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NECPA Program Self Report Form

The purpose of the NECPA self-report policy is to communicate to the NECPA Commission any licensing violations and/or major changes, which may affect the Accreditation status of a program or ability to comply with NECPA standards. An Accredited program retains a duty to declare certain information within designated timeframes and prior to annual reporting. Failure to submit timely and accurate notification on the NECPA Program Self Report Form may result in immediate revocation of Accreditation status.

Instructions

Submit the NECPA Program Self Report Form and corresponding sections to the NECPA Center of Operations within the designated timeframes. Please maintain a copy of these forms and written confirmation of receipt for your records.

Mail forms:	The NECPA Commission, Inc., PO Box 2948 Merrifield, VA 22116 (NOTE* UPS and FedEx not accepted)
Email forms:	necpa@necpa.net
Fax forms:	1.855.806.3272, Attn: Quality Assurance

Program Information

NECPA Site Number:		
Program Name:		
Street Address:		
City, State, Zip Code:		
Phone Number:	Fax Number:	Email Address:

NECPA Program Self Report Items (Check all that apply)

Programs shall report the following changes within **72 hours** of occurrence to the NECPA Center of Operations using the NECPA Self Report Form:

SECTION A. Notice of Suspension, Probation, Provisional, Revocation in Licensing Status or Change in License Number

Programs shall report the following changes within **30 days** of occurrence to the NECPA Center of Operations using the NECPA Self Report Form:

<input type="checkbox"/>	SECTION B. Change in Program Contact Information
<input type="checkbox"/>	SECTION C. Change in Director and/or Administrator
<input type="checkbox"/>	SECTION D. Change in Program Name
<input type="checkbox"/>	SECTION E. Modification and/or Expansion of Current Building(s) or Grounds
<input type="checkbox"/>	SECTION F. Significant Damage to the Building or Outdoor Areas
<input type="checkbox"/>	SECTION G. Addition or Reduction of an Age Group
<input type="checkbox"/>	SECTION H. Change in Hours of Operation
<input type="checkbox"/>	SECTION I. Legal Action and/or Criminal Activity

Agreements

By submitting this form and its contents to the NECPA Commission, the program certifies the information within this form and all submitted attachments are valid and true. The program understands the NECPA Commission reserves the right to request additional documentation to verify information contained herein and/or determine compliance with the NECPA Standards under which your program was Accredited..

Name (Please Print)

Signature

Date

SECTION A. Notice of Suspension, Probation, Provisional, Revocation in Licensing Status or Change in License Number

Please indicate the following action for your license:

- My program's state license was suspended. Date of suspension: ____/____/____
- My program was issued a probationary license. Date of issuance: ____/____/____
- My program was issued a provisional license. Date of issuance: ____/____/____
- My program's license has been revoked. Date of revocation: ____/____/____
- My program's license number has changed. Date of change in license number: ____/____/____

Please provide an explanation regarding the above noted change(s):

What is the expected date of conclusion for the above change? ____/____/____ N/A

Previous state license number and capacity:

Current state license number and capacity: same as previous license number

Please provide any supplemental documentation, if applicable, regarding the above changes.

SECTION B. Change in Program Contact Information

General Information

Phone Number:

Email Address:

If your program has had a change in Director/Administrator, please submit SECTION C.

Authorized Account User

An authorized account user may access the following account information from the NECPA: enrollment date, verification visit request date(s), council review date(s), and program status (enrolled, accredited, expired, pending, deferred, accreditation appeal, revoked or in-active). The authorized account user will remain in effect until an authorized account user removes this authorization.

Authorized Account User #1:

Authorized Account User #2:

Remove Authorized Account User

Please indicate the authorized account users that should be removed as such from the program's account:

SECTION C. Change in Director and/or Administrator

General Information

Previous Director/Administrator Name:

New Director/Administrator Name:

Email Address:

Start Date:

Director/Administrator Qualifications for programs accredited under FORMER standards:

Please indicate the criteria from each category in which the new Director/Administrator currently holds.

New Director/Administrator:

- Is at least 21 years old.
- Has an undergraduate degree in early childhood education, child development, social work, nursing or other child-related field.
- Has a minimum of four college-level courses in child development and early childhood education and two years experience as a teacher of the children of the age group(s) in care.
- Has a CDA (Child Development Associate), CCP (Certified Childcare Professional) or equivalent and two years experience as a teacher serving the children of the age group(s) in care.
- Has the NAC (National Administrator Credential) or equivalent.
- Has a course in business administration.
- Has at least one year experience as the administrator of an early childhood program.

Submit the following supplemental documentation to indicate compliance with the NECPA Director/Administrator Qualifications:

1. Copy of valid identification card, indicating age of new Director/Administrator (i.e. driver's license)
2. Copy of current resume, highlighting teaching experience, if applicable
3. Copy of certificate(s), diploma(s) and/or transcript(s)

Director/Administrator Qualifications for programs accredited under REVISED standards:

Please indicate the criteria from each category in which the new Director/Administrator currently holds.

New Director/Administrator:

- Is at least 21 years old.
- Has a valid certificate in pediatric first aid, including management of a blocked airway, and rescue breathing.
- Has an undergraduate degree in early childhood education, child development, social work, nursing or other child-related field and one year experience in child care with supervisory experience.
- Has a minimum of four college-level courses in child development and early childhood education and two years experience as a teacher of the children of the age group(s) in care.
- Has a CDA (Child Development Associate), CCP (Certified Childcare Professional) or equivalent and two years experience as a teacher serving the children of the age group(s) in care.
- Has the NAC (National Administrator Credential) or equivalent.
- Has a course in early childhood administration.
- Has a course in business administration.
- Has at least one year of on the job training in an administrative position in an early childhood program.
- Has at least 30 clock hours of job-related continuing education in the first year of employment and 24 clock hours of job-related continuing education based on individual competency needs each year thereafter.

Submit the following supplemental documentation to indicate compliance with the NECPA Director/Administrator Qualifications:

1. Copy of valid identification card, indicating age of new Director/Administrator (i.e. driver's license)
2. Copy of current resume, highlighting teaching experience, if applicable
3. Copy of certificate(s), diploma(s) and/or transcript(s)
4. **Notarized** copy of CPR and First Aid certificates.

SECTION D. Change in Program Name

Program name upon accreditation:

New program name:

Date of program name change: ____/____/____

Did your program's license number and/or status change as a result of this name change?
 Yes
 No

If your program answered, "Yes", please submit SECTION A in addition to this section.

Did your program's name change result as a change in ownership?
 Yes
 No

If your program answered, "Yes", please submit formal documentation of this change to the NECPA Office in addition to this section, via email or mail.

Please provide further details regarding your program's name change:

SECTION E. Modification and/or Expansion of Current Building(s) or Grounds

Please indicate the following action:

- Expanded building. Date of expansion: ____/____/____
- Conducted major remodeling. Date of remodel: ____/____/____
- Modified playground areas. Date of modification: ____/____/____ Other:

Based upon the above response, please provide further details regarding this change:

Please indicate the type of playground modification:

- Addition of resilient surfacing
- Modification of resilient surfacing
- Addition of playground climbing equipment
- Removal of playground climbing equipment
- Addition of playground fencing
- Removal of playground fencing
- Other:
- N/A

Did your program's license number and/or status change as a result of this change?

- Yes
- No

If your program answered, "Yes", please submit SECTION A in addition to this section.

Submit the following supplemental documentation to indicate compliance with the NECPA Standards:

1. Color photograph(s) showing overall modification
2. Color photograph(s) showing measured depth of resilient surfacing, if applicable
3. Color photograph(s) showing measured perimeter of resilient surfacing, if applicable

NECPA Accredited Programs are required to continuously implement the standards under which the program was accredited to ensure an optimal developmental program. Please check the box below, indicating agreement to the following items:

- These changes/modifications/deletions are in compliance with the current Consumer Product Safety Commission (CPSC) guidelines and the NECPA Standards under which my program was Accredited*.

**To review the current Consumer Product Safety Commission (CPSC) guidelines, please visit www.cpsc.gov. To review the NECPA Standards, please reference your NECPA Standards Book and personalized program profile.*

SECTION F. Significant Damage to the Building or Outdoor Areas

Please indicate the item that best describes the damage to the building and/or outdoor areas:

- Flood
- Tornado
- Hurricane
- Fire
- Vandalism
- Other:

Did this damage occur to:

- Interior of facility
- Exterior of facility
- Both
- Other:
- N/A

Please provide further details regarding the damage:

As a result of the damage, has your program relocated or closed?

- Yes
- No

If your program answered, "Yes", please submit formal documentation of this change to the NECPA Office in addition to this section, via email or mail.

Has this damage caused a disruption to your program's daily operations?

- Yes
- No

If your program answered, "Yes", please provide further details:

Did your program's license number and/or status change as a result of this damage?

- Yes
- No

If your program answered, "Yes", please submit SECTION A in addition to this section.

SECTION G. Addition or Reduction of an Age Group

Please indicate the age groups served at the time of your last NECPA Verification Visit:

- Birth-24 months
- 25-30 months
- 31-35 months
- 3 year olds
- 4 year olds
- 5 year olds
- 6-8 year olds
- 9-12 year olds

Please indicate the age groups recently added or reduced in your program:

- Birth-24 months
- 25-30 months
- 31-35 months
- 3 year olds
- 4 year olds
- 5 year olds
- 6-8 year olds
- 9-12 year olds

Please provide further details regarding the change:

How is your program accommodating the new age group(s)?

- Expanded building*
- Used empty classroom
- Added classrooms*
- Merged classrooms*
- Other:

*If your program has modified and/or expanded the building, please submit SECTION E in addition to this section.

Please provide further details regarding the change:

Has your program hired additional staff members as a result of the age group(s) addition?

- Yes
- No

Did your program's license number and/or status change as a result of this addition or reduction?

- Yes
- No

If your program answered, "Yes", please submit SECTION A in addition to this section.

NECPA Accredited Programs are required to continuously implement the standards under which the program was accredited to ensure an optimal developmental program. Please check the box below, indicating agreement to the following items:

- The new age group(s) are supervised by Qualified Caregivers**, as defined by the NECPA.

**To review the NECPA definition of a Qualified Caregiver, please reference Chapter 1 of your NECPA Standards Book or contact the NECPA Office.

SECTION H. Change in Hours of Operation

Please indicate the hours of operation at the time of your last NECPA Verification Visit:

Please indicate your program's new hours of operation:

Please provide further details regarding the change in hours of operation:

How is your program accommodating the new age group(s)?

- Expanded building*
- Used empty classroom
- Added classrooms*
- Merged classrooms*
- Other:

*If your program has modified and/or expanded the building, please submit SECTION E in addition to this section.

Please provide further details regarding the change:

Does your program serve new age groups as a result of this change in hours of operation?

- Yes
- No

If your program answered, "Yes", please submit SECTION G in addition to this section.

Did your program's license number and/or status change as a result of this damage?

- Yes
- No

If your program answered, "Yes", please submit SECTION A in addition to this section.

Has your program conducted fire (evacuation) drills during the following timeframes:

- | | | | |
|----------------------|------------------------------|-----------------------------|------------------------------|
| 6:00 am and 9:59 am | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 10:00 am and 1:59 pm | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2:00 pm and 5:59 pm | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6:00 pm and 11:59 pm | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 12:00 am and 5:59 am | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

SECTION I. Legal Action and/or Criminal Activity

Please indicate the following action:

- My program is involved in legal action.
- My program has reported criminal activity.
- Other:

Has this legal action and/or criminal activity caused a disruption to your program's daily operations?

- Yes
- No

If your program answered, "Yes", please provide further details:

Legal Action

Date legal action began: ____ / ____ / ____

Date legal action concluded: ____ / ____ / ____ N/A

What does the legal action concern?

What was the conclusion of the legal action?

Did your program's license number and/or status change as a result of this legal action?

- Yes
- No

If your program answered, "Yes", please submit SECTION A in addition to this section.

Criminal Activity

Date criminal activity reported: ____ / ____ / ____

What does the criminal activity concern?

What was the conclusion of the criminal activity investigation?

Did your program's license number and/or status change as a result of this criminal activity?

- Yes
- No

If your program answered, "Yes", please submit SECTION A in addition to this section.

Please provide any supplemental documentation, if applicable, regarding the above changes.