

Encouraging Quality...

Recognizing Excellence.

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NECPA 2010 Annual Report Form

DUE DATE:

Annual reports are due within **30 days** of your accreditation anniversary. If your annual report is not received within this time frame, your accreditation will expire.

In order to preserve the integrity of The NECPA Commission and accredited programs, page one of this form is reserved for personal program data. Please refrain from placing any distinguishing information on pages 2-6 such as name of program, employee, or employer. Thank you for your participation in this privacy effort.

Program Information

NECPA Site Number:

Program Name:

Street Address:

City, State, Zip Code:

Director:

Phone Number:

Fax Number:

Email Address:

Total Number of Teaching Staff (Full and Part Time):

Order Placement

NECPA Payment Schedule	Quantity Per Order	Price Per Order	Subtotal
Annual Report Fee	1	\$275.00	\$275.00
TOTAL			\$275.00

Payment Information

Check	Visa	MasterCard	American Express
Credit Card Number:			Expiration:
Name on Card (Please Print):			
Signature:			

Agreements

- | | |
|----|--|
| 1) | I understand that the NECPA Commission reserves the right to request additional documentation to verify compliance with the NECPA standards. |
|----|--|

Name (Please Print)

Signature

Date

Program Update

PART 1

Yes	No	Have you included a copy of your program's state license with this annual report?
Yes	No	Has your program's license status changed in the past year?
Yes	No	Has your program's license capacity changed in the past year?
Yes	No	Has your program's physical location changed in the past year?
Yes	No	Has the program completed any major remodeling to the facility or major physical plant changes or additions in the past year?
Yes	No	Has the program's ownership changed in the past year?
Yes	No	Has an Administrator and/or Director left the program in the past year?
Yes	No	Have there been any major changes in enrollment patterns in the past year (10% or greater change)?
Yes	No	Has the program had teaching staff leave the program in the past year?

PART 2

%	What is the percentage of staff turnover in the past year? <small>*This is calculated by comparing the staff roster one year ago with the staff roster today</small>
	What was the total number of part time staff one year ago?
	What is the total number of part time staff who have left since last year?
	What was the total number of full time staff one year ago?
	What is the total number of full time staff who have left since last year?

PART 3

Please use the form on page 7 of this report to document your staff training for the past 12 months. Please submit a copy of the Staff Training Report for each staff member working directly with children.

PART 4

If you have answered "Yes" to any of the questions in PART 1 of the program update, please provide documentation and/or an explanation using the below space. If necessary, please feel free to address these questions in the additional space provided on page 3, titled "PART 1 COMMENT SECTION".

NECPA Site Number:

PART 1 COMMENT SECTION

Empty comment section box.

Pending Items

Please report to the Commission specific changes and/or improvements that have occurred for each of the following items. Refer to your program profile located in your NECPA Accreditation Packet. Comment on each item. Please note if no change has occurred or if an item was addressed in a previous Annual Report. If necessary, address these items in the additional space provided on page 6, titled "PENDING ITEMS COMMENT SECTION".

Item Number:

Changes or improvements made:

Item Number:

Changes or improvements made:

Item Number:

Changes or improvements made:

Item Number:

Changes or improvements made:

Pending Items (Continued)

Item Number:

Changes or improvements made:

Item Number:

Changes or improvements made:

Item Number:

Changes or improvements made:

Item Number:

Changes or improvements made:

Item Number:

Changes or improvements made:

NECPA Site Number:

PENDING ITEMS COMMENT SECTION

Empty comment section for pending items.

