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***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. Many of these professionals are members of GAEYC.**

## Annual Reports and Recertification

1. An Annual Report Form should be completed each year by **May 1st.** Major changes in the program (e.g., hiring a high school or preschool teacher who does not meet the required qualifications, the elimination of the lab school without sufficient off-site field experiences or adequate guidelines) may require additional follow-up.
2. **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 have to re-apply for certification when applicable.**
3. Certified programs may recertify every five years and requires the same Site Visit procedures as the initial certification – review of the high school program, and ECERS(on-site labs).

## CONTACT INFORMATION FOR THE GEORGIA EARLY CHILDHOOD EDUCATION FOUNDATION

1. Donna Kurdelmeier, GECEF Interim Director

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Lake Lure, NC 28746

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678-978-6196

## (Year) Annual Update

**Industry Certification for ECE Programs**

**I. SCHOOL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| School Name  |  | School Enrollment  |  |
| CTAE Director’s Name  |  | SchoolPhone Number  |  |
| ECE Phone Number  |  | ECE Fax Number  |  |
| School Mailing Address  |  |  |  |
| School Website Address  |  | Last Year Program was Certified  |  |

### II. PROGRAM INFORMATION

**ECE Course Offerings**

List the enrollment for each course in the pathway:

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| --- | --- | --- |
| COURSE NAME  | TEACHER(s)  |  ENROLLMENT  MALE FEMALE  |
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Attach course syllabus.

Provide lab schedule with hours for each course.

List name and date of resource speakers.

1. **ADVISORY COMMITEE**
2. Dates of Fall Advisory Council Meeting
3. Dates of Spring Advisory Council Meeting
4. **Please attach copies** of advisory council meeting minutes. Include **members present** at each meeting.
5. Please list the names of all members of your Local Advisory Council members and indicate the business/organization he/she represents. **Instructors and local school administrators should not be included.**

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| MEMBER NAME  | **BUSINESS/ ORGANIZATION REPRESENTED** | **Ethnic Demographics** |
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1. How does your advisory board enhance your program? List examples of how your advisory board is active or involved with your program and or your FCCLA program.

1. **SUCCESS**
2. Describe at least one success that has taken place this school year; for example, changes in the organization and administration of your program/department-such as adding a program, staff member etc.



1. Describe at least one goal that you have set to improve the program and how you have or are accomplishing it.
2. Describe at least one multimedia resource you incorporated into your program this year. How did you incorporate it into your lesson plans?
3. Was it success or do revisions need to be made before using this resource again?

 **V. ENROLLMENT**

1. Describe your enrollment in the high school program.



1. Include information such as increases/decreases in enrollment/recruitment/placement.

### VI. INSTRUCTOR INFORMATION

1. **High school ECE teacher A**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years’ Teaching \_\_\_\_\_\_\_\_\_\_\_ Does the teacher plan to return next school year? \_\_\_\_\_

Other responsibilities (FCCLA, Dept. Chair, Coach etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Organization Memberships for High School ECE Teacher A**:

|  |  |  |
| --- | --- | --- |
| ORGANIZATION NAME | MEMBERSHIP NUMBER  | Expiration Date |
| ACTE/GACTE/GATFACS |  |  |
| NAEYC( optional but recommended)  |  |  |
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**Staff Development for High School ECE Teacher A:**

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| --- | --- | --- | --- |
| DATE  | CONTACT HRS  | TITLE OF EVENT  | SPECIFIC ECE RELATED ACTIVITY – i.e. workshops/sessions attended  |
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**B. High school ECE teacher B (second teacher if applicable)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years’ Teaching \_\_\_\_\_\_\_\_\_\_\_ Does the teacher plan to return next year?\_\_\_\_\_\_\_

Other responsibilities (FCCLA, Dept. Chair, Coach etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Organization Memberships for High School ECE Teacher B**:

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| --- | --- | --- |
|  | MEMBERSHIP NUMBER  | Expiration Date |
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**Staff Development for High School ECE Teacher B:**

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| --- | --- | --- | --- |
| DATE  | CONTACT HRS  | TITLE OF EVENT  | SPECIFIC ECE RELATED ACTIVITY – i.e. workshops/sessions attended  |
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1. **Preschool teacher A (if there is an on-site lab)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years’ Teaching \_\_\_\_\_\_\_\_\_\_\_ Does the teacher plan to return next year?\_\_\_\_\_\_\_\_\_

Other responsibilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Professional Organization Memberships for Preschool Teacher A:**

 **Staff Development for Preschool Teacher A**

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| --- | --- | --- | --- | --- |
| DATE  | CONTACT HRS  | TITLE OF EVENT  | BFTS Approved Code  | SPECIFIC ECE RELATED ACTIVITY – i.e. workshops/sessions attended  |
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1. **Preschool teacher B (for second teacher, if applicable)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years’ Teaching \_\_\_\_\_\_\_\_\_\_\_ Does the teacher plan to return 2017-2018? \_\_\_\_\_\_\_\_\_\_\_\_

Other responsibilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Professional Organization Memberships for Preschool Teacher B:**

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| --- | --- | --- |
| ORGANIZATION NAME  | MEMBERSHIP NUMBER  | Expiration Date |
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**Staff Development for Preschool Teacher B**

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| --- | --- | --- | --- | --- |
| DATE  | CONTACT HRS  | TITLE OF EVENT  | BFTS Approved Code  | SPECIFIC ECE RELATED ACTIVITY – i.e. workshops/sessions attended  |
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**If needed, include information for additional teachers.**

**Is (Are) the above mentioned pre-school teacher(s) new? If so, please attach a copy of his/her teaching credentials.**

E. Teacher Certifications/Assessments

1. High School ECE Classroom Teacher A:

Type of Teaching Certificate:\_\_\_\_\_\_\_\_\_\_

Fire Safety Certification (date of expiration): \_\_\_\_\_\_\_\_\_\_\_

Infant/Child First Aid Certification(date of expiration): \_\_\_\_\_\_\_\_\_\_

Infant/Child CPR Certification(date of expiration):\_\_\_\_\_\_

 2, High School ECE Classroom Teacher B:

Type of Teaching Certificate:\_\_\_\_\_\_\_\_\_\_

Fire Safety Certification (date of expiration): \_\_\_\_\_\_\_\_\_\_\_

Infant/Child First Aid Certification(date of expiration): \_\_\_\_\_\_\_\_\_\_

Infant/Child CPR Certification(date of expiration):\_\_\_\_\_\_

3, Pre-School Teacher A (if program has onsite 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: \_\_\_\_\_\_\_\_\_\_\_

**VII. STUDENT CERTIFICATIONS/ASSESSMENT/FOLLOW-UP**

1. Number of students receiving fire safety certification for the past three years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Number of students receiving infant/child CPR/first aid certificates for the past three years: \_\_\_\_\_\_\_\_\_\_\_
3. Number of pathway completers for this year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Attach a printout of completers.

1. Number of students enrolled in WBL in an ECE related field \_\_\_\_\_\_\_\_\_\_\_\_\_

\*Attach the C-Net Report.

1. Number of students taking and passing the End of Pathway Assessment:
* NOCTI Assessment # Tested \_\_\_\_\_\_\_\_\_ # Passed \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* MAVCC (Oklahoma Test) # Tested \_\_\_\_\_\_\_\_\_ # Passed \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* CDA # Tested \_\_\_\_\_\_\_\_\_ # Passed \_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Attach an Administrator’s list of students’ test results for EOPA.
2. Number of ECE graduates who took positions in early care upon graduation. \_\_\_\_\_\_

\*Attach a list of students and where they are employed.

1. Number of ECE graduates who enrolled in post-secondary programs for early childhood education. \_\_\_\_\_\_\_

\*Attach a list of students and the schools in which they are enrolled.

### VIII. CTSO

1. Paid ECE Affiliated Members \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Percentage of paid affiliated FCCLA members out of total ECE class enrollment \_\_\_\_\_\_\_\_\_\_
3. Chapter Adviser(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. FCCLA Involvement

|  |  |  |
| --- | --- | --- |
| DATE  | TITLE OF EVENT  | # Students Participating  |
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1. Number of students attending and competing at the following events:
2. FCCLA Fall Rally \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Attach a copy of registration.

1. FCCLA Fall Leadership Conference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Attach a copy of registration.

1. FCCLA Regional Competition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Attach a copy of registration.

FCCLA State Leadership Conference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Attach a copy of registration.

1. National Leadership Conference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Attach a copy of registration.

1. List all state and/or national programs awards applied for:

1.

 2.

 3.

 4.

### IV. EQUIPMENT/FACILITIES

A. Do you have an onsite facility? Yes \_\_\_\_\_ No \_\_\_\_\_\_

B. Describe any changes to your facility?

1. List new equipment purchased this year.
2. List outdated equipment that has been discarded.

**Please sign and date below that the information provided is accurate and completed by May 1st.**

ECE Teacher #1:  Date:

ECE Teacher #2: Date:

Preschool Teacher #1: Date:

Preschool Teacher #2: Date:

CTAE Director: Date: