

**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 \$150.

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**



## PURPOSE

The purpose of the fourth anniversary Annual Report is to:

- Demonstrate preparedness for the Renewal process
- 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.

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**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**

*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:

Title:

Phone:

Fax:

Email:

**Secondary Contact**

*The **Secondary Contact** will be copied on all correspondence regarding the program's accreditation and can update NAEYC with changes to program information.*

Name:

Title:

Phone:

Fax:

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:<br><i>No P.O. Boxes accepted</i> |          | Suite/dept/floor: |
| City:  | State:   | Zip:              |
| County:  | Country: |                   |
| Email:   | Phone:   |                   |



**Section 2: LICENSING/REGULATION**

**Reporting on Licensing/Regulatory Status, Critical Incidents, and Major Changes**

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**

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:

**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.

**REPORT WITHIN 30 DAYS**

Program staff must inform NAEYC of all major programmatic changes using the [Self Report form](#).

**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.

**Section 3: PREPAREDNESS FOR RENEWAL PROCESS**

The Sources of Evidence for all Criteria have been updated as of September 2008 and are used to conduct all site visits at this time, including the site visit for renewal. In preparation for renewal, programs must organize their evidence according to the 2008 Sources of Evidence as listed below.

2008 Sources of Evidence

- Program Portfolio
- Classroom Portfolios
- Teaching Staff Survey
- Family Survey
- Observable Criteria

**2008 Sources of Evidence Portfolio Spot Check**

This quick test will assist individuals as they spot check a program’s Program Portfolio (PP) and Classroom Portfolios (CPs) to determine if they are aligned to the current 2008 Sources of Evidence (SOE2008).

Complete the charts below by marking ‘Yes’ or ‘No.’ Mark ‘Yes’ if evidence exists within the portfolio for the criterion indicated. Mark ‘No’ if evidence does NOT exist in portfolio.

| Program Portfolio  |                              |                             |
|--|------------------------------|-----------------------------|
| Criterion  | Evidence Included?           |                             |
| 6.A.09   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6.B.01   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>Formerly evaluated by Staff File Evidence in SOE2006.</i> |                              |                             |

| Classroom Portfolios   |                              |                             |
|--|------------------------------|-----------------------------|
| <i>Check one or two CPs only</i>                             |                              |                             |
| Criterion  | Evidence Included?           |                             |
| 4.C.02   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.C.03   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>Formerly evaluated by Child File Evidence in SOE2006.</i> |                              |                             |

If you marked ‘Yes’ for all criteria, indicating that evidence is included within portfolios for the criteria above, your program’s Self-Assessment is aligned to SOE2008 and no further action is necessary.

If you marked ‘No’ for any criteria, indicating that evidence does not exist within portfolios for the criteria above, your program’s Self-Assessment may not be aligned to SOE2008. Refer to the [Transition to 2008 Sources of Evidence Worksheet](#) for a list of all criteria that have been added to CPs and the PP as a result of the 2008 Sources of Evidence Update.

**Surveys for Renewal**

Teaching Staff Surveys and Family Surveys for Self-Assessment must be conducted within one (1) year of the Renewal Materials Due Date in order to be valid for the site visit for renewal. These surveys are available within the [TORCH](#) Resource Library, folder 4. Tools for Self-Assessment, sub folder *d. Survey Tools*.

## Section 4: CONTINUOUS QUALITY IMPROVEMENT MEASURES

### Instructions

To complete Section 4: Continuous Quality Improvement Measures, each of the 2008 Sources of Evidence should be complete with labeled pieces of evidence or completed summary forms. Reference your completed Sources of Evidence to answer the following questions.

#### Notes:

- **If your program has not completed the Teaching Staff and Family Surveys at this time**, you may estimate the survey scores for each criterion by referencing information collected through alternative means. For example, if your program conducts its own survey of staff and families annually or collects feedback from staff and families through face-to-face meetings, information from these practices could inform estimates of survey scores. **Note that the official Teaching Staff and Family Surveys for Self-Assessment must be conducted within one (1) year of your program's Renewal Materials due date and results of these surveys will be reviewed by an NAEYC Assessor during the site visit for renewal.**
- Do not exceed the space provided as you complete each question. Doing so will decrease the user-friendliness of this Annual Report.
- Do not attach evidence to these materials. Simply report on the evidence that you have collected throughout your program's formal Self-Assessment.



| 10.F.02  | I-T-P-K   | Random | TS, FS, PP |
|--|---|--------|------------|
| 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. |        |            |

Reference one piece of evidence for criterion 10.F.02 from the **Program Portfolio**. Complete the chart below to describe the piece of evidence. Do not attach evidence to these materials. Do not hesitate to utilize the “Other” choice in which you can describe a type of evidence that is not included on the list.

|  |
|--|
| <input type="checkbox"/> Written program annual evaluation plan<br><input type="checkbox"/> Program annual evaluation report<br><input type="checkbox"/> Self-Study or Self-Assessment Family and Teaching Staff Surveys<br><input type="checkbox"/> Relevant page(s) from Employee Handbook<br><input type="checkbox"/> Relevant page(s) from Parent Handbook<br><input type="checkbox"/> Annual report<br><input type="checkbox"/> Parent meeting agenda and/or minutes<br><input type="checkbox"/> Other: _____ |
| Description of Evidence:   |

Complete the chart below with survey data for criterion 10.F.02 based on the results from the **Teaching Staff Survey Results Spreadsheet**.

| Score for Criterion 10.F.02 | Information learned from the <b>Teaching Staff Survey</b> |
|-----------------------------|---|
| % <sup>1</sup>              |   |

Complete the chart below with survey data for criterion 10.F.02 based on the results from the **Family Survey Results Spreadsheet**.

| Score for Criterion 10.F.02 | Information learned from the <b>Family Survey</b> |
|-----------------------------|---|
| % <sup>2</sup>              |   |

<sup>1</sup> If your program has not yet completed this survey, see note within instructions on page 7 for guidance.

|          | 10.F.03  | I-T-P-K | Random | PP |
|----------|--|---------|--------|----|
| <b>a</b> | 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. |         |        |    |

Reference one piece of evidence for criterion 10.F.03 from the **Program Portfolio**. Complete the chart below to describe the piece of evidence. Do not attach evidence to these materials. Do not hesitate to utilize the "Other" choice in which you can describe a type of evidence that is not included on the list.

|   |                          |
|---|--------------------------|
| <input type="checkbox"/> Written program evaluation plan<br><input type="checkbox"/> Documentation of short-term and/or long-term strategic planning<br><input type="checkbox"/> Relevant page(s) from Employee Handbook<br><input type="checkbox"/> Relevant page(s) from Parent Handbook<br><input type="checkbox"/> Parent meeting agenda and/or minutes<br><input type="checkbox"/> Governance board meeting agenda and/or minutes<br><input type="checkbox"/> Annual Report<br><input type="checkbox"/> Other: _____ | Description of Evidence: |
|---|--------------------------|

|          | 10.F.04   | I-T-P-K | Random | TS, FS, PP |
|----------|---|---------|--------|------------|
| <b>a</b> | 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. |         |        |            |

Reference one piece of evidence for criterion 10.F.04 from the **Program Portfolio**. Complete the chart below to describe the piece of evidence. Do not attach evidence to these materials. Do not hesitate to utilize the "Other" choice in which you can describe a type of evidence that is not included on the list.

|   |                          |
|---|--------------------------|
| <input type="checkbox"/> Written program evaluation plan<br><input type="checkbox"/> Relevant page(s) from Parent Handbook<br><input type="checkbox"/> Parent meeting agenda and/or minutes<br><input type="checkbox"/> Documentation of parent committee<br><input type="checkbox"/> Governance board meeting agenda and/or minutes<br><input type="checkbox"/> Documentation of committee work<br><input type="checkbox"/> Other: _____ | Description of Evidence: |
|---|--------------------------|

Complete the chart below with survey data for criterion 10.F.04 based on the results from the **Family Survey** Results Spreadsheet.

| Score for Criterion 10.F.04 | Information learned from the <b>Family Survey</b> |
|-----------------------------|---|
| % <sup>2</sup>              |   |

Complete the chart below with survey data for criterion 10.F.04 based on the results from the **Teaching Staff Survey** Results Spreadsheet.

| Score for Criterion 10.F.04 | Information learned from the <b>Teaching Staff Survey</b> |
|-----------------------------|---|
| % <sup>3</sup>              |   |

<sup>2</sup> If your program has not yet completed this survey, see note within instructions on page 7 for guidance.

| 10.F.05 | I-T-P-K   | Emerging | PP |
|---------|---|----------|----|
| a       | 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. |          |    |

Reference one piece of evidence for criterion 10.F.05 from the **Program Portfolio**. Complete the chart below to describe the piece of evidence. Do not attach evidence to these materials. Do not hesitate to utilize the "Other" choice in which you can describe a type of evidence that is not included on the list.

|   |
|---|
| <input type="checkbox"/> Written program evaluation plan<br><input type="checkbox"/> Documentation of short-term and/or long-term strategic planning<br><input type="checkbox"/> Relevant page(s) from Employee Handbook<br><input type="checkbox"/> Relevant page(s) from Parent Handbook<br><input type="checkbox"/> Parent meeting agenda and/or minutes<br><input type="checkbox"/> Governance board meeting agenda and/or minutes<br><input type="checkbox"/> Annual Report<br><input type="checkbox"/> Other: _____ |
| Description of Evidence:<br><br><br><br><br><br><br><br><br><br>  |

**Section 5: 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](mailto: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

**Section 6: 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](http://www.naeyc.org/academy) and click on [Fees](#).

**Valid Until Dates January 2016 and Later**

|   |                    |
|---|--------------------|
| <b>\$550</b>  | 10 - 60 children   |
| <b>\$650</b>  | 61 - 120 children  |
| <b>\$775</b>  | 121 - 240 children |
| <b>\$885</b>  | 241 - 360 children |
| <b>Add \$150 for every additional 120 children.</b> |                    |

*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) |                             |
| <b>TOTAL Number of Children:</b> |                             |

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 \$150 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 \$150 late fee is included with the payment.

**Section 7: 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, option 1.*

**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

**Section 8: SUBMISSION INSTRUCTIONS****Mail completed form with payment to:**

Annual Report  
P.O. Box 96037  
Washington, DC 20090-6037

**E-Mail completed form with payment to:**

[annualreport@naeyc.org](mailto:annualreport@naeyc.org)

*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.*

## Section 9: 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](mailto: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



**Section 9: RESEARCH PARTICIPATION Continued**

**Additional Program Information**

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Before or after school care | <input type="checkbox"/> Back up care                  | <input type="checkbox"/> Bilingual Programs: |
| <input type="checkbox"/> Drop-in care                | <input type="checkbox"/> Summer camp/vacation programs | If yes what languages besides English:       |

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Campus-based       | <input type="checkbox"/> Migrant services       | <input type="checkbox"/> Parent cooperative  |
| <input type="checkbox"/> Employer-sponsored | <input type="checkbox"/> Military               | <input type="checkbox"/> Head Start          |
| <input type="checkbox"/> Faith-based        | <input type="checkbox"/> State Pre-Kindergarten | <input type="checkbox"/> Hospital-affiliated |

Is your program located in a:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Public school (P-12)         | <input type="checkbox"/> US Government facility (not military) | <input type="checkbox"/> Military facility      | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> College or university campus | <input type="checkbox"/> Tribal nation                         | <input type="checkbox"/> 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 not licensed **but is** eligible for licensure
- My program is not licensed and is not 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:

- |  |  |
|--|--|
| <input type="checkbox"/> White or Caucasian, Non-Hispanic        | <input type="checkbox"/> Asian/Pacific Islander                        |
| <input type="checkbox"/> Black or African American, Non-Hispanic | <input type="checkbox"/> American Indian/Alaska Native/Native American |
| <input type="checkbox"/> Spanish/Hispanic/Latino                 | <input type="checkbox"/> Other: (please specify)                       |

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

- |                                   |                                  |                                      |                                      |
|-----------------------------------|----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> English: | <input type="checkbox"/> French: | <input type="checkbox"/> Vietnamese: | <input type="checkbox"/> Portuguese: |
| <input type="checkbox"/> Spanish: | <input type="checkbox"/> German: | <input type="checkbox"/> Khmer:      | <input type="checkbox"/> Other:      |
| <input type="checkbox"/> Chinese: | <input type="checkbox"/> Hmong:  | <input type="checkbox"/> Italian:    |                                      |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Hearing impairment:          | <input type="checkbox"/> Down Syndrome:                              |
| <input type="checkbox"/> Visual impairment:           | <input type="checkbox"/> Emotional disturbance:                      |
| <input type="checkbox"/> Orthopedic handicaps:        | <input type="checkbox"/> Autism, spectrum disorders:                 |
| <input type="checkbox"/> Speech & language disorders: | <input type="checkbox"/> Learning disabilities:                      |
| <input type="checkbox"/> Behavioral:                  | <input type="checkbox"/> Maintenance care diseases (diabetes, HIV) : |
| <input type="checkbox"/> Neurological disorders:      | <input type="checkbox"/> Mentally disabled/developmentally delayed:  |
| <input type="checkbox"/> ADHD:                        | <input type="checkbox"/> Other, specify:                             |

Do you serve special populations?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Military families | <input type="checkbox"/> Teen parents      | <input type="checkbox"/> Not applicable  |
| <input type="checkbox"/> Migrant Workers   | <input type="checkbox"/> Homeless Families | <input type="checkbox"/> Other, specify: |

**Section 9: RESEARCH PARTICIPATION Continued**

**Program Funding**

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Child Care Subsidies | <input type="checkbox"/> Head Start                        | <input type="checkbox"/> Pre-Kindergarten Funding                     |
| <input type="checkbox"/> Early Head Start     | <input type="checkbox"/> Child and Adult Care Food Program | <input type="checkbox"/> 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?