Early Childhood Education Industry Certification

Annual Report

The ECE Industry Certification Review is conducted by the Georgia Early Childhood Education Foundation (GECEF). GECEF is comprised of early childhood education professionals from business/industry, post-secondary institutions/secondary institutions, representatives from the Georgia Department of Early Care and Learning, Georgia Department of Education, and Georgia FCCLA.

Annual Reports and Recertification

a. An Annual Report Form is required and should be submitted each year **BEFORE May 1st.**

b. Major changes in the program require notification and follow-up with the GECEF Director.

1. Hiring a high school or preschool teacher who does not meet the required qualifications.
2. The elimination of the on-site lab without replacement of an off-site field experience that mirrors the lab setting.
3. Each new high school teacher and on-site lab lead teacher/paraprofessional hired will be required to supply their teaching credentials to remain an industry certified program.

c. Certified programs may be recertified every five years. Recertification requires the same procedures as the initial certification. The Site Team will review the high school program and on-site labs. (if applicable)

d. Copies of annual reports completed between certification visits should be included as reference materials for the subsequent Industry Certification Visit.

e. Schools that do not maintain standards for Industry Certification, including the areas monitored in this report, may be placed on probation and receive a needs improvement plan. Schools that fail to maintain the standards for industry certification will lose their certification status and must re-apply for certification if applicable.

f. The Annual Report may be submitted electronically using the email address provided below.

CONTACT INFORMATION FOR THE GEORGIA EARLY CHILDHOOD EDUCATION FOUNDATION

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_____(Year) Annual Update
Industry Certification for ECE Programs

I. SCHOOL INFORMATION

School Name		School Enrollment	
CTAE Director's Name		School Phone Number	
CTAE Director's Email		ECE Classroom Phone Number	
School Mailing Address		School Website Address	
Year Program Initially Certified		Year Program will pursue Recertification	

II. PROGRAM INFORMATION

ECE Course Offerings

List the enrollment for each course in the pathway:

COURSE NAME	TEACHER(s)	ENROLLMENT	
		MALE	FEMALE

III. ADVISORY COMMITTEE

A.

Date of Fall Advisory Council Meeting	Date of Spring Advisory Council Meeting

B. Please list the names of all members of your Local Advisory Council members and indicate the business/organization he/she represents. ECE **Instructors and local school administrators should not be included.**

MEMBER NAME	**BUSINESS/ ORGANIZATION REPRESENTED**

C. Were the GaDOE Early Childhood Education Standards reviewed or discussed with the local advisory committee? Explain

D. How does your advisory board enhance your program? List examples of how your advisory board is active or involved with your program and your FCCLA chapter.

IV. INSTRUCTOR INFORMATION

A. High School ECE Teacher A **B. High School Teacher B**

Name:	Name:
Email:	Email:
Year's Teaching:	Year's Teaching:
Returning Next Year?	Returning Next Year?
Other Responsibilities: (Dept. Chair, Coach etc.)	Other Responsibilities: (Dept. Chair, Coach etc.)
<u>Professional Organization Membership:</u> ACTE/GACTE/GATFACS Membership Number NAEYC Membership Number Other Membership Number	<u>Professional Organization Membership:</u> ACTE/GACTE/GATFACS Membership Number NAEYC Membership Number Other Membership Number

C.Pre-school Teacher A (on-site lab, if applicable)

D. Preschool Teacher B (on-site lab, if applicable)

Name:	Name:
Email:	Email:
Year's Teaching:	Year's Teaching:
Returning Next Year?	Returning Next Year?
Other Responsibilities: (Dept. Chair, Coach etc.)	Other Responsibilities: (Dept. Chair, Coach etc.)

E. Teacher Certifications/Assessments

1. High School ECE Classroom Teacher A Date of Expiration for:
Fire Safety Certification: _____ Infant/Child First Aid Certification: _____
Infant/Child CPR Certification: _____

2. High School ECE Classroom Teacher B Date of Expiration for:
Fire Safety Certification: _____ Infant/Child First Aid Certification: _____
Infant/Child CPR Certification: _____

3. Pre-School Teacher A (if program has onsite pre-school program) Date of Expiration for:
Fire Safety Certification: _____Infant/Child First Aid Certification: _____
Infant/Child CPR Certification: _____

4. Pre-School Teacher B (for second teacher if applicable) Date of Expiration for:
Fire Safety Certification: _____Infant/Child First Aid Certification: _____
Infant/Child CPR Certification: _____

F. Professional Learning Completed During this Annual Reporting Year for the High School ECE Teacher

DATE	CONTACT HRS	TITLE OF EVENT	SPECIFIC ECE RELATED ACTIVITY – i.e. workshops/sessions attended

G. Professional Learning for Preschool Teacher (On-site Lab, if applicable)

DATE	CONTACT HRS	TITLE OF EVENT	SPECIFIC ECE RELATED ACTIVITY – i.e. workshops/sessions attended

V. CERTIFICATIONS/ASSESSMENT/FOLLOW-UP

Number of students receiving Fire Safety Certification for the current school year:			
Number of students receiving Infant/Child CPR/First Aid certificates for the current school year:			
Number of pathway completers for this annual reporting year:			
Number of students enrolled in WBL in an ECE related field during this annual reporting year:			

Number of students taking and passing the End of Pathway Assessment for this annual reporting year:	# Taking Test	# Passing Test
NOCTI		
ELCCT (Oklahoma)		
CDA		
Number of ECE graduates who took positions in early care upon graduation at the conclusion of this reporting year:		
Number of ECE graduates who enrolled in post-secondary programs for early childhood education at the conclusion of this reporting year:		

VI. CTSO

A. Number of Total Affiliated FCCLA Members:	
B. Number of Affiliated FCCLA members who are in the ECE Pathway:	
C. Chapter Advisor(s):	

D. FCCLA Involvement

TITLE OF EVENT	# of Members Participating	Name of Competition
FCCLA DISCOVER Training		
FCCLA Fall Rally at the Fair or Six Flags		
FCCLA Fall Leadership Conference		

FCCLA Regional STAR Events Competition		
FCCLA State Leadership Conference		
FCCLA National Leadership Conference		
List FCCLA National Projects, State Projects, Community Service, and/or Adviser Awards applied for:	1. 2. 3. 4. 5.	

VII. EQUIPMENT/FACILITIES

A. Do you have an on-site lab?	YES	NO
B. Describe any changes to your facility. (ECE classroom and on-site lab, **if applicable**).		

Please sign and date below that the information provided is accurate and completed BEFORE May 1st. Reports will be forwarded to the Georgia Department of Education in accordance with your Industry Certification Grant.

ECE Teacher #1: _____ Date: _____

ECE Teacher #2: _____ Date: _____

Preschool Teacher #1: _____ Date: _____

Preschool Teacher #2: _____ Date: _____

CTAE Director/Supervisor: _____ Date: _____