



For Office Use Only
YM Received Date:
YM Status:
YM AD Request Date:
YM Approval E-Mail Date:

NECPA Second Annual Report

The purpose of this form is to update the NECPA Commission of any changes, updates and staff training for the past accreditation year in order to maintain NECPA Accreditation.

Instructions for completing your Second Annual Report:

- **Annual reports are due within 30 days of your accreditation anniversary date**, and are to be sent no earlier than 30 days before this date.
- This form should ONLY be used if this is your program's Second Accreditation Anniversary Date.
- This annual report should be reflective of your program's past accreditation year.
- Please complete all fields; do not leave any item blank. Only mark an item as N/A if it is not applicable.
- All pages of the Annual Report must be labeled with the program's site number, including additional documentation and copies of First Aid/CPR certificates.
- Please keep a complete copy of your annual report, including all supplemental documentation, as these documents will not be returned to your program.
- Your report will be reviewed within 6-8 weeks of receipt and communication of results will be given via e-mail.
- If the annual report is not received within 30 days of your anniversary due date, a final notice will be issued a **monthly late fee of \$25.00** will be applied to your account each month the report is late. This final notice will provide an additional 30 days to submit the late annual report. If your report is not received within 30 days of your final notice issuance, your accreditation will be suspended.
 - For Example: If your accreditation date is June 30, 2016, your second anniversary date is June 30, 2018. Your Second Annual report is due between June 1, 2018 and June 30, 2018. If your report is not received by June 30, 2018, a **monthly** late fee of \$25.00 will be invoiced to your program. If the annual report is not received by July 30, 2018, a final notice will be issued. This final notice will provide a grace period of 30 days to submit the late annual report. If your report is not received by August 30, 2018, your accreditation will be suspended.
- Please Note: If your program does not comply with e-mail requests for additional documentation during the Annual Report review process, the program will be subject to suspension and removal from the on-line NECPA Accredited Programs Database until additional documentation is received.

Annual Report Submission – Choose ONLY One

Mail	The NECPA Commission, Inc., PO Box 2948, Merrifield, VA 22116 (NOTE* UPS and FedEx not accepted)
E-Mail	AnnualReport@necpa.net (Please Note: Program's site number must be included in the subject field)
Fax	1-855-806-3272 (Please Note: Program's site number must be noted on the cover page)

Program Information

NECPA Site Number:	
Program Name:	
Street Address:	
City, State, Zip Code:	
Director Full Name:	Owner:
Phone Number:	E-Mail Address:

Determine Your Accreditation Due Dates

<i>Example:</i> Accreditation Award Date: 11/30/2016 First Anniversary Date: 11/30/2017 Second Anniversary Date: 11/30/2018	Most Recent Accreditation Award Date: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">First Anniversary Date:</td> <td><i>This is your program's first AR due date.</i></td> </tr> <tr> <td>Second Anniversary Date:</td> <td><i>This is your program's second AR due date.</i></td> </tr> </table>	First Anniversary Date:	<i>This is your program's first AR due date.</i>	Second Anniversary Date:	<i>This is your program's second AR due date.</i>
First Anniversary Date:	<i>This is your program's first AR due date.</i>				
Second Anniversary Date:	<i>This is your program's second AR due date.</i>				

Order Placement			
NECPA Payment Schedule	Quantity Per Order	Price Per Order	Subtotal
Annual Report Fee	1	\$275.00	\$275.00
Annual Report Late Fee <i>(Each month your AR is past due will incur a \$25.00 Fee)</i>		\$25.00	
Total			
Payment Information			
Check # (payable to NECPA):	Visa	MasterCard	Corporate Account:
Credit Card Number:			Expiration (MM/YY):
Name on Card (Please Print):			
Signature:	<i>I authorize NECPA to modify the above total amount to account for applicable late fees.</i>		
Billing Address:			
Fees are non-refundable and subject to change without prior notice. All returned checks will incur a \$35 fee. Checks should be labeled with the program's NECPA Site Number.			
Agreements			
1)	I understand that the NECPA Commission reserves the right to request additional documentation to verify compliance with the NECPA standards.		
2)	To the best of my knowledge, the documented staff training hours are complete and accurate. By signing below, I understand that any falsified information in the Annual Report may result in an unscheduled visit at the program's expense, suspension or withdrawal of our site's accreditation.		
3)	Hard copies of all staff training certificates may be requested at any time and must be submitted to the NECPA Office within 7 business days. Failure to submit the requested training certificates may result in an unscheduled visit at the program's expense, suspension or withdrawal of accreditation.		
4)	I have completed the Annual Report Checklist on page 3 of this report to confirm that my Annual report is complete and accurate.		

Name (Please Print)

Signature

Date

For more information on NECPA news, policies, procedures, amendments and updates, please visit www.necpa.net.

Annual Report Checklist for Submission

Please ensure that the following checklists are completed before your submission:

Required Annual Report Items:	YES
1. I have included a method of payment on page 2 of this report.	
2. I have included a copy of the program's state license.	
3. I have included a copy of <u>all visit summaries and all licensing reports for the past 12 months</u> and, if applicable, documentation of corrective action plans for violations and non-compliance items.	
4. The number of staff listed on the All Staff Training Report (page 7) reflects the total number of staff members that work with children, as indicated on item A in the Staff Update (page 5) of this report.	
5. I have included an Individual Staff Training Report (page 8) for every staff member that works with children including the Director.	
6. I have indicated the highest level of education and the number of early childhood education credits earned on every staff member's Individual Staff Training Report in accordance with NECPA's Teacher Qualification Requirements . Please refer to your program's edition of the <i>NECPA Standards Book</i> to review these requirements.	
7. I have only included continuing education hours that fall within the program's past accreditation year.	
8. I have included copies of First Aid and CPR Cards for at least 90% of all staff members working with children.	
9. I have provided a detailed summary of how my program's new employee orientation process educates new staff members on the NECPA Standards.	

Review the following to determine applicability to your program:	YES	N/A
1. If applicable, I have included Professional Development Plans (page 10) for any staff members who have not completed the required continuing education hours in the last accreditation year.		
2. If applicable, I have attached the NECPA Self Report Form <u>with supporting documentation</u> (see page 4 for instructions).		
3. If my program has experienced a turnover higher than 60%, I have attached a statement regarding the turnover rate (page 5) as well as documentation of a retention plan that includes a staff development plan and training opportunities.		

***Important Reminder:** Programs are asked to begin the re-enrollment process one year prior to their accreditation expiration date. This time frame takes into consideration the time needed for a program to complete a new Self Assessment Instrument, time for scheduling of the verification visit (up to 120 days), and time for the program to undergo review by the National Accreditation Council (up to 60 days). Please visit www.necpa.net to download the NECPA Re-Enrollment Application or contact the office at 855-706-3272 with questions or concerns.

Part 1. Program Update

This form is used to make the NECPA Office aware of any changes to your program.

	Yes	No
1. Have there been any major changes in enrollment patterns in the past year (10% or greater change)? What is your current enrollment? _____		
2. In the last year, have you served any children with special needs? If Yes, what was the number of children served? ____		
3. Has your program's license status changed in the past year? If Yes, was this reported within <u>72 hours</u> of the occurrence to the NECPA using the Self Report Form? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, please submit a completed Self Report)		
4. Has your program's license capacity changed in the past year? If Yes, was this reported within <u>72 hours</u> of the occurrence to the NECPA using the Self Report Form? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, please submit a completed Self Report)		
5. Has the program completed any major remodeling to the facility or major physical plant changes or additions in the past year? If Yes, was this reported within <u>30 days</u> of the occurrence to the NECPA using the Self Report Form? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, please submit a completed Self Report)		
6. Has the program had a change in Director/Administrator in the past year? If Yes, was this reported within <u>30 days</u> of the occurrence to the NECPA using the Self Report Form? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, please submit a completed Self Report)		
<ul style="list-style-type: none"> • If you have answered "Yes" to questions 3-6 and <u>have not previously reported these items</u> using the NECPA Self Report Form, <u>you must include a completed NECPA Self Report Form</u> with the submission of this Annual Report. • Supporting documentation for the Self Report must also be submitted and can include copies of transcripts, certificates, resumes, photo identification, and photographs of new classrooms or major modifications to the facility. • The NECPA Self Report Form can be found online at www.necpa.net. Your program's Annual Report will be considered INCOMPLETE until a NECPA Self Report and supporting documentation is submitted and approved. 		

Part 2. Staff Update

This form refers to "staff" as any employee who regularly works with children at the program.
This may include directors, teaching staff and support staff.

<p>Has the program had staff leave the program in the past accreditation year, either voluntarily or involuntarily?</p> <p>If Yes: • Complete all questions below.</p> <p>If No: Only answer question A and write "N/A" for each of the remaining questions below.</p>	<p>Yes</p>	<p>No</p>
<p>A. What is the total number of full and part time staff <u>currently</u>?</p>	<p>A =</p>	
<p>B. What is the total number of full and part time staff <u>one accreditation year ago</u>?</p>	<p>B =</p>	
<p>C. What is the total number of employees who have left the program within the past accreditation year, either voluntarily or involuntarily?</p>	<p>C =</p>	
<p>D. Calculate staff turnover rate.</p> <p>Step 1: C divided by B (C/B) Step 2: Multiply by 100</p> <p>For Example: My program had 10 full and part time staff one year ago. Currently, my program has 8 full and part time staff. What is my staff turnover rate?</p> <p>A. What is the total number of full and part time staff currently? 8 B. What is the total number of full and part time staff one year ago? 10 C. What is the number of employees who have left the program within the past accreditation year? 2</p> <p>Step 1: C divided by B (C/B): C/B= 2 / 10 = 0.20 Step 2: Multiply by 100: 0.20 x 100= 20%</p>	<p>Staff turnover % =</p> <p><i>If applicable, please attach a statement written on program letterhead regarding the high turnover rate (60% or greater). Any formal documentation that supports a plan of action MUST be provided with the submission of your Annual Report and labeled with your site number.</i></p>	

Program Age Groups Served

Please indicate age groups currently served at the program and list the name of the NECPA qualified Lead Teacher for each age group.

Age Group	Name of NECPA Qualified Lead Teacher

Part 3. Staff Training Reports

Instructions for completing Part 3:

1. The **All Staff Training Report** must match the number of staff reported on item "A" of the **Staff Update** form on page 5.
2. Complete an **Individual Staff Training Report** for each staff member on page 8. Complete each report in its entirety; please do not leave any item blank.
3. The NECPA **Individual Staff Training Report** must be utilized. Please do not submit any other forms to report continuing education.
4. Continuing education reported on the **Individual Staff Training Report** must fall within with the past accreditation year. (i.e. if your accreditation date is June 30, 2016, you will submit continuing education beginning June 30, 2016 and ending June 30, 2017).
5. Ongoing training opportunities may include: conferences, workshops, college classes, public school in-service workshops, in-center training, and CPR/First Aid Training. Continuing education must be job-related. School functions such as dances and festivals do not qualify as continuing education.
6. Provide the specific training topics (i.e. do not report "Staff Training", "Staff Meeting" or "Conference"). College courses reported as continuing education must include the complete name of the course and must be related to Early Childhood Education or Early Childhood Development. Courses must be successfully completed within the program's past accreditation year in order to count toward a staff member's continuing education requirements.
7. If more than one staff training report is needed for a specific employee, please write "see next page" in the "TOTAL Number of Training Hours" box. Then, include the final total on the last page of each employee's **Individual Staff Training Report**.
8. Please note, the NECPA continuing education standard requires that at least 30 clock hours of job-related continuing education is obtained in the first year of employment and at least 24 clock hours of job-related continuing education based on individual competency needs each year thereafter.
9. For each new staff member still in their first year of employment, that has not yet met the 30 clock hours of continuing education, please complete the **Professional Development Plan**. This plan is to include all upcoming continuing education hours required to meet NECPA Standards.
10. If an existing staff member who has worked at the program for over one year has not met the 24 clock hours of continuing education, please complete the **Professional Development Plan** and explain the extenuating circumstances that prevented the staff member from meeting the NECPA continuing education requirement.

Part 3. Staff Training Reports (Continued)

All Staff Training Report

This form is used to summarize the continuing education hours of all staff members working with children, including the director. If a staff member is not currently FA/CPR certified and has a scheduled FA/CPR class for a future date, it must be noted on a **Professional Development Plan** or by submission of class registration. Please make copies of this report as necessary.

Name of Staff Member	For NECPA Office Use Only <small>*Do not mark the fields below</small>				First Aid Expiration Date	CPR Expiration Date	Date of Hire	Total Number of Hours
	FA / CPR	NEW	PD	QUAL				
<i>Example: Jane Smith</i>					10/15/18	10/15/18	06/01/16	24

Total Number of <u>Staff Regularly Working with Children</u>*	
<small>*Please Note: Must match the number of staff reported on item "A" of the Staff Update form on page 5.</small>	

Part 3. Staff Training Reports (Continued)

Individual Staff Training Report

This form is used to report each staff member's continuing education and qualifications. Continuing education must fall within the past accreditation year. Please refer to the Teacher Qualifications section of the NECPA Standards book to ensure each staff member meets the necessary requirements. ***ALL FIELDS MUST BE COMPLETED FOR APPROVAL**

Name of Staff Member:

Date of Hire:	Date of Birth or Age:	Work Schedule: _____ AM/PM To _____ AM/PM
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Position (*Select One*): Director Lead Assistant Aide/Floater Other: _____

Highest Degree or Credential Completed:	Major Field for Degree:	# of ECE/ ECD Credits:	Years of Experience:
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Training Topic	Type of Training (Conference, workshop, college class, public school in-service workshop, in-center training)	Date Training Completed	Number of Hours
TOTAL <u>Number of Training Hours</u>			

Part 4. New Staff Process

This section is used to provide information regarding the program’s approach to integrating NECPA standards into the new employee orientation training and process.

How has your program educated new staff members on the NECPA Standards under which your program was accredited? Please provide a detailed orientation summary below.

<p>Have all <u>new staff members</u> completed 30 clock hours of continuing education, as required by NECPA Standards? (Please note, this should be reflected on the Individual Staff Training Report.)</p> <p>If No:</p> <ul style="list-style-type: none"> • Submit a Professional Development Plan (page 10) for each employee, documenting how the required continuing education will be obtained within the first year of employment. 	<p>Yes</p>	<p>No</p>
<p>Have all <u>existing staff members</u> who have worked at the program for one year or more completed 24 clock hours of continuing education, as required by NECPA Standards? (Please note, this should be reflected on the Individual Staff Training Report.)</p> <p>If No:</p> <ul style="list-style-type: none"> • Submit a Professional Development Plan (page 10) for each employee, documenting how the required continuing education will be obtained <u>and explain the extenuating circumstances</u> that prevented the staff member from meeting the NECPA continuing education requirement. 	<p>Yes</p>	<p>No</p>

Part 4. New Staff Detail (Continued)

Professional Development Plan

For new staff members still in their first year of employment, who have not yet met the required 30 clock hours of continuing education, please complete the Professional Development Plan. This plan is to include all upcoming continuing education hours required to meet NECPA Standards. You may use this form for existing employees who were not able to complete 24 hours of continuing education in the past accreditation year, but must provide a brief explanation regarding the delay in training.

Name of New/Existing Staff Member:

Position:

Date of Hire:

Training Topic	Type of Training (Conference, workshop, college class, public school in-service workshop, in-center training)	Date of Upcoming Training	Number of Hours

TOTAL Number of Training Hours

For existing/continuing staff members that were not hired within the past accreditation year: If this form is being used for an existing employee who is not a new hire has not completed 24 hours of continuing education in the past accreditation year, please explain the extenuating circumstances that prevented the staff member from meeting the NECPA continuing education requirement:

***Please Note:** By submitting a Professional Development Plan, the program confirms that the staff member who has not yet completed the necessary number of training hours has provided been provided with information on the NECPA continuing education standards and requirements as described on page 6 of this report. If exact dates of training dates or courses have not yet been determined, please provide projected dates and courses/topics of interest for the staff as well as an approximation of hours for each projected training.*