

Annual Report for Registered Nonpublic Nursery Schools and Kindergartens

Due annually on July 31st

The report form is in PDF format which allows the applicant to fill in the questions electronically using **Adobe Reader** except where signatures are required. However, completing the report electronically is not a requirement. You may print out the report and then complete it. Before attempting to fill in the form electronically, please be sure you have the most current version of Adobe Reader by going to: <http://www.adobe.com/products/reader.html>. By ensuring you have the most current Adobe version you will be able to fill in your report and save it to your computer.

Please Note: If filling out this form electronically, it must be opened and completed in the Adobe Reader on your computer in order for it to save all entered data. Reports completed electronically in a web browser will **not** save.

Also included with your Annual Report must be your Annual Fire Safety Report which can be found at: http://www.p12.nysed.gov/facplan/FireSafety/fire_safety_report_homepage.html.

For more information regarding the completion of the Annual Report and Fire Safety Report, please refer to the memo on the [Nursery School homepage](#).

**New York State Education Department
Office of Early Learning
89 Washington Avenue
Room 320 EB
Albany, New York 12234**

If you have any questions, please do not hesitate to contact our office at (518) 474-5807 or via email at oe1@nysed.gov.

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT

Office of Early Learning
 89 Washington Avenue, Rm. 320 EB
 Albany, New York 12234
 (518) 474-5807

2014-2015 Annual Report for Registered Nonpublic Nursery Schools & Kindergartens

Due Date: July 31st

Registration Certificate #:		Date of Registration Certificate:		OCFS Licensed ? (Office of Children & Family Svcs)	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Name:					
Address:				County:	
City:				Zip Code:	
Telephone Number:		Ext:		Fax Number:	
Email Address:					
CONTACT PERSONS (specify title if different)					
Educational Director:					
Administrative Director:					
Site Director(s) if applicable:					
Owner/Board President:					
I verify that the information provided in this report is accurate and reflects the current status of program operations.					

Authorized Signature

Title

Date

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 at: http://www.p12.nysed.gov/facplan/FireSafety/fire_safety_report_homepage.html

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.

Authorized Signature

Annual Report for Registered Nonpublic Nursery Schools & Kindergartens

School Name:			
CHANGE IN STAFFING? <input type="checkbox"/> Yes** <input type="checkbox"/> No ** If yes, the Staff Background Form (page 3) must be completed for <u>each</u> new hire			
SIGNIFICANT CHANGES (check all that apply & complete pages 4-7 where appropriate)			
<input type="checkbox"/> Facilities Management	<input type="checkbox"/> Health Policies	<input type="checkbox"/> Hours of Operation	<input type="checkbox"/> Family Partnerships
<input type="checkbox"/> Staffing Pattern	<input type="checkbox"/> Emergency Procedures	<input type="checkbox"/> Student Enrollment	<input type="checkbox"/> Outdoor Play Environment
<input type="checkbox"/> Educational Program	<input type="checkbox"/> Classroom Environment	<input type="checkbox"/> Nutrition Policies	
SCHOOL YEAR SESSION & FACILITY HOURS OF OPERATION			
Date School Began (month & day):	2014	Date School Ends (month & day):	2015
Time Facility Opens:		Time Facility Closes:	
CLASSROOMS & CLASSROOM STAFF			
Total # of Classrooms:		# of Classroom Aides:	
# of Lead Classroom Teachers:		# of Parent Assistants:	
# of Teacher Assistants:		(if school is a parent co-op)	
STUDENTS SERVED			
Age Range of Students*:		*The Voluntary Registration Program is for 3-5 year-olds ONLY	
# of Preschool Students:			
# of Nursery Students:			
# of Universal PreK Students:			
# of Kindergarten Students:			
TOTAL # OF STUDENTS SERVED:			
Of the above students, how many:			
Are Integrated/Inclusion:		Have an IEP:	
		Are Bilingual:	

Staff Background Form

Revised 7/10/13

Education, Training and Professional Experience of Certified and Noncertified Staff Members
(Including Individuals Certified in other countries and in States other than New York)
(Duplicate this form as needed)

Staff Name:		Position:	
(Include any other name you may have been known by)			
Signature:		Date:	

Educational Background

Institution	Dates		Major Field of Study	Credit Hours	Degrees or Diploma
	From	To			

Teaching Certification(s): attach a copy of the most recent teaching certificate
(Include in State and out-of-State. If other than professional or permanent certification, a Study Plan must be submitted)

Title	State	Date Issued	Number	
			Initial	Professional

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

Age Group(s)	Dates		Name of Employer	Position Held
	From	To		

Please describe **Only Significant Changes** in the areas listed below (information in parenthesis are examples only)

School Name:

FACILITIES MANAGEMENT (ie; any planned indoor & outdoor construction or major renovation)

STAFFING PATTERN (ie; new hires, separations, reassignments, & number of SEITs)

EDUCATIONAL PROGRAM (ie; changes to daily schedule, curriculum and/or assessment)

Please describe **Only Significant Changes** in the areas listed below (information in parenthesis are examples only)

School Name:

HEALTH POLICIES (ie; administration of medication and staff training)

EMERGENCY PROCEDURES (ie; procedures for responding to illness, accident, fire, emergency evacuation, sheltering in place)

CLASS ENVIRONMENT (ie; furniture and equipment, arrangement of space, development of learning center)

Please describe **Only Significant Changes** in the areas listed below (information in parenthesis are examples only)

School Name:

HOURS OF OPERATION (ie; length and frequency of each session; arrival and dismissal procedures)

STUDENT ENROLLMENT (ie; ages and grades served and number of children in each group/session)

NUTRITION POLICIES (ie; county health inspection, meal patterns, menus and food service, catered meals)

Please describe **Only Significant Changes** in the areas listed below (information in parenthesis are examples only)

School Name:

FAMILY PARTNERSHIPS (ie; comprehensive plan to engage families in the education of their children)

OUTDOOR PLAY ENVIRONMENT (ie; changes to structures, surfaces, equipment, supplies and type of border or fencing)

Revised March, 2015



P-12 Education
Office of Early Learning
89 Washington Avenue - Room 320 EB
Albany, NY 12234
Tel. (518) 474-5807 / Fax: (518) 473-4884

Nonpublic Nursery Schools and Kindergartens Contact Information Request

The Education Department's policy is to use e-mail for all bulk correspondence to registered schools, so it is imperative that we have the correct email address for your school and/or designated staff. Please complete the below in its entirety. In addition, **during the school year**, this form should be used to report immediately to the Department changes in administrative director, educational director and other school data. This form can be submitted via fax to (518) 473-4884, by e-mail: uel@nysed.gov, or by mail to:

NYS Education Department
Office of Early Learning
89 Washington Avenue, EB 320
Albany, NY 12234

We appreciate your ongoing attention to this matter. Thank you.

Name of School:			
Mailing Address:			
City/Town:		Zip Code:	
Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>
Educational Director:			
Telephone Number:	Ext:	Fax Number:	
E-mail Address:			
Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>
Administrative Director:			
Telephone Number:	Ext:	Fax Number:	
E-mail Address:			