

**Preschool Reapproval Review**

**Submission Packet**

Certifications and Assurances Statement

Site Information

Fiscal Information

Character and Competence Review

Governance and Internal Controls

**New York State Education Department**

**Office of P-12 Education: Office of Special Education**

**89 Washington Avenue**

**Albany, NY 12234**

**Preschool Reapproval Review**

**INSTRUCTIONS**

As a component of its reapproval review of preschool providers pursuant to 8 NYCRR §200.20(c), the New York State Education Department (NYSED) will review information relating to a program’s fiscal, governance and internal controls functioning as well as character and competence of each Owner/Chief Executive Officer/ and/or Chief Administrator or Executive Director who may fulfill the role and responsibilities of a Chief Executive/Administrator, or a portion of these duties.

**\* Please Read Instructions Carefully and Provide All Requested Information. \***

**Information must be typed.**

**To use the packet as a “Form” document, it must be in restricted format.**

* **If using Word 2003, you must save it in a ‘lock’ mode as a form. To lock the form, hit the lock icon. **
* **If using Word 2010, under the Developer tab on the ribbon, select Restrict Editing, check the box under number 2 and select Filling in forms from the drop-down box.**

**To enter information into the form, hit the tab key to bring you to the form field and type the information needed. Tab to the next form field. Save the document in locked form. If you unlock the document in the process of completion, you may lose previously entered information.**

**Do not leave any applicable items blank. Mark not applicable items as “N/A”.**

**NYSED will only initiate a review if all components are completed and the required documentation is provided.**

**Where the section calls for a narrative response, please type the response on the form itself. Please do not indicate that the response is provided in an attachment, unless an attachment is specifically requested.**

**The standard criteria to be used to review submissions can be found at:** [**http://www.nysed.gov/special-education/preschool-applications**](http://www.nysed.gov/special-education/preschool-applications)**.**

**An ORIGINAL and ONE COPY must be submitted.**

**CONTACT INFORMATION**

Provide the date the agency submitted the materials, name of the agency/entity and the name, email address and telephone number of the primary contact person(s) responsible for the information submission.

**Certification and Assurances Statement**

At the top of the Certification and Assurances Statement, provide the name and title of the individual signing the statement, and the name of the preschool program. After completing the Reapproval Submission Packet and carefully reading all of the assurances, the Chief Executive Officer/Executive Director of the agency must sign and date the Certification and Assurances Statement.

**General Program Information**

Items 1-14: Provide requested information for items 1-14.

**Site Information**

Identify any and all individual administrative and program sites where the program is currently operating, consistent with Department approval. If necessary, copy and attach additional sheets.

**Fiscal Narrative Information**

Items 1-7: Provide narrative responses to all questions.

**Character and Competence Review**

Each owner/administrator who serves as a Chief Executive of the proposed program must complete items 1-16 and provide his/her notarized signature and the date in the spaces provided in item 17. Additional pages may be copied and completed as necessary.

Attach a resume and copies of any related licenses and/or certifications for the Chief Executive Officer/Owner/Administrator(s).

**Section 6: Governance and Internal Controls**

*The Board of Regents has authority over all elementary, secondary and postsecondary educational institutions, both public and private, libraries, museums, historical societies and other educational institutions chartered by the Regents or the Legislature and admitted to the membership of the University of the State of New York (USNY) by the Regents. Various provisions of the Education Law, Not-For-Profit Corporation Law and General Municipal Law impose legal duties, fiduciary responsibilities and fiscal requirements upon USNY institutions and the trustees/board members who run them. Each trustee or board member must understand and comply with applicable requirements. Noncompliance can result in the Regents’ revocation of an institution’s charter, the removal of trustees/board members from office, or other appropriate remedies under law. Prior to completing this section, all applicants should review appendix F of the NYSED Reimbursable Cost Manual (RCM) which can be found at* [*http://www.oms.nysed.gov/rsu/Manuals\_Forms/Manuals/RCM/  
CurrentYear/201213RCMFinalVersion73112.pdf*](http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/RCM/CurrentYear/201213RCMFinalVersion73112.pdf)*.*

*The governance structure for for-profit entities is prescribed by the Business Corporation Law, Limited Liability Company Law or Partnership Law, as applicable. Various provisions of the Education Law, Not-for-Profit Corporation Law and General Municipal Law impose legal duties, fiduciary responsibilities and fiscal requirements upon USNY institutions and the trustees/board members who run them. For purposes of this section, governance for a program means a combination of individuals filling executive and management roles, program oversight functions organized into structures, and policies that define management principles and decision making.*

This section should be completed consistent with the agency’s governance structure. The agency’s owners or founding group/prospective Board of Trustees are required to read the most current version of the NYSED RCM “Statement on the Governance Role of a Trustee or Board Member.” An agency whose governance structure does not contain a Board of Trustees or Board Members must adhere to the governance and oversight principles to the greatest extent practicable and should describe, in the answers below, how its governance structure will fulfill similar oversight responsibilities in order to ensure proper administration and accountability of the agency.

|  |
| --- |
| The following web links may be useful in completing Part VI of the application:   * Vendor responsibility: <http://www.osc.state.ny.us/vendrep/index.htm> * NYS Office of the State Comptroller   <http://www.osc.state.ny.us>  <http://www.osc.state.ny.us/localgov/pubs/lgmg/managementsresponsibility.pdf>  <http://www.osc.state.ny.us/localgov/pubs/lgmg/practiceinternalcontrols.pdf>  <http://www.osc.state.ny.us/localgov/pubs/lgmg/fiscal_oversight.pdf>   * United States Office of Government Ethics: <https://www.oge.gov/web/oge.nsf/ethicsofficials_mission> * NYS Board of Regents, RCM Reference Statement on the Governance Role of a Trustee or Board Member: <http://www.regents.nysed.gov/> |

**SUBMISSION INFORMATION**

Before submitting the application, please confirm all required information and attachments have been provided.

Please send of the completed application and supporting documents to:

[**OSEapplications@nysed.gov**](mailto:OSEapplications@nysed.gov)

***PLEASE NOTE:*** *APPLICATIONS THAT DO NOT INCLUDE ALL DOCUMENTATION AT THE TIME OF SUBMISSION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED.*

Questions concerning the completion or submission of this application may be directed to the P-12: Office of Special Education Preschool Policy Unit at (518) 473-6108.

**PRESCHOOL REAPPROVAL MATERIALS**

The following information will be used to communicate with the agency during the review of the materials.

|  |  |
| --- | --- |
| **Date submitted:** |  |
| **Name of Approved Entity:** |  |
| **Key contact person(s):** |  |
| **Email:** |  |
| **Telephone number:** |  |

**Reapproval Submission Packet**

**The forms contained in this packet must be completed as a part of the Preschool Reapproval Review Process and include the following sections:**

**Certifications and Assurances Statement**

**Site Information**

**Fiscal Narrative Information**

**Character and Competence Review**

**Governance and Internal Controls**

|  |
| --- |
| **CERTIFICATION AND ASSURANCES STATEMENT** |

**Program Name:**

I hereby certify that I will comply with the requirements of section 4410 of the Education Law and Parts 200 and 201 of the Regulations of the Commissioner of Education and understand the program and fiscal requirements for operating a preschool special education program.

The program also make(s) the following assurances pursuant to the Individuals with Disabilities Education Act (IDEA), section 4410 of the Education Law and Parts 200 and 201 of the Regulations of the Commissioner of Education:

* Parents of students shall not be asked to make any payments in lieu of, in advance of or in addition to, State, school district or county payments for allowable costs for students placed according to New York State procedures.
* Instructional and evaluation materials to be used in the programs are available in a usable alternative format, which meets the National Instructional Materials Accessibility Standard for each preschool student with a disability in accordance with the student’s individualized education program (IEP).
* The approved program(s) and evaluators shall not issue, or cause to be issued, false advertising with respect to the services to be provided to preschool children and their families.
* The approved program(s) and evaluators shall not use any form of corporal punishment, aversive interventions, or seclusion, as such terms are defined in 8 NYCRR section 19.5, to modify a student’s behavior.
* The program will, as applicable, provide each preschool student served with all of the special programs and services recommended in the student’s IEP at the recommended frequency, duration, location and intensity.
* The approved program shall cooperate with the municipality, school district, NYSED and other State oversight agencies in monitoring for compliance, effectiveness and fiscal integrity of the program.
* The program shall provide data, records and reports to the referring school district, NYSED, the municipality and other State fiscal and program oversight agencies upon request.
* The program will conform to all applicable fire and safety regulations of the State and municipality in which the program is located.
* All board members and owners of private for-profit and not-for-profit agencies shall complete NYSED training regarding their legal, fiduciary and ethical responsibilities within the first year of obtaining their role following approval of the program by NYSED or within one year of such training being made available by the NYSED, whichever is later.
* The executive director, or any individual that will sign or certify the Consolidated Fiscal Report (CFR) on behalf of the program, shall complete annual on-line CFR training as required by NYSED.
* An executive director who is paid as a full time executive director shall be employed in a full time, full year position and shall not engage in activities that would interfere with or impair the executive director’s ability to carry out and perform his or her duties, responsibilities and obligations.
* No preschool student with a disability shall be removed or transferred from an approved program without the approval of the school district contracting for education of such student.
* The owner or operator of an approved program who intends to cease the operation of such school or chooses to transfer ownership, possession or operation of the premises and facilities of such school or to voluntarily terminate its status as an approved school, shall submit to the Commissioner of Education written notice of such intention not less than 90 days prior to the intended effective date of such action with a detailed plan which makes provision for the safe and orderly transfer of each student with a disability who was publicly placed in such approved school in accordance with 8 NYCRR section 200.7(e).

I hereby certify that the information submitted is true to the best of my knowledge and belief; and further, that the program shall operate consistent with the conditions of approval and in conformance with all applicable federal and State laws, regulations and policies; shall provide quality services in a necessary and cost-efficient manner and in the least restrictive environment; and shall operate in conformance with the requirements of the RCM of NYSED.

|  |
| --- |
| Signature: |
| Print/Type Name and Title: |
| Date: |

**Specify the program model type(s) for which you are currently approved.**

|  |  |  |
| --- | --- | --- |
| **Program Types** | **SED Program Approval** | **Program Calendar**  **(check all that apply)** |
| Multidisciplinary Evaluation (MDE) | Yes  No | MDEs must be available on a 12-month basis (July 1 – June 30) |
| Special Education Itinerant Services (SEIS) | Yes  No | 10-month (September – June)  12-month (July – June)  2-month (July - August) |
| Special Class in an Integrated Setting (SCIS) | Half-day Program  Full-day Program | 10-month (September – June)  12-month (July – June)  2-month (July - August) |
| Special Class (SC) | Half-day Program  Full-day Program | 10-month (September – June)  12-month (July – June)  2-month (July - August) |

**General Program Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Legal Name of Agency | | | | | | | |
| 2. Assumed Name or Doing Business As (DBA), if applicable | | | | | | | |
| 3. Mailing Address of Agency Administrative Office | | Street | | | | | |
| City State Zip Code | | | | | |
| 4. County and School District where Administrative Office is Headquartered | | County | | | | | |
| School District | | | | | |
| 5. Telephone/Email Address of Administrative Office  Area Code       Number       Ext.  Email Address | | | | | 6. Fax Number of Administrative Office  Area Code       Number | | |
| 1. Federal ID Number  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | | | | | | | | |
| 8. Agency/District 12-digit NYSED Code (Complete Payee Information and Substitute W-9 Form section if you do not have a 12-digit NYSED Code)   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | |
| 9. Name and Title of Chief Executive(s)/Chief School Official(s) (CEO) | | Name | | | | | |
| Title | | | | | |
| Telephone | Fax Number | | | | Email Address |
| 10. Primary residence of CEO | | City | | | | | State |
| 11. Contact Person for the Evaluation/Education Program | | Name | | | | | |
| Title | | | | | |
| Telephone | | Fax Number | | Email Address | |
| 12. Chief Financial Officer (CFO) | | Name | | | | | |
| Title | | | | | |
| Telephone | | Fax Number | | Email Address | |
| 13. Certified Public Accountant (CPA) Firm | | Name of CPA Firm  Name of CPA | | | | | |
|  | | Title | | | | | |
|  | | Telephone | | Fax Number | | Email Address | |
| 14.  Private Entity  Public Entity  Indicate whether this is a domestic or foreign entity? | Corporation (Specify Type and Date of Incorporation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Partnership (Specify Type and Date of Formation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Professional Limited Liability Company (PLLC) (Specify:      )  Limited Liability Company (LLC) (Specify:      )  Other (Specify Type and Date of Formation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School District  Board of Cooperative Educational Services (BOCES)  State Agency  County or Municipal Government Agency  Domestic  Foreign | | | | | | |
| For Profit      Nonprofit | Certification of Incorporation with purpose section or registration pursuant to New York Business Law  Certificates or Amendments along with the related consent(s) of the Commissioner of Education  Articles of Organization (PLLC, LLC)  Regents Charter  Education Corporation (Regents Certificate of Incorporation)  Other not-for-profit corporation or organization | | | | | | |

**Site Information**

Provide the following information for each site utilized for the program(s). Attach additional pages if necessary.

|  |  |  |
| --- | --- | --- |
| **Name of Site 1:** | | Owned  Leased / Rented |
| **Street** | | |
| **City State Zip Code** | | |
| **County School District** | | |
| **Name and Title of Site Supervisor** | | |
| **Telephone** | **Email Address** | |
| **Purpose of Site (check all that apply)**  Administration (e.g., administrator’s offices, staff offices, record storage)  Evaluation Site  Special Class(es) in Integrated Setting  Special Class(es) | | |
| **Is this building used for any other purpose**  No  Yes (specify): | | |

|  |  |  |
| --- | --- | --- |
| **Name of Site 2:** | | Owned  Leased / Rented |
| **Street** | | |
| **City State Zip Code** | | |
| **County School District** | | |
| **Name and Title of Site Supervisor** | | |
| **Telephone** | **Email Address** | |
| **Purpose of Site (check all that apply)**  Administration (e.g., administrator’s offices, staff offices, record storage)  Evaluation Site  Special Class(es) in Integrated Setting  Special Class(es) | | |
| **Is this building used for any other purpose**  No  Yes (specify): | | |

|  |  |  |
| --- | --- | --- |
| **Name of Site 3:** | | Owned  Leased / Rented |
| **Street** | | |
| **City State Zip Code** | | |
| **County School District** | | |
| **Name and Title of Site Supervisor** | | |
| **Telephone** | **Email Address** | |
| **Purpose of Site (check all that apply)**  Administration (e.g., administrator’s offices, staff offices, record storage)  Evaluation Site  Special Class(es) in Integrated Setting  Special Class(es) | | |
| **Is this building used for any other purpose**  No  Yes (specify): | | |

|  |  |  |
| --- | --- | --- |
| **Name of Site 4:** | | Owned  Leased / Rented |
| **Street** | | |
| **City State Zip Code** | | |
| **County School District** | | |
| **Name and Title of Site Supervisor** | | |
| **Telephone** | **Email Address** | |
| **Purpose of Site (check all that apply)**  Administration (e.g., administrator’s offices, staff offices, record storage)  Evaluation Site  Special Class(es) in Integrated Setting  Special Class(es) | | |
| **Is this building used for any other purpose**  No  Yes (specify): | | |

**Fiscal Narrative Information**

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| --- |
| 1. Provide a list of individuals (by name and by title) in the agency who have access to financial records. |
| 1. Provide a list of minimal qualification requirements for the CFO/Business Manager position(s). |
| 1. Describe the agency’s financial internal control system that is designed to ensure that (a) the agency maintains accounts in accordance with generally accepted accounting principles and (b) that financial reports generated from the system allow analysis of revenues and expenses by program, including but not limited to enrollment and staffing data. |
| 1. Describe how the program will manage costs in the event of fluctuations in enrollment to ensure fiscal viability. |
| 1. Provide information describing the program’s policies and procedures developed to protect from retaliation those employees who report information concerning acts of fraud, abuse or waste, acts of wrongdoing, misconduct, malfeasance or other inappropriate behavior encountered during their employment. (Whistleblower Policy). |
| 1. Provide a plan for how the agency safeguards financial information in the event of technology failure or natural disasters. |
| 1. Describe the process that is used to ensure that expenses incurred in operating the agency, and revenues received, can be specifically tracked to agency programs. Include a description of the process used to ensure only allowable directly charged and allocated expenses, as defined by NYSED, will be claimed for reimbursement. |

**Character and Competence Review**

Copy and complete this section and accompanying affidavit form for each Owner/Chief Executive Officer/ and/or Chief Administrator or Executive Director who may fulfill the role and responsibilities of a Chief Executive/Administrator, or a portion of these duties.

**A public school district, board of cooperative educational services, State agency or municipality is not required to complete this section.**

|  |  |
| --- | --- |
| 1. Name of Chief Executive Officer/Owner/Administrator(s) | |
| 2. Primary Residence  City:       State: | |
| 3. Business Address | Street |
| City State       Zip |
| 4. Occupation | |
| 5. Educational History    Attach résumé | |
| 6. Certification(s)/License(s)    Attach copies of certification(s)/license(s)  Were your certificates/licenses ever refused?  Yes  No  revoked?  Yes  No  subject to other disciplinary action?  Yes  No  If yes, describe: | |
| 1. Community and philanthropic experience | |
| 1. Years of experience in the field of human services | |
| 1. Years of experience in a supervisory or management capacity | |
| 1. Indicate if you hold any other positions of employment.       Yes  No  If yes, indicate the name of the employer, the job title, job responsibilities and the number of hours employed per week at the external position. | |
| 1. Identify any current and previous association(s) with a human services agency or vendor.   Specify the positions held (e.g., employee, owner, executive director, member of the board of directors). | |
| 1. Indicate if you have been employed by or have been a board member of an agency that has been cited for findings of waste, fraud, abuse, or wrongdoing, including but not limited to the unlawful acquisition, use, payment or expenditure of agency or program funds.   Yes  No  If yes, indicate which agency and in what capacity you were associated with the agency during the time of these findings. | |
| 1. Have you had affiliations with any program whose approval was revoked or suspended by NYSED or another State or federal agency?   Yes  No  If yes:  Provide the name of the program(s) and State oversight agency(ies):    Indicate what your affiliation was to the program: | |
| 1. Have you had affiliations with any program or entity that has been subject to past, current or pending disciplinary action, disallowance, fine or other penalty by NYSED or another State or federal agency?   Yes  No  If yes:  Provide the name of the program(s) and State oversight agency(ies):    Indicate what your affiliation was to the program: | |
| 1. Have you ever been convicted of a crime by a federal or State court in any jurisdiction?   Yes  No  If yes:  What was the criminal offense(s):  Was the criminal offense(s) a misdemeanor or felony? | |
| 1. Do you currently have any criminal charge(s) pending against you in a federal or State court in any jurisdiction?   Yes  No If yes, provide an explanation: | |
| 1. Affidavit:   I,      , declare that, to the best of my knowledge, the information above is true, correct and complete.  Signature: Date:  Acknowledgment of Individual  STATE OF NEW YORK  COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  On the \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the year \_\_\_\_\_\_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public  Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  My Commission Expires:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**GOVERNANCE AND INTERNAL CONTROLS**

The governance structure for for-profit entities is prescribed by the Business Corporation Law, Limited Liability Company Law or Partnership Law, as applicable. Various provisions of the Education Law, Not-for-Profit Corporation Law and General Municipal Law impose legal duties, fiduciary responsibilities and fiscal requirements upon The University of the State of New York institutions and the trustees/board members who run them. Governance for a program meansa combination of individuals filling executive and management roles, program oversight functions organized into structures, and policies that define management principles and decision making.

**A PUBLIC SCHOOL DISTRICT, BOARD OF COOPERATIVE EDUCATIONAL SERVICES, STATE AGENCY OR MUNICIPALITY IS NOT REQUIRED TO COMPLETE THIS SECTION.**

The agency’s owners or founding group/Board of Trustees are required to read the most current version of the NYSED Reimbursable Cost Manual “Statement on the Governance Role of a Trustee or Board Member.” An agency whose governance structure does not contain a Board of Trustees or Board Members must adhere to the governance and oversight principles to the greatest extent practicable and should describe, in the answers below, how its governance structure fulfills similar oversight responsibilities in order to ensure proper administration and accountability of the agency.

|  |
| --- |
| 1. Describe the governance structure, as applicable, of the proposed program. |
| 1. Explain the procedures to be followed in instances where an individual’s personal or business interests may be advanced by an action of the governing structure of the agency. |
| 1. Explain the agency’s policy that would prohibit impermissible nepotism in hiring and other institutional business. |
| 1. Disclose any and all at-arms-length relationships as well as any affiliations/relationships with other entities that accept public funds including, but not limited to, Early Intervention providers, agencies providing related services and school-aged private schools. |
| 1. Describe the role of the individuals filling executive and management roles, and as applicable individuals with ownership interest, in establishing policies that define management principles and decision making. |
| 1. Provide a description of how periodic operating financial reviews and reports are submitted and reviewed by the agency’s governing structure, including how the agency’s governing structure performs a review of all claims and ensures proper itemization and documentation necessary for the approval of the agency’s expenditures. If the governing structure delegates this function to an individual(s) holding an executive or management role, the description outlines the format and frequency of reports that will be made directly to the agency’s board or owners. In the case of an agency that is structured as a sole proprietorship, this review function must be performed by an individual separate from the sole proprietor.     State the relationship the reviewer has with the agency. |
| 1. Provide evidence that individuals filling executive and management roles reside within a geographic region in proximity to the program(s) operations to ensure appropriate and timely on-site oversight of the program. |
| 1. Provide a description of the internal controls that have been established to ensure that the program is operating effectively and efficiently in all program and fiscal matters. Include information on internal controls relating to each of the following:    1. Ensuring a quality *control environment:*    2. Performing a *risk assessment*:    3. Designing effective *policies and procedures*:    4. Providing clear *communication* throughout the school/agency:    5. Conducting ongoing *monitoring* of policies and procedures: |
| 1. Attach a copy of the agency’s Code of Ethics.   The Code of Ethics must as a minimum include a Conflict of Interest policy, a policy outlining the procedure for reporting fraud, waste and abuse, and a whistleblower policy protecting employees from retaliation for disclosing information concerning acts of wrongdoing, misconduct, malfeasance or other inappropriate behavior. |