



# NAEYC Intent To Renew

## PROGRAM INFORMATION

### Program Identification

Program Name: Southwestern Community Partnership Family Center  
Legal name to appear on all correspondence and official documents from NAEYC, including the NAEYC Accreditation Certificate.

Program ID #: 280663

### Purpose

This form notifies the NAEYC Academy that a program intends to pursue a new term of NAEYC Accreditation.

## RENEWAL MATERIALS DUE DATE

My program's NAEYC Accreditation expires on:

☒ My program will submit Renewal Materials, as indicated in the Timeline for Currently Accredited Programs, on:  
-----  
OR

☐ I would like to select an alternate Renewal Materials due date.

Complete the following chart if you wish to request an alternate Renewal Materials due date. Please note:

- If you request a Renewal Materials deadline that is later than the date indicated in the Timeline for Currently Accredited Programs, your program's accreditation status may expire before your new term of accreditation begins.
- If an earlier Renewal Materials due date is selected, the program will be forfeiting a portion of their current accreditation term. A new term of accreditation will begin once the program earns an accreditation decision of "Accredited".

For more information, refer to the Timeline for Currently Accredited Programs.

Alternate Renewal Materials Due Date Selection		
<input type="checkbox"/> 1/31/	<input type="checkbox"/> 5/31/	<input type="checkbox"/> 9/30/
Intent to Renew must be submitted no later than <b>12/31</b> in order to secure this Renewal Materials due date.	Intent to Renew must be submitted no later than <b>4/30</b> in order to secure this Renewal Materials due date.	Intent to Renew must be submitted no later than <b>8/31</b> in order to secure this Renewal Materials due date.

## RIGHTS AND RESPONSIBILITIES

### Program Responsibilities

**Responsibility:** To understand the NAEYC Accreditation process and access the most current versions of the NAEYC Early Childhood Program Standards and Accreditation Criteria and related assessment tools and resources.

- For information about the NAEYC Accreditation process, visit the NAEYC Academy Website frequently and read monthly Accreditation e-Updates.
- For current versions of the NAEYC Early Childhood Program Standards and Accreditation Criteria and related assessment tools and resources, visit TORCH.

**Responsibility:** To Update NAEYC of programmatic changes and critical incidents according to the appropriate timeframes.

- Report major programmatic changes within 30 days using the Self Report form.
- Notify NAEYC of critical incidents that may impact program quality status within 72 hours using the 72 Hour Notification form.
- Inform NAEYC of updates to contact information for the primary and secondary contact of your program to ensure open communication between the program and NAEYC. Changes to contact information should be reported as soon as possible with the Self Report form.

**Responsibility:** To retain a copy of all forms submitted to NAEYC and retain documentation verifying the date of all submissions. Postmark documentation is acceptable for submissions by mail and a copy of sent e-mail with date and time stamp information is acceptable for e-mail submissions.

### Signature

- ☒ I have read and understand my program's responsibilities.
- ☐ I understand that submitting this form notifies the NAEYC Academy that my program intends to pursue a new term of NAEYC Accreditation.
- ☐ In order to avoid a lapse in my program's status as NAEYC Accredited, I understand that my program must submit Renewal Materials according to the date indicated in the Timeline for Currently Accredited Programs, submit to a site visit within the corresponding site visit window, and earn an accreditation decision of "Accredited."

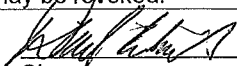


COPY

## RIGHTS AND RESPONSIBILITIES Continued

### Signature

- ☐ If my program is submitting this form past the Intent to Renew deadline indicated in the Timeline for Currently Accredited Programs, I understand that my program's accreditation will expire after the valid until date listed on its NAEYC Accreditation Certificate. I also understand that my program must submit Renewal Materials on the next available Renewal Materials due date.
- ☒ I verify that the information submitted in this form is accurate. If false or misleading information is ever provided to the NAEYC Academy, I understand that my program's pursuit of NAEYC Accreditation will cease and/or my program's current accreditation may be revoked.

  
Signature

Family-Center Coordinator  
Title

## FEES FOR NAEYC ACCREDITATION

The Intent to Renew fee is nonrefundable. This form will not be processed until NAEYC receives the applicable fee.

\$275	10 - 60 children
\$300	61 - 120 children
\$475	121 - 240 children
\$575	241 - 360 children
Add \$100 for every additional 120 children.	

The accreditation fee is calculated based on the number of children enrolled in a program at the time this form is submitted. If the number of children changes for a defined portion of the year (for example, altered program operation during the summer), the program should report the number of children that typically applies throughout the majority of the school year. Programs will be billed for supplemental fees (according to the chart above) if program enrollment is inaccurately reported during the accreditation process.

Reference the following rules to determine the number of children that determines the accreditation fee for your program.

- Each child is only counted once.
- Each child of eligible age (birth through kindergarten) that is part of an eligible group is counted. All eligible groups MUST be included in your program's NAEYC Accreditation. Note that groups are not eligible if more than 50% of the children are school age (first grade and beyond).
- For programs with hourly care or drop-in care groups in which the total number of children enrolled in the group exceeds the maximum licensing capacity of the group, only the maximum licensing capacity of the group is counted. Add the maximum licensing capacity of any drop-in care groups to the total number of children, if applicable.

Age Category	Number of Children Enrolled
Infant (birth to 15 months)	<del>0</del>
Toddler/Twos (12 to 36 months)	2
Preschool (30 months to 5 years)	24
Kindergarten (public or private)	5
<b>TOTAL Number of Children:</b>	

## FEES FOR NAEYC ACCREDITATION Continued

### Late Fee

If the program submits the Intent to Renew form up to one (1) calendar month past the Intent to Renew due date, a late fee of \$125 must be included with the payment. Please note that this form will not be accepted unless NAEYC receives the applicable fee within one (1) calendar month past the Intent to Renew due date.

- ☐ I acknowledge that this form is being submitted up to one (1) calendar month past the Intent to Renew due date and the \$125 late fee is included with the payment.

## PAYMENT INFORMATION

Choose ONE method of payment and include applicable information below.

### Check

Check Number: 216874

Name on Checking Account: Southwestern Oregon Community College

Attach check to this form

If check is sent under separate cover, program ID number or other identifying information must be included on the check.

**PAYMENT INFORMATION****Purchase Order**

Purchase Order Number:

Name on Purchase Order:

**Attach purchase order to this form.***If purchase order is sent under separate cover, program ID number or other identifying information must be included on the purchase order.***Credit Card**☐ VISA ☐ MasterCard ☐ Amex

Credit Card Number:

Credit Card Expiration Date: Month: Year:

Name on card/checking account or purchase order holder:

Card billing address:

City:

State:

Zip:

Country:

☐ I authorize NAEYC to charge the above credit card at the amount of \$

Signature:

*Programs who do not wish to provide their credit card information at this time may pay by phone, 1-800-424-2460, option 3, option 1.***International ACH**

International ACH Number:

Name on International ACH:

Signature:

**NAEYC Information for Transfer:** Account Number: 2000013841458 Routing Number: 121000248 Swift Code: WFBUS6S**PAYMENT INFORMATION Continued****International Wire Transfer**

International Wire Transfer Number:

Name on International Wire Transfer:

☐ I acknowledge that a \$20 fee is included with the payment for processing.

Signature:

**NAEYC Information for Transfer:** - Account Number: 2000013841458 Routing Number: 121000248 Swift Code: WFBUS6S**SUBMISSION INSTRUCTIONS**

Mail completed form with payment to: NAEYC, P.O. Box 96037, Washington, DC 20090-6037

E-Mail completed form with payment to: [annualreport@naeyc.org](mailto:annualreport@naeyc.org)

NAEYC accepts the postmark date or the e-mail sent date as the submission date. NAEYC recommends that programs obtain written confirmation of receipt of all forms sent to NAEYC P.O. Boxes. Please discuss tracking options with your local Post Office. NAEYC is not able to sign for materials that are delivered to a P.O. Box by an individual courier such as UPS or FedEx. Similarly, NAEYC recommends that programs save a copy of any automated e-mail replies as confirmation of receipt of all forms emailed to NAEYC.

Copy this form for your program's records before submission. NAEYC will not return this form to the program..

CHECK NO. AP 216874

INV AMOUNT	DISCOUNT	NET
300.00	0.00	300.00
300.00	0.00	300.00

CHAIN-LINKED SHAPES WHEN HELD TO THE LIGHT

NO 216874

UMPQUA BANK  
1-866-4UMPQUA  
(1-866-486-7782)

DATE

04/23/2014

AMOUNT

\*\*\*\*\*300.00

SOUTHWESTERN OREGON COMMUNITY COLLEGE DISTRICT  
VOID AFTER 180 DAYS

*Linda L. Kuehlbaugh*

55 40801 711

ADDITIONAL SECURITY FEATURES INDICATED ON REVERSE SIDE



## Accreditation Submission Timeline Currently Accredited Programs

In order to avoid a lapse in NAEYC Accreditation, currently accredited programs must meet submission deadlines established by the NAEYC Academy. The chart below assists currently accredited programs in planning official submissions to NAEYC throughout the renewal process.

### Renewal Due Dates

*For programs accredited after September 2006*

<b>Valid Until Date</b>  <i>Printed on your program's NAEYC Accreditation Certificate</i>	<b>Intent to Renew Due Date</b>  <i>Intent to Renew can be submitted along with, but not before, the Fourth Anniversary Annual Report</i>	<b>Renewal Materials Due Date</b>  <i>Renewal Materials can be submitted as early as the first day of the calendar month of the due date listed below</i>	<b>Renewal Visit Window<sup>1</sup></b>  <i>Six-month window during which the <u>Site Visit for Renewal</u> will occur</i>
December 31, 2013 – April 1, 2014	April 30, 2013	May 31, 2013	June 1, 2013 – November 30, 2013
April 30, 2014 – August 1, 2014	August 31, 2013	September 30, 2013	October 1, 2013 – March 31, 2014
August 31, 2014 – December 1, 2014	December 31, 2013	January 31, 2014	February 1, 2014 – July 31, 2014
December 31, 2014 – April 1, 2015	April 30, 2014	May 31, 2014	June 1, 2014 – November 30, 2014
April 30, 2015 – August 1, 2015	August 31, 2014	September 30, 2014	October 1, 2014 – March 31, 2015
August 31, 2015 – December 1, 2015	December 31, 2014	January 31, 2015	February 1, 2015 – July 31, 2015

This chart will be updated for programs with Valid Until Dates of December 31, 2015 and beyond.

A program that meets the renewal due dates above will receive its site visit decision before the end of its current term of NAEYC Accreditation. If the program receives a site visit decision of "Accredited," it will seamlessly transition into a new five-year term of NAEYC Accreditation after the end of its current term of NAEYC Accreditation.

If a program chooses not to meet the renewal due dates above, its NAEYC Accreditation will no longer be valid following the Valid Until Date listed on the NAEYC Accreditation Certificate. If the program wishes to regain its NAEYC Accreditation, it may submit Intent to Renew up to one (1) calendar year after its Valid Until Date to begin the Renewal process. The renewal process must be successfully completed, with the program earning a site visit decision of "Accredited," for the program to regain its status as an NAEYC Accredited program. If the program does not submit Intent to Renew within one (1) calendar year of its Valid Until Date, it must successfully complete the four-step NAEYC Accreditation process for programs seeking initial accreditation to regain its status as an NAEYC Accredited program.

<sup>1</sup> A program's Renewal Materials must be accepted in order for the Renewal Visit to occur within the established window. If a program is not open for at least 3 of the 6 months of its Renewal Visit Window, it should contact the NAEYC Academy immediately at 1-800-424-2460, option 3, option 1.

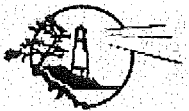
Southwestern Oregon Community College  
1988 Newmark Avenue  
Coos Bay Oregon 97420-2912

VENDOR NO. 915679

CHECK NO. AP 217175

INVOICE NUMBER	INVOICE DATE	PO NUM	DESCRIPTION	INV AMOUNT	DISCOUNT	NET
Renewal fee <i>Program</i> <i>280663</i>	05/23/2014	11270	NAEYC Accreditation Renewal Fee	1,275.00	0.00	1,275.00
1/14/2014	AP 217175			1,275.00	0.00	1,275.00

DO NOT ACCEPT THIS CHECK UNLESS YOU CAN SEE A TRUE WATERMARK OF CHAIN LINKED SHAPES WHEN HELD TO THE LIGHT



**SOUTHWESTERN**  
Oregon Community College

1988 Newmark Avenue  
Coos Bay Oregon 97420-2912

UMPQUA 1-866-4UMPQUA  
BANK (1-866-486-7782)

NO. 217175

DATE  
05/23/2014

AMOUNT  
\*\*\*\*\*1,275.00

PAY ONE THOUSAND TWO HUNDRED SEVENTY FIVE AND NO/100 DOLLARS

TO THE  
ORDER  
OF:

NAEYC  
Po Box 96261  
Washington DC, 20090-6261

SOUTHWESTERN OREGON COMMUNITY COLLEGE DISTRICT  
VOID AFTER 180 DAYS

*Linda St. Hildebrand*

⑈ 217175⑈ ⑆ 123205054⑆ 55 40801 7⑈

THE PAGE OF THIS CHECK HAS A GREEN BACKGROUND \*\*EXPLANATION OF ADDITIONAL SECURITY FEATURES INDICATED ON REVERSE SIDE

## PURPOSE

The purpose of the Renewal Materials is to ensure that programs continue to meet all Candidacy Requirements. For more information, visit the NAEYC [Academy website](#) and click on *Pursuing Accreditation*.

## INSTRUCTIONS

Use this form to document all required information, including requested documentation **ONLY**; do not submit additional information (i.e. awards, handbooks, photographs, etc.) which may be reviewed during the site visit for renewal.

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A large, stylized, and slightly tilted stamp that reads "COPY". To the left of the text is a small icon of a document or folder.



## Section 1: PROGRAM INFORMATION

### Program Identification

Program Name: Southwestern Community Partnership Family Center

*Legal name to appear on all correspondence and official documents from NAEYC, including the NAEYC Accreditation Certificate.*

Program ID#: 280663

### Designated Program Administrator

*The **Designated Program Administrator** is responsible for receiving written correspondence regarding the program's accreditation and can update NAEYC with changes to program information. See [Clarification on Program Administrator](#) for more information.*

Name: Laurie Potts

Title: Director

Phone: 541-888-7336

Fax: 541-888-7953

Email: lpotts@socc.edu

### Secondary Contact

*The **Secondary Contact** will be copied on all correspondence regarding the program's accreditation and can update NAEYC with changes to program information.*

Name: Daniel Birkovich

Title: Coordinator

Phone: 541-888-7445

Fax: 541-888-7953

Email: dbirkovich@socc.edu

### Additional Contacts

***Additional Contacts** are authorized to receive confidential programmatic information from NAEYC. Programs may name up to three (3) additional contacts.*

Name:

Name:

Name:

Title:

Title:

Title:

### Multiple Programs within the Same Facility

*NAEYC Accreditation is granted to the overall program, and will not be granted to individual classrooms within a program. Throughout the NAEYC Accreditation process, all eligible groups a program serves must be reported and may be observed during a site visit. **This includes groups within the program that operate during the summer and after-school care groups.***

*A group can only be excluded from a program's NAEYC Accreditation if it is part of a separate program that has a separate public identity. A program pursuing NAEYC Accreditation must notify NAEYC of all separate programs that operate within its facility and be able to demonstrate a separate budget, administration, license and/or other criteria.*

*Complete the information below to inform NAEYC of other programs that operate within your program's facility.*

My program is the only program that operates within its facility. ☐ Yes ☒ No

*NOTE: If "yes" is checked above, and your program offers a summer camp option or after-school care groups, these groups must be reported and may be observed during a site visit.*

In addition to my program, one or more programs operate within the same facility. ☒ Yes ☐ No

If yes, use the space below to list other programs that operate within your program's facility and describe how other existing programs are separate from your program. Include relevant information about how all other existing programs have a separate name, budget, administration, and/or license from your program.

1/2 of our building is home to the Nurturing Center, which is a separate program with its own budgets and administration

*If necessary, you may attach an additional page to continue your description of separate programs that operate within your program's facility.*

### Security Clearance

Is a security clearance required upon entry to the program?

☒ No ☐ Yes – If yes, provide the name and phone number for the proper authority outside of your program below.

*If yes, a security clearance must be given prior to an announced or unannounced site visit, please provide the name and phone number for the proper authority outside of your program.*

Name:

Email:

Relationship to program:

Phone:



**Section 1: PROGRAM INFORMATION Continued**
**Program Address**

Contact information will be posted on the NAEYC website when a program achieves NAEYC Accreditation.

Street Address: 1988 Newmark Avenue		Suite/dept/floor:
City: Coos Bay	State: OR	Zip: 97420
County: Coos	Country: USA	
Phone: 541-888-7290	Fax: 541-888-7953	
Email: dbirskovich@socc.edu	Website: www.socc.edu	

**Mailing Address**

To be used for written correspondence to the program.

☒ Same as program address

Street Address:		Suite/dept/floor:
City:	State:	Zip:
County:	Country:	
Email:	Phone:	

**Billing Address**

To be used for invoices sent to the program.

☒ Same as program address    ☐ Same as mailing address

Attention:

*This individual must also be listed as the Designated Program Administrator, Secondary Contact, or an Additional Contact on page 1.*

Organization Name (if different than program name):

Street Address:		Suite/dept/floor:
City:	State:	Zip:
County:	Country:	
Email:	Phone:	Fax:

**Shipping Address**

To be used for the shipment of all NAEYC Accreditation Materials.

☒ Same as program address    ☐ Same as mailing address    ☐ Same as billing address

Street Address: <i>No P.O. Boxes accepted</i>		Suite/dept/floor:
City:	State:	Zip:
County:	Country:	
Email:	Phone:	

## Section 2: FEES FOR NAEYC ACCREDITATION

The Renewal Materials fee is nonrefundable.

This form will not be processed until NAEYC receives the applicable fee.

<b>\$950</b>	10 - 60 children
<b>\$1,275</b>	61 - 120 children
<b>\$1,400</b>	121 - 240 children
<b>\$1,550</b>	241 - 360 children
<b>Add \$125 for every additional 120 children.</b>	

*The accreditation fee is calculated based on the number of children enrolled in a program at the time this form is submitted. If the number of children changes for a defined portion of the year (for example, altered program operation during the summer), the program should report the number of children that typically applies throughout the majority of the school year. Programs will be billed for supplemental fees (according to the chart above) if program enrollment is inaccurately reported during the accreditation process.*

Reference the following rules to determine the number of children that determines the accreditation fee for your program.

- Each child is only counted once.
- Each child of eligible age (birth through kindergarten) that is part of an eligible group is counted. All eligible groups **MUST** be included in your program's NAEYC Accreditation. Note that groups are not eligible if more than 50% of the children are school age (first grade and beyond).
- For programs with hourly care or drop-in care groups in which the total number of children enrolled in the group exceeds the maximum licensing capacity of the group, only the maximum licensing capacity of the group is counted. Add the maximum licensing capacity of any drop-in care groups to the total number of children, if applicable.

Age Category	Number of Children Enrolled
Infant (birth to 15 months)	<del>0</del>
Toddler/Twos (12 to 36 months)	2
Preschool (30 months to 5 years)	24
Kindergarten (public or private)	5
<b>TOTAL Number of Children:</b>	

### Late Fee

If the program submits the Renewal Materials up to one (1) calendar month past the Renewal Materials due date, a late fee of \$125 must be included with the payment. Please note that this form will not be accepted unless NAEYC receives the applicable fee within one (1) calendar month past the Renewal Materials due date.

- ☐ I acknowledge that this form is being submitted up to one (1) calendar month past the Renewal Materials due date and the \$125 late fee is included with the payment.
- ☐ I acknowledge that my program may experience a lapse in its accreditation as a result of submitting its Renewal Materials late.

### Section 3: PAYMENT INFORMATION

Choose ONE method of payment and include applicable information below.

#### Check

Check Number: 217175

Name on Checking Account: Southwestern Oregon Community College

**Attach check to this form**

*If check is sent under separate cover, program ID number or other identifying information must be included on the check.*

#### Purchase Order

Purchase Order Number:

Name on Purchase Order:

**Attach purchase order to this form.**

*If purchase order is sent under separate cover, program ID number or other identifying information must be included on the purchase order.*

#### Credit Card

☐ VISA ☐ MasterCard ☐ Amex

Credit Card Number:

Credit Card Expiration Date: Month: Year:

Name on card/checking account or purchase order holder:

Card billing address:

City:

State:

Zip:

Country:

☐ I authorize NAEYC to charge the above credit card at the amount of \$

Signature:

*Programs who do not wish to provide their credit card information at this time may pay by phone, 1*

#### International ACH

International ACH Number:

Name on International ACH:

Signature:

**NAEYC Information for Transfer:**

Account Number: 2000013841458

Routing Number: 121000248

Swift Code: WFBIUS6S

#### International Wire Transfer

International Wire Transfer Number:

Name on International Wire Transfer:

☐ I acknowledge that a \$20 fee is included with the payment for processing.

Signature:

**NAEYC Information for Transfer:**

Account Number: 2000013841458

Routing Number: 121000248

Swift Code: WFBIUS6S

## Section 4: LICENSING/REGULATION Continued

### Reporting on Licensing/Regulatory Status, Critical Incidents, and Major Changes

NAEYC-Accredited programs and programs that have submitted an Application (Step 2) for NAEYC Accreditation are required to update NAEYC of critical incidents, suspension or revocation of license or regulatory status, and major changes according to the following timeframes. To meet upcoming Candidacy and site visit requirements for NAEYC Accreditation, a program must maintain good standing in its licensing or regulatory status by having no serious issues of noncompliance within the last year or since its last inspection.

#### NOTIFY WITHIN 72 HOURS

Program staff must submit the 72-Hour Notification form if the program experiences any of the following critical incidents that may impact program quality status:

**Any suspension or revocation in program's license or regulatory status**

**Any incident that did or could have compromised the essential health or safety of any child, such as but not limited to:**

- The death of any child from any cause
- A critical injury to any child that results in the child being admitted to a hospital Emergency Room for treatment (whether transported by the Emergency Medical Response team, program, parent, or other individual)
- Any unusual incident involving a lack of supervision (such as but not limited to a child being left unattended or leaving the facility alone)
- Any suspected physical or psychological abuse of a child at the program or by an individual that the child met through the program.

#### REPORT WITHIN 30 DAYS

Program staff must inform NAEYC of all major programmatic changes using the Self Report form.

**Examples of major changes include, but are not limited to:**

- Change in ownership or vendor
- New designated program administrator
- Change of location
- Change to the physical facility or ground (due to damage, renovations, etc.)
- Incorporation of a new age category that was not previously served
- Court order or legal action
- Change in general program information
- Change in the primary or secondary contact for the program or related contact information
- Merge with an existing program

List the date(s) in which your program submitted all applicable 72-Hour Notification and/or Self Reports to NAEYC within the past 12 months. If your program has experienced any of the incidents or changes noted above, appropriate notification must be submitted immediately.

#### 72-Hour Notification Form(s) Submitted

Dates Submitted:

☒ N/A - My program has not submitted any 72-Hour Notification forms in the past 12 months.

#### Dates of Self Report Form(s) Submitted

Dates Submitted:

☒ N/A - My program has not submitted any Self Report forms in the past 12 months.

## Section 5: PROGRAM SCHEDULE

### Program Closures

<input checked="" type="checkbox"/> My program operates 12 months/year.	OR	<input type="checkbox"/> My program operates less than 12 months/year. • The program begins serving children on     /     /     . • The program ends on     /     /     .
---	----	---

Indicate the dates your program will be closed for the next 12 months. Begin with the current month and place an X over the dates in each month in which your program will be closed.

Month	Dates Closed	Year																																
May <i>Select the current month</i>	<table style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>X</td><td>X</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>X</td><td>X</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> <tr> <td>X</td><td>X</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>X</td><td>X</td><td>X</td><td>27</td><td>28</td><td>29</td><td>30</td><td>X</td><td></td> </tr> </table>	1	2	X	X	5	6	7	8	9	X	X	12	13	14	15	16	X	X	19	20	21	22	23	X	X	X	27	28	29	30	X		20 14
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	X	X	19	20	21	22	23	X	X	X	27	28	29	30	X																			
<input type="checkbox"/> Check if program is closed for the entire month																																		
<table style="width: 100%; text-align: center;"> <tr> <td>X</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>X</td><td>X</td><td>9</td><td>10</td><td>11</td><td>12</td><td>X</td><td>X</td><td>X</td><td>16</td> </tr> <tr> <td>17</td><td>18</td><td>19</td><td>X</td><td>X</td><td>X</td><td>23</td><td>24</td><td>25</td><td>26</td><td>X</td><td>X</td><td>X</td><td>30</td><td>31</td><td></td> </tr> </table>	X	2	3	4	5	6	X	X	9	10	11	12	X	X	X	16	17	18	19	X	X	X	23	24	25	26	X	X	X	30	31		20 14	
X	2	3	4	5	6	X	X	9	10	11	12	X	X	X	16																			
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<input type="checkbox"/> Check if program is closed for the entire month																																		
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Note that NAEYC will not conduct site visits on Federal Holidays, including New Year's Day, Birthday of Martin Luther King, Jr., Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, and Christmas Day. For more information on Federal Holidays, refer to the U.S. Office of Personnel Management.

## Section 5: PROGRAM SCHEDULE Continued

### Hours of Operation

Indicate the days of the week your program operates and time of day your program opens and closes each day.

☐ Program is open 24 hours/day, 7 days a week

Days Open	<input checked="" type="checkbox"/> Monday	<input checked="" type="checkbox"/> Tuesday	<input checked="" type="checkbox"/> Wednesday	<input checked="" type="checkbox"/> Thursday	<input checked="" type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Opening Time	7 : 45 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	7 : 45 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	7 : 45 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	7 : 45 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	7 : 45 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Closing Time	5 : 15 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	5 : 15 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	5 : 15 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	5 : 15 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	5 : 15 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

### Age Categories Served

Each age category served by the program must be represented in at least one group on the day of the site visit. For example, if a program serves infants and toddler/twos, the NAEYC Assessor must have the opportunity to observe at least one group containing infants and one group containing toddlers/twos on the day of the site visit.

Complete the following chart to identify the age categories served by your program and when each age category is in session.

NAEYC Defined Age Categories (Age ranges for each of the age categories overlap for program flexibility. Programs can choose the age category that applies to children whose ages fall within the overlapping portion of the age ranges.)	Age Category NOT Served	Age Category present less than 12 months	Age Category present 12 months/year
Check ONE of the appropriate boxes for each age category:			
Infant: birth - 15 months	<input checked="" type="checkbox"/>	<input type="checkbox"/> Indicate all date ranges during which infants are NOT served:	<input type="checkbox"/>
Toddler/Two: 12 - 36 months	<input type="checkbox"/>	<input type="checkbox"/> Indicate all date ranges during which toddlers/twos are NOT served:	<input checked="" type="checkbox"/>
Preschool: 30 months - 5 years	<input type="checkbox"/>	<input type="checkbox"/> Indicate all date ranges during which preschoolers are NOT served:	<input checked="" type="checkbox"/>
Kindergarten: enrolled in a public or private kindergarten	<input type="checkbox"/>	<input type="checkbox"/> Indicate all date ranges during which kindergartners are NOT served:	<input checked="" type="checkbox"/>

NOTE: Children within all eligible groups a program serves must be reported. This includes children from groups that operate during the summer and after-school care groups.

### Additional Information

Note any special circumstances regarding your program's schedule that may affect the scheduling of a site visit.

During the summer term the program is closed on Friday. We are also closed the first 2 weeks of September for inservice training, and closed for the holidays from December 22 - January 5.

Do not exceed the space provided.

## Section 6: GROUP INFORMATION

### Summary of Groups

Please report on all eligible groups your program serves. Refer to [Clarification on Groups](#) to determine how many groups your program serves and the age categories that apply to each group. Direct questions about how to report on groups within your program to 1-800-424-2460, option 3, option 1.

Age Categories	# of Part Day Groups (meet for <5 hrs)	# of Full Day Groups (meet for ≥5 hrs)	Total # of Groups
Infant Group(s)			
Toddler/Two Group(s)			
Preschool Group(s)			
Kindergarten Group(s)			
Mixed Age Group(s)		1	1
<b>TOTAL of all groups:</b>			1

Do any children in this program speak languages other than English? ☐ No ☒ Yes – The children speak:

Chinese, Burmese, Amharic, Hawaiian, Hindu

If yes, how much time do the children in this program typically speak a language other than English?

- ☐ all of the time  
☐ most of the time  
☒ sometimes  
☐ never

### Satellite Locations

Only complete this section if any of the groups are housed in a satellite location.

A program with satellite location must meet the following criteria:

1. Have no more than 2 satellite locations
2. Location is within 5 mile radius of the primary location
3. The satellite location/s enroll 60 or fewer children
4. One Program Administration
5. One Budget
6. One Public Identity

### Satellite Site Address 1

Street Address:		Suite/dept/floor:
City:	State:	Zip:

### Satellite Site Address 2

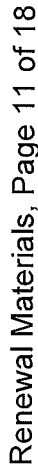
Street Address:		Suite/dept/floor:
City:	State:	Zip:



**TEACHING STAFF QUALIFICATIONS OPTION GUIDE**

Use the guide below as a reference to indicate the qualifications of the teaching staff members for each group. Be sure to choose one option per teaching staff member, using the highest level of education when reporting staff qualifications for the group.

Option	Teaching Staff Member has this qualification:	Must Provide this documentation:
A	(Meets Candidacy for Assistant Teachers-Teacher Aides only – Not for Teachers.) Working on the CDA Credential issued by the Council for Professional Recognition.	<p><i>"Working on" means some evidence of educational progress must be within one year of the Candidacy Due date. This can include work scheduled to begin less than 1 year following the Candidacy Due date. Acceptable documentation that is dated within one year of the Candidacy Due date includes one or more of the following:</i></p> <ul style="list-style-type: none"> <li>o copy of an application</li> <li>o copy of grade report</li> <li>o copy of transcript</li> <li>o letter from an advisor</li> <li>o CDA preparation course flyer</li> <li>o receipt of tuition payment</li> <li>o military training modules</li> <li>o course description from course catalog</li> </ul>
B	(Meets Candidacy for Assistant Teachers-Teacher Aides only – Not for Teachers.) Working on the NAEYC-defined equivalency of the CDA Credential issued by the Council for Professional Recognition (12 Credits in ECE, CD, EIEd, or EC Spec Ed.)	<p><i>"Working on" means some evidence of educational progress must be within one year of the Candidacy Due date. This can include work scheduled to begin less than 1 year following the Candidacy Due date. Acceptable documentation that is dated within one year of the Candidacy Due date includes one or more of the following:</i></p> <ul style="list-style-type: none"> <li>o copy of an application</li> <li>o copy of grade report</li> <li>o copy of transcript</li> <li>o letter from an advisor</li> <li>o CDA preparation course flyer</li> <li>o receipt of tuition payment</li> <li>o military training modules</li> <li>o course description from course catalog</li> </ul>
C	A current Child Development Associate (CDA) Credential issued by the Council for Professional Recognition.	A copy of the CDA credential awarded by the Council for Professional Recognition. <i>Always submit the CDA (if the teaching staff member has earned it) in addition to other qualifications/credentials.</i>
D	A CDA Credential equivalent as defined by NAEYC as at least 12 college credits in ECE, CD, EIEd, or EC Spec Ed.	<ul style="list-style-type: none"> <li>o a transcript documenting 12 ECE credits (<i>highlight credits</i>) OR</li> <li>o documentation from a college/university that would grant a minimum of 12 credits for a specified training program OR</li> <li>o military training modules.</li> </ul>
E	Working on an Associate's or <u>higher</u> degree in ECE, CD, EIEd, or EC Spec Ed.	<p><i>"Working on" means some evidence of educational progress must be within one year of the Candidacy Due date. This can include work scheduled to begin less than 1 year following the Candidacy Due date. Acceptable documentation that is dated within one year of the Candidacy Due date includes one or more of the following:</i></p> <ul style="list-style-type: none"> <li>o copy of an application</li> <li>o copy of grade report</li> <li>o copy of transcript</li> <li>o letter from an advisor</li> <li>o CDA preparation course flyer</li> <li>o receipt of tuition payment</li> <li>o military training modules</li> <li>o course description from course catalog</li> </ul>
F	An Associate's or <u>higher</u> degree in ECE, CD, EIEd, or EC Spec Ed.	<ul style="list-style-type: none"> <li>o a copy of the transcript that specifies major and reflects that the degree was earned (<i>highlight major</i>) AND/OR</li> <li>o a copy of the diploma that lists the major field of study</li> </ul>
G	Working on the NAEYC-defined equivalency of an Associate's or higher degree in ECE, CD, EIEd, or EC Spec Ed.	<p><i>"Working on" means some evidence of educational progress must be within one year of the Candidacy Due date. This can include work scheduled to begin less than 1 year following the Candidacy Due date. Acceptable documentation that is dated within one year of the Candidacy Due date includes one or more of the following:</i></p> <ul style="list-style-type: none"> <li>o copy of an application</li> <li>o copy of grade report</li> <li>o copy of transcript</li> <li>o letter from an advisor</li> <li>o CDA preparation course flyer</li> <li>o receipt of tuition payment</li> <li>o military training modules</li> <li>o course description from course catalog</li> </ul>
H	The equivalency to an Associate's degree in ECE, which is defined by NAEYC as at least 60 college/university credits with at least 30 college credits in ECE, CD, EIEd, or EC Spec Ed.	Transcripts documenting ( <i>highlight credits</i> ): at least 60 college/university credits INCLUDING at least 30 credits in ECE, CD, EIEd, or EC Spec Ed
I	The equivalency to a Baccalaureate degree in ECE degree which is defined by NAEYC as a Baccalaureate degree in any discipline with at least 36 college credits in ECE, CD, EIEd, or EC Spec Ed	A copy of the diploma reflecting that the degree was completed AND a copy of a transcript reflecting a BA degree in any discipline, WITH at least 36 credits in ECE, CD, EIEd, or EC Spec Ed. ( <i>highlight credits</i> )
J	An Associate's or higher degree in a non-ECE related field with at least 3 years experience in an NAEYC-Accredited program.	A copy of the degree OR a transcript that reflects the degree was earned <b>AND</b> a resume or letter that includes the program name, location, length of employment, role constituting 3 years of experience, and note that the program was/is accredited by NAEYC during employment.
K	An Associate's or higher degree in non-ECE related field with at least 3 years experience in a non-accredited program, and at least 30 contact hours of relevant training during the past 3 years.	A copy of the degree OR a transcript that reflects the degree was earned <b>AND</b> a resume or letter that includes the program name, location, length of employment, and role constituting 3 years of experience; <b>AND</b> documentation of 30 contact hours of relevant training from the last 3 years.



Complete a separate copy of the page to include information about each of the eligible groups and assigned teaching staff within your program. Make a copy of the following page and complete for additional groups served at your program. Please refer to Clarification on Groups for more information.

Educare Preschool

<input checked="" type="checkbox"/>	This group is located at the main facility listed as the site address
<input type="checkbox"/>	This group is located at the main facility listed as the site address

- ☐ Infant ☒ Toddler/Two ☐ Preschool ☒ Kindergarten

Do any children enrolled in this group have any of the following diagnosed special needs? If yes, please indicate the number of children

<input type="checkbox"/> Orthopedic handicaps:	<input type="checkbox"/> Learning disabilities:	<input type="checkbox"/> Autism, spectrum disorders:	<input checked="" type="checkbox"/> Visual impairment:
<input type="checkbox"/> Speech & language:	<input type="checkbox"/> ADHD:	<input type="checkbox"/> Mentally disabled/Developmentally Delayed:	<input checked="" type="checkbox"/> Behavioral:
<input type="checkbox"/> Neurological disorders:	<input type="checkbox"/> Hearing impairment:	<input type="checkbox"/> Maintenance care diseases (diabetes, HIV):	<input type="checkbox"/> Other, specify:

Monday	Tuesday	Wednesday	Thursday	Friday

- | Teaching Staff Members Present in this Group |  |
|--|--|
|  |  |

List all Teachers and Assistant Teachers assigned to this group only. Place an X in the box for the option the teacher/assistant teacher fully meets. NAEYC defines teaching staff by the roles they fill within the group. Please refer to the Definition of Teaching Staff for more information.

YOU MUST ATTACH DOCUMENTATION OF QUALIFICATIONS FOR ALL TEACHING STAFF. If a teaching staff member is assigned to multiple groups, list his/her name for each group to which he/she is assigned. It is not necessary to submit duplicate documentation. Refer to the guide on page 11 for information on acceptable qualifications.		
Number of other adults (if any):	How often are they present?	What is their role? practicum stu/substitute
2-4	daily	

# Oregon State University

To all to whom these letters may come, Greeting

The State Board of Higher Education, by virtue of the authority vested in it by law, and on recommendation of the Faculty Senate, has conferred on

**Daniel James Birskovich**

the degree of

**Bachelor of Science**

Elementary Education

with all the rights, privileges, and honors thereto appertaining.

In testimony whereof we have subscribed our names and impressed the seal of Oregon State University on this diploma at Corvallis, Oregon, this ninth day of June, nineteen hundred and ninety-one.



*Thomas H. Bartlett*  
Chancellor of the State System of Higher Education

*Mark L. Dossan*  
President of the Board

*John B. Bynum*  
President of Oregon State University

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*William E. Davis*

Chancellor of the State System of Higher Education

*Alvin C. Bahst*  
President of the Board

*John B. ...*  
President of Oregon State University

# Southwestern Oregon Community College

ID : 837668

Name : Amanda Jolene Peck

## Undergraduate Division

*Advisors :*

Course Number	Title	CR Type	Grade	Rpt	Hrs Att	Hrs Ern	Hrs Gpa	Qual Pts	GPA
<b>2007-2008 Academic Year : Fall Term</b>									
ECE -152	CREATIVE ACTIVITIES	CR	A		3.00	3.00	3.00	12.00	
Term Totals :					3.00	3.00	3.00	12.00	4.0000
Career Totals :					3.00	3.00	3.00	12.00	4.0000
<b>2007-2008 Academic Year : Winter Term</b>									
HDFS-247	PRESCHL CHILD DEV	CR	A		3.00	3.00	3.00	12.00	
Term Totals :					3.00	3.00	3.00	12.00	4.0000
Career Totals :					6.00	6.00	6.00	24.00	4.0000
<b>2007-2008 Academic Year : Spring Term</b>									
ECE -102	ECE PRACTICUM	CR	A		3.00	3.00	3.00	12.00	
Term Totals :					3.00	3.00	3.00	12.00	4.0000
Career Totals :					9.00	9.00	9.00	36.00	4.0000
<b>2008-2009 Academic Year : Summer Term</b>									
ED -199B	SHARE NTR CHILDREN	CR	A		3.00	3.00	3.00	12.00	
Term Totals :					3.00	3.00	3.00	12.00	4.0000
Career Totals :					12.00	12.00	12.00	48.00	4.0000
<b>2008-2009 Academic Year : Fall Term</b>									
ED -169	OVERVIEW OF STDTS W/SP NI	CR	A		3.00	3.00	3.00	12.00	
Term Totals :					3.00	3.00	3.00	12.00	4.0000
Career Totals :					15.00	15.00	15.00	60.00	4.0000
<b>2009-2010 Academic Year : Fall Term</b>									
ECE -150	INTRO/OBSERV IN ECE	CR	W		3.00	0.00	0.00	0.00	
ECE -163	PRESCHOOL PRACTICUM	CR	A		3.00	3.00	3.00	12.00	
Term Totals :					6.00	3.00	3.00	12.00	4.0000
Career Totals :					21.00	18.00	18.00	72.00	4.0000
<b>2009-2010 Academic Year : Winter Term</b>									
ECE -154	CHLDRN'S LIT/LTRCY	CR	B		3.00	3.00	3.00	9.00	
ECE -209	THEORY & PRACTICUM	CR	A		3.00	3.00	3.00	12.00	
Term Totals :					6.00	6.00	6.00	21.00	3.5000
Career Totals :					27.00	24.00	24.00	93.00	3.8750

# Southwestern Oregon Community College

ID : 837668

Name : Amanda Jolene Peck

## Undergraduate Division

Advisors :

Course Number	Title	CR Type	Grade	Rpt	Hrs Att	Hrs Ern	Hrs Gpa	Qual Pts	GPA
<b>2010-2011 Academic Year : Fall Term</b>									
HDFS-225	PRENTL/INF/TDLR DEV	CR	A		3.00	3.00	3.00	12.00	
Term Totals :					3.00	3.00	3.00	12.00	4.0000
Career Totals :					30.00	27.00	27.00	105.00	3.8889
<b>2011 2012 Academic Year : Fall Term</b>									
ECE -150	INTRO/OBSERV IN ECE	CR	A		3.00	3.00	3.00	12.00	
ECE -151	CLASS MANAGEMENT	CR	B		3.00	3.00	3.00	9.00	
Term Totals :					6.00	6.00	6.00	21.00	3.5000
Career Totals :					36.00	33.00	33.00	126.00	3.8182
<b>2011 2012 Academic Year : Winter Term</b>									
ECE -240	LESSON/CURRIC PLAN	CR	A		3.00	3.00	3.00	12.00	
PE -185SC	SUPER CIRCUIT	CR	W		1.00	0.00	0.00	0.00	
Term Totals :					4.00	3.00	3.00	12.00	4.0000
Career Totals :					40.00	36.00	36.00	138.00	3.8333
<b>2011 2012 Academic Year : Spring Term</b>									
ECE -262	STUDENT TEACHING II ECE	CR	A		6.00	6.00	6.00	24.00	
Term Totals :					6.00	6.00	6.00	24.00	4.0000
Career Totals :					46.00	42.00	42.00	162.00	3.8571
<b>2012-2013 Academic Year : Fall Term</b>									
ED -258	MULTICULTURAL EDUCATION	CR	B		3.00	3.00	3.00	9.00	
Honors : No Honor					3.00	3.00	3.00	9.00	3.0000
Probation : Good Standing					49.00	45.00	45.00	171.00	3.8000
<b>2013-2014 Academic Year : Winter Term</b>									
ECE -261	Student Teaching I Early Child Ed	CR	A		6.00	6.00	6.00	24.00	
Honors : No Honor					6.00	6.00	6.00	24.00	4.0000
Probation : Good Standing					55.00	51.00	51.00	195.00	3.8235
<b>2013-2014 Academic Year : Spring Term</b>									
ECE -170	Health And Safety Early Childhood	CR	WIP		0.00	0.00	0.00	0.00	
ED -135	Teaching Math to Young Children	CR	WIP		0.00	0.00	0.00	0.00	
Term Totals :					0.00	0.00	0.00	0.00	0.0000
Career Totals :					55.00	51.00	51.00	195.00	3.8235
Division Career Totals :					55.00	51.00	51.00	195.00	3.8235

# Southwestern Oregon Community College

ID : 105176

Name : Vickie Lynn Hennessey

## Undergraduate Division

### Advisors :

Course Number	Title	CR Type	Grade	Rpt	Hrs Att	Hrs Ern	Hrs Gpa	Qual Pts	GPA
<b>1997-1998 Academic Year : Fall Term</b>									
HDFS-225	PREN/INF/TODD DEV	CR	D	*	3.00	3.00	3.00	3.00	
Term Totals :					3.00	3.00	3.00	3.00	1.0000
Career Totals :					0.00	0.00	0.00	0.00	0.0000
<b>1999-2000 Academic Year : Winter Term</b>									
HEC -9932	FOOD HANDLER CERT	SU	S		0.25	0.25	0.00	0.00	
Term Totals :					0.25	0.25	0.00	0.00	0.0000
Career Totals :					0.25	0.25	0.00	0.00	0.0000
<b>2007-2008 Academic Year : Fall Term</b>									
HDFS-9428	PARENTING:POS FUTURE	SU	S		0.00	0.00	0.00	0.00	
Term Totals :					0.00	0.00	0.00	0.00	0.0000
Career Totals :					0.25	0.25	0.00	0.00	0.0000
<b>2007-2008 Academic Year : Spring Term</b>									
ECE -262	STUDENT TEACHING II ECE	CR	A		6.00	6.00	6.00	24.00	
HDFS-285	PROF ISSUES EARLY CHLDHD	CR	A		3.00	3.00	3.00	12.00	
Term Totals :					9.00	9.00	9.00	36.00	4.0000
Career Totals :					9.25	9.25	9.00	36.00	4.0000
<b>2008-2009 Academic Year : Summer Term</b>									
ED -199B	SHARE NTR CHILDREN	CR	A		3.00	3.00	3.00	12.00	
Term Totals :					3.00	3.00	3.00	12.00	4.0000
Career Totals :					12.25	12.25	12.00	48.00	4.0000
<b>2008-2009 Academic Year : Spring Term</b>									
HDFS-140	CONTEMP AMER FAMILY	CR	A		3.00	3.00	3.00	12.00	
HDFS-9428	PARENTING:POS FUTURE	SU	S		0.00	0.00	0.00	0.00	
Term Totals :					3.00	3.00	3.00	12.00	4.0000
Career Totals :					15.25	15.25	15.00	60.00	4.0000
<b>2009-2010 Academic Year : Summer Term</b>									
ED -199C	TEACHING PHYSICAL ED	CR	A		2.00	2.00	2.00	8.00	
Term Totals :					2.00	2.00	2.00	8.00	4.0000
Career Totals :					17.25	17.25	17.00	68.00	4.0000



# Southwestern Oregon Community College

ID : 105176

Name : Vickie Lynn Hennessey

## Undergraduate Division

*Advisors :*

Course Number	Title	CR Type	Grade	Rpt	Hrs Att	Hrs Ern	Hrs Gpa	Qual Pts	GPA
<b>2009-2010 Academic Year : Fall Term</b>									
ECE -163	PRESCHOOL PRACTICUM	CR	A		3.00	3.00	3.00	12.00	
HDFS-225	PREN/INF/TDLR DEV	CR	A	R	3.00	3.00	3.00	12.00	
Term Totals :					6.00	6.00	6.00	24.00	4.0000
Career Totals :					23.25	23.25	23.00	92.00	4.0000
<b>2009-2010 Academic Year : Winter Term</b>									
ECE -261	STUDENT TEACHING I	CR	A		6.00	6.00	6.00	24.00	
HDFS-247	PRESCHL CHILD DEV	CR	A		3.00	3.00	3.00	12.00	
Term Totals :					9.00	9.00	9.00	36.00	4.0000
Career Totals :					32.25	32.25	32.00	128.00	4.0000
<b>2009-2010 Academic Year : Spring Term</b>									
HDFS-229	DEV IN MIDDLE CHILD	CR	A		3.00	3.00	3.00	12.00	
PSY -199A	DVLP CAPABLE PEOPLE	CR	A		3.00	3.00	3.00	12.00	
Term Totals :					6.00	6.00	6.00	24.00	4.0000
Career Totals :					38.25	38.25	38.00	152.00	4.0000
<b>2010-2011 Academic Year : Fall Term</b>									
ECE -151	CLASS MANAGEMENT	CR	A		3.00	3.00	3.00	12.00	
ED -169	OVERVIEW OF STUD W/SP NE	CR	A		3.00	3.00	3.00	12.00	
Term Totals :					6.00	6.00	6.00	24.00	4.0000
Career Totals :					44.25	44.25	44.00	176.00	4.0000
<b>2010-2011 Academic Year : Winter Term</b>									
ECE -154	CHLDRN'S LIT/LTRCY	CR	A		3.00	3.00	3.00	12.00	
ECE -240	LESSON/CURRIC PLAN	CR	A		3.00	3.00	3.00	12.00	
Term Totals :					6.00	6.00	6.00	24.00	4.0000
Career Totals :					50.25	50.25	50.00	200.00	4.0000
<b>2010-2011 Academic Year : Spring Term</b>									
ECE -170	HEALTH & SAFETY ECE	CR	A		2.00	2.00	2.00	8.00	
PE -185SC	SUPER CIRCUIT	CR	A		1.00	1.00	1.00	4.00	
Term Totals :					3.00	3.00	3.00	12.00	4.0000
Career Totals :					53.25	53.25	53.00	212.00	4.0000

# Southwestern Oregon Community College

ID : 105176

Name : Vickie Lynn Hennessey

## Undergraduate Division

Advisors :

Course Number	Title	CR Type	Grade	Rpt	Hrs Att	Hrs Ern	Hrs Gpa	Qual Pts	GPA
2011 2012 Academic Year : Summer Term									
ED -258	MULTICULTURAL EDUCATION	CR	A		3.00	3.00	3.00	12.00	
Term Totals :					3.00	3.00	3.00	12.00	4.0000
Career Totals :					56.25	56.25	56.00	224.00	4.0000
2011 2012 Academic Year : Fall Term									
PE -185SC	SUPER CIRCUIT	CR	W		1.00	0.00	0.00	0.00	
Term Totals :					1.00	0.00	0.00	0.00	0.0000
Career Totals :					57.25	56.25	56.00	224.00	4.0000
2011 2012 Academic Year : Winter Term									
HDFS-222	FAMILY RELATIONS	CR	A		3.00	3.00	3.00	12.00	
Term Totals :					3.00	3.00	3.00	12.00	4.0000
Career Totals :					60.25	59.25	59.00	236.00	4.0000
2011 2012 Academic Year : Spring Term									
FN -225	NUTRITION	CR	A		4.00	4.00	4.00	16.00	
Term Totals :					4.00	4.00	4.00	16.00	4.0000
Career Totals :					64.25	63.25	63.00	252.00	4.0000
2012-2013 Academic Year : Challenge Credits									
ECE -102	Theory And Practicum II	CR	A		3.00	3.00	3.00	12.00	
ECE -150	Introduction And Observation Ece	CR	A		3.00	3.00	3.00	12.00	
ECE -152	Creative Activities	CR	A		3.00	3.00	3.00	12.00	
ECE -209	Theory And Practicum I	CR	A		3.00	3.00	3.00	12.00	
Term Totals :					12.00	12.00	12.00	48.00	4.0000
Career Totals :					76.25	75.25	75.00	300.00	4.0000
2012-2013 Academic Year : Summer Term									
BA -285	HUMAN RLTN IN ORGS	CR	A		3.00	3.00	3.00	12.00	
Honors : No Honor					Term Totals :				
Probation : Good Standing					Career Totals :				
					79.25	78.25	78.00	312.00	4.0000
2012-2013 Academic Year : Fall Term									
PE -185SC	SUPER CIRCUIT	CR	A		1.00	1.00	1.00	4.00	
Honors : No Honor					Term Totals :				
Probation : Good Standing					Career Totals :				
					80.25	79.25	79.00	316.00	4.0000

**Southwestern Oregon Community College**

ID : 105176

Name : Vickie Lynn Hennessey

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**Undergraduate Division**

*Advisors :*

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Course Number	Title	CR Type	Grade	Rpt	Hrs Att	Hrs Ern	Hrs Gpa	Qual Pts	GPA
<hr/> 2012-2013 Academic Year : Spring Term <hr/>									

PE -185SC	SUPER CIRCUIT	CR	A		1.00	1.00	1.00	4.00	
Honors : No Honor					Term Totals :	1.00	1.00	1.00	4.00 4.0000
Probation : Good Standing					Career Totals :	81.25	80.25	80.00	320.00 4.0000

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**2013-2014 Academic Year : Spring Term**

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HDFS-199P	Parents as partners in education	CR	WIP		0.00	0.00	0.00	0.00	
Term Totals :					0.00	0.00	0.00	0.00	0.0000
Career Totals :					81.25	80.25	80.00	320.00	4.0000
Division Career Totals :					81.25	80.25	80.00	320.00	4.0000

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# LASSEN COMMUNITY COLLEGE

P.O. BOX 3000, Susanville, CA 96130

Phone (530) 251-8808 Fax (530) 251-8802

06/08/2000

Page 1

Student I.D.: 562-64-9936

Name: BOWMAN

LUPE

I

Birth Date: 4/05/1946 High School - Code: 57-3-880 Year Graduated: 1964

CSU	CAN	DESCRIPTION	COURSE & NUMBER	UNITS	ATT	COMP	GRD	GRADE	POINTS	CODE
			*** FALL 1996 ***							
		ECE HEALTH/SAFETY	ECE 50	1.0	1.0		B	3.0		
				1.0	1.0			3.0	3.000	
			*** SPRING 1997 ***							
		INTRODUCTION TO ECE	ECE 10	1.0	1.0		A	4.0		
		ARTS AND CRAFTS	ECE 14	3.0	3.0		A	12.0		
		ECE CURRIC PLANNING	ECE 16	3.0	3.0		A	12.0		06
		ECE COOP WORK EXP	ECE 49	3.0	3.0		A	12.0		
				10.0	10.0			40.0	4.000	
			*** FALL 1997 ***							
		ECE THEORY/OBSERVAT	ECE 11	3.0	3.0		A	12.0		06
		CHILD IN HOME & COM	ECE 12	3.0	3.0		A	12.0		
		ECE NUTRITION HLTH	ECE 19	2.0	2.0		A	8.0		
		CONCEPTN-ADOLESCENC	PSY 31	3.0	3.0		A	12.0		
				11.0	11.0			44.0	4.000	
			*** SPRING 1998 ***							
		PRE-SCHOOL ADMINIST	ECE 15	3.0	3.0		A	12.0		
		PRE-SCH LITERATURE	ECE 17	3.0	3.0		A	12.0		
		MUSIC PRE-SCH CHILD	ECE 18	2.0	2.0		B	6.0		
				8.0	8.0			30.0	3.750	
			*** SUMMER 1998 ***							
D		ETHNIC MINORITIES	ES 1	3.0	3.0		A	12.0		
				3.0	3.0			12.0	4.000	
			*** FALL 1998 ***							
B2	ANTH2	PHYSICAL ANTH	ANTH 1	3.0	3.0			9.0		
C1	ART6	CERAMICS HANDBLDG I	ART 36A	3.0	3.0			12.0		
		TECHNICAL WRITING	ENGL 60	3.0	3.0		B	9.0		
				9.0	9.0			30.0	3.333	
			*** SPRING 1999 ***							
		PRINCIPLES OF ECE	ECE 20	4.0	4.0		A	16.0		
		ECE COOP WORK EXP	ECE 49	2.0	2.0		A	8.0		
				6.0	6.0			24.0	4.000	
			*** FALL 1999 ***							
^1	SPCH4	SPEECH FUNDAMENTLS	SPCH 1	3.0	3.0		B	9.0		
				3.0	3.0			9.0	3.000	

\*\*\* TRANSCRIPT CONTINUED \*\*\*

# LASSEN COMMUNITY COLLEGE

P.O. BOX 3000, Susanville, CA 96130

Phone (530) 251-8808 Fax (530) 251-8802

06/08/2000

Page 2

Student I.D.: 562-64-9936			Name: BOWMAN			LUPE			I
CSU			COURSE &	UNITS		GRADE			
GEI	CAN	DESCRIPTION	NUMBER	ATT	COMP	GRD	POINTS	CODE	
* * * SPRING 2000 * * *									
		PRACTICES IN ECE	ECE 21	4.0	4.0	A	16.0		
		ADULT SUPERVISION	ECE 23	2.0	2.0	A	8.0		
		ECE COOP WORK EXP	ECE 49	3.0	3.0	A	12.0		
				9.0	9.0		36.0		4.000
L.C.C.D. Cumulative totals:				60.0	60.0		228.0		3.800
Degree Applicable totals:				60.0	60.0		228.0		3.800

\* \* \* END OF TRANSCRIPT \* \* \*

(Not official without signature and seal on reverse side)

PERSONAL COPY

UNOFFICIAL

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M

LASSEN COLLEGE  
ADMISSIONS AND RECORDS OFFICE  
P.O. BOX 3000  
SUSANVILLE CA 96130-0000  
993656264

09/28/2000

# FINAL GRADE REPORT

SUMMER 21

DESCRIPTION	TITLE	U/A	U/C	GR	G P
CHILD GUIDANCE	ECE 99B	0.5	0.5	A	2.0

TOTALS AT LASSEN CL

UNITS ATT.	6
UNITS COMP	6
GRADE POINTS	23
G.P.A.	3

TOTALS INCLUDING WO  
AT OTHER COLLEGES

UNITS ATT.	6
UNITS COMP	6
GRADE POINTS	23
G.P.A.	3

SEMESTER G.P.A.: 4.00 TOTALS: 0.5 0.5

ACADEMIC: CLEAR  
STATUS :

T  
O

LUPE I BOWMAN  
510 N. ROOP ST.  
SUSANVILLE CA 96130

Laurie Potts  
62871 Blue Ridge Road, Coos Bay, Oregon 97420  
541-269-9067 <lpotts@socc.edu >

**Eastern Oregon State College General Studies Bachelor Degree Details:**

I earned my degree from Eastern Oregon State College as a correspondence student through their External Degree Program in 1992. At the time period that I earned the degree, the option that was available to me was Bachelor of Science in General Studies.

Along with the general education requirements and elective classes, I have a substantial number of my credits that are in the Early Childhood and Child Development area.

I have 20 lower division credits in Early Childhood Education awarded from Eastern Oregon State College as follows:

Creative Arts	3
Early Childhood Ed Curriculum	5
Early Childhood Ed Practicum	6
Early Childhood Experience	6

I have 30 semester upper division credits in Child Development awarded from Pacific Oaks College, California, which translated to 45 term credits, as follows:

CD 401 Planning Environments for Young Children	5
CD 402 Phy, Lang, Cognitive, Creative	5
CD 403 Meeting Children's Indiv. Needs	5
CD 404 Managing Classroom Social Dynamics	5
CD 405 Parent/Teacher/Community Interaction	5
CD 406 Center Management and Staff Relations	5

I also have been awarded 11 lower division and 8 upper division credits in speech and communication skills as follows:

Intrapersonal Communication	5
Interviewing	3
Small Group Communication	3
Interpersonal Communication	5
Public Speaking	3

**Pacific Oaks College 2002 Masters Degree in Human Services with Specializations in Administration/Supervision & College**

**Teaching/Teaching Adults** Thesis – *A Passport to Opportunity & Success: Developing a Family Literacy System in a Rural Area.* Course Detail:





Student Name : Potts, Laurie Beth

Student Official Transcript

Provided Solely for:  
LAURIE BETH POTTS  
650 BLUE RIDGE RD.  
COOS BAY OR 97420

Student ID: 147-54-1556  
Social Security Number : 147-54-1556

Birth Date : 5/12/58

Degree program : M.A. in Human Development

----- Degree Information -----  
M.A. in Human Development 06/19/2002  
Conferred: June 19, 2002  
Minors : Leadership in Education  
Cognate: Administration/Supervision  
: College Teaching/Teaching Adults  
----- End Degree Information -----

<TERM: FA-99 >  
HD 453 ONLIN ADMINIS/SUPERVISION: FIELDWORK/OBSE 2.00 S ✓  
HD 454 ONLIN COLLEGE TCHNG/TCHNG ADULTS: FIELDWO 2.00 S ✓  
ATT ERN HRS PTS GPA  
TERM: 4.0 4.0 4.0 12.0 3.000  
CUM: 4.0 4.0 4.0 12.0 3.000

<TERM: SP-00 >  
HD 450 ONLIN ECOLOGY OF WORKING WITH CHILDREN 3.00 S ✓  
ATT ERN HRS PTS GPA  
TERM: 3.0 3.0 3.0 9.0 3.000  
CUM: 7.0 7.0 7.0 21.0 3.000

<TERM: FA-00 >  
HD 200 ONLIN EARLY CHILDHOOD THEMES & LIFE CYCLE 3.00 S ✓  
HD 262 ONLIN RESEARCH SEMINAR 1.00 S ✓  
HD 454 ONLIN COLLEGE TCHNG/TCHNG ADULTS: FIELDWO 1.00 S ✓  
HD 499 ONLIN SPEC TOPICS:Communication and the L 1.00 S ✓  
ATT ERN HRS PTS GPA  
TERM: 6.0 6.0 6.0 18.0 3.000  
CUM: 13.0 13.0 13.0 39.0 3.000

<TERM: SP-01 >  
HD 277AO ONLIN THESIS DEVELOPMENT A 1.00 S ✓  
HD 277BO ONLIN THESIS DEVELOPMENT B 1.00 S ✓  
HD 277CO ONLIN THESIS DEVELOPMENT C 1.00 S ✓  
HD 340 ONLIN LEADERSHIP IN EDUCATION 3.00 S ✓  
ATT ERN HRS PTS GPA  
TERM: 6.0 6.0 6.0 18.0 3.000  
CUM: 19.0 19.0 19.0 57.0 3.000

<TERM: SU-01 >  
HD 282 PONW SOCIAL & POLITICAL CONTEXTS OF HUMA 3.00 S  
HD 310 PONW CONFLICT RESOLUTION & MEDIATION 3.00 S  
ATT ERN HRS PTS GPA  
TERM: 6.0 6.0 6.0 18.0 3.000  
CUM: 25.0 25.0 25.0 75.0 3.000

<TERM: FA-01 >  
HD 299N ONLIN THESIS/MASTER'S PROJECT 3.00 S  
HD 453 ONLIN ADMINIS/SUPERVISION: FIELDWORK/OBSE 2.00 S  
ATT ERN HRS PTS GPA  
TERM: 5.0 5.0 5.0 15.0 3.000  
CUM: 30.0 30.0 30.0 90.0 3.000

<TERM: SP-02 >  
HD 299N MAIN THESIS/MASTER'S PROJECT 0.00 S  
ATT ERN HRS PTS GPA  
TERM: 0.0 0.0 0.0 0.0 0.000  
CUM: 30.0 30.0 30.0 90.0 3.000

\*\*\* NO MORE ENTRIES BEYOND THIS LINE \*\*\*

COPY

FILE  
Admin

## Section 7: PROGRAM ADMINISTRATOR

*For assistance completing pages 12-15, refer to criteria 10.A.02 and 10.A.04 in TORCH as well as the Candidacy Requirements on the [Academy website](#).*

Name of Designated Program Administrator: Laurie Potts

*Program administrator qualifications (10.A.02) must be met as part of the Candidacy Requirements. When two or more individuals share program administrative responsibilities, **at least one person must** meet the qualifications outlined in criterion 10.A.02 and is considered the designated program administrator. There are three different ways that a program administrator can meet 10.A.02. Indicate how the (designated) program administrator meets the qualifications as outlined in Criterion 10.A.02 by completing form A, B, or C. Complete only ONE form. If form A or B are completed, you must attach documentation, for example a copy of the degree completed specifying discipline and/or transcripts.*

- ☒ A. Has at least a baccalaureate degree with 24 credits in ECE, CD, EIEd or EC Spec Ed **AND 9 credits** in administration, leadership, or management. **(Complete FORM A on page 12 and attach documentation; do not complete FORM B or C.)**
- ☐ B. Has plan in place to meet the qualifications outlined in Option A within 5 years. **(Complete FORM B on page 13 but no documentation needs to be attached; do not complete FORM A or C.)**
- ☐ C. Meets the alternative pathway – must document a total of 100 points across all 3 categories: education, administrator experience and relevant training or credentials. **(Complete FORM C on pages 14-15 and attach documentation; do not complete FORM A or FORM B.)**

# Form A

Use this form **ONLY** to document that the designated program administrator has at least a baccalaureate degree with 24 credit-bearing hours of specialized college-level course work in early childhood education (ECE), child development (CD), elementary education (EIEd), or early childhood special education (EC Spec Ed) that addresses child development and learning from birth through kindergarten AND 9 credit-bearing hours of specialized college-level course work in administration, leadership, or management. **Documentation to support FORM A must be attached and immediately follow FORM A.**

**Baccalaureate Degree or Higher:** List the baccalaureate degree or higher degree received below. Individuals who hold an international degree must submit an evaluation and verification of US equivalencies. **Attach a copy of the degree and/or transcripts showing completion and discipline immediately following this page.**

Degree	Name of College/University	Date	Major
Bachelor	Eastern Oregon State College	1992	General Studies
Master of Arts	Pacific Oaks	2002	Human Development/Leadership in Ed/Admin & Super/+

**Credit Hours:** List the courses that comprise the 24 credits in ECE, CD, EIEd, or EC Spec Ed and/or the 9 credits in administration, leadership, or management. This may include coursework obtained as part of the degree or courses completed separately. **If it is apparent that the degree listed above is in administration/management (for example an MBA), you do not need to list the 9 credits in administration. If the degree is in ECE, CD, EIEd, or EC Spec Ed, then you do not need to list the 24 credits in ECE.** If the degree is not in administration, leadership, or management, ECE, CD, EIEd, or EC Spec Ed (for example Psychology), you would need to list 24 credits in ECE and 9 credits in administration, leadership, or management. **Attach a copy of the relevant transcripts immediately following this page. Please highlight applicable courses on the transcript.**

[illegible]

**END OF FORM A—Insert documentation for Form A HERE and proceed to page 16.**

**Section 7: PROGRAM ADMINISTRATOR Continued****Form B**

Use this form **ONLY** to document that the designated program administrator has a plan in place to have at least a baccalaureate degree with 24 credits in ECE and 9 credits in administration, leadership, or management within five years. **No additional documentation to support Form B is needed.**

Describe Plan:

*Do not exceed the space provided and do not attach additional information.*

**END OF FORM B—No additional documentation needs to be attached for Form B. Proceed to page 16.**

## Section 7: PROGRAM ADMINISTRATOR Continued

### Form C

Use this form **ONLY** to document that the designated program administrator has met an alternative pathway to achieve the educational qualifications of a program administrator. **Documentation to support Form C must be included immediately following Form C.**

For assistance completing Form C, refer to the [Alternative Pathway to Achieve Educational Qualifications of a Program Administrator](#)

**Formal Education:** List degrees completed. Attach a copy of the degree and/or transcripts showing completion and discipline. Individuals who hold an international degree must submit an evaluation and verification of US equivalencies. You must be able to document educational experiences equaling a minimum of 50 points and a maximum of 70 points for formal education, using the following values:

- 70 points Baccalaureate degree or higher in early childhood education, child development & family studies, early childhood special education, or elementary education that encompasses development and learning of children birth through kindergarten; but lacking 9 credit hours in leadership, management and/or administration
- 65 points Baccalaureate degree or higher in educational leadership, management or a related field (human services administration, business administration, organizational development, public administration) but lacking 24 credit hours that encompass development and learning of children birth through kindergarten
- 60 points Baccalaureate degree or higher in ECE-related field (social work, psychology) without 24 credit hours that encompass development and learning of children birth through kindergarten and without 9 credit hours in leadership, management, and/or administration
- 55 points Associate degree in ECE/CD
- 50 points Baccalaureate degree or higher in any other field

Degree	Name of College/University	State	Date	Major

Points claimed:

Attach a copy of the degree and/or transcripts showing completion and discipline immediately following this page.

**Experience:** List relevant work experience here. You must be able to document work experiences equaling a minimum of 15 and a maximum of 50 points using the following values:

- 50 points At least 5 years experience as a program administrator that includes leading a program through and maintaining NAEYC Accreditation for at least 2 years
- 40 points At least 3 years experience as a program administrator that includes successfully leading the program through the NAEYC Accreditation process (at least 12 months prior to visit)
- 30 points At least 3 years experience as a program administrator in an NAEYC-Accredited program that includes maintaining accreditation without a lapse
- 25 points At least 5 years experience as a program administrator in a program not accredited by NAEYC
- 15 points At least 3 years experience as a program administrator in a program not accredited by NAEYC

Administrative Position	Program Name	City, State	Date hired (MM/YYYY)	Date ended (MM/YYYY)	NAEYC Accredited?

Points claimed:

No additional documentation related to experience is required.

**Section 7: PROGRAM ADMINISTRATOR Continued**
**Form C Continued**

**Relevant Training/Credentials:** List relevant training/credentials related to early childhood education, child development, early childhood special education, elementary education, program administration, leadership, or management. You must be able to document a minimum of 5 points and a maximum of 35 points in relevant training/credentials outside of the formal education listed on page 13. Please list only training/credentials required to meet the alternative pathway for Candidacy. Documentation must be attached.

**List of Relevant Credits:** One college credit equals four points. Documentation must be attached.

Credits	Course name	College/University	State	Date completed

**List of Relevant Training Hours:** Four contact hours of training within the past 5 years equals one point. Contact hours refer to training hours, rather than hours working in a classroom with children. Documentation must be attached.

Name of Training	Sponsoring institution/program	Total time (hours) in training with instructor	Date completed

**Relevant Credentials:** State director credentials that are NAEYC approved equal 35 points. Documentation must be attached.

Do you have a state director or administrator's credential? ☒ No ☐ Yes- If yes, from what state?

Points claimed:  Attach a copy of any credits, training, or credentials listed on page 15.

**END OF FORM C—Insert documentation for Form C HERE and proceed to page 16.**

## Section 8: PROFESSIONAL DEVELOPMENT PLAN

### Description of Program Professional Development Plan

Check all relevant types of professional development for teaching staff that is supported by the program and describe the overall plan in one or two sentences.

- ☒ Education programs
- ☒ Training programs
- ☒ Tuition reimbursement
- ☒ In-service training
- ☒ Mentoring
- ☒ Attendance at conferences
- ☐ Other

Describe Plan:

The Family Center, in partnership with Southwestern Oregon Community College, provides many opportunities, both formal and informal, for professional development. First and foremost of these opportunities is a program of tuition waivers and classroom accommodations for staff attending classes at the college. The program also provides reimbursement for travel and fees to attend training for conferences outside of our geographic area. Staff also participate an annual week of center-wide in-service trainings as well as attending and hosting a regional ECE conference as both participants and as presenters.

Do not exceed the space provided and do not attach additional information.

## Section 9: 2008 Sources of Evidence Portfolio Spot Check

### Sources of Evidence Information

The Sources of Evidence for all Criteria have been updated as of September 2008. Programs that submit Renewal Materials on the May 30, 2014 Renewal due date must organize their evidence according to the 2008 Sources of Evidence as listed below.

#### 2008 Sources of Evidence

- Program Portfolio
- Classroom Portfolios
- Teaching Staff Survey
- Family Survey
- Observable Criteria

This quick test will assist individuals as they spot check a program's Program Portfolio (PP) and Classroom Portfolios (CPs) to determine if they are aligned to the current 2008 Sources of Evidence (SOE2008).

Complete the charts below by marking 'Yes' or 'No.' Mark 'Yes' if evidence exists within the portfolio for the criterion indicated. Mark 'No' if evidence does NOT exist in portfolio.

Program Portfolio	
Criterion	Evidence Included?
6.A.09	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.B.01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Formerly evaluated by Staff File Evidence in SOE2006.</i>	

Classroom Portfolios	
<i>Check one or two CPs only</i>	
Criterion	Evidence Included?
4.C.02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.C.03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Formerly evaluated by Child File Evidence in SOE2006.</i>	

If you marked 'Yes' for all criteria, indicating that evidence is included within portfolios for the criteria above, your program's Self-Assessment is aligned to SOE2008 and no further action is necessary.

If you marked 'No' for any criteria, indicating that evidence does not exist within portfolios for the criteria above, your program's Self-Assessment may not be aligned to SOE2008. Refer to the [Transition to 2008 Sources of Evidence Worksheet](#) for a list of all criteria that have been added to CPs and the PP as a result of the 2008 Sources of Evidence Update.



## Section 10: RIGHTS AND RESPONSIBILITIES

### Program Rights

- Right:** To receive professional and timely support from NAEYC.
- Phone - (800) 424-2460, option 3, option 1. Monday - Friday, 9:00 AM to 5:00 PM ET
  - Email - [accreditation.information@naeyc.org](mailto:accreditation.information@naeyc.org)
  - [Accreditation Program Support Resources](#)
- Right:** To receive information from the NAEYC Academy regarding updates on the NAEYC Accreditation system, policies, and procedures.
- Monthly [Accreditation e-Updates](#) emailed to primary and secondary contacts provided to NAEYC.
  - Bi-Annual [Accreditation Updates](#) mailed to program mailing address provided to NAEYC.
- Right:** To access current, accurate information about the NAEYC Accreditation process and the NAEYC Early Childhood Program Standards and Accreditation Criteria, including related assessment tools and resources.
- [NAEYC Academy Website](#)
  - [TORCH](#)
- Right:** To provide feedback to the NAEYC regarding the NAEYC Accreditation process and the NAEYC Early Childhood Program Standards and Accreditation Criteria.
- Submit [Feedback on the Accreditation System](#)
  - Submit feedback on the accreditation criteria via [TORCH](#) Criteria Feedback and [TORCH](#) Discussions
- Right:** To [withdraw from the NAEYC Accreditation process](#) at any time.

### Program Responsibilities

- Responsibility:** To understand the NAEYC Accreditation process and access the most current versions of the NAEYC Early Childhood Program Standards and Accreditation Criteria and related assessment tools and resources.
- For information about the NAEYC Accreditation process, visit the [NAEYC Academy Website](#) frequently and read monthly [Accreditation e-Updates](#) and bi-annual [Accreditation Updates](#).
- For current versions of the NAEYC Early Childhood Program Standards and Accreditation Criteria and related assessment tools and resources, visit [TORCH](#).
- Responsibility:** To [Update NAEYC](#) of programmatic changes and critical incidents according to the appropriate timeframes.
- Report major programmatic changes within 30 days using the [Self Report form](#).
  - Notify NAEYC of critical incidents that may impact program quality status within 72 hours using the [72 Hour Notification form](#).
  - Inform NAEYC of updates to contact information for the primary and secondary contact of your program to ensure open communication between the program and NAEYC. Changes to contact information should be reported as soon as possible with the [Self Report form](#).
- Responsibility:** To notify NAEYC immediately if [Candidacy Requirements](#) reported on within these Renewal Materials are no longer met. Failure to meet Candidacy Requirements may affect a program's ability to move forward in the renewal process and/or maintain status as a currently NAEYC-Accredited program.
- Responsibility:** To retain a copy of all forms submitted to NAEYC and retain documentation verifying the date of all submissions. Postmark documentation is acceptable for submissions by mail and a copy of sent e-mail with date and time stamp information is acceptable for e-mail submissions.
- Responsibility:** Completed Renewal Materials and payment must be submitted by the due date chosen. If a program fails to submit the Renewal Materials and fee by the selected due date, then the program will be withdrawn as an Applicant for NAEYC Accreditation. If withdrawn, a program can re-apply by submitting a new Application and fee.

### Signature

- ☒ I have read and understand my program's rights and responsibilities.
- ☒ I verify that the information submitted in this form is accurate. If false or misleading information is ever provided to the NAEYC Academy, I understand that my program's pursuit of NAEYC Accreditation will cease and/or my program's current accreditation may be revoked.
- ☒ I understand that failure to fully complete the Renewal Materials, provide the necessary documentation as it relates to the educational qualifications for Candidacy, and/or maintain the Candidacy Requirements may result in my program's denial of Renewal Materials.
- ☒ I understand that the program must notify the NAEYC Academy of all staff changes prior to a visit. (This includes changes in the program administrator designated in 10.A.02 or teaching staff).

Signature

Childhood Education Director

Title

## Section 11: SUBMISSION INSTRUCTIONS

**Mail completed form with payment to:**

NAEYC Academy  
P.O. Box 96036  
Washington, D.C. 20090-6036

NAEYC accepts the postmark date as the submission date. NAEYC recommends that programs obtain written confirmation of receipt of all forms sent to NAEYC P.O. Boxes. Please discuss tracking options with your local Post Office. NAEYC is not able to sign for materials that are delivered to a P.O. Box by an individual courier such as UPS or FedEx.

Copy this form for your program's records before submission. NAEYC will not return this form to the program.