

Encouraging Quality...

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PO BOX 2948
1-855-706-3272



Merrifield, VA 22116
1-855-806-3272 Fax

NECPA Self Report

The purpose of the NECPA Self Report Form 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.**

Program Information

Program Name:	NECPA Site Number:
Director:	Owner:
Address (Street, City, State, Zip Code):	
Phone Number:	Email Address:

NECPA Program Self Report Items (Check all that apply)

Programs shall report the following changes and supporting documentation within **72 hours** of occurrence to the NECPA Office using the NECPA Self Report Form:

	SECTION A. Notice of Suspension, Probation, Provisional, Revocation in Licensing Status or Change in License Number
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Programs shall report the following changes and supporting documentation within **30 days** of occurrence to the NECPA Office using the NECPA Self Report Form:

	SECTION B. Change in Director and/or Administrator
	SECTION C. Change in Program Name
	SECTION D. Modification and/or Expansion of Current Building(s) or Grounds
	SECTION E. Significant Damage to the Building or Outdoor Areas
	SECTION F. Addition or Reduction of an Age Group
	SECTION G. Change in Hours of Operation
	SECTION H. Legal Action and/or Criminal Activity
	SECTION I. Non-Compliance with NECPA Standard(s)

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

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

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

Required: Please provide supplemental documentation regarding the above changes.
Ex: licensing reports, action plans, training logs, etc.

SECTION B. Change in Director and/or Administrator

General Information

Previous Director/Administrator Name:		
New Director/Administrator Name:		
Email Address:		
Start Date:		
Date of Birth: <i>*Must be at least 21 years old. <u>Please provide a copy of a valid identification card</u></i>		
Standards edition under which the program is <u>currently</u> accredited:	2009	2017

Director/Administrator Qualifications

Please select at least one criterion from each qualification category for the new Director/Administrator and provide the required documentation for each applicable item.

Administrator Training	Safety Certification	Education and Experience	Continuing Education
<p>National Administrator Credential (REQUIRED: Provide copy of certificate & résumé)</p> <p>OR</p> <p>A course in early childhood administration (REQUIRED: Provide transcripts & résumé)</p> <p>OR</p> <p>At least one year of experience as the administrator of an early childhood program (REQUIRED: Provide résumé)</p>	<p>Valid certificate in pediatric first aid, including management of a blocked airway, rescue breathing (REQUIRED: Provide a notarized copy of CPR and First Aid certificates)</p>	<p>BA/BS in child-related field and one year experience in child care with supervisory experience (REQUIRED: Provide copy of diploma & résumé)</p> <p>OR</p> <p>A minimum of 12 credits in early childhood education or development and two years of experience as a teacher (REQUIRED: Provide transcripts & résumé)</p> <p>OR</p> <p>A national competency-based credential such as the CCP or CDA and three years of experience as a teacher (REQUIRED: Provide copy of certificate & résumé)</p>	<p><i>*Programs accredited under 2017 standards must select both items in this category.</i></p> <p>At least 30 clock hours of job-related continuing education in the first year of employment (REQUIRED: Complete Section B Training Log with completed and projected continuing education as of the Director's start date at the program)</p> <p>AND (ONLY If accredited under 2017 standards)</p> <p>Documented leadership training (REQUIRED: Provide copy of certificate and/or agenda that outlines the training topics per page 5 of 90 in the <u>Resource Guide and Standards Book</u>)</p>

SECTION B. New Director Training Logs

New Director Training Report – Completed Trainings

The log below is used to report the new Director's completed continuing education as of the date of hire. Copies of certificates are not required. By submitting this log, the program certifies that the new Director has completed the following training.

Training Topic	Type of Training (Conference, workshop, college class, public school in-service workshop, in-center training)	Date Training Completed	Number of Hours
TOTAL Number of <u>Training Hours</u>			

New Director Projected Training Report – Professional Development Plan

The log below is used to report the new Director's plan to complete 30 clock hours of continuing education within one year from the Director's start date at the program.

**Only use this log if the new Director has not completed 30 hours of training by the time the Self Report is submitted.*

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 <u>Training Hours</u>			

SECTION C. Change in Program Name

General Information

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

Yes

No

Did your program's name change result as a change in ownership?
If your program answers "Yes", please also submit the [NECPA Change in Program Ownership Form](#).

Yes

No

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

SECTION D. 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: _____	Date of modification:

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

	Addition of resilient surfacing	<p>Required: Submit the following supplemental documentation to indicate compliance with the NECPA Standards:</p> <ol style="list-style-type: none"> 1. Color photograph(s) showing overall modification 2. Color photograph(s) showing measured depth of resilient surfacing, if applicable – can be accompanied by service invoice indicating depth of surfacing installed 3. Color photograph(s) showing <u>measured perimeter</u> of resilient surfacing, if applicable <p><i>*Please see the attached Playground Surfacing and Fall Zones example from the Public Playground Safety Handbook developed by the U.S Consumer Product Safety Commission for further details regarding requirements.</i></p>
	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	

Agreement

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 boxes below, indicating agreement to the following items:

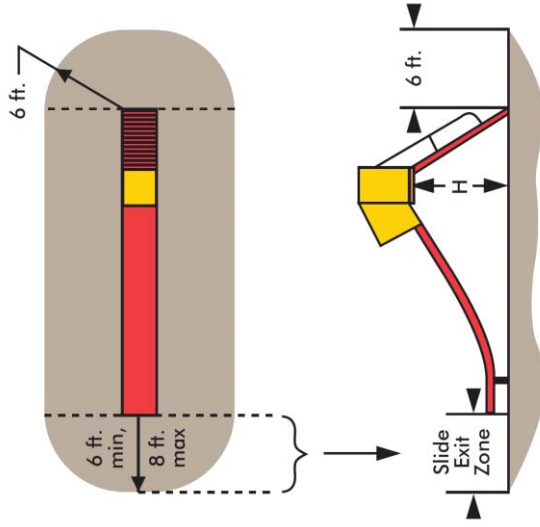
	<input type="checkbox"/> These changes/modifications/deletions are in compliance with the current Consumer Product Safety Commission (CPSC) guidelines and the NECPA Standards under which my program was Accredited.*
	<input type="checkbox"/> Based upon the scope and review of the changes and all accompanying documentation, the NECPA Commission may require the program to undergo a verification visit to be paid for by the program.

**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.*

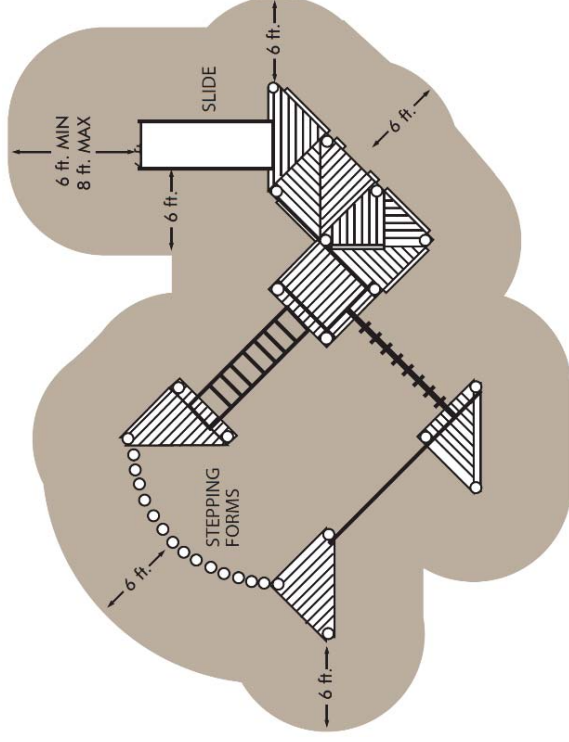
Playground Surfacing and Fall Zones

These examples provide further guidance on fall zones and playground surfacing requirements.

Sample Fall Zone for Slides



Sample Fall Zone for Multi-Use Structures



Minimum Compressed Loose-Fill Surfacing Depths		
Inches of Compressed Fill	Type of Material	Protects up to a Fall Height of:
6* Inches	Shredded/recycled rubber	10 Feet
9 Inches	Sand	4 Feet
9 Inches	Pea Gravel	5 Feet
9 Inches	Wood Mulch	7 Feet
9 Inches	Wood Chips	10 Feet
* Shredded/recycled rubber loose-fill surfacing does not compress in the same manner as other loose-fill materials. However, care should be taken to maintain constant depth as displacement may still occur.		

Source: Public Playground Safety Handbook. Bethesda, MD: U.S. Consumer Product Safety Commission, 2010. Print.

Also available for download under 'Program Resources' at www.necpa.net. Please login to your client profile to access.

SECTION E. Significant Damage to the Building or Outdoor Areas

Please indicate the item that best describes the damage to the building and/or outdoor areas:		Did this damage occur to:	
<input type="checkbox"/>	Flood	<input type="checkbox"/>	Interior of facility
<input type="checkbox"/>	Tornado	<input type="checkbox"/>	Exterior of facility
<input type="checkbox"/>	Hurricane	<input type="checkbox"/>	Both
<input type="checkbox"/>	Fire	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Vandalism	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Other: _____		

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" and has **relocated**, please also submit the [NECPA Change in Program Location Form](#) with formal documentation related to the change including the state license.*
*If the program answered "Yes" and has **closed**, please submit formal documentation related to the closing.*

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

Yes No

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

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 F. Addition or Reduction of an Age Group

Please indicate the age groups served <u>at the time of your last NECPA verification visit</u> :		Please indicate the age groups <u>recently added or reduced</u> in your program:		
	Birth to 24 months		Birth to 24 months	Added Reduced
	25 to 30 months		25 to 30 months	Added Reduced
	31 to 35 months		31 to 35 months	Added Reduced
	3-year olds		3-year olds	Added Reduced
	4-year olds		4-year olds	Added Reduced
	5-year olds		5-year olds	Added Reduced
	6 to 8-year olds		6 to 8-year olds	Added Reduced
	9 to 12-year olds		9 to 12-year olds	Added Reduced

Please provide further details regarding the change and provide photographs of the classroom(s) for any new age group(s) added using the attached classroom checklists.

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 with formal documentation related to the change including the state license.

Has your program hired additional NECPA qualified staff members, including lead teachers as a result of this addition or reduction?
 Yes No

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 by Qualified Caregivers as defined by the NECPA Commission within your program's edition of the NECPA Standards Book.

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

<input type="checkbox"/>	Expanded building*
<input type="checkbox"/>	Used empty classroom
<input type="checkbox"/>	Added classrooms*
<input type="checkbox"/>	Merged Classrooms*
<input type="checkbox"/>	Other: _____

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

Classroom Observations

Infant Classroom Checklist Resource:

This checklist may be used alongside your NECPA Self Assessment Instrument when evaluating your classrooms. This is not an all-inclusive list for all standards, but includes some of the most commonly overlooked observable items.

Infant (Birth to 14 months) Classrooms (***If applicable.***) – All of the items on the checklist should be observable.

Observable Items

- Reading area (with soft furniture)
- Mirrors for developing self-awareness/self-concept (at child's eye level)
- Family pictures (at child's eye level)
- Artwork/Child's work (at child's eye level)
- Room arrangement is child-friendly and developmentally appropriate
- Child-size equipment
- Low, open shelves
- Books, toys and materials reflect multicultural and multiethnic diversity

- Handwashing sink is adjacent to the changing table to prevent the spread of disease
- Posted hand-washing procedure at each handwashing sink
- Food preparation sink/area is separate from handwashing sink/area
- Hands free trash receptacle is located in the changing area
- Cleaning solution and sanitizer is out of children's reach
- Diaper changing table is clear of clutter
- Posted diapering procedure at changing table and any toilets where toilet training occurs
- Emergency evacuation cribs present

Also available for download under 'Program Resources' at www.necpa.net. Please login to your client profile to access.

Classroom Observations Continued

Toddler Classroom Checklist Resource:

This checklist may be used alongside your NECPA Self Assessment Instrument when evaluating your classrooms. This is not an all-inclusive list for all standards, but includes some of the most commonly overlooked observable items.

Toddler (15 mo. to 2 years) Classrooms – All of the items on the checklist should be observable.

Learning Centers	Observable Items
<ul style="list-style-type: none"> <input type="checkbox"/> Table Top Games/Manipulatives <input type="checkbox"/> Dramatic Play <input type="checkbox"/> Arts and Crafts <input type="checkbox"/> Large Muscle <input type="checkbox"/> Science/Nature <input type="checkbox"/> Block Building <input type="checkbox"/> Fine Motor <input type="checkbox"/> Math/Numbers <input type="checkbox"/> Language Arts/Literacy <input type="checkbox"/> Music/Movement <input type="checkbox"/> Nutrition 	<ul style="list-style-type: none"> <input type="checkbox"/> Reading area (with soft furniture) <input type="checkbox"/> Mirrors for developing self-awareness/self-concept (at child's eye level) <input type="checkbox"/> Family pictures (at child's eye level) <input type="checkbox"/> Artwork/Child's work (at child's eye level) <input type="checkbox"/> Room arrangement is child-friendly and developmentally appropriate <input type="checkbox"/> Child-size equipment <input type="checkbox"/> Low, open shelves <input type="checkbox"/> Books, toys and materials reflect multicultural and multiethnic diversity <input type="checkbox"/> Handwashing sink is adjacent to the changing table to prevent the spread of disease <input type="checkbox"/> Posted hand-washing procedure at each handwashing sink <input type="checkbox"/> Food preparation sink/area is separate from handwashing sink/area <input type="checkbox"/> Hands free trash receptacle is located in the changing area <input type="checkbox"/> Cleaning solution and sanitizer is out of children's reach <input type="checkbox"/> Diaper changing table is clear of clutter <input type="checkbox"/> Posted diapering procedure at changing table and any toilets where toilet training occurs <input type="checkbox"/> Emergency evacuation cribs present (if classroom serves non-mobile infants/toddlers)

Also available for download under 'Program Resources' at www.necpa.net. Please login to your client profile to access.

Classroom Observations Continued

Preschool and School-Age Classroom Checklist Resource:

This checklist may be used alongside your NECPA Self Assessment Instrument when evaluating your classrooms. This is not an all-inclusive list for all standards, but includes some of the most commonly overlooked observable items.

Preschooler (3-5yr) and School-Age (5-12yr) Classrooms – All of the items on the checklist should be observable.

Learning Centers	Observable Items
<input type="checkbox"/> Table Top Games/Manipulatives <input type="checkbox"/> Dramatic Play <input type="checkbox"/> Arts and Crafts <input type="checkbox"/> Large Muscle <input type="checkbox"/> Science/Nature <input type="checkbox"/> Block Building <input type="checkbox"/> Fine Motor <input type="checkbox"/> Math/Numbers <input type="checkbox"/> Language Arts/Literacy <input type="checkbox"/> Music/Movement <input type="checkbox"/> Nutrition <input type="checkbox"/> Woodworking/Carpentry*	<input type="checkbox"/> Reading area (with soft furniture) <input type="checkbox"/> Mirrors for developing self-awareness/self-concept (at child's eye level) <input type="checkbox"/> Family pictures (at child's eye level) <input type="checkbox"/> Artwork/Child's work (at child's eye level) <input type="checkbox"/> Room arrangement is child-friendly and developmentally appropriate <input type="checkbox"/> Child-size equipment <input type="checkbox"/> Low, open shelves <input type="checkbox"/> Books, toys and materials reflect multicultural and multiethnic diversity <input type="checkbox"/> Handwashing sink is adjacent to the bathroom to prevent the spread of disease <input type="checkbox"/> Posted hand-washing procedure <input type="checkbox"/> Food preparation sink/area is separate from handwashing sink/area <input type="checkbox"/> Cleaning solution and sanitizer is out of children's reach

***Please Note:** Woodworking/Carpentry is defined as using or manipulating real wooden pieces, which can be cut, glued, and/or nailed in a developmentally appropriate manner. Any tools provided must be child-sized and age-appropriate. The use of blocks from the Block Area will not meet the requirements for this standard. Proper supervision and instruction are vital for successful implementation of Woodworking/Carpentry.

SECTION G. 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:

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

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	Yes	No	N/A
10:00 am and 1:59 pm	Yes	No	N/A
2:00 pm and 5:59 pm	Yes	No	N/A
6:00 pm and 11:59 pm	Yes	No	N/A
12:00 am and 5:59 am	Yes	No	N/A

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 F** in addition to this section.*

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 D** in addition to this section.*

SECTION H. 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.*

Programs are required to provide supplemental documentation regarding the above incidents. Please call the NECPA Office directly if you have questions regarding acceptable documentation.

SECTION I. Non-Compliance with NECPA Standard(s)

Please summarize the standard(s) out of compliance and the date(s) of the violation(s):

Summary examples include: "Handwashing," "Sight and Sound," "Playground Surfacing," "Teacher Qualifications," etc.

- 1. Standard Summary: _____ Date of Occurrence: _____
- 2. Standard Summary: _____ Date of Occurrence: _____
- 3. Standard Summary: _____ Date of Occurrence: _____
- 4. Standard Summary: _____ Date of Occurrence: _____
- 5. Standard Summary: _____ Date of Occurrence: _____

Please provide a detailed narrative regarding the above noted violation(s) and any changes made to achieve compliance:

- 1. Narrative for Standard Summary: _____
- 2. Narrative for Standard Summary: _____
- 3. Narrative for Standard Summary: _____
- 4. Narrative for Standard Summary: _____
- 5. Narrative for Standard Summary: _____

Programs are required to provide supplemental documentation regarding the above occurrences of non-compliance. Please call the NECPA Office directly if you have questions regarding acceptable documentation.