**ACADEMIC APPROVAL CONCERNS**

**I. PROGRAM PARTNER**

Program Name: Click here to enter text.

Program Administrator’s Name: Click here to enter text.

Owner’s Name (if child care center): Click here to enter text.

Program Physical Address: Click here to enter text.

Program Phone Number: Click here to enter text.

Program Email Address: Click here to enter text.

License Number: Click here to enter text.

**II. LEAD AGENCY**

Lead Agency Name: Click here to enter text.

Lead Agency Mailing Address: Click here to enter text.

Community Network: Click here to enter text.

**III. REPORTING ENTITY**

Person Reporting: Click here to enter text.

Reporter’s Title: Click here to enter text.

Reporter’s Phone Number: Click here to enter text.

Reporters Email: Click here to enter text.

**IV. SUMMARY OF FACTS:** Provide a summary of the facts that led to this report. *This summary should describe the actions that have occurred, the persons involved, and the assurance(s) that is/are not being met. Include the names of everyone with whom you communicated about this issue, and attach supporting documentation, if available.*

Click here to enter text.

**V. BULLETIN 140 REFERENCE:** Please indicate the sections of BESE Bulletin 140 that are of concern:

[ ]  *Unwillingness or failure to comply with any of the following provisions (check all that apply):*

 [ ]  *membership in the community network;*

[ ]  *participation in the early childhood care and education accountability system*

[ ]  *participation in the coordinated enrollment process*

[ ]  *Concern about any act of fraud, such as the submission of false or altered documents or information*

[ ]  *Failure to timely comply with a corrective action plan provided by the Department*

[ ]  *Failure to timely submit a signed copy of the annual program partner assurances*

[ ]  *Two (2) unsatisfactory performance ratings within any consecutive three school years*

**SIGNATURE OF PERSON REPORTING**:

*By typing my name, I confirm that I am the person reporting and that the reported information is true and correct to the best of my knowledge and belief.*

*Signature:* **Click here to enter name of reporter.** *Date:* **Click here to enter a date.**