

**SELF STUDY GUIDELINES
FOR UNITED METHODIST WEEKDAY PRESCHOOL PROGRAMS
IN THE NORTH GEORGIA CONFERENCE**

1. Name of Church Preschool Program: _____
2. Address of Program: _____
3. Phone Number of Program: _____
4. Director's Name: _____
5. Current Number of Children Enrolled in Program: _____
6. Age Ranges of Enrolled Children: from _____ to _____
7. Number of Caregivers: _____
8. Status of Program: _____ State Licensed (Expiration Date _____)
 _____ Exempt from State License
 _____ Accredited at National Level (Expiration Date _____)
 _____ Accredited at State Level (Expiration Date _____)
 _____ Private Accreditation (Specify Expiration Date _____)
9. Mission Statement of Program: _____

10. Please list the child/teacher ration for each age group of children being served:

11. Number of Administrative Staff, Special Teachers, etc. in regular attendance at your program:

12. Hours of Operation: _____
13. Self Study Submitted by:
Name: _____ Title: _____
Name: _____ Title: _____

I. PERSONNEL (pp. 3-6 in the Certification Guidelines)

Documentation must be submitted by the requesting school outlining the following policies:

DIRECTOR (only)		CRITERIA	MENTOR (only)	
CRITERIA MET (Reference Source/ Pg. #s)	CRITERIA NOT MET		CRITERIA MET	CRITERIA NOT MET
		Staff Hiring		
		Staff Orientation		
		Ongoing Staff Training		
		Staff Evaluation		
		Staff Benefits		
		Staff Meetings		
		Substitutes		
		Staff/Administration Relationship		
		Staff Letter of Agreement		

COMMENTS:

II. PRESCHOOL BOARD (p. 6 in the Certification Guidelines)

Documentation must be submitted by the requesting school outlining the following policies:

DIRECTOR (only)		CRITERIA	MENTOR (only)	
CRITERIA MET (Reference Source/ Pg. #s)	CRITERIA NOT MET		CRITERIA MET	CRITERIA NOT MET
		Membership Pattern		
		Schedule of Meetings		
		Written By-Laws		

COMMENTS:

III. CURRICULUM (p. 7 in the Certification Guidelines)

Documentation must be submitted by the requesting school outlining the following areas:

DIRECTOR (only)		CRITERIA	MENTOR (only)	
CRITERIA MET (Reference Source/ Pg. #s)	CRITERIA NOT MET		CRITERIA MET	CRITERIA NOT MET
		Philosophy and Goals of Program		
		Variety of Activities		
		Variety of Materials and Equipment		
		Age Appropriate Skill Sheets Progress Reports or Evaluative Tools		
		Scope and Sequence of Curriculum Units		

COMMENTS:

IV. PHYSICAL FACILITY (pp. 8-12 in the Certification Guidelines)

Documentation must be submitted by the requesting school outlining the following areas:

DIRECTOR (only)		CRITERIA	MENTOR (only)	
CRITERIA MET (Reference Source/ Pg. #s)	CRITERIA NOT MET		CRITERIA MET	CRITERIA NOT MET
		Safety and Accessibility of Outdoor Play Space		
		Safety and Accessibility of Indoor Play Space		
		Privacy and Accessibility of Administrative Space		
		Report on Classroom Space		
		Safety of Equipment		
		Safety of Furniture		
		Uses of Multi-Purpose Space		
		Adequacy and Safety of Bathroom Facilities		
		Safety and Accessibility of Storage Space		

COMMENTS:

V. FINANCE (pp. 12-13 in the Certification Guidelines)

Documentation must be submitted by requesting school outlining the following policies:

DIRECTOR (only)		CRITERIA	MENTOR (only)	
CRITERIA MET (Reference Source/ Pg. #s)	CRITERIA NOT MET		CRITERIA MET	CRITERIA NOT MET
		Provisions for Securing Adequate Income		
		Written Yearly Budget		
		Recording of Monies Received		
		Recording of Monies Disbursed		
		Monthly Financial Status Report		
		Operating Budget Projections		

COMMENTS:

VI. LIABILITY/SAFETY (pp. 13-15 in the Certification Guidelines)
 Documentation must be submitted by requesting school outlining the following policies:

DIRECTOR (only)		CRITERIA	MENTOR (only)	
CRITERIA MET (Reference Source/ Pg. #s)	CRITERIA NOT MET		CRITERIA MET	CRITERIA NOT MET
		Discipline Procedures		
		All Related Health Issues		
		Abuse / Criminal Acts		
		Floor Preparation and Serving		
		Toileting and Diapering		
		Transportation of Children		
		Custody Issues		
		Supervision of Children		
		Poisoning		
		Animal/Plant Procedures		
		Sleeping and Resting Facilities		
		Swimming Activities		
		Heating and Cooling Equipment		
		Telephone Availability		
		Weather Radio with Alarm		
		Safety Features of Doors, Windows, Gates, Locks		
		Emergency Situations		

COMMENTS:

VII. SPECIAL NEEDS CHILDREN (pp. 15-16 in the Certification Guidelines)

Documentation must be submitted by the requesting school outlining the following policies:

DIRECTOR (only)		CRITERIA	MENTOR (only)	
CRITERIA MET (Reference Source/ Pg. #s)	CRITERIA NOT MET		CRITERIA MET	CRITERIA NOT MET
		Admission or Exclusion of Special Needs Children		
		Referral of Special Needs Children		
		Inclusion of Special Needs Children within Program		

COMMENTS:

VIII. RELATIONSHIPS WITH PARENTS (p. 16 in the Certification Guidelines)

Documentation must be submitted by the requesting school outlining the following procedures:

DIRECTOR (only)		CRITERIA	MENTOR (only)	
CRITERIA MET (Reference Source/ Pg. #s)	CRITERIA NOT MET		CRITERIA MET	CRITERIA NOT MET
		Parent Orientation to Program		
		Parent/Teacher Communication		
		Parent/Director Communication		
		Ongoing Written Communication		
		Yearly Parent Evaluation of Program		

COMMENTS:

IX. COMMUNICATION WITH CHURCH AND COMMUNITY (p. 17 in the Certification Guidelines)
 Documentation must be submitted by the requesting school outlining the following policies:

DIRECTOR (only)		CRITERIA	MENTOR (only)	
CRITERIA MET (Reference Source/ Pg. #s)	CRITERIA NOT MET		CRITERIA MET	CRITERIA NOT MET
		Regular Communication with Sponsoring Church Regarding Preschool Family Needs		
		Regular Communication with Sponsoring Church Regarding Preschool Program		
		Accountability of Use of Shared Space and Materials		
		Responsibilities of Governing Body of the Preschool		

COMMENTS:

- X. GOALS TO IMPROVE YOUR PROGRAM** (p. 17 in the Certification Guidelines)
 Documentation must be submitted by the requesting school outlining the following policies:

DIRECTOR (only)		CRITERIA	MENTOR (only)	
CRITERIA MET (Reference Source/ Pg. #s)	CRITERIA NOT MET		CRITERIA MET	CRITERIA NOT MET
		Short-Term Goals to Improve Your Program		
		Long-Term Goals to Improve Your Program		

COMMENTS:

XI. REQUIRED FORMS (p. 18 in the Certification Guidelines)

Documentation must be submitted by the requesting school indicating use of the following forms:

DIRECTOR (only)		CRITERIA	MENTOR (only)	
CRITERIA MET (Reference Source/ Pg. #s)	CRITERIA NOT MET		CRITERIA MET	CRITERIA NOT MET
		Form 3231 – Immunization Form County Health Department or Pediatrician		
		Form 3300 – Ear, Eye & Dental Form (5 years only) County Health Department or Pediatrician		
		W-4 Federal Tax Form – Georgia Revenue Department		
		G-4 State Tax Form – Georgia Revenue Department		
		I-9 Form – U.S. Department of Justice Immunization & Naturalization Service Georgia Bureau of Vital Statistics		
		5578 Racial Non-Discrimination Form Internal Revenue Service		
		Exemption From Licensing Documentation Georgia Department of Human Resources		
		Workers Compensation Panel Of Physicians and Procedures – Georgia Department of Labor or Workers Compensation Insurance Carrier		