Education Laws §3602-e(12)(d) and §3602-ee(8)(c) state that beginning with the 2023-2024 school year, a school district may annually apply for a waiver by September 1st of the current school year that would allow personnel employed by an eligible agency collaborating with a school district to provide prekindergarten services and licensed by an agency other than the Department, to meet the staff qualifications prescribed by the licensing or registering agency.

To be considered for approval by the Department’s Office of Early Learning for the 2023-24 school year, this document must be submitted with applications. Each section must be completed thoroughly.

School District:

Mailing Address: NY

Street City State Zip Code

Contact Person for this Notification:

Name Title

Phone: Ext.: Email:

**Collaborating Community Based Organization(s)**

|  |  |
| --- | --- |
| Indicate the number of collaborating partners |  |

**Licensing or Registration Agency (please check all that apply)**

|  |  |  |
| --- | --- | --- |
| Licensed by New York State Office of Children and Family Services (OCFS) | Licensed by New York City Department of Health and Mental Hygiene (NYCDOHMH) | Other *(Please provide organization name):* |

|  |  |
| --- | --- |
| Indicate the Number of instructional Prekindergarten personnel that are New York State **Certified** teachers. |  |
| Indicate the Number of **Uncertified** instructional Prekindergarten personnel licensed by an agency other than the Department. |  |
| Indicate the Total Number of prekindergarten students being served by New York State **Certified** teachers. |  |
| Indicate the Total Number of prekindergarten students being served by **Uncertified** instructional Prekindergarten personnel licensed by an agency other than the Department. |  |

The undersigned assures that:

* When staffing changes, the program will adhere to relevant education law and Commissioner regulations and ensure that all staff are appropriately credentialed for the position.

Signature: Date:

School District Chief Executive Officer or Designee

|  |  |  |  |
| --- | --- | --- | --- |
| NYSED Use Only | | | |
| Approved | Not Approved | OEL Reviewer: Click or tap here to enter text. | Date: Select date. |
| Approved | Not Approved | OEL Reviewer: Click or tap here to enter text. | Date: Select date. |
| Comments: Click or tap here to enter text. | | | |