Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center Name: \_

Center Address:

Center Phone: Fax:

Website:

We have an Early Childhood Program (ECP) / ChildCare Center serving children younger than

four years of age. 🞎 Yes 🞎 No

**Section A – Contact Information**

Center Director Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_Cell:

Email:

Principal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_Cell:

Email:

Pastor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_Cell:

Email:

Constituent Church Name:

Center Board Chairperson Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_Cell:

Email:

Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Center Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B–** Program Information

1. a. We operate an early childhood program childcare center(ECP) for children up through five years of age.

🞎 Yes 🞎 No

b. Our ECP is governed by the local conference/church/school as defined in SU Education Code #7000.

🞎 Yes 🞎 No

c. Our ECP is separately incorporated as a Seventh-day Adventist childcare program.

🞎 Yes 🞎 No

|  |  |
| --- | --- |
| **Children in ECP Centers** | |
| Ages | Number of Children |
| Infants less than 1 year old |  |
| 1 Year |  |
| 2 Years |  |
| 3 Years |  |
| 4 Years |  |
| Pre-K 5 Years\* |  |
| **Total Enrollment** |  |

2. ECP Enrollment:

d. Enter the number of children in each age group:

\*Count the Pre-K five-year-olds only.

Do not include children in the school’s

Kindergarten class.

e. Number of children from SDA families:\_\_\_\_\_\_\_\_\_\_

3. a. The Early Childhood Program (ECP) is governed by:

🞎 Church Board 🞎 School Board 🞎 ECP Board 🞎 Corporation Board

b. Does the program hold a current childcare license? 🞎 Yes 🞎 No

c. Is the ECP accredited by the Southern Union/National Council for Private School Accreditation (NCPSA)?

🞎 Yes 🞎 No

d. Is the ECP accredited by an accreditation association agency other than the Southern Union / NCPSA ?

🞎 Yes (If yes, please send a photocopy of the accreditation certificate along with this completed form).

🞎 No

🞎 In the process of acquiring accreditation from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Does the ECP receive planned financial support from the church? 🞎 Yes 🞎 No

Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Center Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. We participate in one or more government assistance programs. 🞎 Yes 🞎 No

We are approved providers for our state’s universal/voluntary Pre-K initiative. 🞎 Yes 🞎 No

We are receiving Pre-K and/or other child assistance funding for  children enrolled in our program.

(Add number)

5. Does the state require licensure for After School Care? 🞎 Yes 🞎 No

If so, is this center licensed for After School Care? 🞎 Yes 🞎 No

Is After School Care being offered at this center this year? 🞎 Yes 🞎 No

If so, give the age range of after school attendees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(youngest age – oldest age)

6. Does this program serve children with special needs? 🞎 Yes 🞎 No If yes, please indicate in what area(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section C – Employees**

1. Center Director Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a) Center Director’s Education completed (check all that apply):

🞎 High School Diploma

🞎 CDA / CDAE Certificate / Early Childhood Program Directors Credential

* Associate Degree in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Bachelor Degree in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Masters Degree in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Doctorate of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Current Teacher Certification and Endorsements held:

SDA Teacher Denominational Certification: 🞎 Yes 🞎 No

with Kindergarten or Early Childhood Endorsement: 🞎 Yes 🞎 No

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Professional Teacher Certification 🞎 Yes 🞎 No

Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Center Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Total number of birth-prek teachers (include assistant teachers/caregivers)

a) Number of birth-prek teachers (include assistant teachers/caregivers) with a

High school diploma/GED (may include special training required by state)\_\_\_\_\_\_\_\_\_\_

CDA / CDAE Certificate / Early Childhood Program Directors Credential \_\_\_\_\_\_\_\_\_\_

Associates Degree \_\_\_\_\_\_\_\_\_\_

Bachelors Degree \_\_\_\_\_\_\_\_\_\_

Masters Degree \_\_\_\_\_\_\_\_\_\_

Doctorate Degree \_\_\_\_\_\_\_\_\_\_

b) Number of degreed teachers holding current teacher certification: \_\_\_\_\_\_\_\_\_\_

Number maintaining:

SDA Teacher Denominational Certification \_\_\_\_\_\_\_\_\_\_

State Professional Teacher Certification \_\_\_\_\_\_\_\_\_\_

c) Number of teachers who graduated from an SDA college/university \_\_\_\_\_\_\_\_\_\_

3. Total number of NON-teaching ECP center employees (cook, custodian, etc.):

Add the total numbers from boxes 2 and 3 to show the *Grand Total*

*of Center Employees*. Make sure the Director is included in one of the two categories.

4. Total number of full-time ECP center teachers/employees:

(The number in the box must equal the sum of 4 a.-d.)

a. Number of full-time SDA teachers:\_\_\_\_\_\_\_\_ b. Number of full-time non-SDA teachers:\_\_\_\_\_\_\_\_

c. Number of full-time SDA non-teaching staff:\_\_\_\_\_\_\_\_ d. Number of full-time non-SDA non-teaching staff:\_\_\_\_\_\_\_

5. Total number of part-time ECP center teachers/employees:

(The number in the box should equal the sum of 5 a.-d.)

a. Number of part-time SDA teachers:\_\_\_\_\_\_\_\_ b. Number of part-time non-SDA teachers:\_\_\_\_\_\_\_\_

c. Number of part-time SDA non-teaching staff:\_\_\_\_\_\_\_\_ d. Number of part-time non-SDA non-teaching staff:\_\_\_\_\_\_\_

6. Add 4.a and 5.a only for the total number of SDA teachers:  **\_\_\_\_\_\_\_\_\_\_**

Add 4.b and 5.b only for the total number of non-SDA teachers:  **\_\_\_\_\_\_\_\_\_\_**

Add 4.c and 5.c only for the total number of SDA non-teaching staff:  **\_\_\_\_\_\_\_\_\_\_**

Add 4.d and 5.d only for the total number of non-SDA non-teaching staff:  **\_\_\_\_\_\_\_\_\_\_**

7. Number of substitute teachers with ECE qualifications: \_\_\_\_\_\_\_\_\_\_

**Section D – Signature**

Person completing this form:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_