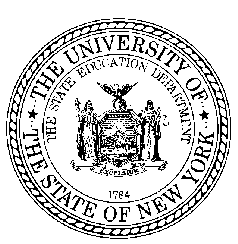
THE UNIVERSI TY OF THE STA TE OF NEW YORK

# THE STATE EDUCATION DEPARTMENT

Office of Early Learning (OEL)

89 Washington Avenue, EB 514 WM, Albany, New York 12234

Phone: (518) 474-5807 | Fax: (518) 473-7737

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# Annual Report for Registered Nonpublic Nursery Schools & Kindergartens

**Due Date: July 31**

|  |
| --- |
| **SCHOOL INFORMATION** |

|  |  |
| --- | --- |
| School Name |  |
| Check **all** that apply | **Nursery School**  **Prekindergarten**  **Kindergarten**  **Nursery school partners with a school district as a CBO** |
| School Address |  |
| City and Zip Code |  |
| Telephone Number |  |
| Web Address (www.) |  |
| School Owner, Director & Administrator Information | Complete page 2 |

|  |
| --- |
| **REGULATORY AUTHORITY** |
| Registered/ Licensed by a Regulatory Agency?  Office of Children & Family Services (OCFS)  NYC Dept. of Health & Mental Hygiene (NYC DOHMH)  N/A (not licensed or registered by a regulatory agency)  License # (OCFS) or \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Permit # (NYCDOH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*I verify that the information provided in this report is correct and reflects the status of program operations.*

***Authorized* *Signature***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title (print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **FIRE SAFETY REPORT** |
| All nonpublic nursery schools and kindergartens that are registered with the New York State Education Department are required to submit an annual fire inspection report as per Commissioner’s Regulations, Part 125.10 (b). The law states that all NYSED registered nursery schools and kindergartens not licensed by The Office of Children and Family Services (OCFS), those that are located outside of the Big Four and NYC school districts and those who are not part of a college, university or larger elementary school campus, must complete the NYSED Fire Safety Report form. All other registered nurseries and kindergartens must attach a copy of the document that confirms the nursery site passed all fire safety requirements as set forth under their authority.  The Fire Safety Report must be submitted by December 1st to: NYS Education Department, Office of Facilities Planning, 89 Washington Avenue – Room 1060 EBA, Albany, NY 12234. In addition, a copy of the Fire Safety Report must be submitted with the Annual Report for Registered Nonpublic Nursery Schools and Kindergartens by July 31st to the Office of Early Learning. The Fire Safety Report form can be downloaded on the [Facilities Planning](http://www.p12.nysed.gov/facplan/FireSafety/fire_safety_report_homepage.html) website. |

*By signing below, I am confirming that I have attached a copy of our most recent completed NYSED Fire Safety Report or the equivalent report completed by our regulatory authority to this Annual Report form.*

***Authorized* *Signature***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The University of the State of New York VOLUNTARY REGISTERED NONPUBLIC

**THE STATE EDUCATION DEPARTMENT** NURSERY SCHOOLS & KINDERGARTENS

Office of Early Learning

89 Washington Avenue, EB 514 W M

Albany, New York 12234

## **Site Contact Information Form**

**Please complete the form below in its entirety**.

This contact form must be completed annually as well as any time there is a change in Educational Director, Administrative Director, and/or other school contact information. Per regulations this form must be submitted within 10 days of any changes.

|  |  |
| --- | --- |
| School Name |  |

|  |  |
| --- | --- |
| Educational Director Name |  |
| Email Address |  |
| Telephone Number & Ext. |  |
| Fax Number |  |

|  |  |
| --- | --- |
| **Administrative Director Name** |  |
| Email Address |  |
| Telephone Number & Ext. |  |
| Fax Number |  |

|  |  |
| --- | --- |
| **Site Director(s) Name** |  |
| Owner |  |
| Board President |  |

**Is the above listed Educational Director new since the previous school year?**  Yes\*  No

\**If yes, please include all of the following documents:*

* Completed Staff Background Form *(see page 5)*
* Copy of Teacher Certification Certificate
* Resume or written narrative that provides evidence of instruction and/or experience in supervision and administration.

**Is the above listed Administrative Director new since the previous school year?**  Yes\*  No

\**If yes, please include a completed Staff Background From*

**School Operation & Enrollment**

|  |  |
| --- | --- |
| School Name |  |

**SCHOOL YEAR SESSION & FACILITY HOURS OF OPERATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date School Began |  | Date School Ended |  | Time Facility Opened |  | Time Facility Closed |  |

##### STUDENTS SERVED

|  |  |  |
| --- | --- | --- |
| Ages of Students Served | **3  4  5** | 🡨 check all that apply |
| # of Nursery Students |  | \*The Voluntary Registration Program is for **3-5-yr-olds ONLY** |
| # of Prekindergarten Students |  | **(3s are students who turn 3 on or before December 1st)** |
| # of Kindergarten Students |  | \*Do not include infants or toddlers in the number of students |
| **TOTAL # OF STUDENTS** |  | 🡨 must provide the **total number of 3-5-year-olds** served |

##### Please only complete this section for classrooms serving 3-5-year-olds ONLY

|  |  |  |  |
| --- | --- | --- | --- |
| Total # of ALL Classrooms |  | # of Lead Classroom Teachers |  |
| # of Teacher Assistants |  | # of Classroom Aides |  |

**Please complete the following chart if your school collaborates**

**with a school district to provide UPK Services**

|  |  |
| --- | --- |
| Collaborating School District |  |
| Total # of classrooms with UPK students |  |
| Number of 3-year-old UPK classrooms |  |
| Number of 3-year-old UPK students |  |
| Number of 4-year-old UPK classrooms |  |
| Number of 4-year-old UPK students |  |

## **Staffing Assignments (3-5-year-old classes ONLY)**

**In the charts below, please list the staff that were employed in your school during the current school year. Please indicate if the staff member will be returning for the next school year and if they have been approved by SED. SED approval requires the submission of a completed Staff Background Form, credentials, and study plan (when required). Attach additional pages as needed.** If you have any new staff, please be sure to complete the Staff Background Form and submit with this report (page 5).

**LEAD TEACHERS**

\*Please be sure to submit updated **Staff Study Plans** for teachers where required (see page 6).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Teacher Name** | **Employed**  **Current school year** | **Returning**  **Next year** | **Approved by SED** | **\*Updated Study Plan Submitted (if required)** |
|  | Yes  No | Yes  No | Yes  No | Submitted  N/A |
|  | Yes  No | Yes  No | Yes  No | Submitted  N/A |
|  | Yes  No | Yes  No | Yes  No | Submitted  N/A |
|  | Yes  No | Yes  No | Yes  No | Submitted  N/A |
|  | Yes  No | Yes  No | Yes  No | Submitted  N/A |
|  | Yes  No | Yes  No | Yes  No | Submitted  N/A |
|  | Yes  No | Yes  No | Yes  No | Submitted  N/A |
|  | Yes  No | Yes  No | Yes  No | Submitted  N/A |

**TEACHING ASSISTANTS & AIDES** (only **Staff Background Forms** required)

|  |  |  |  |
| --- | --- | --- | --- |
| **Teaching Assistant/Aide Name** | **Employed**  **Current school year** | **Returning**  **Next year** | **Approved by SED** |
|  | Yes  No | Yes  No | Yes  No |
|  | Yes  No | Yes  No | Yes  No |
|  | Yes  No | Yes  No | Yes  No |
|  | Yes  No | Yes  No | Yes  No |
|  | Yes  No | Yes  No | Yes  No |
|  | Yes  No | Yes  No | Yes  No |
|  | Yes  No | Yes  No | Yes  No |
|  | Yes  No | Yes  No | Yes  No |
|  | Yes  No | Yes  No | Yes  No |
|  | Yes  No | Yes  No | Yes  No |

**Significant Changes**

1. Is the nursery/kindergarten site **planning** any indoor or outdoor construction, renovations, or changes to structures, surfaces, equipment, borders or fencing?

**YES** (please see Site Construction Process at [nysed.gov/early-learning](http://www.nysed.gov/early-learning/forms))  **NO**

1. Has the nursery/kindergarten site **completed** any prior approved indoor or outdoor construction, renovations, or changes to structures/surfaces/ equipment/borders or fencing?

**YES** (please submit for review)  **NO**

Please note that all registered nursery/kindergarten sites are required to complete and submit the CRP-1 form for any planned construction/renovation projects. The school must receive approval from the department **prior** to work commencing.

## **Annual Report Checklist**

Listed below are the required documents for a complete report. Use this checklist to ensure that your report is complete and in compliance with the instructions before submitting.

|  |  |  |
| --- | --- | --- |
| Required Documents | **Checked by**  **Registered School** | **Checked by SED OEL** |
| **Report Cover Page** (*complete and sign – two signatures*) | Included |  |
| **Fire Safety Report/Fire Safety Inspection Document** (*attach to Annual Report*) | Included |  |
| **Contact Information Form - page 2** (*complete)* | Included |  |
| **School Operation & Enrollment - page 3** (*complete)* | Included |  |
| **Classroom and Staffing Assignments- page 4** (*complete*) | Included |  |
| **Staff Background Form - page 6** (*complete for new staff, promotions, reassignments*) | Included  N/A |  |
| **Staff Study Plan -** **SEE ADDITIONAL ATTACHMENT**: (*complete for lead teachers not permanently certified in EC; updated plans must be submitted for all staff on an approved plan of study*) | Included  N/A |  |
| **Significant Changes – page 5** (*complete if necessary)* | Included |  |

Submit the completed Annual Report, Fire Safety Report, and other supporting documents to:

**Office of Early Learning**

**ATTN: Voluntary Registered Nursery Schools and Kindergartens**

**89 Washington Avenue, EB 514 W M**

**Albany, New York 12234**

After your report has been reviewed, you will be notified by e-mail if any additional information is needed.

## **Staff Background Form**

(Duplicate this form as needed)

Education, Training and Professional Experience of Certified and Noncertified Staff Members (Including individuals certified in other countries and in States other than New York)

|  |  |
| --- | --- |
| **School Name** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Name** |  | **Name on certification, if different** |  |
| *Signature* |  | **Date** |  |

|  |  |
| --- | --- |
| **Position** | Educational Director Administrative Director Coordinator Lead/Head Teacher (3-5s only)  Teacher Assistant (3-5s only) Teacher Aide (3-5s only) |

**Educational Background:**

For Support Staff/Teacher Assistants & Aides: include highest education level completed.

For Professional Staff: If degree is **not** final, attach **all transcripts of college courses completed** by individual staff member.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Institution** | **From**  **(date)** | **To**  **(date)** | **Major Field of Study** | **Credit Hours** | **Degrees or Diplomas**  **(Type & Subject Area)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Teaching Certifications** (In State & Out-of-State)**:** attach a copy of the most recent **teaching certificate**

If other than permanent certification in Early Childhood Education, a completed Study Plan must also be submitted

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Certification Title** | **State** | **Date Issued** | **Provisional**  **Cert. ()** | **Professional**  **Cert. ()** | **Permanent Cert. ()** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Teaching Experience with Children Under Age Six (6):** include **current** position

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age Groups** | **From (date)** | **To**  **(date)** | **Name of Employer** | **Position Held** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |