



Association of Christian Teachers and Schools

911 S Parsons Ave Suite G, Brandon, FL 33511 | P: 813-684-2024 F: 813-684-2026

CONTINUOUS ACCREDITATION REPORT (CAR) PRESCHOOL FORM

Complete the following information for the last full school year. The school's administration should submit the CAR and include all forms and supporting documentation in digital format (USB) along with the annual renewal fee of \$500. A Late Fee of \$150 will be assessed to any report not postmarked by Sept 15th. The ACTS Accreditation Commission will review the CAR to verify that the school continues to maintain accreditation standards. This commission makes its recommendations for continued accreditation to the Executive Board during its annual meeting.

Academic Year:					
Preschool Name:					
Mailing Address:					
City:		State:		ZIP Code:	
Phone Number:			Fax Number:		
Administrator's Email Address: (Required)					
Preschool Website:					
Name of Administrator:			Name of Pastor: (if applicable)		
Initial Accreditation Awarded Date:			Most Recent Re-Evaluation Accreditation Awarded Date:		
Please Enter Number of Students per Grade					
Birth-12 Months	12-23 Months	2 Years	3 Years	4 Years	Total
Staff:		Teaching Staff:		Other:	
Teacher/Pupil Ratio:					
<p style="text-align: center;">School improvements during the last year in program (addition/deletion of grades, L.D. division, etc.) Provide explanation on items requiring current validation forms. Failure to report a change can adversely affect the school's accreditation status.</p>					
NO CHANGE <input type="checkbox"/> CHANGE <input type="checkbox"/>					
Explanation:					
SIGNATURE					
<p>By entering your name you electronically acknowledge reading and understanding the above document, and I hereby certify that the information above is true and accurate.</p>					
Administrator's Signature:					

STANDARDS REQUIRING CURRENT VALIDATION

Identify whether each of the following Standards remains the same or has changed since submitting the initial Accreditation Form or the last CAR. If a Standard sub-component item has changed since the last report, attach an explanation of the change.

<u>STANDARD</u>	<u>REMAIN THE SAME</u>	<u>CHANGE SINCE LAST REPORT</u>
1. PHILOSOPHY AND OBJECTIVES	<input type="checkbox"/>	<input type="checkbox"/>
2. GOVERNANCE	<input type="checkbox"/>	<input type="checkbox"/>
3. CURRICULUM AND INSTRUCTION	<input type="checkbox"/>	<input type="checkbox"/>
4. PRESCHOOL STAFF	<input type="checkbox"/>	<input type="checkbox"/>
INSTRUCTIONAL STAFF	<input type="checkbox"/>	<input type="checkbox"/>
SUPPORT STAFF	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATIVE STAFF	<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYMENT HANDBOOK	<input type="checkbox"/>	<input type="checkbox"/>
5. FINANCES	<input type="checkbox"/>	<input type="checkbox"/>
7. SCHOOL FACILITIES	<input type="checkbox"/>	<input type="checkbox"/>
6. ADMISSION PROCEDURES AND POLICIES	<input type="checkbox"/>	<input type="checkbox"/>
7. RECORDS	<input type="checkbox"/>	<input type="checkbox"/>
CHILDREN'S RECORDS	<input type="checkbox"/>	<input type="checkbox"/>
OFFICE RECORDS	<input type="checkbox"/>	<input type="checkbox"/>
PERSONNEL RECORDS	<input type="checkbox"/>	<input type="checkbox"/>
8. FAMILY AND COMMUNITY	<input type="checkbox"/>	<input type="checkbox"/>
RELATIONS	<input type="checkbox"/>	<input type="checkbox"/>
PARENT HANDBOOK	<input type="checkbox"/>	<input type="checkbox"/>
9. HEALTH AND SAFETY	<input type="checkbox"/>	<input type="checkbox"/>
10. FOOD SERVICE AND FACILITIES	<input type="checkbox"/>	<input type="checkbox"/>

ITEMS FOR SUBMISSION WITH CAR:

When saving data to USB/Flash Drive, please name file to correspond with number (i.e. 1 – Budget):

1. A copy of the current budget for the school academic year.
2. Evidence of an annual external audit for review.
3. Identification of all major fund-raising activities and what the funds were used for.
4. Current tuition fee for the school academic year.
5. Current school academic calendar.
6. Evidence of ACTS being listed as “Additional Insured” on Preschool’s Liability Insurance
7. A list identifying faculty and support staff changes during the last year and proof of request for ACTS Teacher Certification.
8. Identification of any new staff in-service/development activities implemented this school year.
9. Identification of any new resources used by your faculty that was implemented this school year.
10. Identification of ACTS conference school attended (Must send a minimum of two representatives per school, per year).
11. A complete list of recommendations, along with action taken on each recommendation, from the school’s latest Visiting Team Report.
12. A complete list of school’s trained accreditation team members. (Minimum of 2 Required)
13. State Departments of Education Required Additional Data:
 - a. Median Tuition for Students
 - b. Percentage of Students receiving need –based financial aid **and** total dollar amount of that aid
 - c. Mean Classroom Teacher Salary
 - d. Total Number of Graduating Seniors from the most recent graduating class
14. School Improvement Plan – Create a narrative explaining your progress of the School Improvement Plan that includes the following details:
 - a. Timeline of progress/completion (month, year)
 - b. Responsible and involved person(s)
 - c. Resources used to complete the Recommendations/School Improvement Plan
 - d. Means to monitor and report progress to all members
 - e. Develop strategies that provide for ongoing involvement of all stakeholders.
 - f. Develop ways to keep the entire school community informed about the progress being made.

CAR is due by September 1st. Late Fees will be assessed after September 15th.