

PROGRAM INFORMATION

Program Identification

Program Name:	Program ID#:
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PURPOSE



The purpose of the Self Report form is to:

- Provide the NAEYC Academy with the most up-to-date programmatic information.
- Inform NAEYC of major changes that may affect the program’s ability to meet or maintain the 10 NAEYC Early Childhood Program Standards, Eligibility Requirements, and Candidacy Requirements.

INSTRUCTIONS

Indicate each of the major changes your program has experienced below and complete the applicable appendix.

- Appendix 1** Change in Program Name (Page 2)
- Appendix 2** Change in the Designated Program Administrator (Page 3)
- Appendix 3** Change in General Program Information Including Contact List (Page 4)
- Appendix 4** Change in Location (Pages 5-6)
- Appendix 5** Change in Physical Facility (Page 7)
- Appendix 6** Change in Owner/Vendor (Page 8)
- Appendix 7** Merger with Another Program (Pages 9-10)
- Appendix 8** Addition of a New Age Category Not Previously Served (Pages 11-12)
- Appendix 9** Addition of Satellite Location(s) (Page 13)
- Appendix 10** Deletion of Satellite Location(s) (Page 14)
- Appendix 11** Legal Action/Court Order (Page 15)


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.


NOTIFY WITHIN 72 HOURS

- 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.

SUBMISSION INSTRUCTIONS

Mail completed form to: NAEYC Academy Attn: Quality Assurance 1313 L Street NW, Suite 500 Washington, DC 20005-4101	Email completed form to: qualityassurance@naeyc.org	Fax completed form to: (202) 232-1720
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Signature

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.

_____ Signature	_____ Title
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Appendix 1: CHANGE IN PROGRAM NAME

Previous Program Name:

New Program Name:

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

Date of change: / /

Reason for change:

If this name change resulted from a change in owner/vendor, you must also complete appendix 6.

Appendix 2: CHANGE IN 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.

Former Designated Program Administrator

Name:

New Designated Program Administrator

Name:

Title:

Phone:

Fax:

Email:

Start Date: / /

Select one of the following options as it best relates to the [administrators qualifications](#).

- A. Has at least a baccalaureate degree with 24 credits in ECE, CD, EIEd or EC Spec Ed **AND** 9 credits in administration, leadership, or management.
- B. Has plan in place to meet the qualifications outlined in Option A within 5 years.
- C. Meets the alternative pathway – must document a total of 100 points across all 3 categories: education, administrator experience and relevant training or credentials.
- D. Does not meet the qualifications described in A, B, or C. Describe the plans if any, in place toward meeting A, B, or C listed above:

Appendix 3: CHANGE IN GENERAL PROGRAM INFORMATION INCLUDING CONTACT LIST

General Program Information

General program information to appear on the [NAEYC Accredited Program Search](#).

Program Phone Number:

Program Email:

Program Website:

Designated Program Administrator

You must complete appendix 2 for a change in the Designated Program Administrator.

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. Any secondary contact indicated below will automatically replace the existing secondary contact listed for your program. Leave this section blank if the secondary contact for the program has not changed.

New Secondary Contact:

Title:	Email:
Phone:	Fax:

Additional Contact(s)

Additional Contacts are authorized to receive confidential programmatic information from NAEYC. Programs may only name up to three (3) additional contacts. All additional contacts listed below, including a lack of a named contact, will replace existing additional contacts for the program. Leave this section blank if additional contacts for the program have not changed.

Additional Contact #1:	Additional Contact #2:	Additional Contact #3:
Title:	Title:	Title:

Remove Contacts

Indicate any individuals that should be removed from your program's contact list below. Note that if an existing contact was replaced in the sections above, the contact will automatically be removed.

Name: <input type="checkbox"/> Secondary Contact <input type="checkbox"/> Additional Contact	Name: <input type="checkbox"/> Secondary Contact <input type="checkbox"/> Additional Contact	Name: <input type="checkbox"/> Secondary Contact <input type="checkbox"/> Additional Contact
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Appendix 4: CHANGE IN LOCATION

Date(s) of Location Change

Choose only ONE of the following:

- The program moved to a new, permanent location on / / .
- The program relocated to a temporary location on / / and plans to return to its original location on / / .
Once the program returns to the original location, a new Self Report must be submitted to confirm the end of the relocation. If the program has temporarily changed its location due to a change to the physical facility or grounds, you must also complete appendix 5.
- The program returned to its original location, following a temporary relocation, on / / .

Documentation for Current Location

Attach the following for the location in which your program **currently** resides:

- Copy of the floor plan (including measurements) of any areas that changed in the past 30 days, including outdoor play area.
- Copy of the program's license (if applicable) and documentation certifying that the new location/facility meets fire, sanitation and building inspections requirements.

Reason for Change

Reason for change:

Current 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:	

Current Mailing Address

To be used for written correspondence to the program.

- Same as program address Mailing address has not changed

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

APPENDIX 4 IS CONTINUED ON THE FOLLOWING PAGE

Appendix 4: CHANGE IN LOCATION Continued

Current Billing Address

To be used for invoices sent to the program.

Same as program address Same as mailing address Billing address has not changed

Attention:

This individual must also be listed as the Designated Program Administrator, Secondary Contact, or an Additional Contact. Complete Appendix 2 to update the Designated Program Administrator or Appendix 3 to update the programs contact list.

Organization Name (if different than program name):

Street Address:

Suite/dept/floor:

City:

State:

Zip:

County:

Country:

Email:

Phone:

Fax:

Current 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 Shipping address has not changed

Street Address:

No P.O. Boxes accepted

Suite/dept/floor:

City:

State:

Zip:

County:

Country:

Email:

Phone:

Appendix 5: CHANGE OF PHYSICAL FACILITY

Type of Change

Select the type(s) of change(s) that the program has experienced:

- The program planned renovations/construction (i.e. removed/added walls, added/rebuilt playground) and is scheduled for completion on / / .
Once the planned renovations/construction is complete, a new Self Report must be submitted to confirm the end of the renovation/construction.
- The program's planned renovations/construction was completed on / / .
- The program has experienced severe damage (i.e. flooding, vandalism) on / / .
- Other:

Description of Change

Please describe the type of change to the physical facility or grounds that has occurred:

Please describe how this has affected the program and how the program responded:

Documentation of New/Updated Areas

Attach the following for the areas that have changed:

- Copy of the floor plan (including measurements) of any areas that have changed, including outdoor play area.
- Copy of your license (if applicable) and documentation certifying the new facility meets fire, sanitation and building inspection requirements.)

If the program has temporarily changed its location due to the change to the physical facility or grounds, you must also complete appendix 4.

Appendix 6: CHANGE IN OWNER/VENDOR

Name of previous owner/vendor:

Name of new owner/vendor:

Date of change: / /

Reason for change:

Have family members and staff been notified of this change? Yes No

It is important for the new owner/vendor to understand the responsibilities of a program formally pursuing or maintaining NAEYC Accreditation. Check the boxes below to indicate that the new owner/vendor is aware of all program responsibilities.

- 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](#).
- 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](#).
- To notify NAEYC immediately if [eligibility requirements](#) and/or [candidacy requirements](#) (if applicable) are no longer met. Failure to meet eligibility requirements and/or candidacy requirements may affect a program's ability to move forward in the accreditation process and/or maintain status as a currently NAEYC-Accredited program.
- 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.

If this results in a program name change, you must also complete appendix 1.

Appendix 7: MERGER WITH ANOTHER PROGRAM

Please note the following NAEYC procedures regarding mergers:

- If two or more currently accredited programs merge into one program, the expiration date of the program that expires first will be applied to the resulting merged program.
- If a currently accredited program merges with a pre-existing program that is not currently accredited by NAEYC, the accredited program will be subject to additional verification.

Date of merger: / /

Information for Programs that Have Merged

1.) Program Name:

Has this program been assigned a program ID number?

- Yes: please indicate Program ID#:
 No

Is this program currently accredited?

- Yes: Expiration Date: / /
 No

Street Address:

Suite/dept/floor:

City:

State:

Zip:

2.) Program Name:

Has this program been assigned a program ID number?

- Yes: please indicate Program ID#:
 No

Is this program currently accredited?

- Yes: Expiration Date: / /
 No

Street Address:

Suite/dept/floor:

City:

State:

Zip:

3.) Program Name:

Has this program been assigned a program ID number?

- Yes: please indicate Program ID#:
 No

Is this program currently accredited?

- Yes: Expiration Date: / /
 No

Street Address:

Suite/dept/floor:

City:

State:

Zip:

APPENDIX 7 IS CONTINUED ON THE FOLLOWING PAGE

Appendix 7: MERGER WITH ANOTHER PROGRAM Continued

Reason for Merge

Please describe the reason for the merge:

Information for the Program Resulting from the Merger

Program Name:

Street Address:

Suite/dept/floor:

City:

State:

Zip:

Group Information of the Newly Merged Program

Total number of children enrolled:

Total number of Groups:

Age Categories Served:

- Infant
- Toddler/Two
- Preschool
- Kindergarten

If this results in the addition of a of a new age category not previously served, you must also complete appendix 8.

Appendix 8: ADDITION OF A NEW AGE CATEGORY NOT PREVIOUSLY SERVED

What age category is being added to the program? (Check all that apply)

- Infant
- Toddler/Two
- Preschool
- Kindergarten

Has the program previously served this age category?

- Yes: Please list the date the age category was last served: / /
- No

How many groups will serve this new age category?

How many children in this new age category does the program serve?

Use the charts below to indicate the [teaching staff member's](#) qualifications for the groups that include children in this new age category. Please refer to *Qualifications Option Guide* on the following page for assistance in completing the following charts.

Teachers Qualifications

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

Assistant Teachers-Teacher Aides Qualifications

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

Appendix 8: QUALIFICATIONS OPTION GUIDE Continued

Use the guide below as a reference if your program has added a new age category not previously served to indicate the qualifications of the [teaching staff members](#) working with the new group(s). Indicate the total number of Teachers and/or Assistant Teachers-Teacher Aides for each option as it relates to their qualifications. Be sure to choose one option per teaching staff member, using the highest level of education when reporting staff qualifications for the new age group. For example, if a teacher has a CDA Credential and is working on an Associate's degree in ECE, then choose option E.

- Option A.** (Meets Candidacy for Assistant Teachers-Teacher Aides only – Not for Teachers.) Working on the CDA Credential issued by the Council for Professional Recognition.
- Option B.** (Meets Candidacy for Assistant Teachers/Teacher Aides only – Not for Teachers.) Working on the NAEYC-defined equivalency of the CDA Credential issued by the Council for Professional Recognition (12 Credits in ECE, CD, 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 degree 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 CDA's; 2 high school)

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

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

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

Appendix 9: ADDITION OF SATELLITE LOCATION(S)

Read about [satellite locations](#) on the NAEYC Academy Web site.

1.) Satellite Name:

Date added:

Street Address:

Suite/dept/floor:

City:

State:

Zip:

Total number of children enrolled at satellite location:

Total number of Groups at satellite location:

Age Categories Served:

- Infant
- Toddler/Two
- Preschool
- Kindergarten

Please describe the reason for the addition of satellite location:

If this results in the addition of a of a new age category not previously served, you must also complete appendix 8.

2.) Satellite Name:

Date added:

Street Address:

Suite/dept/floor:

City:

State:

Zip:

Total number of children enrolled at satellite location:

Total number of Groups at satellite location:

Age Categories Served:

- Infant
- Toddler/Two
- Preschool
- Kindergarten

Please describe the reason for the addition of satellite location:

If this results in the addition of a of a new age category not previously served, you must also complete appendix 8.

Appendix 10: DELETION OF SATELLITE LOCATION(S)

Read about [satellite locations](#) on the NAEYC Academy Web site.

1.) Satellite Name:

Date deleted:

Street Address:

Suite/dept/floor:

City:

State:

Zip:

Please describe the reason for the deletion of satellite location:

Please indicate the new location of the children enrolled at this site:

2.) Satellite Name:

Date deleted:

Street Address:

Suite/dept/floor:

City:

State:

Zip:

Please describe the reason for the deletion of satellite location:

Please indicate the new location of the children enrolled at this site:

Appendix 11: LEGAL ACTION/COURT ORDER

What does the court order or legal action concern?

What is the current status of the legal action?

What is the anticipated date of conclusion? / /

Once the legal action is complete, a new Self Report must be submitted indicating the date of conclusion and what the outcome was.

Date of conclusion: / /

Outcome of legal action/court order: