Not Meet	
	<input type="checkbox"/> Meet <input type="checkbox"/> Do Not Meet	
	<input type="checkbox"/> Meet <input type="checkbox"/> Do Not Meet	

Section 6: REPORTING STAFF QUALIFICATIONS

ADMINISTRATOR QUALIFICATIONS

Name of designated program administrator

Start date as administrator at this site: MM / DD / YYYY	Years of experience in administration/management
---	--

Select one of the following four (4) options as it best relates to the administrator's qualifications:

The administrator (please see criterion 10.A.02 for further clarification concerning the administrator qualifications):

A. Has at least a baccalaureate degree with 24 college credits in ECE, CD, EEd or EC Spec Ed and nine (9) college credits in administration, leadership, or management.

B. Meets the alternative pathway—must document a total of 100 points across all three (3) categories: education, administrator experience, and relevant training or credentials. Visit the TORCH Resource Library at www.naeyc.org/torch to view the table on Alternative Pathways for Program Administrators.

C. Has a plan in place to acquire a baccalaureate degree with 24 college credits in ECE, CD, EEd or EC Spec Ed and nine (9) college credits in administration, leadership, or management within five (5) years. Please provide comments below indicating what progress (if any) has been made toward the completion of this plan.

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.

Section 6: REPORTING STAFF QUALIFICATIONS continued

Option Reference Guide for TEACHING STAFF QUALIFICATIONS

Use the guide below as a reference when completing pages 18, 19, 21 and 22 (addition of a new age group not previously served). Use the charts on pages 15 and 16 to indicate the total number of Teachers and 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 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, EIEd, 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, EIEd, or EC Spec Ed.

Option E. Working on an Associate's or higher degree in ECE, CD, EIEd, or EC Spec Ed.

Option F. An Associate's or higher degree in ECE, CD, EIEd, or EC Spec Ed.

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

Option I. The equivalency to a Baccalaureate degree in ECE, which is defined by NAEYC as a Baccalaureate degree in any discipline with at least 36 college credits in ECE, CD, EIEd, 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 EIEd; 1 Associate's in EC Spec Ed; and 1 CDA)

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

1.) How many Teachers have been employed at this program for 12 months or more? **5**

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

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

2.) How many Teacher Assistants/Aides have been employed at this program for 12 months or more? **5**

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

Teacher Assistants/Aides Qualifications												
Option	A	B	C	D	E	F	G	H	I	J	K	None
Total #			2			1						2

Note: Teaching staff refers to all members of the teaching team, including all Teachers or Assistant Teachers/Aides. Employees such as cafeteria staff, cleaning staff, bus drivers, ancillary professionals and other adults should not be included as teaching staff.

Section 6: REPORTING STAFF QUALIFICATIONS continued

TEACHER QUALIFICATIONS

Teachers are defined as adults with primary responsibility for a group of children. The teacher must spend the vast majority of time with one group of children who attend at the same time.

Total number of Teachers

EMPLOYED MORE THAN 12 MONTHS

1.) 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 (refer to page 17 for option descriptions)												
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

2.) 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 (refer to page 17 for option descriptions)												
Option	A	B	C	D	E	F	G	H	I	J	K	None
Total #												

FORMER TEACHER QUALIFICATIONS

3.) 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 (refer to page 17 for option descriptions)												
Option	A	B	C	D	E	F	G	H	I	J	K	None

CONTRIBUTIONS to STAFF CHANGES

4.) 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

Section 6: REPORTING STAFF QUALIFICATIONS continued

ASSISTANT TEACHER-TEACHER AIDE QUALIFICATIONS

Assistant Teacher-Teacher Aides are defined as adults employed by the program to work under direct supervision of a teacher. The vast majority of the time the assistant teacher works directly with the teacher in the same space and with the same group of children. Note: Other adults are not included in the count of teaching staff. A substitute who replaces a specific teacher or Assistant Teacher-Teacher Aide for 20 or more consecutive business days must be considered a member of the teaching staff. See *Definitions of Teaching Staff* in the TORCH Resource Library (www.naeyc.org/torch) for more information.

Total number of Assistant Teacher-Teacher Aides

EMPLOYED MORE THAN 12 MONTHS

1.) 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

2.) 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

3.) 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

4.) 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:

Section 6: REPORTING STAFF QUALIFICATIONS continued

PROFESSIONAL DEVELOPMENT

Briefly describe the program-wide plan/strategy for ensuring that early childhood expertise is being provided to guide curriculum and learning throughout the program for the teaching staff. This plan may look different for every program. For example, plans might include details regarding comprehensive and systematic in-service trainings that encompass a series of learning experiences that address each topic identified within the Teachers standard. Another example would be a copy of the level of educational requirements for teaching staff that is consistent with or a higher threshold than criteria 6.A.05 and 6.A.06. One plan per program that is inclusive of all teaching staff is required-- this should not be a plan for individual teachers. (Do not exceed the space provided.)



Be sure you have 1) updated operational and closure information 2) rated all criterion and provided comments for any criterion the program does not meet 3) and updated administrator and staff qualifications.



Section 7: REPORTING PROGRAMMATIC CHANGES and UPDATES

GROUP/CLASSROOM CHANGES

Use this chart to provide details on how teaching staff changes have impacted the groups/classrooms in the program. Directions: Complete the information below for each group/classroom that has experienced changes in teaching staff during the last 12 months. Please make copies of this page for additional groups/classrooms that have experienced teaching staff changes.

How many groups/classrooms experienced a change in the assignment of teaching staff (changes in teacher or assistant teacher-teacher aides) during the last 12 months?

Group Name

Age(s) served: Infants Toddlers Preschool Kindergarten School-Age

How many changes in teaching staff has this group experienced during the last 12 months?

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

How many Teachers are assigned to this group/classroom?

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

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

How many Teacher Assistants-Teacher Aides are assigned to this group/classroom?

Of these Teacher Assistants-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 #												

GROUP/CLASSROOM CHANGES

Group Name

Age(s) served: Infants Toddlers Preschool Kindergarten School-Age

How many changes in Teaching staff has this group experienced during the last 12 months?

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

How many Teachers are assigned to this group/classroom?

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

Teacher 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 are assigned to this group/classroom?

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

Section 7: REPORTING PROGRAMMATIC CHANGES and UPDATES continued

To maintain the program's NAEYC Accreditation, a program must report all program-related changes and submit any requested supporting documentation for any changes indicated. Please check all changes that occurred in your program since the most recent Site Visit, Annual Report, or Self-Report. If your program submitted a program-altering change in a Self-Report within the past year, your program should not report it again in this Annual Report.

CHANGE IN OWNER/VENDOR: Must be reported within 30 days

Check here for change of owner/vendor Date of change
MM / DD / YYYY

Name of new owner/vendor _____

Name of previous owner _____

Have the families and staff been notified of this change? YES NO

Is the new owner/vendor aware of and does he/she understand the NAEYC Accreditation Criteria, policies, and procedures, including updates that have been posted on www.naeyc.org/academy or has he/she delegated this responsibility to a member of the program staff in a leadership role?
 YES NO

LEGAL ACTION/COURT ORDER: Must be reported within 30 days

Check here if any legal action/court order was taken against the program.

(1) What does the court order or legal action concern?

(2) What is the current status of the legal action and anticipated date of conclusion?

ADDITION OF A NEW AGE GROUP NOT PREVIOUSLY SERVED: Must be reported within 30 days

Check here for any newly added age group(s) not previously served by the program.

Has the program previously served this age group? YES NO If yes, list the date the age group was last served:
MM / DD / YYYY

Please indicate the new age group served: Infants Toddlers Preschoolers Kindergarten School-Age

How many children? _____ How many groups? _____

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

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

New Age Group 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 #												

Section 7: REPORTING PROGRAMMATIC CHANGES and UPDATES

Please include a copy of the floor plan (including measurements) of any areas that changed since the most recent Site Visit, Annual Report, or Self-Report, including outdoor play area. Also, provide a copy of your license (if applicable) and documentation certifying the new location/facility in relation to the fire, sanitation, and building inspections.

CHANGE OF LOCATION: Must be reported within 30 days

Check here for change of location (i.e. relocated to new building)

Describe the change that occurred and the reason for the change in location.

CHANGE OF PHYSICAL FACILITY: Must be reported within 30 days

Check here for changes to the physical facility or severe damage to building and/or grounds (i.e. removed walls, added walls, bathrooms, rebuilt playground, etc.)

Describe the change that occurred and the reason for the changes to physical facility.

Section 8: PROGRAM CHARACTERISTICS

RESEARCH PARTICIPATION

Section 8 is for research purposes only and will not be considered during the review of the Annual Report.

Information gathered in the Annual Report and during the Site Visit is entered into a national database of early childhood demographics and information. NAEYC's goal is to compile this information across the nation in order to fully describe all aspects of early childhood programs. Ideas that emerge from the information will guide professional development, research, and program development. In line with the professional ethics of Institutional Research Boards in universities, NAEYC is committed to ensuring that information on individual programs remains confidential. At no time will individual programs, teachers, children, or families be identified in any way.

Programs may also have varied opportunities to engage in other research projects initiated by NAEYC, as they arise. Programs will be fully informed of the scope and decide whether they wish to participate. If your program has concerns about the use of information gathered during the NAEYC Accreditation process, please check the box below and we will contact you to answer your questions.

Check here if your program has concerns about the use of information gathered during the accreditation process.

Is this program owned and/or operated by another organization, chain, or corporation?

YES NO

IF YES, list the name of that organization (if the program is held within a subsidiary of a larger corporation, please use the name of the larger corporation or holding company)

Corporate structure
(check all that apply)

- Nonprofit
- For-profit
- Public agency

The program is affiliated with a(n):

- College/university
- Employer-sponsored
- Faith-based institution
- Head Start
- Hospital
- Migrant services
- Military installation
- Parent Cooperative
- Public school
- U.S. government facility
- Indian tribe
- Alaskan native village
- Other (please describe):

CHARACTERISTICS OF ENROLLED CHILDREN

What percentage of children enrolled in your program (from birth to kindergarten) are

African American	%	Asian	%
Caucasian	%	Latino	%
Native American	%	Other	%
Pacific Islander	%		

Do you serve any special populations?

- Not applicable
- Migrant workers
- Other, specify
- Teen parents
- Homeless families

What percentage of enrolled children (birth through kindergarten) have been formally diagnosed as having special needs?

- 100%
- 76-99%
- 51-75%
- 26-50%
- 11-25%
- 6-10%
- 1-5%
- None at this time

Do any enrolled children have any of the following special needs?

- ADHD
- Autism Spectrum Disorder
- Behavioral
- Down Syndrome
- Emotional disturbance
- Hearing impairment
- Learning disabilities
- Maintenance care diseases (diabetes, HIV)
- Mentally disabled/developmentally delayed
- Neurological disorders
- Orthopedic handicaps
- Speech and language disorders
- Visual impairment
- Other, specify

Section 8: PROGRAM CHARACTERISTICS Continued

PROGRAM FUNDING

What percentage of children enrolled (from birth through kindergarten) receive need-based financial assistance to attend your program through scholarships, sliding fee scales, or public subsidies?

- 100%
- 77-99%
- 51-75%
- 26-50%
- 11-25%
- 6-10%
- 1-5%
- None at this time

What percentage of your funding comes from the following sources?

- % Tuition/fees
- % Government funding/subsidies
- % Employers of families served
- % Support from sponsoring organization
- % Private donors
- % In-kind contributions
- % Grants
- % Fundraising
- % Other, specify

PROGRAM ADMINISTRATORS

What are the job titles of the individuals responsible for the leadership and management of your program?

(check all that apply)

- Program director/administrator
- Executive director
- President
- Chief executive officer
- Principal
- Assistant principal
- Assistant director
- Educational coordinator
- Chief financial officer
- Superintendent
- Business manager
- Other, specify

How many staff in total are responsible for the leadership and management of your program?

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

- Graduate degree
- Baccalaureate degree
- Associate degree
- Some college
- Other, specify

How many of these individuals have at least **nine (9)** credit-bearing semester 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 encompass 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 9: PROGRAM RIGHTS AND RESPONSIBILITIES

PROGRAM RIGHTS

Right: To receive professional and timely technical support in completing the Annual Report. NAEYC Academy staff is available by phone, toll-free, at (800) 424-2460 option 3, option 1 Monday through Friday, 9:00 a.m. to 5:00 p.m. EST, and by e-mail at annualreport@naeyc.org. The NAEYC Academy web-site www.naeyc.org/academy also provides resources and information on NAEYC Accreditation.

Right: To report a concern or compliment to the NAEYC Academy about the accreditation process. A form is available online at www.naeyc.org/academy.

Right: To receive information from the NAEYC Academy including updates on the NAEYC Accreditation system, policies, and procedures through the e-mail address your program provided in the Contact section of the Annual Report.

Right: To voluntarily relinquish your program's NAEYC Accredited status at any time by completing the Voluntarily Relinquish Form (see www.naeyc.org/academy/primary/forms).

PROGRAM RESPONSIBILITIES

Responsibility: To ensure the program is using the most recent NAEYC Early Childhood Program Standards, Accreditation Criteria, and the most current version of the Annual Report.

Responsibility: To submit the Annual Report with applicable fees no more than 2 calendar months prior and no more than 2 calendar months following the program's anniversary date. The postmark date of the Annual Report is considered the submission date. If a program fails to submit the Annual Report and fee by the due date, the program's accreditation will be revoked.

Responsibility: To make a copy of the Annual Report for the program's files before submitting it to NAEYC. Your program's copy is important because NAEYC will retain the original version submitted by your program.

Responsibility: To ensure that NAEYC is informed of all current and updated program contact information, including program administrator name, e-mail address, phone number, and mailing address. Your program information may be updated by calling 1 800 424 2460, option 3, option 1 or by emailing accreditation.information@naeyc.org. Updating this information is the only way to ensure that your program receives important communication and updates about NAEYC Accreditation.

Responsibility: To visit www.naeyc.org/academy frequently and to read information from the NAEYC Academy. These resources provide valuable information and updates on the NAEYC Accreditation system, policies, and procedures.

Responsibility: To report to NAEYC within the [established timeframe](#) any program-altering changes including, but not limited to, changes in: licensing/regulatory status, location/physical facility, ownership, program governance, age groups being served, and program court orders.

Responsibility: To agree to additional verification, including applicable fees, which may include a Site Visit if program-altering changes are reported or if your program is selected for a random unannounced visit.

Responsibility: To notify NAEYC immediately if the program no longer meets all of the eligibility requirements, such as serving a minimum of 10 children. (For a complete list of the eligibility requirements, visit www.naeyc.org/academy.) If your program does not meet all these requirements, your program may not maintain NAEYC Accreditation.

Responsibility: To recognize and meet the submission dates and timelines for currently accredited programs. To view the timelines, visit www.naeyc.org/academy/.

SUBMISSION INSTRUCTIONS (please review procedures on page 1)

Mail: NAEYC Annual Report
PO Box 96037
Washington, DC 20090-6037

E-mail: annualreport@naeyc.org (credit card payments only)

Please submit the completed Annual Report AND applicable fee postmarked within the appropriate Annual Report submission window (see page 1 for applicable submission window). Annual Reports will not be processed until the applicable fee is received by NAEYC. If sending payment under separate cover, please include the Program ID# with payment. Failure to submit a completed Annual Report AND fee may be grounds for the revocation of your NAEYC Accreditation.

Please **do not** use overnight or express mail when sending the Annual Report to the P.O. Box.

- Please verify, with your local post office, the best method to trace the submission of your Annual Report.
- Faxed Annual Reports **will not** be accepted.

PLEASE do not forget to make a copy of the Annual Report for your records.

Section 10: SIGNATURE AND NEXT STEPS

SIGNATURE

By signing this Annual Report, I verify the following:

- The information submitted in the Annual Report is accurate and I have reported all programmatic changes that occurred since the program's most recent Site Visit, Annual Report, or Self-Report submission.
- This program continues to meet all of the eligibility requirements for NAEYC Accreditation.
- **If applicable**, I have included the following additional documentation:
 - licensing reports and corrective action plans for any incidents and/or licensing/regulatory violations within the past 12 months (reported on pages 8-9).
 - supporting documentation for a change in location and/or physical facility (floor plan, fire, building, and sanitation inspections).
- This program continues to meet the NAEYC Early Childhood Program Standards and Accreditation Criteria.
- I have read and understood my program's rights and responsibilities.
- I understand that the Annual Report fee submitted is non-refundable.

Signature

Full name

Title

MM / DD / YYYY

When the Annual Report is complete, the administrator should identify an individual who is knowledgeable about the program to read the Annual Report and verify its accuracy. That person could be an assistant administrator, lead teacher, board member or chair, parent, or other individual who is familiar with the daily operation of the program. Please identify an appropriate person within your program to verify that the attached Annual Report is true, accurate, and complete. That individual should read the Annual Report and certify its accuracy by signing below:

I have read the attached Annual Report and verify that it is true, accurate, and complete to the best of my knowledge.

Signature of person verifying accuracy

Full name of person verifying accuracy

Relationship to program

MM / DD / YYYY

NEXT STEPS

Once the Annual Report is received by the NAEYC Academy, it is reviewed by NAEYC Academy staff to determine one of the following results:

- The program's NAEYC Accredited status is MAINTAINED and no further information or action is required.
- The program's Annual Report is INCOMPLETE AND ADDITIONAL INFORMATION IS REQUIRED.
- The program's Annual Report indicated that THE PROGRAM EXPERIENCED CHANGES THAT REQUIRE ADDITIONAL VERIFICATION.