

Annual Report for Registered Nonpublic Nursery Schools & Kindergartens

Due Date: July 31, 2020

Instructions & Additional Information

Please note: The provided updated report form must be used. Submissions received on old forms will be returned.

Page 1 – Cover Page:

- The NYSED Annual Fire Safety Report form for Nonpublic Schools must be completed and submitted along with the Annual Report
- Any school that meets the criteria below may submit documentation indicating the site has passes all fire safety requirements as set forth under the inspecting authority for the site
 - Licensed by OCFS (Office of Children & Family Svcs.) or Registered with the NYC Dept. of Health & Mental Hygiene
 - Site is located within the Big Four or NYC School Districts
 - Nursery School is part of a college, university or larger elementary school campus
- Provide signatures where noted

Page 2 – Contact Information Form:

- Educational & Administrative Director and Owner/Board President information is required
- Other School Administrator and Site Director: complete if applicable

Page 3 – School Operation & Enrollment:

- This page should only reflect school data for the school year beginning 2019.
- Only report teachers and assistants/aides for 3-5-year-old classrooms (**do not report toddler teachers**)
- Only report students ages 3-5 (**3s are students who turn 3 on or before December 1st**)

Page 4 – Staffing Assignments:

- List the staff that were employed in your school during the 2019-2020 school year
- Indicate if the staff member will be returning for the 2020-2021 school year and if they have been approved by SED
- For teachers, if a new or updated Study Plan is required, indicate and submit with this Annual Report
- If you have any new staff, please be sure to complete the Staff Background Form and Study Plan (if required) and submit with this report

Page 5 – Staff Background Form:

- Complete only for **new hires or reassignments/promotions** (**This submission rule only applies to the Annual Report ***At time of registration renewal, Staff Background Forms will be required for all staff*)
- Staff name: provide first name, last name, middle initial & any name previously known by (e.g. maiden name)
- This form should be completed in its entirety (attachments will **not** be accepted **in place of** this form)
- List and attach copies of teaching certification certificates, including provisional/initial certificates

Page 6 – Staff Study Plan:

- Required for **lead/head** teachers that are **not permanently certified in Early Childhood Education, B-2**
- For teachers who have been previously approved on their Plan of Study, an updated plan must be submitted annually
- This form must be signed by the teacher and the Educational Director

Page 7 – Significant Changes:

- Answer questions 1 and 2
- Complete the boxes where applicable

Pages 8 – Annual Report Checklist:

- Review and mark the appropriate boxes to ensure a complete report submission
- Submit completed report and all applicable attachments to the address or email provided at the bottom of the checklist



2019 – 2020 Annual Report for Registered Nonpublic Nursery Schools & Kindergartens
Due Date: July 31, 2020

SCHOOL INFORMATION

School Name				
Check all that apply	<input type="checkbox"/> Nursery School	<input type="checkbox"/> Prekindergarten	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Montessori School
	<input type="checkbox"/> Parent Cooperative	<input type="checkbox"/> Mission of a Church or Synagogue		
School Address				
City and Zip Code				
Telephone Number				
Web Address (www.)				
School Owner, Director & Administrator Information	<i>Complete page 2</i>			

REGULATORY AUTHORITY

Registered/ Licensed by a Regulatory Agency?	<input type="checkbox"/> OFFICE OF CHILDREN & FAMILY SERVICES (OCFS) <input type="checkbox"/> NYC DEPT. OF HEALTH & MENTAL HYGIENE (NYC DOHMH) <input type="checkbox"/> N/A (NOT LICENSED OR REGISTERED BY A REGULATORY AGENCY)	License # (OCFS) or Permit # (NYCDOH)	
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I verify that the information provided in this report is correct and reflects the current 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](#) 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 _____

SED USE ONLY

RWAR	<input type="checkbox"/> SED FSR	<input type="checkbox"/> FSI DOC	<input type="checkbox"/> NYC DOHMH - PC	FID _____	<input type="checkbox"/> NR
RQD FSR					

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
 Office of Early Learning
 89 Washington Avenue, Room 319 EB
 Albany, New York 12234

VOLUNTARY REGISTERED NONPUBLIC
 NURSERY SCHOOLS & KINDERGARTENS

Site Contact Information Form

Revised 04/2020

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. This form can be submitted by e-mail to: ael@nysed.gov or by fax to (518) 473 -7737.

School Name	
Educational Director Name	
Email Address	
Telephone Number & Ext.	
Fax Number	
Administrative Director Name	
Email Address	
Telephone Number & Ext.	
Fax Number	
Other School Administrator Name	
Title	
Email Address	
Telephone Number & Ext.	
Fax Number	
Site Director(s) Name	
Owner	
Board President	

Is the above listed Educational Director new since the 2019-20 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 as of the 2019-20 school year? Yes* No

**If yes, please include a completed Staff Background Form*

School Operation & Enrollment

School Name	
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SCHOOL YEAR SESSION & FACILITY HOURS OF OPERATION

(Only report for the school year that began in 2019)

Date School Began			2019	Date School Ended			2020	Time Facility Opens		Time Facility Closes	
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STUDENTS SERVED

Ages of Students Served	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	← check all that apply
# of Nursery Students		<p style="color: blue; margin: 0;">*The Voluntary Registration Program is for 3-5-yr-olds ONLY (3s are students who turn 3 on or before December 1st)</p> <p style="margin: 0;">*Do not include infants or toddlers in the number of students</p>
# of Prekindergarten Students		
# of Kindergarten 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 Classrooms		# of Lead Classroom Teachers	
# of Teacher Assistants		# of Classroom Aides	
# of Parent Assistants		← only for parent cooperatives	

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

In the charts below, please list the staff that were employed in your school during the 2019-2020 school year. Please indicate if the staff member will be returning for the 2020-2021 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 2019-2020	Returning 2020-2021	Approved by SED	*Updated Study Plan Submitted (if required)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Submitted <input type="checkbox"/> N/A
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Submitted <input type="checkbox"/> N/A
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Submitted <input type="checkbox"/> N/A
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Submitted <input type="checkbox"/> N/A
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Submitted <input type="checkbox"/> N/A
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Submitted <input type="checkbox"/> N/A
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Submitted <input type="checkbox"/> N/A
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Submitted <input type="checkbox"/> N/A

TEACHING ASSISTANTS & AIDES (only Staff Background Forms required)

Teaching Assistant/Aide Name	Employed 2019-2020	Returning 2020-2021	Approved by SED
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Staff Background Form

Revised 04/2020

(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		Other Name Known By	
<i>Signature</i>		Date	
Position	<input type="checkbox"/> Educational Director <input type="checkbox"/> Administrative Director <input type="checkbox"/> Coordinator <input type="checkbox"/> Lead/Head Teacher (3-5s only) <input type="checkbox"/> Teacher Assistant/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	Initial 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

**To be completed for any Lead/Head Teacher not professionally/permanently certified in Early Childhood Education (B-2)
Voluntary Registration of Nonpublic Nursery Schools and Kindergartens**

School Name			
Staff Name <i>(Lead/Head Teacher of 3-5-year-olds)</i>		Age(s) Currently Teaching	
Overall Education & Employment Goal(s)			
Areas of Interest			
Areas in Need of Improvement			

Continuing Education Plan to Address Areas Identified Above:

Topic	Source of Training	Projected Time Frame

Certifications

I verify that the above information represents my intentions to improve my professional expertise and/or obtain professional/permanent teaching certification.

Staff Signature _____ **Date** _____

I verify that I have reviewed and approved this study plan and will submit updates yearly with the Annual Report.

Ed. Director Signature _____ **Date** _____

SED USE ONLY

REVIEWER COMMENTS		DATE	
REVIEWER COMMENTS		DATE	

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 www.nysed.com/OEL](http://www.nysed.com/OEL)) **NO**

2. 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 a final 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.

Please describe only significant changes in the areas listed below (information in parenthesis are examples only)

EMERGENCY PROCEDURES (procedures for responding to illness, accident, fire, emergency evacuation, sheltering in place)
HEALTH POLICIES (e.g. administration of medication and staff training)
STUDENT ENROLLMENT (e.g. ages and grades served and number of children in each group/session)
EDUCATIONAL PROGRAM (e.g. changes to daily schedule, curriculum and/or assessment)

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 (<i>complete and sign – two signatures</i>)	<input type="checkbox"/> Included	<input type="checkbox"/>
Fire Safety Report/Fire Safety Inspection Document (<i>attach to Annual Report</i>)	<input type="checkbox"/> Included	<input type="checkbox"/>
Contact Information Form - page 2 (<i>complete</i>)	<input type="checkbox"/> Included	<input type="checkbox"/>
School Operation & Enrollment - page 3 (<i>complete</i>)	<input type="checkbox"/> Included	<input type="checkbox"/>
Classroom and Staffing Assignments- page 4 (<i>complete</i>)	<input type="checkbox"/> Included	<input type="checkbox"/>
Staff Background Form - page 5 (<i>complete for new staff, promotions, reassignments</i>)	<input type="checkbox"/> Included <input type="checkbox"/> N/A	<input type="checkbox"/>
Staff Study Plan - page 6 (<i>complete for lead teachers not permanently certified in EC; updated plans must be submitted for all staff on an approved plan of study</i>)	<input type="checkbox"/> Included <input type="checkbox"/> N/A	<input type="checkbox"/>
Significant Changes – page 7 (<i>complete</i>)	<input type="checkbox"/> Included	<input type="checkbox"/>

Submit the completed Annual Report, Fire Safety Report and other supporting documents to oe1@nysed.gov or mail to:

**New York State Education Department
Office of Early Learning
89 Washington Avenue, Room 319 EB
Albany, New York 12234
Attn: 19-20 NSK Annual Report**

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