

# Application: DREAM CHARTER SCHOOL

Jen ase - jen@pasekconsulting.com  
Annual Reports

## Entry 1 School Info and Cover Page

Completed Nov 3 2020

### Instructions

#### Required of ALL Charter Schools

Each Annual Report begins with completed School Information and Cover ge. The information is collected in survey format within Annual Report portal. When entering information in the portal, some of the following items may not appear, depending on your authorizer and/or your responses to related items.

## Entry 1 School Information and Cover Page

**(New schools that were not open for instruction for the 2019-20 school year are not required to complete or submit an annual report this year).**

Please be advised that you will need to complete this cover page (including signatures) before all of the other tasks assigned to you by your school's authorizer are visible on your task page. While completing this cover page task, please ensure that you select the correct authorizer **(as of June 30, 2020)** or you may not be assigned the correct tasks.

## BASIC INFORMATION

### a. SCHOOL NAME

(Select name from the drop down menu)

DREAM CHARTER SCHOOL 310400860919

**a1. Popular School Name**

DREAM

**b. CHARTER AUTHORIZER (As of June 30th, 2020)**

Please select the correct authorizer as of June 30, 2020 or you may not be assigned the correct tasks.

SUNY BOARD OF TRUSTEES

**c. DISTRICT / CSD OF LOCATION**

C D # 4 - MANHATTAN

**d. DATE OF INITIAL CHARTER**

1/2008

**e. DATE FIRST OPENED FOR INSTRUCTION**

9/2008

**h. SCHOOL WEB ADDRESS (URL)**

[www.wearedream.org](http://www.wearedream.org)

**i. TOTAL MAX APPROVED ENROLLMENT FOR THE 2019-2020 SCHOOL YEAR (exclude Pre-K program enrollment)**

786

**j. TOTAL STUDENT ENROLLMENT ON JUNE 30, 2020 (exclude Pre-K program enrollment)**

778

**k. GRADES SERVED IN SCHOOL YEAR 2019-2020 (exclude Pre-K program students)**

Check all that apply

Grades Served

K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11

**l1. DOES THE SCHOOL CONTRACT WITH A CHARTER OR EDUCATIONAL MANAGEMENT ORGANIZATION?**

Yes

## I2. NAME OF CMO/EMO AND ADDRESS

NAME OF CMO/EMO	DREAM
PHYSICAL STREET ADDRESS	1991 Second Avenue
CITY	New York
STATE	NY
ZIP CODE	10029
EMAIL ADDRESS	<a href="mailto:info@wearedream.org">info@wearedream.org</a>
CONTACT PERSON NAME	Richard Berlin

## FACILITIES INFORMATION

### m. FACILITIES

Will the school maintain or operate multiple sites in 2020-2021?

	Yes, 2 sites
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### School Site 1 (Primary)

## m1. SCHOOL SITES

Please provide information on Site 1 for the upcoming school year.

	Physical Address	Phone Number	District/CSD	Grades to be Served at Site for coming year (K-5, 6-9, etc.)	Receives Rental Assistance for Which Grades (If yes, enter the appropriate grades. If no, enter No).
Site 1	1991 Second Avenue New York, NY 10029		NYC CSD 4	K-8	No

**m1a. Please provide the contact information for Site 1.**

	Name	Work Phone	Alternate Phone	Email Address
School Leader	Renee Canales (ES), Elizabeth Dodge (MS)			<a href="mailto:RCanales@wearedream.org">RCanales@wearedream.org</a>
Operational Leader	Dana Grau, K-8 Ops			<a href="mailto:dgrau@wearedream.org">dgrau@wearedream.org</a>
Compliance Contact	T ffani Alexander, Director of Compliance			<a href="mailto:talexander@wearedream.org">talexander@wearedream.org</a>
Complaint Contact	T ffani Alexander, Director of Compliance			<a href="mailto:talexander@wearedream.org">talexander@wearedream.org</a>
DASA Coordinator	T ffani Alexander, Director of Compliance			<a href="mailto:talexander@wearedream.org">talexander@wearedream.org</a>
Phone Contact for After Hours Emergencies	Lori Riddick			<a href="mailto:lriddick@wearedream.org">lriddick@wearedream.org</a>

**m1b. Is site 1 in public (co-located) space or in private space?**

Private Space

## IF LOCATED IN PRIVATE SPACE IN NYC OR IN DISTRICTS OUTSIDE NYC

**m1d. Upload a current Certificate of Occupancy (COO) and the annual Fire Inspection Report for school site 1 if located in private space in NYC or located outside of NYC .**

**Certificate of Occupancy and Fire Inspection. Provide a copy of a current and non-expired certificate of occupancy (if outside NYC or in private space in NYC). For schools that are not in district space (NYC co-locations), provide a copy of a current and non-expired certificate of occupancy, and a copy of the current annual fire inspection results, which should be dated on or after July 1, 2020.**

### **Site 1 Certificate of Occupancy (COO)**

[COO1 3521236191-COO1 1466802065-Certificate of Occupancy.pdf](#)

**Filename:** COO1 3521236191-COO1 1466802065-Certificate of Occupancy.pdf **Size:** 45.8 kB

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### **Site 1 Fire Inspection Report**

[1991 Fire Inspection 7 27 20.pdf](#)

**Filename:** 1991 Fire Inspection 7 27 20.pdf **Size:** 98.9 kB

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### **School Site 2**

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## m2. SCHOOL SITES

Please provide information on Site 2 for the upcoming school year.

	Physical Address	Phone Number	District/CSD	Grades to be Served at Site for coming year (K-5, 6-9, etc.)	Receives Rental Assistance for Which Grades (If yes, enter the appropriate grades. If no, enter No).
Site 2	439 East 115th Street New York, NY 10029		NYC CSD 4	9-11	Yes

### m2a. Please provide the contact information for Site 2.

	Name	Work Phone	Alternate Phone	Email Address
School Leader	Jared R. Francis			<a href="mailto:jfrancis@wearedream.org">jfrancis@wearedream.org</a>
Operational Leader	Joe Colarusso, High School Ops.			<a href="mailto:jcolarusso@wearedream.org">jcolarusso@wearedream.org</a>
Compliance Contact	T ffani Alexander, Director of Compliance			<a href="mailto:talexander@wearedream.org">talexander@wearedream.org</a>
Complaint Contact	T ffani Alexander, Director of Compliance			<a href="mailto:talexander@wearedream.org">talexander@wearedream.org</a>
DASA Coordinator	T ffani Alexander, Director of Compliance			<a href="mailto:talexander@wearedream.org">talexander@wearedream.org</a>
Phone Contact for After Hours Emergencies	Lori Riddick			<a href="mailto:lriddick@wearedream.org">lriddick@wearedream.org</a>



**m2b. Is site 2 in public (co-located) space or in private space?**

Private Space

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**IF LOCATED IN PRIVATE SPACE IN NYC OR IN DISTRICTS OUTSIDE NYC**

**m2d. Upload a current Certificate of Occupancy (COO) and the annual Fire Inspection Report for school site 2 if located in private space in NYC or located outside of NYC .**

**Certificate of Occupancy and Fire Inspection. Provide a copy of a current and non-expired certificate of occupancy (if outside NYC or in private space in NYC). For schools that are not in district space (NYC co-locations), provide a copy of a current and non-expired certificate of occupancy, and a copy of the current annual fire inspection results, which should be dated on or after July 1, 2020.**

**Site 2 Certificate of Occupancy (COO)**

[115th St High School DREAM CO.pdf](#)

**Filename:** 115th St High School DREAM CO.pdf **Size:** 134.7 kB

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**Site 2 Fire Inspection Report**

[DCHS Fire Inspection 7 27 20.pdf](#)

**Filename:** DCHS Fire Inspection 7 27 20.pdf **Size:** 35.8 kB

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**CHARTER REVISIONS DURING THE 2019-2020 SCHOOL YEAR**

**n1. Were there any revisions to the school's charter during the 2019-2020 school year? (Please include approved or pending material and non-material charter revisions).**

No

**PLEASE NOTE CHARTER SCHOOLS WILL NO LONGER SUBMIT FINANCIAL STATEMENTS, ANNUAL BUDGETS, AND RELATED FISCAL DATA VIA THE ANNUAL REPORT. HOWEVER, NYSED BOARD OF REGENTS WOULD LIKE TO KNOW IF YOUR SCHOOL'S BOARD OF TRUSTEES HAS APPROVED A BUDGET FOR THE 2020-2021 FISCAL YEAR.**

**o. Has your school's Board of Trustee's approved a budget for the 2020-2021 FY?**

Yes

## **ATTESTATION**

**p. Individual Primarily Responsible for Submitting the Annual Report.**

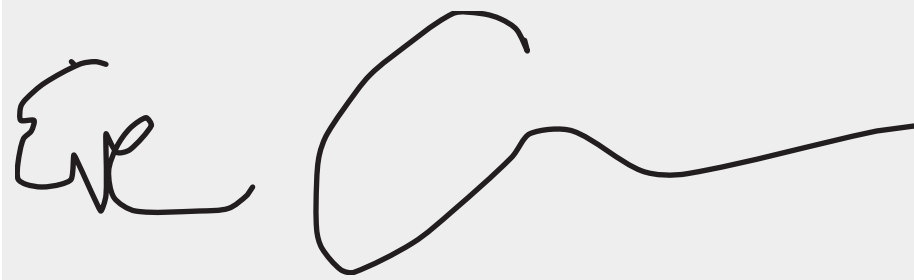
Name	Jen Pasek
Position	Consultant
Phone/Extension	
Email	<a href="mailto:jen@pasekconsulting.com">jen@pasekconsulting.com</a>

**p. Our signatures (Executive Director/School Leader/Head of School and Board President) below attest that all of the information contained herein is truthful and accurate and that this charter school is in compliance with all aspects of its charter, and with all pertinent Federal, State, and local laws, regulations, and rules. We understand that if any information in any part of this report is found to have been deliberately misrepresented, that will constitute grounds for the revocation of our charter. Check **YES** if you agree and then use the mouse on your PC or the stylus on your mobile device to sign your name).**

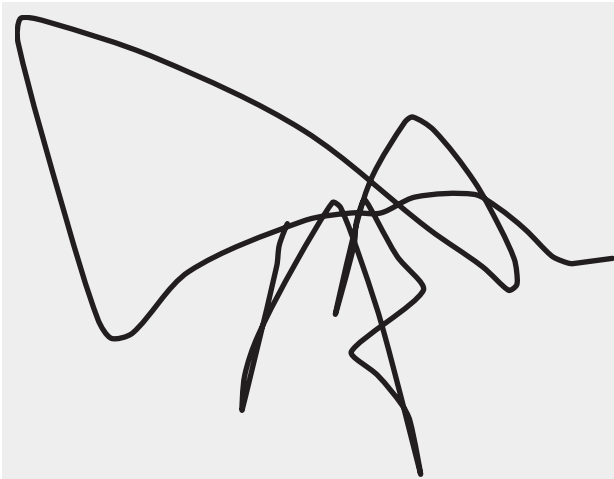
## **Responses Selected:**

Yes

**Signature, Head of Charter School**



**Signature, President of the Board of Trustees**



**Date**

Nov 3 2020

**Thank you.**



## **Entry 2 NYS School Report Card**

**Completed** Nov 3 2020

[\*\*Instructions\*\*](#)

**SUNY-authorized charter schools only**

Provide direct web link to the most recent New York State School Report Card for the charter school (See <https://reportcards.nysed.gov/>) . This report captures school-level enrollment and demographic information, staff qualifications, electronic student records, and attendance rates, as prescribed by New York State statute (8 NYCRR 119.3).

## Entry 2 NYS School Report Card Link

DREAM CHARTER SCHOOL 310400860919

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### NEW YORK STATE REPORT CARD

Provide a direct URL or web link to the most recent New York State School Report Card for the charter school (See <https://reportcards.nysed.gov/>).

(Charter schools completing year one will not yet have a School Report Card or link to one. Please type "URL is not available" in the space provided.)

<https://data.nysed.gov/essa.php?year=2019&instid=800000061082>

## Entry 3 Progress Toward Goals

Incomplete Hidden from applicant

### Instructions

Regents, NYCDOE, and Buffalo BOE-authorized charter schools

For the 2019-2020 school year, any academic or organization goals that cannot be evaluated due to school closure resulting in lack of data and changes in testing, surveying, and other usual practices should be reported as "N/A".

## Entry 3 Progress Toward Goals

## PROGRESS TOWARD CHARTER GOALS

Board of Regents-authorized and NYCDOE-authorized charter schools only.

Complete the tables provided. List each goal and measure as contained in the school's currently approved charter, and indicate whether the school has met or not met the goal. Please provide information for all goals no later than November 2, 2020.

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### 1. ACADEMIC STUDENT PERFORMANCE GOALS

**For the 2019-2020 school year, any academic goals that cannot be evaluated due to school closure resulting in a lack of data and changes in testing, surveying, and other usual practices should be reported as "N/A".**

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## 2019-20 Progress Toward Attainment of Academic Goals

	Academic Student Performance Goal	Measure Used to Evaluate Progress Toward Attainment of Goal	Goal - Met, Not Met or Unable to Assess	If not met, describe efforts the school will take to meet goal. If unable to assess goal, type N/A for Not Applicable
Academic Goal 1				
Academic Goal 2				
Academic Goal 3				
Academic Goal 4				
Academic Goal 5				
Academic Goal 6				
Academic Goal 7				
Academic Goal 8				
Academic Goal 9				
Academic Goal 10				

## 2. Do have more academic goals to add?

(No response)

### 2019-2020 Progress Toward Attainment of Academic Goals

	Academic Student Performance Goal	Measure Used to Evaluate Progress Toward Attainment of Goal	Goal - Met, Not Met or Unable to Assess	2019-2020 progress toward attainment of goal Met/Not Met/Unable to Assess During Due to Closure
Academic Goal 11				
Academic Goal 12				
Academic Goal 13				
Academic Goal 14				
Academic Goal 15				
Academic Goal 16				
Academic Goal 17				
Academic Goal 18				
Academic Goal 19				
Academic Goal 20				

### 3. Do have more academic goals to add?

(No response)

### 2019-2020 Progress Toward Attainment of Academic Goals

	Academic Student Performance Goal	Measure Used to Evaluate Progress Toward Attainment of Goal	Goal - Met, Not Met or Unable to Meet	If not met, describe efforts the school will take to meet goal. If unable to assess
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				goal, type N/A for Not Applicable
Academic Goal 21				
Academic Goal 22				
Academic Goal 23				
Academic Goal 24				
Academic Goal 25				
Academic Goal 26				
Academic Goal 27				
Academic Goal 28				
Academic Goal 29				
Academic Goal 30				
Academic Goal 31				
Academic Goal 32				
Academic Goal 33				
Academic Goal 34				
Academic Goal 35				
Academic Goal 36				
Academic Goal 37				
Academic Goal 38				
Academic Goal 39				
Academic Goal 40				



#### 4. ORGANIZATION GOALS

**For the 2019-2020 school year, any organization goals that cannot be evaluated due to school closure resulting in a lack of data and changes in testing, surveying, and other usual practices should be reported as “N/A”.**

##### 2019-2020 Progress Toward Attainment of Organization Goals

	Organizational Goal	Measure Used to Evaluate Progress	Goal - Met, Not Met, or Unable to Assess	If not met, describe efforts the school will take to meet goal. If unable to assess goal, type N/A for Not Applicable
Org Goal 1				
Org Goal 2				
Org Goal 3				
Org Goal 4				
Org Goal 5				
Org Goal 6				
Org Goal 7				
Org Goal 8				
Org Goal 9				
Org Goal 10				
Org Goal 11				
Org Goal 12				
Org Goal 13				

Org Goal 14				
Org Goal 15				
Org Goal 16				
Org Goal 17				
Org Goal 18				
Org Goal 19				
Org Goal 20				

## 5. Do have more organizational goals to add?

(No response)

## 6. FINANCIAL GOALS

### 2019-2020 Progress Toward Attainment of Financial Goals

	F nancial Goals	Measure Used to Evaluate Progress	Goal - Met, Not Met, or Partially Met	If not met, describe efforts the school will take to meet goal.
F nancial Goal 1				
F nancial Goal 2				
F nancial Goal 3				
F nancial Goal 4				
F nancial Goal 5				

## 7. Do have more financial goals to add?

(No response)

## 2019-2020 Progress Toward Attainment of Financial Goals

	Financial Goals	Measure Used to Evaluate Progress	Goal - Met, Not Met, or Partially Met	If not met, describe efforts the school will take to meet goal.
Financial Goal 6				
Financial Goal 7				
Financial Goal 8				
Financial Goal 9				
Financial Goal 10				

Thank you.

## Entry 3 Accountability Plan Progress Reports

Completed Nov 3 2020

### Instructions

### SUNY-Authorized Charter Schools ONLY

SUNY-authorized charter schools must download an [Accountability Plan Progress Report template](#). After completing, schools must upload the document into the by September 15, 2020.

### [DREAM 2019-20-APPR final](#)

Filename: DREAM 2019 20 APPR final.docx Size: 72.1 kB

## Entry 7 Disclosure of Financial Interest Form

Completed Nov 3 2020

### Instructions - Multiple Uploads permitted

### Required of ALL Charter Schools by August 3

Each member of the charter school's Board of Trustees who served on charter school education corporation governing one or more charter schools for any period during the 2019-2020 school year must

complete a signed:

- **Regents, NYCDOE, and Buffalo BOE Authorized Schools:** [Disclosure of Financial Interest Form](#)
- **SUNY- Authorized Charter Schools:** [Trustee Financial Disclosure Form](#)

All completed forms must be collected and uploaded in .PDF format for each individual member. If a trustee is not able or available to complete the form by the deadline, the education corporation is responsible for doing so on behalf of the trustee. (Forms completed from past years will not be accepted).

Trustees serving on an education corporation that governs more than one school are not required to complete a separate disclosure for each school governed by the education corporation. In the Disclosure of Financial Interest Form, trustees must disclose information relevant to any of the schools served by the governing education corporation.

### **BOBT Forms as of Aug 3**

**Filename:** BOBT Forms as of Aug 3.pdf **Size:** 788.9 kB

## **Entry 8 BOT Membership Table**

**Completed** Nov 3 2020

## **Instructions**

### **Required of All charter schools**

ALL charter schools or education corporations governing multiple schools must complete the Board of Trustees Membership Table within the online portal. Please be sure to include and identify parents who are members of the Board of Trustees and indicate whether parents are voting or non-voting members.

## **Entry 8 BOT Table**

1. SUNY-AUTHORIZED charter schools are required to provide information for VOTING Trustees only.
2. REGENTS, NYCDOE, and BUFFALO BOE-AUTHORIZED charter schools are required to provide information for all --VOTING and NON-VOTING-- trustees.

**DREAM CHARTER SCHOOL 310400860919**

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### **1. 2019-2020 Board Member Information (Enter info for each BOT member)**

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	Trustee Name and Email Address	Pos t on on the Board	Committ ee Affiliation s	Vot ng Member Per By-Laws (Y/N)	Number of Terms Served	Start Date of Current Term (MM/DD/YYYY)	End Date of Current Term (MM/DD/YYYY)	Board Meetings Attended During 2019-2020
1	Ashish Doshi [REDACTED]	Chair	F nance	Yes	6	07/01/2020	06/30/2021	5 or less
2	Michele Joerg [REDACTED]	Vice Chair	NA	Yes	12	07/01/2020	06/30/2021	5 or less
3	Jonathan Schmerin [REDACTED]	Treasurer	F nance	Yes	7	07/01/2020	06/30/2021	5 or less
4	Jonathan Gyurko [REDACTED]	Secretary	NA	Yes	5	07/01/2020	06/30/2021	5 or less
5	David Kirsch [REDACTED]	Trustee/M ember	NA	Yes	5	07/01/2020	06/30/2021	5 or less
6	Brad Visokey [REDACTED]	Trustee/M ember	F nance	Yes	4	07/01/2020	06/30/2021	5 or less

7	Claudia Zeldin [REDACTED]	Trustee/Member	NA	Yes	11	07/01/2019	12/01/2019	5 or less
8	Peter Daneker [REDACTED]	Trustee/Member	NA	Yes	1	12/01/2019	12/01/2020	5 or less
9	Vikrant Sawhney [REDACTED]	Trustee/Member	Finance	Yes	1	12/01/2019	12/01/2020	5 or less

**1a. Are there more than    members of the Board of Trustees?**

Yes

**1b. Current Board Member Information**

	Trustee Name and Email Address	Position on the Board	Committee Affiliations	Voting Member Per By-Laws (Y/N)	Number of Terms Served	Start Date of Current Term (MM/DD/YYYY)	End Date of Current Term (MM/DD/YYYY)	Board Meetings Attended During 2019-2020
10	Richard Berlin [REDACTED]	Chair	NA	Yes	6	07/01/2019	12/01/2019	5 or less
11								
12								
13								
14								
15								

**1c. Are there more than 15 members of the Board of Trustees?**

No

## 2. INFORMATION ABOUT MEMBERS OF THE BOARD OF TRUSTEES

1. SUNY-AUTHORIZED charter schools provide response relative to VOTING Trustees only.
2. REGENTS, NYCDOE, and BUFFALO BOE-AUTHORIZED charter schools provide a response relative to all trustees.

a. Total Number of BOT Members on June 30, 2020	8
b.Total Number of Members Added During 2019-2020	2
c. Total Number of Members who Departed during 2019-2020	2
d.Total Number of members, as set in Bylaws, Resolution or Minutes	5

### 3. Number of Board meetings held during 2019-2020

4

### 4. Number of Board meetings scheduled for 2020-2021

4

Thank you.

## Entry 9 Board Meeting Minutes

**Incomplete** Hidden from applicant

### Instructions

Schools must upload complete set of monthly board meeting minutes (July 2019-June 2020), which should match the number of meetings held during the 2019-2020 school year, as indicated in the above table. The minutes provided must be the final version approved by the school's Board of Trustees and may be uploaded individually or as one single combined file. Board meeting minutes must be submitted by August 3, 2020.



# Entry 10 Enrollment & Retention

Completed Nov 3 2020

## Instructions for submitting Enrollment and Retention Efforts

**ALL charter schools must complete this section.** Describe the efforts the charter school has made toward meeting targets in 2018-2019 to attract and retain enrollment of Students with Disabilities (SWDs), English Language Learners/Multilingual Learners (ELLs/MLLs), and students who are economically disadvantaged. In addition, describe the school’s plans for meeting or making progress toward meeting its enrollment and retention targets in 2019-2020.

## Entry 10 Enrollment and Retention of Special Populations

### Instructions for Reporting Enrollment and Retention Strategies

Describe the efforts the charter school has made in 2019-2020 toward meeting targets to attract and retain enrollment of students with disabilities, English language learners/Multilingual learners, and students who are economically disadvantaged. In addition, describe the school’s plans for meeting or making progress toward meeting its enrollment and retention targets in 2020-2021.

DREAM CHARTER SCHOOL 310400860919

### Recruitment/Attraction Efforts Toward Meeting Targets

	Describe Recruitment Efforts in 2019-2020	Describe Recruitment Plans in 2020-2021
		Each year DREAM's recruitment activities begin in October and end in early-April. All activities are managed by the Family and Community Engagement Department. This department seeks to provide culturally appropriate, family-friendly processes that stress the impact of meaningful family involvement and engagement from the time a

Economically Disadvantaged

Each year, DREAM's recruitment activities begin in October and end in mid-April. All activities are managed by the Family Engagement Department. This department seeks to provide culturally appropriate, family-friendly processes that stress the impact of meaningful family involvement from the time a family applies until their child graduates.

The Family Engagement team maintains relationships with schools, community based organizations, PreK programs, and daycare sites throughout the community. Visits are scheduled at these sites from January through April to provide information to community members and encourage families to apply. The Family Engagement team also makes recruitment presentations to Community Boards, local elected officials, and community coalition meetings.

To serve the students of most need, DREAM reserves 50% of incoming Pre-K and Kindergarten seats for students who reside in NYCHA public housing. Members of the Family Engagement and Family Ambassador Team leave applications and post fliers at all East Harlem NYCHA housing complexes. All marketing materials that are left behind provide the history and vision of DREAM Charter School and highlight the supports offered for

family applies until their child graduates.

The Family and Community Engagement team maintains and cultivates relationships with schools, community based organizations, PreK programs, and daycare sites throughout the community. Visits are scheduled at these sites from January - March to provide information to community members and encourage families to apply. This team also makes recruitment presentations to Community Boards, local elected officials, and community coalition meetings.

To serve the students of most need, DREAM reserves 50% of incoming Pre-K and Kindergarten seats for students who reside in NYCHA public housing. Members of the Family and Community Engagement team, Family Ambassador team and Operations team leave applications and post fliers at all East Harlem NYCHA housing complexes. All marketing materials that are left behind provide the history and vision of DREAM Charter School and highlight the supports offered for ED students, such as free afterschool programs and free dental care. Additionally, in response to COVID-19 school closures and stay-at-home orders, we have leveraged various modes of social media and advertisements to continue to attract and engage students

	<p>ED students, such as free afterschool programs and free dental care.</p>	<p>and families during this period, we also shifted our lottery practices to a virtual platform to allow our lottery to take place as scheduled while providing electronic access in real time so that members of the public had the opportunity to participate.</p> <p>In 2019-20, our percentage of ED students was 89% and our district was 80%. Going forward, we will continue to invest in proven and effective strategies for enrolling economically disadvantaged students.</p>
	<p>One of the most effective recruitment strategies for recruiting ELLs is the use of current DREAM parents and families as Family Ambassadors. Each year, 20 DREAM family members are trained on how to represent the school and recruit in the community. These Family Ambassadors are recruited from diverse segments of the school population including the Spanish-speaking and African immigrant populations. Ambassadors post fliers and hand out applications at local businesses, churches, mosques, and other organizations they belong to. They are trained to make presentations at schools and community centers. They are also active in recruiting a diverse group of students from within their own social networks. All recruitment materials are offered in Spanish (the predominant language other than English in CSD 4).</p>	<p>One of the most effective recruitment strategies for recruiting ELLs is the use of current DREAM parents and families as Family Ambassadors. Each year, 20 DREAM family members are trained on how to represent the school and recruit in the community. These Family Ambassadors are recruited from diverse segments of the school population including the Spanish-speaking and African immigrant populations. Ambassadors post fliers and hand out applications at local businesses, churches, mosques, and other organizations they belong to. They are trained to make presentations at schools and community centers. They are also active in recruiting a diverse group of students from within their own social networks. All recruitment materials are offered in Spanish (the predominant language other than English in CSD 4).</p>

<p>English Language Learners/Multilingual Learners</p>	<p>DREAM holds a series of Open Houses and school tours to introduce prospective families to the school and staff. During Open Houses, DREAM staff members with bilingual skills are available to assist families with general questions about the school and the application process. In addition, DREAM's marketing materials and presentations include information about the supports available at the school for ELLs. DREAM offers a computer clinic in which bilingual staff members are available to assist families with the online application process. This practice has been particularly useful with the recruitment of immigrant families who may lack access to computers.</p> <p>This year we researched which district and charter schools in CSD 4 serve more than the district's percent of ELLs. That data will help us identify any geographic patterns to make recruitment more targeted. We also researched whether or not the schools with a higher proportion of ELLs have any special programs that may be attractive to ELL families. Furthermore, we reached out to those schools to learn more about the best practices they may be utilizing to recruit and enroll English Language Learners.</p>	<p>DREAM holds a series of Open Houses and school tours to introduce prospective families to the school and staff. During Open Houses, DREAM staff members with bilingual skills are available to assist families with general questions about the school and the application process. In addition, DREAM's marketing materials and presentations include information about the supports available at the school for ELLs. DREAM offers a computer clinic in which bilingual staff members are available to assist families with the online application process. This practice has been particularly useful with the recruitment of immigrant families who may lack access to computers.</p> <p>This year we researched which district and charter schools in CSD 4 serve more than the district's percent of ELLs. That data will help us identify any geographic patterns to make recruitment more targeted. We also researched whether or not the schools with a higher proportion of ELLs have any special programs that may be attractive to ELL families. Furthermore, we reached out to those schools to learn more about the best practices they may be utilizing to recruit and enroll English Language Learners.</p>
		<p>DREAM provides a safe, inclusive learning environment where</p>

Students with Disabilities	<p>DREAM is intentional about reaching populations of WD throughout all recruiting efforts. These efforts have paid off as evidenced by our reputation in the field. We are often invited to speak at Community Board meetings and on panels administered by the NYC Charter Center on topics such as “How to Recruit ELLs and Special Education Students.” DREAM deliberately targets PreK programs that have special needs populations during school recruitment visits. The school also makes presentations at therapeutic Head Start programs in the surrounding community.</p>	<p>students learn in the best-fit environment, based on their needs, and where families are treated as partners. This attention to individual student needs as well as strong family engagement produces an environment where families want to stay enrolled. Our strategies to support and retain economically disadvantaged students include:</p> <ul style="list-style-type: none"> <li>- Free meal program that emphasizes healthy eating</li> <li>- Extended day programming, eliminating the need for working families to provide after school child care</li> <li>- Access to full time social Workers to help with social emotional needs of children, including trauma</li> <li>- Free dental services for children and legal clinics for families</li> </ul> <p>Our retention rate for ED students was 87% between 2018-19 and 2019-20. Going forward, we will continue to invest in proven and effective strategies for retaining economically disadvantaged students.</p>
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### Retention Efforts Toward Meeting Targets

	Describe Retention Efforts in 2019-2020	Describe Retention Plans in 2020-2021
	DREAM provides a safe, inclusive	DREAM provides a safe, inclusive learning environment where students learn in the best-fit environment, based on their needs, and where families are

Economically Disadvantaged	<p>learning environment where students learn in the best-fit environment, based on their needs, and where families are treated as partners. This attention to individual student needs as well as strong family engagement produces an environment where families want to stay enrolled. Our strategies to support and retain economically disadvantaged students include:</p> <ul style="list-style-type: none"> <li>- Free meal program that emphasizes healthy eating</li> <li>- Extended day programming, eliminating the need for working families to provide after school child care</li> <li>- Access to full time Social Workers to help with social emotional needs of children, including trauma</li> <li>- Free dental services for children and legal clinics for families</li> </ul>	<p>treated as partners. This attention to individual student needs as well as strong family engagement produces an environment where families want to stay enrolled. Our strategies to support and retain economically disadvantaged students include:</p> <ul style="list-style-type: none"> <li>- Free meal program that emphasizes healthy eating</li> <li>- Extended day programming, eliminating the need for working families to provide after school child care</li> <li>- Access to full time Social Workers to help with social emotional needs of children, including trauma</li> <li>- Free dental services for children and legal clinics for families</li> </ul> <p>Our retention rate for ED students was 87% between 2018-19 and 2019-20. Going forward, we will continue to invest in proven and effective strategies for retaining economically disadvantaged students.</p>
English Language Learners/Multilingual Learners	<p>The strategies DREAM uses to support and retain English language learners include:</p> <ul style="list-style-type: none"> <li>- Robust family engagement and outreach program that includes home visits, a family action council, student conferences and monthly meetings with school leadership</li> <li>- Bilingual staff members that are present at all events to help with</li> </ul>	<p>The strategies DREAM uses to support and retain English language learners include:</p> <ul style="list-style-type: none"> <li>- Robust family engagement and outreach program that includes home visits, a family action council, student conferences and monthly meetings with school leadership</li> <li>- Bilingual staff members that are present at all events to help with translations and questions</li> <li>- Documents that are sent home to families are translated in the predominant language</li> </ul>

	<p>translations and questions</p> <ul style="list-style-type: none"> <li>- Documents that are sent home to families are translated in the predominant language</li> <li>- Programs within school for supporting ELLs</li> <li>- Dedicated ELL Coordinator and two Intervention Specialists serving this population</li> </ul>	<ul style="list-style-type: none"> <li>- Programs within school for supporting ELLs</li> <li>- Dedicated ELL Coordinator and two Intervention Specialists serving this population</li> </ul> <p>Our retention rate for ELLs was 90% between 2018-19 and 2019-20. Going forward, we will continue to invest in proven and effective strategies for retaining English Language Learners.</p>
	<p>The strategies DREAM uses to support and retain students with disabilities include:</p> <ul style="list-style-type: none"> <li>- Speech and occupational therapy is offered for students with special needs.</li> <li>- Full time ELL and SPED coordinators provide a mix of pull in and pull out interventions based on student's Individual Educational Plans.</li> <li>- DREAM currently provides support and early identification for students who exhibit learning and behavior needs by applying the approach of Response to Intervention. Once identified, learners with special needs are provided with innovative interventions at the appropriate level of intensity to accelerate their rate of learning. These services are provided by a variety of personnel, including general education teachers, special educators, and specialists. Some services</li> </ul>	<p>The strategies DREAM uses to support and retain students with disabilities include:</p> <ul style="list-style-type: none"> <li>- Speech and occupational therapy is offered for students with special needs.</li> <li>- Full time ELL and SPED coordinators provide a mix of pull in and pull out interventions based on student's Individual Educational Plans.</li> <li>- DREAM currently provides support and early identification for students who exhibit learning and behavior needs by applying the approach of Response to Intervention. Once identified, learners with special needs are provided with innovative interventions at the appropriate level of intensity to accelerate their rate of learning. These services are provided by a variety of personnel, including general education teachers, special educators, and specialists. Some services include conferencing, small group work, individual check-ins, behavior plans, differentiated and targeted questions,</li> </ul>

## Students with Disabilities

include conferencing, small group work, individual check-ins, behavior plans, differentiated and targeted questions, differentiated homework, and annotated texts.

- In elementary school, to maximize the impact of integrated co-teaching, leaders provide lesson feedback to concretely define teachers' actions within a lesson. This year, elementary school teachers participated in a training on how to use data to plan intervention groups.

- In addition, our elementary school principal, academic dean, and two teachers participated in the District Charter Collaborative, meeting every other week with other district and charter school principals to collaborate on a problem of practice focused on serving students with disabilities.

- In middle school, four learning specialists push in to four core content blocks a day. The learning specialists are also responsible for writing differentiated lesson plans for the subject areas they co-teach. Every week, the learning specialists meet with general education teachers to preview upcoming lessons.

- DREAM Middle School co-planning meetings focus on preparing lesson choreography that clearly defines each teacher's role throughout the lesson to more effectively differentiate at all levels (versus one differentiated packet for students below grade level).

differentiated homework, and annotated texts.

- In elementary school, to maximize the impact of integrated co-teaching, leaders provide lesson feedback to concretely define teachers' actions within a lesson. This year, elementary school teachers participated in a training on how to use data to plan intervention groups.

- In addition, our elementary school principal, academic dean, and two teachers participated in the District Charter Collaborative, meeting every other week with other district and charter school principals to collaborate on a problem of practice focused on serving students with disabilities.

- In middle school, four learning specialists push in to four core content blocks a day. The learning specialists are also responsible for writing differentiated lesson plans for the subject areas they co-teach. Every week, the learning specialists meet with general education teachers to preview upcoming lessons.

- DREAM Middle School co-planning meetings focus on preparing lesson choreography that clearly defines each teacher's role throughout the lesson to more effectively differentiate at all levels (versus one differentiated packet for students below grade level).

- Three types of middle school homework (extension, preparation, or practice) are differentiated by volume, task,



	<ul style="list-style-type: none"> <li>- Three types of middle school homework (extension, preparation, or practice) are differentiated by volume, task, and complexity for both low and high performing students.</li> <li>- Middle school staff offer office hours to all students seeking one on one tutoring or homework help.</li> <li>- Middle school grade team meetings alternate scholar talk between at risk general education students and IEP students using the IEP as a resource.</li> <li>- High school student schedules prioritize reading intervention so that every student reading below grade level is receiving Tier 2 literacy intervention.</li> <li>- Two out of four sections of high school ELA, Math, Science and Social Studies utilized integrated co-teaching with a general education teacher and special education teacher.</li> </ul>	<p>and complexity for both low and high performing students.</p> <ul style="list-style-type: none"> <li>- Middle school staff offer office hours to all students seeking one on one tutoring or homework help.</li> <li>- Middle school grade team meetings alternate scholar talk between at risk general education students and IEP students using the IEP as a resource.</li> <li>- High school student schedules prioritize reading intervention so that every student reading below grade level is receiving Tier 2 literacy intervention.</li> <li>- Two out of four sections of high school ELA, Math, Science and Social Studies utilized integrated co-teaching with a general education teacher and special education teacher.</li> </ul> <p>Our retention rate for WD was 84% between 2018-19 and 2019-20. Going forward, we will continue to invest in proven and effective strategies for retaining students with disabilities."</p>
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## Entry 12 Percent of Uncertified Teachers

**Incomplete** Hidden from applicant

### Instructions

#### **Required of Regents, NYCDOE, and Buffalo BOE Authorized Charter Schools ONLY**

The table below reflects the information collected through the online portal for compliance with New York State Education Law 2854(3)(a-1) for teaching staff qualifications. Uncertified teachers are those not certified pursuant to the State Certification Requirements established by the NYSED Commissioner of Education.

## Entry 12 Uncertified Teachers

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# Instructions for Reporting Percent of Uncertified Teachers

**Required of Regents, NYCDOE, and Buffalo BOE Authorized Charter Schools**

The table below reflects the information collected through the online portal for compliance with New York State Education Law 2854(3)(a-1) for teaching staff qualifications. Uncertified teachers are those not certified pursuant to the State Certification Requirements established by the NYSED Commissioner of Education. Enter the relevant full-time equivalent (FTE) count of teachers in each column. For example, a school with 20 full-time teachers and 5 half-time teachers would have an FTE count of 22.5.

If more than one line applies to a teacher, please include in only one FTE uncertified category. Please do not include paraprofessionals, such as teacher aides.

---

**CATEGORY A. 30% OR 5 UNCERTIFIED TEACHERS WHICHEVER IS LESS**

	FTE Count
i. FTE count of uncertified teacher with at least three years of elementary, middle or secondary classroom teaching experience (as of June 30, 2020)	
ii. FTE count of uncertified teachers who are tenured or tenure track college faculty (as of June 30, 2020)	
iii. FTE count of uncertified teachers with two years of Teach for America experience (as of June 30, 2020)	
. FTE count of uncertified teachers with exceptional business, professional, artistic, athletic, or military experience (as June 30, 2020)	
Total Category A: 5 or 30% whichever is less	0

**CATEGORY B. PLUS FIVE UNCERTIFIED TEACHERS IN MATHEMATICS, SCIENCE, COMPUTER SCIENCE, TECHNOLOGY OR CAREER AND TECHNICAL EDUCATION.**

	FTE Count
i. FTE count of uncertified teacher with at least three years of elementary, middle or secondary classroom teaching experience (as of June 30, 2020)	
ii. FTE count of uncertified teachers who are tenured or tenure track college faculty (as of June 30, 2020)	
iii. FTE count of uncertified teachers with two years of Teach for America experience (as of June 30, 2020)	
. FTE count of uncertified teachers with exceptional business, professional, artistic, athletic, or military experience (as June 30, 2020)	
Total Category B: not to exceed 5	0

**CATEGORY C: PLUS 5 ADDITIONAL UNCERTIFIED TEACHERS**

	FTE Count
i. FTE count of uncertified teacher with at least three years of elementary, middle or secondary classroom teaching experience (as of June 30, 2020)	
ii. FTE count of uncertified teachers who are tenured or tenure track college faculty (as of June 30, 2020)	
iii. FTE count of uncertified teachers with two years of Teach for America experience (as of June 30, 2020)	
. FTE count of uncertified teachers with exceptional business, professional, artistic, athletic, or military experience (as June 30, 2020)	
Total Category C: not to exceed 5	0

**CATEGORY D: TOTAL FTE COUNT OF UNCATEGORIZED, UNCERTIFIED TEACHERS**

(Include teachers who do not fit in one of these categories or if did fit would exceed the numerical limits for that category)

	FTE Count
Total Category D	

**CATEGORY E: TOTAL FTE COUNT OF CERTIFIED TEACHERS**

	FTE Count
Total Category E	

## CATEGORY F: TOTAL FTE COUNT OF ALL TEACHERS

Please do not include paraprofessionals, such as teacher aides.

	FTE Count
Total Category F	



Thank you.

## Entry 13 Organization Chart

**Incomplete** Hidden from applicant

### Instructions

#### **Required of Regents, NYCDOE, and Buffalo BOE Authorized Charter Schools ONLY**

Upload the 2019-2020 **Organization Chart**. The organization chart should include position titles and reporting relationships. Employee names should not appear on the chart.

## Entry 14 School Calendar

**Completed** Nov 3 2020

### Instructions for submitting School Calendar

#### **Required of ALL Charter Schools**

Given these uncertain and changing times, charter schools may or may not have school calendar ready to upload by the submission deadline this year of August 3, 2020. If the charter school has tentative calendar based on available information and guidance at the time, please submit with the August 3<sup>rd</sup> submission. Charter schools will be able to upload an updated school calendar into the portal at any time but no later than **September 15, 2020**.

School calendars must meet the [minimum instructional requirements](#) adopted by the Board of Regents in 2018.

**Board of Regents-authorized charter schools are required to submit school calendars that clearly indicate the start and end date of the instructional year AND the number of instructional hours and/or instructional days for each month.**

#### **2020-21 PK-12 DREAM Calendar Formatted PDF**

**Filename:** 2020 21 PK 12 DREAM Calendar Formatt z5EjI9V.pdf **Size:** 176.0 kB

## Entry 15 Links to Critical Documents on School Website

**Incomplete** Hidden from applicant

## Instructions

### **Required of Regents, NYCDOE, and Buffalo BOE Authorized Charter Schools ONLY**

By law, each charter school is required to maintain certain notices and policies listed on its website. Please insert the link from the school's website for each of the items:

1. Most recently filed Annual Report (i.e., 2018-19 Annual Report);
2. Most recent board meeting notice, documents to be discussed at the meeting (if any), and webcast of Board meetings (if held virtually per Governor's Executive Order);
3. Link to New York State School Report Card;
4. Lottery Notice announcing date of lottery;
5. Authorizer-approved DASA policy;
6. District-wide safety plan and Authorizer-approved Discipline policy (as per August 29, 2019 [Emergency Response Plan Memo](#));
7. Authorizer-approved FOIL policy; and
8. Subject matter list of FOIL records.
9. Link to School Reopening Plan

## **Form for Entry 15 Links to Critical Documents on School Website**

**School Name: DREAM CHARTER SCHOOL**

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**Required of Regents, NYCDOE, and Buffalo BOE Authorized Charter Schools ONLY**

**By law, each charter school is required to maintain certain notices and policies listed on its website. Please insert the link from the school's website for each of the items:**

	Link to Documents
1. Most Recent Annual Report (i.e., 2018-19)	
2. Most Recent Board Meeting Notice and Related Agenda Item Documents	
2a. Webcast of Board Meetings (per Governor's Executive Order)	
3. Link to NYS School Report Card	
4. Most Recent Lottery Notice Announcing Lottery	
5. Authorizer-Approved DASA Policy	
6. District-wide Safety Plan	
6a. Authorizer-Approved Discipline Policy (as per August 29, 2019 Emergency Response Plan Memo)	
7. Authorizer-Approved FOIL Policy	
8. Subject matter list of FOIL records	
9. Link to School Reopening Plan	

**Thank you.**



## **Entry 16 COVID 19 Related Information**

**Completed** Nov 3 2020

### **Instructions**

#### **Required of ALL charter schools**

Please provide the number of students attending instruction on the last day instruction was provided within physical school facilities and the number of students participating in virtual programming on the last day such programming was offered for the 2019-2020 school year.

If applicable, please provide the name and publisher of all end of year assessments provided by grade level as well as the number of participating students. Board of Regents-authorized charter schools are



encouraged to refer to Appendix B of the [Remote Monitoring and Oversight Plan Spring 2020](#) remote for best practices regarding end of year assessments in remote learning environment.

## Entry 16 COVID 19 Related Information

**School Name:** DREAM CHARTER SCHOOL

### TABLE 1: 2019-2020 Enrollment, Attendance and Participation Between March-June 2020

Please provide the number of students attending instruction on the last day instruction was provided within physical school facilities and the number of students participating in virtual programming on the last day such programming was offered for the 2019-2020 school year.

	Number of students enrolled in school on the last day instruction was provided within physical school facilities	Number of students attending instruction on the last day instruction was provided within physical school facilities	Number of students participating in virtual programming on the last day such programming was offered for the 2019-20 school year
	778		

### Table 2: 2019-2020 Assessments and Grade Participation

If applicable, please provide the name and publisher of all end of year assessments provided by grade level as well as the number of participating students. Board of Regents-authorized charter schools are encouraged to refer to Appendix B of the [Remote Monitoring and Oversight Plan Spring 2020](#) remote for best practices regarding end of year assessments in a remote learning environment.

Assessment Title	Grade K	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	Number of Participants



		x	x	x	x	x	x	x	x	x	x	x	x	x	
		x	x	x	x	x	x	x	x	x	x	x	x	x	
		x	x	x	x	x	x	x	x	x	x	x	x	x	
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Entry 17 Staff Roster - NEW TASK For Regents Schools Only

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INSTRUCTIONS - NEW TASK FOR REGENTS-AUTHORIZED CHARTER SCHOOLS

Please provide the full name of **ANY and ALL** instructional and non-instructional employees and their respective positions/titles, and employment start dates in the charter school by clicking on the MS Excel file link to the [Staff Roster](#).



<b>FOR INSTITUTE USE ONLY</b>
<b>FILING FOR SCHOOL</b>
<b>YEAR:</b> _____
<b>DATE RECEIVED:</b> _____

**DISCLOSURE OF FINANCIAL INTEREST  
BY A NOT-FOR-PROFIT CHARTER SCHOOL  
EDUCATION CORPORATION TRUSTEE**

1. Name of education corporation: DREAM Charter School
2. Trustee’s name (print): Brad Visokey
3. Position(s) on board, if any: (e.g., chair, treasurer, committee chair, etc.): Trustee



8. Is Trustee an employee of the education corporation? \_\_\_\_Yes. ☒No. If you checked yes, please provide a description of the position you hold, your salary and your start date.

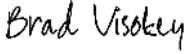
\_\_\_\_\_

9. Identify each interest/transaction (and provide the requested information) that you or any of your immediate family members have held or engaged in with the education corporation during the prior school year. If there has been no such financial interest or transaction, please *write “None.”* Please note that if you answered yes to Question 8, you need not disclose again your employment status, salary, etc.

Date(s)	Nature of Financial Interest/Transaction	Steps Taken to Avoid a Conflict of Interest, (e.g., did not vote, did not participate in discussion)	Identity of Person Holding Interest or Engaging in Transaction (e.g., you and/or immediate family member (name))
none	Please write “None” if applicable. Do not leave this space blank.		

10. Identify each individual, business, corporation, union association, firm, partnership, committee proprietorship, franchise holding company, joint stock company, business or real estate trust, non-profit organization, or other organization or group of people doing business with the education corporation *and* in which such entity, during the preceding school year (July 1 – June 30), you and/or your immediate family member(s) had a financial interest or other relationship. If you are a member, director, officer or employee of an organization formally partnered with the education corporation that is doing business with the education corporation through a management or services agreement, you need not list every transaction between such entity and the education corporation that is pursuant to such agreement; rather, please identify only the name of the entity, your position in the entity as well as the relationship between such entity and the education corporation. If there was no financial interest, please *write "None."*

Entity Conducting Business with the Education Corporation	Nature of Business Conducted	Approximate Value of the Business Conducted	Name of Trustee and/or Immediate Family Holding an Interest in the Entity Conducting Business with the Education Corporation and the Nature of the Interest	Steps Taken to Avoid Conflict of Interest
none	<i>Please write "None" if applicable. Do not leave this space blank.</i>			

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**Signature**

6/30/2020

**Date**



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FILING FOR SCHOOL  
YEAR: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DISCLOSURE OF FINANCIAL INTEREST  
BY A NOT-FOR-PROFIT CHARTER SCHOOL  
EDUCATION CORPORATION TRUSTEE

1. Name of education corporation: Dream Charter School
2. Trustee’s name (print): Peter Daneker
3. Position(s) on board, if any: (e.g., chair, treasurer, committee chair, etc.): N/A



8. Is Trustee an employee of the education corporation? \_\_\_\_Yes. ☒No. If you checked yes, please provide a description of the position you hold, your salary and your start date.


\_\_\_\_\_

9. Identify each interest/transaction (and provide the requested information) that you or any of your immediate family members have held or engaged in with the education corporation during the prior school year. If there has been no such financial interest or transaction, please *write “None.”* Please note that if you answered yes to Question 8, you need not disclose again your employment status, salary, etc.

Date(s)	Nature of Financial Interest/Transaction	Steps Taken to Avoid a Conflict of Interest, (e.g., did not vote, did not participate in discussion)	Identity of Person Holding Interest or Engaging in Transaction (e.g., you and/or immediate family member (name))
None	Please write “None” if applicable. Do not leave this space blank.		

10. Identify each individual, business, corporation, union association, firm, partnership, committee proprietorship, franchise holding company, joint stock company, business or real estate trust, non-profit organization, or other organization or group of people doing business with the education corporation *and* in which such entity, during the preceding school year (July 1 – June 30), you and/or your immediate family member(s) had a financial interest or other relationship. If you are a member, director, officer or employee of an organization formally partnered with the education corporation that is doing business with the education corporation through a management or services agreement, you need not list every transaction between such entity and the education corporation that is pursuant to such agreement; rather, please identify only the name of the entity, your position in the entity as well as the relationship between such entity and the education corporation. If there was no financial interest, please *write "None."*

Entity Conducting Business with the Education Corporation	Nature of Business Conducted	Approximate Value of the Business Conducted	Name of Trustee and/or Immediate Family Holding an Interest in the Entity Conducting Business with the Education Corporation and the Nature of the Interest	Steps Taken to Avoid Conflict of Interest
None	<i>Please write "None" if applicable. Do not leave this space blank.</i>			

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**Signature**

6/30/2020

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**Date**



FOR INSTITUTE USE ONLY

FILING FOR SCHOOL  
YEAR: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DISCLOSURE OF FINANCIAL INTEREST  
BY A NOT-FOR-PROFIT CHARTER SCHOOL  
EDUCATION CORPORATION TRUSTEE

1. Name of education corporation: DREAM Charter School
2. Trustee’s name (print): Jonathan Schmerin
3. Position(s) on board, if any: (e.g., chair, treasurer, committee chair, etc.): Trustee



8. Is Trustee an employee of the education corporation? Yes. ☒ No. If you checked yes, please provide a description of the position you hold, your salary and your start date.
- 

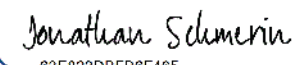
9. Identify each interest/transaction (and provide the requested information) that you or any of your immediate family members have held or engaged in with the education corporation during the prior school year. If there has been no such financial interest or transaction, please write “None.” Please note that if you answered yes to Question 8, you need not disclose again your employment status, salary, etc.

Date(s)	Nature of Financial Interest/Transaction	Steps Taken to Avoid a Conflict of Interest, (e.g., did not vote, did not participate in discussion)	Identity of Person Holding Interest or Engaging in Transaction (e.g., you and/or immediate family member (name))
NONE			



10. Identify each individual, business, corporation, union association, firm, partnership, committee proprietorship, franchise holding company, joint stock company, business or real estate trust, non-profit organization, or other organization or group of people doing business with the education corporation *and* in which such entity, during the preceding school year (July 1 – June 30), you and/or your immediate family member(s) had a financial interest or other relationship. If you are a member, director, officer or employee of an organization formally partnered with the education corporation that is doing business with the education corporation through a management or services agreement, you need not list every transaction between such entity and the education corporation that is pursuant to such agreement; rather, please identify only the name of the entity, your position in the entity as well as the relationship between such entity and the education corporation. If there was no financial interest, please *write "None."*

Entity Conducting Business with the Education Corporation	Nature of Business Conducted	Approximate Value of the Business Conducted	Name of Trustee and/or Immediate Family Holding an Interest in the Entity Conducting Business with the Education Corporation and the Nature of the Interest	Steps Taken to Avoid Conflict of Interest
NONE	<i>Please write "None" if applicable. Do not leave this space blank.</i>			

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**Signature**

6/30/2020

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**Date**



FOR INSTITUTE USE ONLY

FILING FOR SCHOOL  
YEAR: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DISCLOSURE OF FINANCIAL INTEREST  
BY A NOT-FOR-PROFIT CHARTER SCHOOL  
EDUCATION CORPORATION TRUSTEE

1. Name of education corporation: DREAM Charter School
2. Trustee’s name (print): Richard Berlin
3. Position(s) on board, if any: (e.g., chair, treasurer, committee chair, etc.): Board Chair



8. Is Trustee an employee of the education corporation? \_\_\_\_Yes. ☒No. If you checked yes, please provide a description of the position you hold, your salary and your start date.


\_\_\_\_\_

9. Identify each interest/transaction (and provide the requested information) that you or any of your immediate family members have held or engaged in with the education corporation during the prior school year. If there has been no such financial interest or transaction, please *write “None.”* Please note that if you answered yes to Question 8, you need not disclose again your employment status, salary, etc.

Date(s)	Nature of Financial Interest/Transaction	Steps Taken to Avoid a Conflict of Interest, (e.g., did not vote, did not participate in discussion)	Identity of Person Holding Interest or Engaging in Transaction (e.g., you and/or immediate family member (name))
None	Please write “None” if applicable. Do not leave this space blank.		

10. Identify each individual, business, corporation, union association, firm, partnership, committee proprietorship, franchise holding company, joint stock company, business or real estate trust, non-profit organization, or other organization or group of people doing business with the education corporation *and* in which such entity, during the preceding school year (July 1 – June 30), you and/or your immediate family member(s) had a financial interest or other relationship. If you are a member, director, officer or employee of an organization formally partnered with the education corporation that is doing business with the education corporation through a management or services agreement, you need not list every transaction between such entity and the education corporation that is pursuant to such agreement; rather, please identify only the name of the entity, your position in the entity as well as the relationship between such entity and the education corporation. If there was no financial interest, please *write "None."*

Entity Conducting Business with the Education Corporation	Nature of Business Conducted	Approximate Value of the Business Conducted	Name of Trustee and/or Immediate Family Holding an Interest in the Entity Conducting Business with the Education Corporation and the Nature of the Interest	Steps Taken to Avoid Conflict of Interest
DREAM	<i>Please write "None" if applicable. Do not leave this space blank.</i>			

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**Signature**

6/30/2020

**Date**



FOR INSTITUTE USE ONLY

FILING FOR SCHOOL  
YEAR: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DISCLOSURE OF FINANCIAL INTEREST  
BY A NOT-FOR-PROFIT CHARTER SCHOOL  
EDUCATION CORPORATION TRUSTEE

1. Name of education corporation: Dream Charter School
2. Trustee’s name (print): David Kirsch
3. Position(s) on board, if any: (e.g., chair, treasurer, committee chair, etc.): \_\_\_\_\_  
Trustee



8. Is Trustee an employee of the education corporation? \_\_\_\_Yes. ☒No. If you checked yes, please provide a description of the position you hold, your salary and your start date.

\_\_\_\_\_

9. Identify each interest/transaction (and provide the requested information) that you or any of your immediate family members have held or engaged in with the education corporation during the prior school year. If there has been no such financial interest or transaction, please *write “None.”* Please note that if you answered yes to Question 8, you need not disclose again your employment status, salary, etc.

Date(s)	Nature of Financial Interest/Transaction	Steps Taken to Avoid a Conflict of Interest, (e.g., did not vote, did not participate in discussion)	Identity of Person Holding Interest or Engaging in Transaction (e.g., you and/or immediate family member (name))
None	Please write “None” if applicable. Do not leave this space blank.		

10. Identify each individual, business, corporation, union association, firm, partnership, committee proprietorship, franchise holding company, joint stock company, business or real estate trust, non-profit organization, or other organization or group of people doing business with the education corporation *and* in which such entity, during the preceding school year (July 1 – June 30), you and/or your immediate family member(s) had a financial interest or other relationship. If you are a member, director, officer or employee of an organization formally partnered with the education corporation that is doing business with the education corporation through a management or services agreement, you need not list every transaction between such entity and the education corporation that is pursuant to such agreement; rather, please identify only the name of the entity, your position in the entity as well as the relationship between such entity and the education corporation. If there was no financial interest, please *write "None."*

Entity Conducting Business with the Education Corporation	Nature of Business Conducted	Approximate Value of the Business Conducted	Name of Trustee and/or Immediate Family Holding an Interest in the Entity Conducting Business with the Education Corporation and the Nature of the Interest	Steps Taken to Avoid Conflict of Interest
None	<i>Please write "None" if applicable. Do not leave this space blank.</i>			

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**Signature**

6/30/2020

\_\_\_\_\_  
**Date**



FOR INSTITUTE USE ONLY

FILING FOR SCHOOL  
YEAR: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DISCLOSURE OF FINANCIAL INTEREST  
BY A NOT-FOR-PROFIT CHARTER SCHOOL  
EDUCATION CORPORATION TRUSTEE

1. Name of education corporation: DREAM Charter School
2. Trustee’s name (print): Michele Joerg
3. Position(s) on board, if any: (e.g., chair, treasurer, committee chair, etc.): Trustee



8. Is Trustee an employee of the education corporation? \_\_\_\_Yes. ☒No. If you checked yes, please provide a description of the position you hold, your salary and your start date.

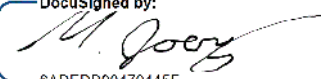
\_\_\_\_\_

9. Identify each interest/transaction (and provide the requested information) that you or any of your immediate family members have held or engaged in with the education corporation during the prior school year. If there has been no such financial interest or transaction, please *write “None.”* Please note that if you answered yes to Question 8, you need not disclose again your employment status, salary, etc.

Date(s)	Nature of Financial Interest/Transaction	Steps Taken to Avoid a Conflict of Interest, (e.g., did not vote, did not participate in discussion)	Identity of Person Holding Interest or Engaging in Transaction (e.g., you and/or immediate family member (name))
none	Please write “None” if applicable. Do not leave this space blank.		

10. Identify each individual, business, corporation, union association, firm, partnership, committee proprietorship, franchise holding company, joint stock company, business or real estate trust, non-profit organization, or other organization or group of people doing business with the education corporation *and* in which such entity, during the preceding school year (July 1 – June 30), you and/or your immediate family member(s) had a financial interest or other relationship. If you are a member, director, officer or employee of an organization formally partnered with the education corporation that is doing business with the education corporation through a management or services agreement, you need not list every transaction between such entity and the education corporation that is pursuant to such agreement; rather, please identify only the name of the entity, your position in the entity as well as the relationship between such entity and the education corporation. If there was no financial interest, please *write "None."*

Entity Conducting Business with the Education Corporation	Nature of Business Conducted	Approximate Value of the Business Conducted	Name of Trustee and/or Immediate Family Holding an Interest in the Entity Conducting Business with the Education Corporation and the Nature of the Interest	Steps Taken to Avoid Conflict of Interest
DREAM, Inc	Management	\$4.9m	Michele Joerg- self	yearly IPA

DocuSigned by:  
  
 6ADEDB90470445F...

**Signature**

7/14/2020

**Date**

# July 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1





# August 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					



# September 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7 Labor Day: No School	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28 Yom Kippur: No School	29	30			

# October 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
	Indigenous Peoples' Day: No School					
18	19	20	21	22	23	24
25	26	27	28	29	30	31

# November 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3 Election Day	4	5	6	7
8	9	10	11 Veteran's Day: No School	12	13	14
15	16	17	18	19	20	21
22	23	24	25 Thanksgiving Break	26 Thanksgiving Break	27 Thanksgiving Break	28
29	30					



# December 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	Winter Break: No School	
					Winter Break	
					Winter Break	



# January 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 Winter Break: No School	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25 MLK Day: No School	26	27	28	29	30

# February 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31 1	2	3	4	5	6	
7 8	9	10	11	12	13	
14 15	16	17	18	19	20	
21 22	23	24	25	26	27	

Mid-Winter Break: No School

# March 2021



# April 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
--------	--------	---------	-----------	----------	--------	----------



					1	2	3	
4	5	6	7	8		9	10	
11	12	13	14	15		16	17	
18	19	20	21	22		23	24	
25	26	27	28	29		30	1	

2-8 ELA State Test Window



# May 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2	3	4	5	6	7	8

9	10	11	12	13	14	15			
	PK-8 Spring Break: No School								
16	17	18	19	20	21	22			
23	24	25	26	27	28	29			
				Window for 8th Grade Sci Performance Test					
30	31	Memorial Day: No School							



# June 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
			Window for 8th Grade Science Performance Test			
6	7	8	9	10	11	12
	8th Grade Written Sci Test					
13	14	15	16	17	18	19
					Last day of school (PK-8)	
20	21	22	23	24	25	26
27	28	29	30			

## 2020 2021 Total School Days

	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	PD	
	Day	Day	Day	Day	Day	Day	Day	Day	Day	Day	Day	Day	Tot
PK	6	20	21	17	17	19	15	23	22	15	14	8	181
K-8	6	20	21	17	17	19	15	23	22	15	14	8	181
HS	6	20	21	17	17	19	15	23	0	0	0	8	130

# Associated fire Protection

100 Jackson Street Phone: 973-684-7250 NYC MASTER FIRE PIPING CONT.: 367A  
Paterson, NJ 07501 Fax: associatedfire.com

Certificate #  
Customer #  
Location #  
Workorder #

**Location:** Dream School  
Bldg#/Store ID: High School  
443 E 115th Street  
New York, NY 10029

**Contact:** Casey Williams

**System ID #** 1

**System Description:** Wet Sprinkler System

**System Location:**

**Service Interval:** Monthly

## Certificate of Inspection

### Wet Sprinkler System

*This certifies that the equipment described herein was inspected by Associated Fire Protection in accordance with our standard inspection procedures, and left:*

☒ Operational ☐ Partially Operational ☐ Non-Operational

**Inspection Date:** 7/27/2020

**Duration:** 0.75 Hours

**Service Type:** Monthly

**Inspector(s):** Emmett Brown

**Follow-Up Required:** ☐

QV#546

## I. Initial Actions

- 1) Were building management and occupants notified of the inspection? 1) ☒ Yes ☐ No ☐ N/A  
a) Did the building management confirm that there were no changes in occupancy or hazard since the previous inspection? ☒ Yes ☐ No  
b) Name and title of person Casey  
2) Was the fire or police department notified of the inspection? 2) ☐ Yes ☐ No ☒ N/A  
a) Name / ID number of person notified na  
3) Was the monitoring company notified? 3) ☐ Yes ☐ No ☒ N/A  
a) Name / ID number of person notified na

## II. Inspections:

### A. Visual Inspection in Sprinkler Room

- 1) Are the retard chambers, drains, piping, & valves free of leaks? 1) ☒ Yes ☐ No ☐ N/A  
2) Are the sprinkler gauges in good condition and calibrated within 5 years? 2) ☒ Yes ☐ No ☐ N/A  
3) Is the alarm valve in good condition and free of visible damage? 3) ☒ Yes ☐ No ☐ N/A  
4) Are all other valves in good condition and free of visible damage? 4) ☒ Yes ☐ No ☐ N/A  
5) Is there a spare sprinkler box? 5) ☒ Yes ☐ No ☐ N/A  
6) Is the control valve in the correct (open or closed) position? 6) ☒ Yes ☐ No ☐ N/A  
7) Is the control valve either locked or provided with a supervisory switch? 7) ☒ Yes ☐ No ☐ N/A  
8) Does it appear that the sprinkler room is adequately heated? 8) ☒ Yes ☐ No ☐ N/A

### B. Visual Inspection of the Outside of the Building (Fire Department Connection, Main Drain Outlet, and Inspector's Test Outlet)

- 1) Is the fire department connection visible and accessible? 1) ☒ Yes ☐ No ☐ N/A  
2) Is the fire department connection sign visible and legible? 2) ☒ Yes ☐ No ☐ N/A  
3) Are the plugs or caps in place and in good condition? 3) ☒ Yes ☐ No ☐ N/A

## III. Final

- 1) Has building management been notified that the inspection is complete and the 1) ☒ Yes ☐ No ☐ N/A

system is back in service and made aware of any deficiencies?

a) Name of person notified

2) Has the fire or police department been notified that the system is back in service?

Casey  
2) ☐ Yes ☐ No ☒ N/A  
na

a) Name / ID number of person notified

3) Has the monitoring company been notified that the system is back in service?

3) ☐ Yes ☐ No ☒ N/A  
na

a) Name / ID number of person notified

4) Is a properly completed inspection tag attached to the system?

4) ☒ Yes ☐ No ☐ N/A

#### IV. Repairs, Deficiencies, & Recommendations:

Repairs made to the system:

Deficiencies:

*No Deficiencies Found*

Recommendations:

**Note: Our technicians are not engineers or design professionals. Comments contained in this report are for informational purposes only and shall not constitute a design analysis or an engineering review of the system. Any comments are made strictly as a courtesy to the owner, who should contact a licensed design professional to follow up on any potential concerns.**

**One copy must be available at the site, and a copy must be sent to the fire inspector.**

**Location:** Dream School  
1991 2nd Ave  
New York, NY 10029

**Contact:** Casey Williams

**System ID #** 1

**System Description:** Combo Standpipe Sprinkler System

**System Location:**

**Service Interval:** Monthly

## Certificate of Inspection

### Combo Standpipe Sprinkler System

*This certifies that the equipment described herein was inspected by Associated Fire Protection in accordance with our standard inspection procedures, and left:*

☒ Operational ☐ Partially Operational ☐ Non-Operational

**Inspection Date:** 7/27/2020

**Duration:** 0.85 Hours

**Service Type:** Monthly

**Inspector(s):** Emmett Brown

**Follow-Up Required:** ☐

QV#675

## I. Initial Actions

- |   |   |
|---|---|
| 1) Were building management and occupants notified of the inspection?   | 1) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| a) Did the building management confirm that there were no changes in occupancy or hazard since the previous inspection? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| b) Name and title of person   | Casey   |
| 2) Was the fire or police department notified of the inspection?  | 2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| a) Name / ID number of person notified  | na  |
| 3) Was the monitoring company notified?   | 3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| a) Name / ID number of person notified  | na  |

## II. Sprinkler Inspections:

### A. Visual Inspection in Sprinkler Room

- |  |  |                              |
|--|--|------------------------------|
| 1) Is the system hydraulically designed?                                     | 1) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| a) If yes, is the proper nameplate readable and attached to riser?           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    | <input type="checkbox"/> N/A |
| 2) Who is performing monthly inspections?                                    | 2) AFP   |                              |
| 3) Are the retard chambers, drains, piping, & valves free of leaks?          | 3) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4) Are the sprinkler gauges in good condition and calibrated within 5 years? | 4) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5) Is the alarm valve in good condition and free of visible damage?          | 5) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6) Are all other valves in good condition and free of visible damage?        | 6) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7. Key valves identified with signs:   |  |                              |
| a) Main drain?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    | <input type="checkbox"/> N/A |
| b) Main control valve?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    | <input type="checkbox"/> N/A |
| c) Inspector's test valve?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    | <input type="checkbox"/> N/A |
| d) Alarm test?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    | <input type="checkbox"/> N/A |
| e) Auxiliary drain?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    | <input type="checkbox"/> N/A |
| f) Other   |  |                              |
| 8) Is there a spare sprinkler box?   | 8) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| a) with wrench?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    | <input type="checkbox"/> N/A |
| b) with sprinklers?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    | <input type="checkbox"/> N/A |
| c) number of spare sprinklers?   | 6  |                              |

- |   |   |                             |                              |
|---|---|-----------------------------|------------------------------|
| 9) Is the control valve in the correct (open or closed) position?             | 9) <input checked="" type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 10) Is the control valve either locked or provided with a supervisory switch? | 10) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 11) Does it appear that the sprinkler room is adequately heated?              | 11) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

**B. Visual Inspection of the Outside of the Building (Fire Department Connection, Main Drain Outlet, and Inspector's Test Outlet)**

- |   |  |                             |                              |
|---|--|-----------------------------|------------------------------|
| 1) Is the fire department connection visible and accessible?          | 1) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2) Is the fire department connection sign visible and legible?        | 2) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3) Are the couplings and swivels undamaged and do they rotate freely? | 3) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4) Does the fire department connection clapper swing freely?          | 4) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5) Are the plugs or caps in place and in good condition?              | 5) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6) Are all gaskets in place and in good condition?                    | 6) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7) Is the automatic drain valve (ball drip) operating properly?       | 7) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 8) Is the check valve free of leaks?                                  | 8) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 9) Is the main drain outlet clear and unobstructed?                   | 9) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

**III. - Standpipe System Inspection**

**A. Monthly Inspections:**

- |   |   |                             |   |
|---|---|-----------------------------|---|
| 1) Top Floor Gauge (PSI)?                       | 1) _____                                    |                             |   |
| 2) Control valves sealed open?                  | 2) <input checked="" type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| 3) Control valves locked/tamper open?           | 3) <input checked="" type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| 4) Wall hydrant sealed open?                    | 4) <input type="checkbox"/> Yes             | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 5) Wall hydrant locked/tamper open?             | 5) <input type="checkbox"/> Yes             | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 6) Valve area clear of obstruction?             | 6) <input checked="" type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| 7) Valve area accessible?                       | 7) <input checked="" type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| 8) Wall hydrant plainly visible?                | 8) <input type="checkbox"/> Yes             | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 9) Wall hydrant easily accessible?              | 9) <input type="checkbox"/> Yes             | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 10) Wall hydrant identification plate in place? | 10) <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 11) Roof manifold control valve closed?         | 11) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |

**IV. Final**

- |  |  |                             |   |
|--|--|-----------------------------|---|
| 1) Has building management been notified that the inspection is complete and the system is back in service and made aware of any deficiencies? | 1) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| a) Name of person notified   | Casey                                      |                             |   |
| 2) Has the fire or police department been notified that the system is back in service?   | 2) <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| a) Name / id number of person notified   | na   |                             |   |
| 3) Has the monitoring company been notified that the system is back in service?  | 3) <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| a) Name / id number of person notified   | na   |                             |   |
| 4) Is a properly completed inspection tag attached to the system?  | 4) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |

**V. Repairs, Deficiencies, & Recommendations:**

**Repairs made to the system:**

**Deficiencies:**

*No Deficiencies Found*

**Recommendations:**




**Note: Our technicians are not engineers or design professionals. Comments contained in this report are for informational purposes only and shall not constitute a design analysis or an engineering review of the system. Any comments are made strictly as a courtesy to the owner, who should contact a licensed design professional to follow up on any potential concerns.**

**One copy must be available at the site, and a copy must be sent to the fire inspector.**

## Device Inspection for System # 1 (Combo Standpipe Sprinkler System)

### Water Flow Switches:

		Address	Last Insp	Pass/Fail	Comment
			7/2020	Pass	visual inspection only
			7/2020	Pass	visual inspection only
			7/2020	Pass	visual inspection only
			7/2020	Pass	This water flow sets off the Residential fire alarm in their compactor room, visual inspection only
<hr/>					
		4	Water Flow Switches on System		
		4	Water Flow Switches Inspected during this Inspection		

### Supervisory Switches:

Dev #	Description	Location	Address	Last Insp	Pass/Fail	Comment
				7/2020	Pass	
				7/2020	Pass	visual inspection only
				7/2020	Pass	visual inspection only
				7/2020	Pass	visual inspection only
				7/2020	Pass	Sprinkler feed in trash room needs just the handle to be painted yellow, visual inspection only
				7/2020	Pass	Sprinkler feed in trash room needs just the handle to be painted yellow, visual inspection only
				7/2020	Pass	Sprinkler feed in trash room needs just the handle to be painted yellow, visual inspection only
				7/2020	Pass	
8	Supervisory Switches on System					
8	Supervisory Switches Inspected during this Inspection					

### Hose Stations:

Dev #	Description	Location	Address	Last Insp	Pass/Fail	Comment
				7/2020	Pass	
				7/2020	Pass	1 1/2 (2) 50ft (1) 25ft
				7/2020	Pass	1 1/2 (2) 50ft (1) 25ft
				7/2020	Pass	1 1/2 (2) 50ft (1) 25ft
				7/2020	Pass	1 1/2 (2) 50ft (1) 25ft
				7/2020	Pass	1 1/2 (2) 50ft (1) 25ft
				7/2020	Pass	1 1/2 (2) 50ft (1) 25ft
				7/2020	Pass	1 1/2 (2) 50ft (1) 25ft
				7/2020	Pass	
				7/2020	Pass	
			11 Hose Stations on System			
			11 Hose Stations Inspected during this Inspection			

*Device Inspection for System # 1 (Combo Standpipe Sprinkler System) continued*

**Others:**

Dev #	Description	Location	Address	Last Insp	Pass/Fail	Comment
-------	-------------	----------	---------	-----------	-----------	---------

				7/2020	Pass	
--	--	--	--	--------	------	--

1	Others on System					
---	------------------	--	--	--	--	--

1	Others Inspected during this Inspection					
---	---	--	--	--	--	--

**General:**

Dev #	Description	Location	Address	Last Insp	Pass/Fail	Comment
-------	-------------	----------	---------	-----------	-----------	---------

				7/2020	Pass	18 heads with wrench
--	--	--	--	--------	------	----------------------

1	General on System					
---	-------------------	--	--	--	--	--

1	General Inspected during this Inspection					
---	--	--	--	--	--	--

**Fire Dept Connections:**

Dev #	Description	Location	Address	Last Insp	Pass/Fail	Comment
-------	-------------	----------	---------	-----------	-----------	---------

				7/2020	Pass	
--	--	--	--	--------	------	--

1	Fire Dept Connections on System					
---	---------------------------------	--	--	--	--	--

1	Fire Dept Connections Inspected during this Inspection					
---	--	--	--	--	--	--

# Associated **fire** Protection

100 Jackson Street Phone: 973-684-7250 NYC MASTER FIRE PIPING CONT.: 367A  
Paterson, NJ 07501 Fax: associatedfire.com

Certificate # 87869 - 2  
Customer # 35438  
Location # 1  
Workorder # 382275

**Location:** Dream School  
1991 2nd Ave  
New York, NY 10029

**Contact:** Casey Williams

**System ID #** 14

**System Description:** Ansul Wet Chemical Kitchen System

**System Location:**

**Service Interval:** Semiannual

## Certificate of Inspection

### Kitchen System

*This certifies that the equipment described herein was inspected by Associated Fire Protection in accordance with our standard inspection procedures, and left:*

☒ Operational ☐ Partially Operational ☐ Non-Operational

**Inspection Date:** 7/27/2020

**Duration:** 0.65 Hours

**Service Type:** Semiannual

**Inspector(s):** Emmett Brown

**Follow-Up Required:** ☐

QV#637

## Initial Actions

- |   |  |  |                              |
|---|--|--|------------------------------|
| 1) Is this the initial visit to this customer?  | 1) <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2) Last Serviced By   | 2) 2/2020                                  |  |                              |
| 3) Were building management and occupants notified of the inspection?   | 3) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| a) Did the building management confirm that there were no changes in occupancy or hazard since the previous inspection? | <input checked="" type="checkbox"/> Yes    | <input type="checkbox"/> No            |                              |
| b) Name and title of person   | Casey                                      |  |                              |
| 4) Was the fire or police department notified of the inspection?  | 4) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| a) Name / ID number of person notified  | Casey called                               |  |                              |
| 5) Was the monitoring company notified?   | 5) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| a) Name / ID number of person notified  | Casey called                               |  |                              |
| 6) Was the alarm system disarmed / disabled prior to test?  | 6) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| 7) System found charged and functioning at time of technician's arrival?  | 7) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| 8) System un-tampered with since last visit?  | 8) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| 9) System found to be at proper pressure upon arrival?  | 9) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |

## Inspections

- |  |   |                             |                              |
|--|---|-----------------------------|------------------------------|
| 1) Does the overall physical appearance look satisfactory?                           | 1) <input checked="" type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2) Baffle-type filters installed in hood?  | 2) <input checked="" type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3) System [and appliance layout] appear unchanged since last service?                | 3) <input checked="" type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4) Were the nozzle caps and/or seals in place?                                       | 4) <input checked="" type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5) Are piping and nozzles properly connected, securely braced, and free from damage? | 5) <input checked="" type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6) Piping/Conduit/Cabling free from observable obstructions?                         | 6) <input checked="" type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7) Are nozzles clear of obstructions and grease build-up?                            | 7) <input checked="" type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 8) Correct nozzle type(s) for protected equipment, plenum and ducts?                 | 8) <input checked="" type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 9) Are nozzles properly position and aligned?  | 9) <input checked="" type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 10) Nozzle(s) properly positioned in duct(s) and plenum(s)?                          | 10) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 11) Is there a fan warning sign?   | 11) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 12) Flow points/extinguishing agent within mfg's allowed maximums?                   | 12) <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

## Hazard Inspection

- 1) Does it appear that all appliances are properly covered?
- 2) Is the hood and duct free of visible penetrations?
- 3) Has an obstruction investigation been performed as per manufacturer's recommendation?

- |    |   |                             |                              |
|----|---|-----------------------------|------------------------------|
| 1) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- |    |   |                             |                              |
|----|---|-----------------------------|------------------------------|
| 4) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|----|---|-----------------------------|------------------------------|

- 4) Does it appear that the duct and plenum are properly covered?

- 5) List covered appliances (from left to right):

a) 1st appliance:

b) 2nd appliance:

c) 3rd appliance:

d) 4th appliance:

e) 5th appliance:

f) 6th appliance:

g) List other appliances below:

6 burner  
convention oven  
pizza oven  
tilt skillet

\_\_\_\_\_  
\_\_\_\_\_

- 6) Rate the accumulation of grease (high, medium, low):

a) Hood & Duct

b) Filters

c) Appliances

low

low

low

### System Function Test

- 1) System disarmed per manufacturer's recommendations?
- 2) Mechanical detection line tested and found to operate properly?
- 3) Proper number and placement of detectors/links?
- 4) Did the system operate properly from activation of a manual pull station?
- 5) Did the system operate properly from activation of terminal (last) link?
- 6) Gas shut-off valve installed and working properly? (Note Location)
- 7) Were all fusible links changed?
  - a) 360 degree links changed
  - b) 500 degree links changed
- 8) Is the manual reset for electric gas valves operational?
- 9) Did all electrical appliances shut off upon system operation, as required?
- 10) Did all gas appliances shut off upon system operation?
- 11) Did the make-up air shut down?
- 12) Did the fire alarm system activate when the system was activated?
- 13) Did control head(s)/cylinder releasing device(s) operate properly?

- |    |   |                             |                              |
|----|---|-----------------------------|------------------------------|
| 1) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- |     |   |                             |                              |
|-----|---|-----------------------------|------------------------------|
| 8)  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 9)  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 10) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 11) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 12) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 13) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

### Cylinders and Agent

- 1) Do the cylinder pressure gauge(s) show the correct range?
  - a) Cylinder Pressure (PSI)
- 2) Hydrostatic test date of cylinder
- 3) Hydrostatic test date of regulator (if required)
- 4) Are all cylinders free of signs of external corrosion or damage?
- 5) Are all cylinder securely mounted?
- 6) Is the cartridge (if cartridge type) free of visible signs of damage and corrosion, and has been replaced within manufacturer's specification?

- |    |   |                             |                              |
|----|---|-----------------------------|------------------------------|
| 1) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2) | na                                      |                             |                              |
| 3) | 2/15                                    |                             |                              |
| 4) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

a) Cartridge date

b) Cartridge weight

1.6 liter

### System Reactivation

- 1) Were all system components cleaned?
- 2) Test adapters/links, keeper pins, etc., removed from system?
- 3) Detection [link] line has proper tensioning?
- 4) Was the control head reset?

- |    |   |                             |                              |
|----|---|-----------------------------|------------------------------|
| 1) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- 5) Were all fuel sources and power restored?
- 6) Were all pilot lights supplied by the gas valve relit?
- 7) Were electrical shunt trips, contractors, and manual reset switches reset?
- 8) All nozzle caps in place?
- 9) Were all filters reinstalled?
- 10) Were all cartridges reinstalled? (if applicable)
- 11) Tandem/Slave releasing device(s) reset properly?

- |     |   |                             |   |
|-----|---|-----------------------------|---|
| 5)  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| 6)  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 7)  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| 8)  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| 9)  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| 10) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| 11) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |

#### Final

- 1) Operator's Manual on site?
- 2) Class K Fire Extinguisher
  - a) Is a class K fire extinguisher properly installed?
  - b) Is the class K fire extinguisher's inspection current?
- 3) Remote manual release free from obstructions & operable?

- |    |   |                             |                              |
|----|---|-----------------------------|------------------------------|
| 1) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Remote manual release free from obstructions & operable?

- 4) Has the system been placed back in service?
- 5) Has building management been notified that the inspection is complete and the system is back in service and made aware of any deficiencies?

- |    |   |                             |                              |
|----|---|-----------------------------|------------------------------|
| 4) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

a) Name of person notified

- 6) Has the fire or police department been notified that the system is back in service?

a) Name / ID number of person notified

- 7) Has the monitoring company been notified that the system is back in service?

a) Name / ID number of person notified

- 8) Have you received a signature from the building personnel?

- 9) Is a properly completed inspection tag attached to system?

- |    |   |                             |   |
|----|---|-----------------------------|---|
|    | Casey                                   |                             |   |
| 6) | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
|    | na                                      |                             |   |
| 7) | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
|    | na                                      |                             |   |
| 8) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| 9) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |

#### Repairs made to the system:

#### Deficiencies:

*No Deficiencies Found*

#### Recommendations:

**Note: Our technicians are not engineers or design professionals. Comments contained in this report are for informational purposes only and shall not constitute a design analysis or an engineering review of the system. Any comments are made strictly as a courtesy to the owner, who should contact a licensed design professional to follow up on any potential concerns.**

**This is not an inspection of any plenum, duct work or enclosure that may exist. All plenum, duct work or other enclosures should be inspected and cleaned on a regular basis. Failure to do so may impact the ability of the fire protection system to suppress the fire.**

**One copy must be available at the site, and a copy must be sent to the fire inspector.**



# Certificate of Occupancy

**CO Number: 121238115F**

This certifies that the premises described herein conforms substantially to the approved plans and specifications and to the requirements of all applicable laws, rules and regulations for the uses and occupancies specified. No change of use or occupancy shall be made unless a new Certificate of Occupancy is issued. *This document or a copy shall be available for inspection at the building at all reasonable times.*

<b>A.</b>	<b>Borough:</b> Manhattan	<b>Block Number:</b> [REDACTED]	<b>Certificate Type:</b> Final
	<b>Address:</b> 439 EAST 115TH STREET	<b>Lot Number(s):</b> [REDACTED]	<b>Effective Date:</b> 10/02/2018
	<b>Building Identification Number (BIN):</b> [REDACTED]	<b>Building Type:</b> [REDACTED]	
This building is subject to this Building Code: Prior to 1968 Code			
For zoning lot metes & bounds, please see BISWeb.			
<b>B.</b>	<b>Construction classification:</b> [REDACTED]	(Prior to 1968 Code designation)	
	<b>Building Occupancy Group classification:</b> [REDACTED]	(2014/2008 Code)	
	<b>Multiple Dwelling Law Classification:</b> [REDACTED]		
	<b>No. of stories:</b> [REDACTED]	<b>Height in feet:</b> [REDACTED]	<b>No. of dwelling units:</b> 0
<b>C.</b>	<b>Fire Protection Equipment:</b> Fire alarm system, Sprinkler system		
<b>D.</b>	<b>Type and number of open spaces:</b> None associated with this filing.		
<b>E.</b>	<b>This Certificate is issued with the following legal limitations</b> None		
<b>Borough Comments:</b> None			



Borough Commissioner



Commissioner

# Certificate of Occupancy

CO Number:

121238115F

## Permissible Use and Occupancy

All Building Code occupancy group designations below are 2008 designations.

Floor From To	Maximum persons permitted	Live load lbs per sq. ft.	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use
END OF SECTION						



Borough Commissioner



Commissioner



# Certificate of Occupancy

**CO Number:** 121181158F

This certifies that the premises described herein conforms substantially to the approved plans and specifications and to the requirements of all applicable laws, rules and regulations for the uses and occupancies specified. No change of use or occupancy shall be made unless a new Certificate of Occupancy is issued. *This document or a copy shall be available for inspection at the building at all reasonable times.*

<b>A.</b>	<b>Borough:</b> Manhattan	<b>Block Number:</b> [REDACTED]	<b>Certificate Type:</b> Final
	<b>Address:</b> 222 EAST 104TH STREET	<b>Lot Number(s):</b> [REDACTED]	<b>Effective Date:</b> 12/02/2016
	<b>Building Identification Number (BIN):</b> [REDACTED]	<b>Building Type:</b> [REDACTED]	
This building is subject to this Building Code: 2008 Code			
For zoning lot metes & bounds, please see BISWeb.			
<b>B.</b>	<b>Construction classification:</b> [REDACTED]	(2014/2008 Code)	
	<b>Building Occupancy Group classification:</b> [REDACTED]	(2014/2008 Code)	
	<b>Multiple Dwelling Law Classification:</b> [REDACTED]		
	<b>No. of stories:</b> [REDACTED]	<b>Height in feet:</b> [REDACTED]	<b>No. of dwelling units:</b> [REDACTED]
<b>C.</b>	<b>Fire Protection Equipment:</b> [REDACTED]		
<b>D.</b>	<b>Type and number of open spaces:</b> None associated with this filing.		
<b>E.</b>	<b>This Certificate is issued with the following legal limitations:</b> None		
<b>Borough Comments:</b> None			



Borough Commissioner

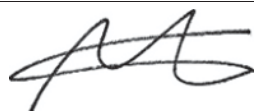


Commissioner

# Certificate of Occupancy

CO Number: 121181158F

Permissible Use and Occupancy						
All Building Code occupancy group designations below are 2008 designations.						
Floor From To	Maximum persons permitted	Live load lbs per sq. ft.	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use
001		OG	R-2		2	RESIDENTIAL LOBBY
001	2	OG	R-2		2	ACCESSORY RESIDENTIAL OFFICES
001	9	OG	R-2		2	MECHANICAL ROOMS
001		OG	E		3	SCHOOL LOBBY
001	55	OG	E		3	MULTIPURPOSE ROOM
001	16	OG	E		3	ACCESSORY SCHOOL OFFICES
001	4	OG	E		3	STORAGE ROOMS
001	11	OG	E		3	MECHANICAL ROOMS
001	408	100	A-3		3	SCHOOL GYMNASIUM/AUDITORIUM SEATING
001	163	100	A-3		3	STUDENT DINING AREA
001	1	OG	R-2		2	RESIDENTIAL MAILROOM
001	1	OG	R-2		2	RESIDENTIAL STORAGE
001	6	OG	E		3	KITCHEN SERVING AREA



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DOCUMENT CONTINUES ON NEXT PAGE

# Certificate of Occupancy

CO Number: 121181158F

Permissible Use and Occupancy						
All Building Code occupancy group designations below are 2008 designations.						
Floor From To	Maximum persons permitted	Live load lbs per sq. ft.	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use
002	5	100	E		3	TEACHER'S LOUNGE
002	52	100	E		3	ACCESSORY SCHOOL OFFICES
002	209	100	E		3	CLASSROOMS
002	6	100	E		3	STORAGE ROOMS
002	5	100	E		3	MECHANICAL ROOMS
002		100	E		3	ACCESSORY TERRACE
002	50	100	E		3	MEETING AND CONFERENCE ROOMS
003	1	100	R-2		2	LAUNDRY ROOM
003	267	100	E		3	CLASSROOMS
003	46	100	E		3	ROOF TO BE USED IN CONJUNCTION WITH CLASS ROOMS
003	35	100	E		3	MEETING ROOM
003	1	100	E		3	ACCESSORY OFFICE
003	2	100	E		3	ELECTRIC ROOM, TELEPHONE ROOM



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DOCUMENT CONTINUES ON NEXT PAGE



# Certificate of Occupancy

CO Number: 121181158F

Permissible Use and Occupancy						
All Building Code occupancy group designations below are 2008 designations.						
Floor From To	Maximum persons permitted	Live load lbs per sq. ft.	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use
ZONING EXHIBIT 1 FILED AND RECORDER UNDER CRFN#2011000443994,ZONING EXHIBIT 111 UNDER CRFN#2011000443993						
END OF SECTION						



Borough Commissioner



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END OF DOCUMENT

