

**Initial Application for**

**New York State Education Department**

**Approval to Operate a**

**Preschool Special Education and/or**

 **Multidisciplinary Evaluation Program**

**New York State Education Department**

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

**89 Washington Avenue**

**Albany, NY 12234**

**518-473-6108**

**OSEapplications@nysed.gov**

[**https://www.nysed.gov/special-education**](https://www.nysed.gov/special-education) **Table of Contents**

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**Initial Application for Preschool Special Education**

**and Multidisciplinary Evaluation Programs**

**INSTRUCTIONS**

**The information contained in this instruction packet is organized according to the following steps in the application process:**

**Step 1: Before Submitting An Application**

**Step 2: Completing The Application**

**Step 3: How To Submit The Completed Application**

**Step 4: Application Review and Approval Process**

**Who May Submit an Application?**

* Public and private for-profit and not-for-profit entities seeking initial approval to operate a preschool special education and/or multidisciplinary evaluation (MDE) program pursuant to section 4410 of Education Law.
* Approved 4410 preschool providers seeking approval to operate any new program model (i.e., MDE, special education itinerant services (SEIS), special class in an integrated setting (SCIS), special class (SC)) that it is currently not approved to operate and which will result in a new program code.

*Do not use this application if you are a practitioner or agency seeking approval to provide preschool related services only. Contact your local municipality.*

**Step 1: Before Submitting An Application**

1. Prior to submitting an application, the applicant **must** provide the Special Education Quality Assurance (SEQA) Regional Associate (RA) with documentation that there is a demonstrated need for the expansion of preschool services in the geographic region of the State in which the program is located. Information regarding the determination of regional need can be found in the following guidance document: <http://www.nysed.gov/special-education/preschool-applications>. For SEQA contact information, see <http://www.nysed.gov/special-education/special-education-quality-assurance-regional-offices>. If regional need is confirmed, the RA will complete and provide to the applicant a Statement of Regional Need. This certification of Regional Need document must accompany your application. Applications will **not** be accepted without a determination of regional need. **If your program is located in a New York City School District, indicate the regional need from the current posting (type of program, ratio if applicable, language, and community school district(s) in which the need is identified).**
2. Read and become familiar with section 4410 of Education Law and Parts 200 and 201 of the Regulations of the Commissioner of Education [(http://www.nysed.gov/special-education/new-york-state-laws-and-regulations-related-special-education-and-students](http://www.nysed.gov/special-education/new-york-state-laws-and-regulations-related-special-education-and-students)).
3. Read and become familiar with the New York State Education Department (NYSED) Reimbursable Cost Manual (RCM) (<http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/RCM/home.html>).

**Step 2: Completing The Application**

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

**Applications must be typed.**

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

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

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

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

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

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

**Applicants may wish to review the Evaluation Criteria for each section of the application to determine if responses meet NYSED’s standard for acceptance. See** [**http://www.nysed.gov/common/nysed/files/programs/special-education/preschool-initial-application-evaluation-success-criteria.pdf**](http://www.nysed.gov/common/nysed/files/programs/special-education/preschool-initial-application-evaluation-success-criteria.pdf)**.**

**The application may be submitted to** **OSEapplications@nysed.gov****, with the exception of Part VIII: Payee Information and Substitute W-9 (see page 54).**

**CONTACT INFORMATION**

Provide the date the agency submitted the application, name of the agency/entity applying for approval to operate a preschool program, and the name, email address and telephone number of the primary contact person(s) responsible for the application.

**CERTIFICATION AND ASSURANCES STATEMENT**

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

**PART I: GENERAL INFORMATION**

**Section 1: Applicant Information**

Items 1-14: Provide requested information for items 1-14. For item 8, please refer to Part VIII of this application (Payee Information), if you do not have a 12-digit NYSED code. For item 14, specify what type of entity is seeking approval to operate a preschool program by checking the appropriate boxes.

Attach, as applicable, a copy of the Certification of Incorporation with purpose section or registration pursuant to New York Business Law, Certificates or Amendments along with the related consent(s) of the Commissioner of Education, Articles of Organization (for PLLC, LLC), Regents Charter, Regents Certificate of Incorporation, or other legal authorizing documents if operating under another State agency or another not-for-profit structure. Also attach any related amendments, certificates of assumed name, and tax exempt documentation from the Internal Revenue Service (IRS). Check the appropriate boxes in the table titled, “Part I, Section 1 – Attachments”, to indicate documents that are attached.

**Section 2: Program Model Types**

Indicate in the table each preschool special education program for which approval is being requested.

Program Models are defined as follows:

* Multidisciplinary Evaluation (MDE) Program means an approved program with a multidisciplinary evaluation component to conduct an individual evaluation, which means procedures, tests or assessments used selectively with an individual student, including a physical examination in accordance with the provisions of sections 903, 904 and 905 of the Education Law, an individual psychological evaluation, a social history and other appropriate assessments or evaluations as may be necessary to determine whether a student has a disability and the extent of his/her special education needs.
* Special Education Itinerant Services (SEIS) means an approved program that employs certified special education teachers to provide special education instructional services to preschool students with disabilities on an itinerant basis at sites determined by boards of education, including but not limited to an approved or licensed prekindergarten or Head Start program; the child’s home; a hospital; a State facility; or a child care location.
* Special Class in an Integrated Setting (SCIS) means a class consisting of preschool students with disabilities, who have been grouped together because of similar individual needs for the purpose of being provided specially-designed instruction, and preschool students without disabilities receiving an early childhood education program.
* Special Class (SC) means a class consisting of students with disabilities who have been grouped together because of similar individual needs for the purpose of being provided specially designed instruction.

**Section 3: Site Information**

Identify any and all individual sites that will be utilized as part of the preschool program for which approval is being requested. This includes administrative sites (e.g., administrator’s offices, staff offices, record storage). If necessary, copy and attach additional sheets.

**PART II: PROGRAM DESCRIPTION**

**Section 1: Program Model**

There are separate sets of narrative questions for each program type. Applicants should answer only the questions under the heading(s) that correspond to the type of proposed program(s) for which they are seeking approval to operate. If not applying for a particular program type, check the “Not Applicable” box at the top of the page preceding the set of questions for that program, and do not answer that set of questions.

The following attachments are required, based on the program model type.

* SEIS program applicants: Attach a sample weekly schedule for a special education teacher providing SEIS that will be representative of the program.
* SCIS program applicants: If collaborative agreements are proposed to be utilized, program and fiscal agreement copies must be attached with the application. The intent of a collaborative agreement is to provide coordinated comprehensive services to preschool children with disabilities between NYSED approved programs and community partners. A written collaborative agreement between/among partners must include, but is not limited to the following:
* identification of the collaborating entities;
* the shared mission, goals and outcomes of the collaboration;
* the identity and clearly defined programmatic and fiscal roles and responsibilities of the individuals involved;
* a detailed description of the services to be provided by each collaborative partner;
* a financial plan with allocations budgeted for each partner;
* plan for communication, including a schedule of types and frequency of meetings;
* procedures for conflict resolution; and
* a specified time period for the agreement and the conditions for renewal.

Attach a sample daily schedule of instructional activities from arrival to dismissal, excluding transportation and lunch. If appropriate, attach a copy of the agency’s day care license.

* SC program applicants: Attach a sample daily schedule of instructional activities from arrival to dismissal, excluding transportation and lunch. If appropriate, attach a copy of the agency’s day care license.

**Section 2: Policies, Procedures and Practices**

Items 1-16: Provide narrative responses, as indicated below, for items 1-16.

* MDE program applicants must provide answers to all items except 6-10, 13, 15 and 16, and attach a yearly calendar that identifies days of operation.
* SEIS program applicants must provide answers to all items except 8 and 10, and attach a yearly calendar that identifies days of operation.
* SCIS and SC program applicants must provide answers to all items and attach the following documents: a yearly school calendar and the program’s policy on the use of psychotropic medications (if these types of medications are used).

**Section 3: Organizational Structure**

Provide a narrative to describe the organizational structure of the proposed program, including staffing structure and lines of administrative and/or clinical reporting between the board, administration and staff. Attach an organizational chart.

**Section 4: Staffing**

Items 1-7: Provide narrative responses, as indicated below, for items 1-7.

* MDE program applicants only provide answers to items 1, 4, 5 and 7.
* SEIS, SCIS and SC program applicants must provide answers to all items (1-7).

All applicants must complete the Program Staffing Summary table. In the last column of the table, provide the total weekly hours for each employee listed. Each employee’s number of hours worked per week should not exceed 40 hours.

If applicable, attach a copy of employee’s NYS certification/license and/or any other certificate(s)/license(s), as applicable.

For contract individuals, a copy of each specific contract does not need to be included with the application, but must be available upon request.

* Only MDE program applicants must complete the table titled, “Proposed License/Certification Requirements for the Agency’s Evaluators (MDE)”. Do not leave any items blank. If an item is not applicable to your program, please indicate N/A.
* SCIS and SC program applicants must complete the Student/Staff Data table that corresponds to their program. Identify the number of students and staff from each of the “Classroom Data” categories that will be located in each SCIS and/or special class (columns 1-4). Be sure to check either half-day or full-day for each SCIS and/or special class. Do not leave boxes blank. If not applicable, please indicate N/A.

Check the appropriate boxes in the table titled, “Part II Attachments”, to indicate attachments included for this section.

|  |
| --- |
| The following web links may be useful in completing Part II of the application:* Teacher and Personnel Certification Guidance: <https://www.highered.nysed.gov/tcert/>
* Bilingual Certification Guidance: <http://www.nysed.gov/bilingual-ed/ell-and-ml-educator-certification>
* Provision of SEIS: <http://www.nysed.gov/special-education/special-education-itinerant-teacher-seit-services-and-related-services-preschool>
* Daycare Licensure:
* Outside of New York City: <https://ocfs.ny.gov/programs/childcare/become-a-provider.php>
* Within New York City: <https://www.nyc.gov/site/doh/business/permits-and-licenses/children-and-adolescents-childcare.page>
* School Health Services: <http://www.nysed.gov/student-support-services/school-health-services>
* Specialized evaluation components requiring formal agreements with external qualified professionals: <http://www.nysed.gov/memo/special-education/evaluations-three-and-four-year-old-children-suspected-having-disabilities>
* Administration of evaluations in a student’s native language: <http://www.nysed.gov/special-education/individual-evaluation>
 |

**PART III: PHYSICAL PLANT**

**Section 1: Health and Safety Compliance**

Items 1-5: All applicants must attach the documents identified in items 1-4 for each of the program’s physical sites. Check the appropriate boxes to indicate which documents are attached. No attachment is required for item 5.

**Section 2: Floor Plans**

Item 1: Line drawing floor plans must be submitted for each proposed site. Check the appropriate box(es) to indicate the sites for which a required floor plan is attached.

**Section 3: Accessibility**

Items 1-2: Check the appropriate boxes to indicate whether there are exterior and interior routes at each of the proposed sites that are accessible to people with disabilities.

Item 3: For each proposed site, indicate if the required documentation (identified in rows a, b and c) is attached by recording Y, N or N/A in the appropriate box(es).

In the table titled, “Part III Attachments”, indicate if the specified documents are attached for all sites by checking the appropriate boxes (Yes, No, N/A).

**PART IV: FISCAL INFORMATION**

**Section 1: Narrative Information**

Items 1-10: Provide narrative responses for items 1-10.

Attach copies of building lease(s) or amortization schedules (as appropriate) for each program site, and proof of current liability insurance.

**Section 2: Budget Information**

Applicants must complete the schedule tables that correspond to the specific type of preschool program(s) for which they are requesting approval.

* SC program applicants must complete Schedules 1, 2 and 4.
* MDE, SEIS and SCIS program applicants must complete Schedules 1, 2, 3 and 4.

Schedule 1 for each program type includes two separate tables for applicants to list nondirect care and direct care positions. Applicable job titles are listed in the table titled, “Nondirect vs. Direct Care Position Classifications”, located at the beginning of Section 2. The formula for determining an employee’s full-time equivalent (FTE) is also provided at the beginning of Section 2.

The Reimbursable Cost Manual (RCM) defines items to be included in specific expense accounts listed on the budget schedules and is the basis for determining reimbursable cost on desk audits and field audits. The RCM is available by calling **(518) 474-3227** or at [www.oms.nysed.gov/rsu/Manuals\_Forms/Manuals/RCM/home.html](http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/RCM/home.html).

In the box entitled, “Part IV Attachments”, indicate if the specified documents are attached by checking the appropriate boxes (Yes, No, N/A).

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| The following web links may be useful in completing Part IV of the application:* Consolidated Fiscal Reporting (CFR) manual for calculating staff hours per week and for prorating salaries: <http://www.oms.nysed.gov/rsu/Manuals_Forms/>
* Supplementary school personnel: <https://www.highered.nysed.gov/tcert/certificate/ta.html>
* Reporting projected salaries of nondirect and direct care staff: <http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/RCM/home.html>
 |

**PART V: CHARACTER AND COMPETENCE REVIEW**

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

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

In the box titled, “Part V Attachments”, indicate if the specified documents are attached by checking the appropriate boxes (Yes, No, N/A).

**PART VI: GOVERNANCE**

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

[*http://www.oms.nysed.gov/rsu/Manuals\_Forms/Manuals/RCM/CurrentYear/201213RCMFinalVersion73112.pdf*](http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/RCM/CurrentYear/201213RCMFinalVersion73112.pdf)

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

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

Items 1-9: Provide narrative responses for items 1-9, as applicable.

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| The following web links may be useful in completing Part VI of the application:* Vendor responsibility: <http://www.osc.state.ny.us/vendrep/index.htm>
* NYS Office of the State Comptroller

<http://www.osc.state.ny.us><http://www.osc.state.ny.us/localgov/pubs/lgmg/managementsresponsibility.pdf><http://www.osc.state.ny.us/localgov/pubs/lgmg/practiceinternalcontrols.pdf><http://www.osc.state.ny.us/localgov/pubs/lgmg/fiscal_oversight.pdf>* United States Office of Government Ethics: <https://www.oge.gov/web/oge.nsf/ethicsofficials_mission>
* NYS Board of Regents, RCM Reference Statement on the Governance Role of a Trustee or Board Member: <http://www.regents.nysed.gov/>
 |

**PART VII: WAIVER FROM CORPORATE PRACTICE RESTRICTIONS FOR SPECIAL EDUCATION SCHOOLS**

NYSED’s approval to operate a program is contingent upon both approval of the program application from the P-12: Office of Special Education and the Corporate Practice Waiver, if applicable, from the Office of the Professions. For Corporate Waiver guidance and application materials, see <http://www.op.nysed.gov/waiver-corporate-practice.htm>.

**PART VIII: PAYEE INFORMATION**

For agencies/programs that do not have a 12-digit NYSED code, a Payee Information and NYSED substitute W-9 form must be completed and **submitted with** the application. Forms and guidance are available at:

* [www.oms.nysed.gov/cafe/forms](http://www.oms.nysed.gov/cafe/forms)
* <https://www.osc.state.ny.us/vendors/forms/ac3237s_fe.pdf>

**Step 3: How To Submit The Completed Application**

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

Please send the completed application and supporting documents to:

**OSEapplications@nysed.gov**

Please send Part VIII: Payee Information and Substitute W-9 (page 54) by mail with original signature to:

**New York State Education Department**

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

**Preschool Policy Unit**

**Attention: Initial Application for Preschool Programs**

**89 Washington Avenue, Room 309 EB**

**Albany, NY 12234**

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

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

**Step 4: Application Review and Approval Process**

Agencies, school districts and/or BOCES must not operate the proposed program for preschool students with disabilities until NYSED issues a written notice of conditional approval.

Upon receipt of an application, NYSED will conduct a preliminary review to ensure all required components are completed and documentation is provided. The applicant will be notified if anything is missing and will have 30 days to provide the required materials. NYSED will initiate its application review when all required documentation is provided. The application review will generally be completed within 60 days of receipt of a complete application. NYSED will not initiate a review until an application is complete. The application review process may include an onsite review and/or meeting with the applicant, at the discretion of NYSED. NYSED may be in contact with the applicant at various stages of the review process.

If NYSED determines that the application meets required expectations and standards, NYSED will grant conditional approval to operate the proposed program. Conditional approval shall be limited to a period of not more than one school year. Final approval of programs which have had conditional approval will be based on at least two site visits by program or fiscal staff of NYSED during the year of conditional approval; and documentation that the agency has participated in NYSED required training regarding consolidated fiscal reporting and governance. Final approval will take effect as of the date a final approval letter is issued by the Commissioner of Education, or his designee.

If NYSED determines that the application does not meet required expectations and standards, the application for approval will be denied. Applicants that are denied approval will be given a written explanation of the reason(s) for denial. An applicant who is denied approval may submit a revised application, addressing the reasons the application was denied, within 30 days of the receipt of the NYSED letter of denial to the applicant.

**APPLICATION MATERIALS**

**Initial Application for**

**New York State Education Department**

**Approval to Operate a**

**Preschool Special Education and/or**

**Multidisciplinary Evaluation Program**

The following information will be used to communicate with the applicant during the review of the application and for NYSED electronic mailings.

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

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| **CERTIFICATION AND ASSURANCES STATEMENT** |

**APPLICANT:**

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

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

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

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

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

**Part I

GENERAL INFORMATION**

Section 1: Applicant Information

Section 2: Program Model Types

 • Multidisciplinary Evaluations Program (MDE)

 • Special Education Itinerant Services (SEIS)

 • Special Class in an Integrated Setting (SCIS)

 • Special Class (SC)

Section 3: Site Information

**Section 1: Applicant Information**

|  |
| --- |
| 1. Legal Name of Applying Agency       |
| 2. Assumed Name or Doing Business As (DBA), if applicable        |
| 3. Mailing Address of Agency Administrative Office | Street       |
| City State Zip Code                  |
| 4. County and School District where Administrative Office is Headquartered | County       |
| School District       |
| 5. Telephone/Email Address of Administrative OfficeArea Code       Number       Ext.      Email Address       | 6. Fax Number of Administrative OfficeArea Code       Number       |
| 1. Federal ID Number

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| 8. Agency/District 12-digit NYSED Code (Complete Payee Information and Substitute W-9 Form section if you do not have a 12-digit NYSED Code)

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 |
| 9. Name and Title of Chief Executive(s)/Chief School Official(s) (CEO) | Name      |
| Title       |
| Telephone      | Fax Number      | Email Address      |
| 10. Primary residence of CEO | City      | State      |
| 11. Contact Person for the Evaluation/Education Program | Name       |
| Title       |
| Telephone      | Fax Number      | Email Address      |
| 12. Chief Financial Officer (CFO) | Name       |
| Title       |
| Telephone      | Fax Number      | Email Address      |
| 13. Certified Public Accountant (CPA) Firm | Name of CPA Firm      Name of CPA       |
|  | Title       |
|  | Telephone      | Fax Number      | Email Address      |

|  |  |
| --- | --- |
| 14. [ ]  Private Entity [ ]  Public Entity Indicate whether this is a domestic or foreign entity? | [ ]  Corporation (Specify Type and Date of Incorporation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Partnership (Specify Type and Date of Formation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Professional Limited Liability Company (PLLC) (Specify:      )[ ]  Limited Liability Company (LLC) (Specify:      )[ ]  Other (Specify Type and Date of Formation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  School District[ ]  Board of Cooperative Educational Services (BOCES)[ ]  State Agency[ ]  County or Municipal Government Agency[ ]  Domestic[ ]  Foreign |
| [ ]  For Profit   [ ]  Nonprofit | [ ]  Certification of Incorporation with purpose section or registration pursuant to New York Business Law[ ]  Certificates or Amendments along with the related consent(s) of the Commissioner of Education[ ]  Articles of Organization (PLLC, LLC)[ ]  Regents Charter[ ]  Education Corporation (Regents Certificate of Incorporation)[ ]  Other not-for-profit corporation or organization |

Attach copies, as applicable:

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **NA** | **Part I, Section 1: Attachments** |
| [ ]  | [ ]  | [ ]  | Certification of Incorporation with purpose section or registration pursuant to New York Business Law  |
| [ ]  | [ ]  | [ ]  | Certificates or Amendments along with the related consent(s) of the Commissioner of Education  |
| [ ]  | [ ]  | [ ]  | Articles of Organization for PLLC and LLC |
| [ ]  | [ ]  | [ ]  | Regents Charter |
| [ ]  | [ ]  | [ ]  | Regents Certificate of Incorporation |
| [ ]  | [ ]  | [ ]  | Other legal authorizing documents if operating, in part, under another State agency or another not-for-profit or for-profit structure. Include any amendments thereto, as well as any certificates of assumed name, and tax exempt documentation from the Internal Revenue Service. |

**Section 2: Program Model Types**

Specify the program model type(s) for which you are applying for approval. **If your program is located in a New York City School District, indicate the regional need below from the current posting (type of program, ratio if applicable, language, and community school district(s) in which the need is identified).**

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

**Section 3: Site Information**

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

|  |  |
| --- | --- |
| **Name of Site 1:**      [ ]  please check if there is no prior approval for any preschool special education services at this site in this county | [ ]  Owned[ ]  Leased / Rented |
| **Street**      |
|  **City State Zip Code** |
|  **County School District** /**NYC Community School District**              |
| **Name and Title of Site Supervisor**      |
| **Telephone**      | **Email Address**      |
| **Purpose of Site (check all that apply)**[ ]  Administration (e.g., administrator’s offices, staff offices, record storage) [ ]  Evaluation Site[ ]  Special Class(es) in Integrated Setting [ ]  Special Class(es) |
| **Is this building used for any other purpose**[ ]  No [ ]  Yes (specify):       |

|  |  |
| --- | --- |
| **Name of Site 2:**      [ ]  please check if there is no prior approval for any preschool special education services at this site in this county | [ ]  Owned[ ]  Leased / Rented |
| **Street**      |
|  **City State Zip Code**                   |
|  **County School District** /**NYC Community School District**               |
| **Name and Title of Site Supervisor**      |
| **Telephone**      | **Email Address**      |
| **Purpose of Site (check all that apply)**[ ]  Administration (e.g., administrator’s offices, staff offices, record storage) [ ]  Evaluation Site[ ]  Special Class(es) in Integrated Setting[ ]  Special Class(es) |
| **Is this building used for any other purpose**[ ]  No [ ]  Yes (specify):       |

|  |  |
| --- | --- |
| **Name of Site 3:**      [ ]  please check if there is no prior approval for any preschool special education services at this site in this county | [ ]  Owned[ ]  Leased / Rented |
| **Street**      |
|  **City State Zip Code**                   |
|  **County School District/NYC Community School District**              |
| **Name and Title of Site Supervisor**      |
| **Telephone**      | **Email Address**      |
| **Purpose of Site (check all that apply)**[ ]  Administration (e.g., administrator’s offices, staff offices, record storage)[ ]  Evaluation Site[ ]  Special Class(es) in Integrated Setting[ ]  Special Class(es) |
| **Is this building used for any other purpose**[ ]  No [ ]  Yes (specify):       |

|  |  |
| --- | --- |
| **Name of Site 4:**      [ ]  please check if there is no prior approval for any preschool special education services at this site in this county | [ ]  Owned[ ]  Leased / Rented |
| **Street**      |
|  **City State Zip Code**                   |
|  **County School District/NYC Community School District**              |
| **Name and Title of Site Supervisor**      |
| **Telephone**      | **Email Address**      |
| **Purpose of Site (check all that apply)**[ ]  Administration (e.g., administrator’s offices, staff offices, record storage)[ ]  Evaluation Site[ ]  Special Class(es) in Integrated Setting [ ]  Special Class(es) |
| **Is this building used for any other purpose**[ ]  No [ ]  Yes (specify):       |

**Part II

PROGRAM DESCRIPTION**

Section 1: Program Model

* Multidisciplinary Evaluation Program (MDE)
* Special Education Itinerant Services (SEIS)
* Special Class in an Integrated Setting (SCIS)
* Special Class (SC)

Section 2: Policies, Procedures and Practices

Section 3: Organizational Structure

Section 4: Staffing

**Section 1: Program Model**

**Multidisciplinary Evaluation Program (MDE)**

**[ ]  Not applicable**

|  |
| --- |
| 1. Describe the projected number of students to be evaluated annually by the program.

      |
| 1. Describe the overall staffing configuration, including the types of evaluations to be conducted.

      |
| 1. Describe how evaluations will be conducted by a multidisciplinary team including at least one teacher or other specialist with certification or knowledge in the area of the suspected disability.

      |
| 1. Describe how the program will ensure that tests and other assessment procedures will be appropriately selected and administered so as to be current, valid and reliable for the student. Describe how tests and assessment tools not immediately available to the program will be acquired (e.g., access to lending resources).

      |
| 1. Describe how the program will ensure that assessments are administered by trained and knowledgeable personnel in accordance with the instructions provided by those who developed such tests or procedures.

      |
| 1. Describe how assessments and other evaluation materials used to assess a student will be provided and administered in the student’s native language or other mode of communication to detect accurate information on what the student knows and can do developmentally and functionally.

       |
| 1. Describe how the program will conduct functional behavioral assessments as requested by the committee on preschool special education (CPSE).

      |
| 1. Describe how the program will ensure that an individual evaluation is only conducted upon the authorization of the CPSE.

      |
| 1. Describe how the program will ensure that student evaluations will be completed with reports written and disseminated in a timely manner and within 60 calendar days from parental consent for the evaluation.

      |
| 1. Describe how the program will ensure appropriate administrative and clinical supervision of the evaluation process.

      |
| 1. Describe how the program will ensure that evaluators’ summary reports will be written on the form developed by NYSED; will include a detailed statement of the preschool student’s individual needs, if any, but shall not include recommendations as to the general type, frequency, location and duration of special education services and programs that should be provided.

      |
| 1. Identify the daily hours of operation for the program:

|  |  |  |
| --- | --- | --- |
| **Day** | **Start Time** | **Finish Time** |
| Monday |       |       |
| Tuesday |       |       |
| Wednesday |       |       |
| Thursday |       |       |
| Friday |       |       |

 |
| 1. In what county(ies) is the program proposing to provide MDEs?

      |

**Special Education Itinerant Services (SEIS)**

**[ ]  Not applicable**

|  |
| --- |
| 1. Describe the population to be served.

Disability characteristics:      Ages:      Numbers of students to be served on average:      Levels of functioning in social-emotional skills; early language/communication and early literacy; and use of appropriate behaviors to meet their needs:      Student Management Needs:[ ]  Students will primarily need specialized instruction and will not have management needs that interfere with the instructional process.[ ]  Students’ management needs will be highly intensive, requiring a high degree of individualized attention and intervention.[ ]  Students’ management needs will be intensive and require a significant degree of individualized attention and intervention.[ ]  Students will have severe multiple disabilities and their programs will consist primarily of habilitation and treatment. |
| 1. Describe how many special education teachers the program proposes to employ to provide SEIS.

     [ ]  Attach a representative sample weekly schedule for a special education teacher providing SEIS. |
| 1. Describe the projected caseload of each special education teacher providing SEIS (e.g., number of students).

       |
| 1. Propose/describe the plan to manage rescheduling SEIS sessions that are missed due to teacher absence (s).

       |
| 1. Identify the regular daily hours of operation for the program:

|  |  |  |
| --- | --- | --- |
| **Day** | **Start Time** | **Finish Time** |
| Monday |       |       |
| Tuesday |       |       |
| Wednesday |       |       |
| Thursday |       |       |
| Friday |       |       |

 Describe any circumstances when services may extend beyond the program’s regular daily hours:      |
| 1. Identify by school district(s) (NYC Community School District)and/or by county(ies) where SEIS will be provided.

      |

**Special Class in an Integrated Setting (SCIS)**

**[ ]  Not applicable**

|  |
| --- |
| 1. Describe the population to be served.

Disability characteristics:      Ages:      Projected numbers:      Levels of functioning in social-emotional skills; early language/communication and early literacy; and use of appropriate behaviors to meet their needs:      Student Management Needs:[ ]  Students will primarily need specialized instruction and will not have management needs that interfere with the instructional process.[ ]  Students’ management needs will be highly intensive, requiring a high degree of individualized attention and intervention.[ ]  Students’ management needs will be intensive and require a significant degree of individualized attention and intervention.[ ]  Students will have severe multiple disabilities and their programs will consist primarily of habilitation and treatment. |
| 1. Identify the total number of SCIS classes proposed.

      |
| 1. Describe the proposed class size(s) (staff-to-student ratio), including the projected numbers of students with disabilities to students without disabilities[[1]](#footnote-1).

      |
| 1. Describe how the program will group students for instructional purposes based on similarity of needs. Identify how collaborative partners will ensure opportunities for students with disabilities to interact with students without disabilities during instructional and non-instructional times throughout the school day.

       |
| 1. Will the SCIS program function in collaboration with another regular early childhood program (e.g., Head Start, Universal Prekindergarten)?

[ ]  Yes [ ]  No If yes, identify the regular early childhood program and provider.       [ ]  Attach the program and fiscal collaborative agreement(s). If no, describe the plan to ensure enrollment of students without disabilities:       |
| 1. List the related services to be provided to meet the individualized education programs (IEPs) of students enrolled in the program[[2]](#footnote-2).

     Identify the projected caseloads (numbers only) of related services providers.       |
| 1. Program Schedules

[ ]  Attach a sample daily schedule of instructional activities from arrival to dismissal. Note that each school day must provide the minimum hours of instruction, including related services, but excluding transportation and lunch. Will the SCIS operate as a half-day or full-day program?[ ]  Half-day program *Half-day programs must provide instruction for a half-day session. A half-day session is defined as a morning or afternoon session with not less than 2½ hours of instruction.*[ ]  Full-day program *Full-day programs must provide instruction for a full-day session. A full-day session is defined as a school day with not less than five hours of instruction. The Commissioner may, based on documented justification, approve a full-day program to provide instruction for less than a full-day session, but more than a half-day session.*Complete the following for **HALF-DAY** SCIS programs.

|  | **Morning Class****Instructional Time** | **Afternoon Class****Instructional Time** |
| --- | --- | --- |
| **Start** | **Finish** | **Start** | **Finish** |
| Monday |       |       |       |       |
| Tuesday |       |       |       |       |
| Wednesday |       |       |       |       |
| Thursday |       |       |       |       |
| Friday |       |       |       |       |

Complete the following for **FULL-DAY** SCIS programs.  Proposed total number of instructional hours per day for the full-day program:

|  | **Morning****Instructional Time** | **Afternoon****Instructional Time** |
| --- | --- | --- |
| **Start** | **Finish** | **Start** | **Finish** |
| Monday |       |       |       |       |
| Tuesday |       |       |       |       |
| Wednesday |       |       |       |       |
| Thursday |       |       |       |       |
| Friday |       |       |       |       |

If proposing a full-day program that will provide instruction for less than a five hour day session, provide a justification below:      |
| 1. Describe how the program will include activities and instruction that align with NYS’ Prekindergarten Early Learning Standards and provide opportunities for student growth in the areas of social/emotional development, early language/communication and early literacy and appropriate behaviors.

      |
| 1. For proposed SCIS programs planning to serve three or more children for more than three hours per day, a Day Care license or Registration Certificate must be attached.

 [ ]  Attach Day Care License or Registration Certificate |

**Special Class (SC)**

**[ ]  Not applicable**

|  |
| --- |
| 1. Describe the population to be served.

Disability characteristics:      Ages:      Projected numbers:      Levels of functioning in social-emotional skills; early language/communication and early literacy; and use of appropriate behaviors to meet their needs:      Student Management Needs:[ ]  Students will primarily need specialized instruction and will not have management needs that interfere with the instructional process.[ ]  Students’ management needs will be highly intensive, requiring a high degree of individualized attention and intervention.[ ]  Students’ management needs will be intensive and require a significant degree of individualized attention and intervention.[ ]  Students will have severe multiple disabilities and their programs will consist primarily of habilitation and treatment. |
| 1. Identify the total number of SC classes proposed.

      |
| 1. Describe the special class size(s) (student-to-staff ratio(s))[[3]](#footnote-3). (e.g., 12:1+1 meaning 12 students to one teacher to one teaching assistant)

      |
| 1. Describe how the program will group students for instructional purposes based on similarity of needs.

      |
| 1. List the related services to be provided to meet the IEPs of students enrolled in the program.[[4]](#footnote-4)

     Identify the projected caseloads (numbers only) of related services providers.       |
| 1. If applicable, describe opportunities available for students with disabilities to interact with students without disabilities during noninstructional portions of the day.

      |
| 1. Program Schedules

[ ]  Attach a sample daily schedule of instructional activities from arrival to dismissal. Note that each school day must provide the minimum hours of instruction, including related services, but excluding transportation and lunch. Will the SC operate as a half-day or full-day program?[ ]  Half-day program *Half-day programs must provide instruction for a half-day session. A half-day session is defined as a morning or afternoon session with not less than 2½ hours of instruction.*[ ]  Full-day program *Full-day programs must provide instruction for a full-day session. A full-day session is defined as a school day with not less than five hours of instruction. The Commissioner may, based on documented justification, approve a full-day program to provide instruction for less than a full-day session, but more than a half-day session.***Complete the following for HALF-DAY SC programs.**

|  | **Morning Class****Instructional Time** | **Afternoon Class****Instructional Time** |
| --- | --- | --- |
| **Start** | **Finish** | **Start** | **Finish** |
| Monday |       |       |       |       |
| Tuesday |       |       |       |       |
| Wednesday |       |       |       |       |
| Thursday |       |       |       |       |
| Friday |       |       |       |       |
|  |  |  |  |  |

Notations: (optional)      **Complete the following for FULL-DAY SC programs.**  Proposed total number of instructional hours per day for the full-day program:

|  | **Morning****Instructional Time** | **Afternoon****Instructional Time** |
| --- | --- | --- |
| **Start** | **Finish** | **Start** | **Finish** |
| Monday |       |       |       |       |
| Tuesday |       |       |       |       |
| Wednesday |       |       |       |       |
| Thursday |       |       |       |       |
| Friday |       |       |       |       |

Notations: (optional)      If proposing a full-day program that will provide instruction for less than a five hour day session, provide a justification below:      |
| 1. Describe how the program will include activities and instruction that align with NYS’ Prekindergarten Early Learning Standards and provide opportunities for student growth in the areas of social/emotional development, early language/communication and early literacy and appropriate behaviors.

      |
| 9. For SC programs planning to serve three or more children for more than three hours per day, a Day Care License or Registration Certificate must be attached.[ ]  Attach Day Care License or Registration Certificate |

**Section 2: Policies, Procedures and Practices**

|  |
| --- |
| 1. Agency Background Information: Provide relevant background information on the agency, including the agency’s experience in providing educational or other programs for preschool students or similar populations.

      |
| 1. Mission Statement and Goals: Provide a mission statement that defines the core purpose and key values of the agency. Briefly describe the proposed program’s goals/objectives as they relate to ensuring quality and cost-effective programs, services and/or evaluations of preschool students with disabilities.

      |
| 1. Preopening Plan: Describe the ‘preopening’ plan that documents key tasks to be completed between approval of the application and the opening of the proposed program. Include a schedule for initiation, development and completion of those tasks, identify primary responsibility by individual or position, and document anticipated resource needs.

      |
| 1. Measure(s) of Outcomes and Effectiveness of Program:Describe how the program will assess its effectiveness.

      |
| 1. Operational Calendar (yearly):Provide narrative information regarding days of operation. Each preschool program must be in operation for not less than 180 days[[5]](#footnote-5) a year. Programs approved for July-August must be in operation for not less than 30 days. Each preschool student must be provided with the extent and duration of services described in the student’s IEP.

     [ ]  Attach the school calendar |
| 1. Curriculum: Describe how the program(s) will engage students in age appropriate activities and provide instruction in curriculum aligned with NYS’ Prekindergarten Early Learning Standards[[6]](#footnote-6).

      |
| 1. Behavior Management Policies: Describe how the program will provide positive behavioral supports and interventions for preschool students.

      **[ ]** Attach a copy of the agency’s behavior management policies and procedures relating to functional behavioral assessments, behavioral intervention plans, use of emergency interventions and use of a time out room, as applicable. |
| 1. Discipline Procedures:Describe the program’s student code of conduct policy. Explain how the program will ensure the procedural safeguards are provided to students and families relating to discipline, including but not limited to notice, functional behavioral assessments, behavioral intervention plans, and education services provided to students as required by federal and State law and regulations.

      |
| 1. Programs for Students with Disabilities who have limited English proficiency: Describe how students will be provided instruction and evaluations in their native language or other mode of communication if recommended in their IEPs.

      |
| 1. Use of Psychotropic Medication: Does the program propose to use psychotropic medications?

[ ]  Yes [ ]  No[ ]  If yes, attach the agency’s written policy pertaining to use of psychotropic medication.  |
| 1. Confidentiality: Describe the agency’s policies to ensure the confidentiality of personally identifiable information in a child’s record, including, but not limited to, maintenance and storage of records, release of information and safeguarding student information in the event of technology failure or natural disasters.

      |
| 1. IEP Development: Describe the process by which the proposed program will participate in CPSE meetings to develop and review student IEPs.

      |
| 1. IEP Dissemination and Implementation: Explain how the program will provide copies of the students’ IEPs to the child’s teachers and other providers and how individuals responsible for IEP implementation will be informed of their responsibilities for each preschool student.

      |
| 1. Professional Development: Describe the staff orientation and professional development that will be provided. Recommended topics include, but are not limited to:
* NYS’ Prekindergarten Early Learning Standards
* Positive behavioral supports and interventions
* Safe and therapeutic emergency interventions
* Privacy rights of students
* Child abuse prevention and identification
* Safety and security procedures
* Staff code of conduct
* Whistleblower policies
* Working with parents
* Culturally responsive education
* Roles and responsibilities for participation in CPSE meetings
* Record keeping

      |
| 1. Progress Monitoring and Reports to Districts:Describe how an educational progress report on each student, which describes the student’s progress toward meeting the annual goals, will (a) be provided to the CPSE at least annually; and (b) will be provided to the student’s parent(s) at the frequency described in the student’s IEP.

      |
| 1. Parent Involvement: Describe the agency’s plans to encourage and support parent involvement in their child’s program.

      **For SCIS and SC programs,** describe how parent counseling and training will be available as a related service to assist parents in understanding the special needs of their child; provide parents with information about child development; and help parents to acquire the skills necessary to allow them to support the implementation of their child’s IEP.       |

**Section 3: Organizational Structure**

|  |
| --- |
|  Describe the entity’s organizational structure in relation to the proposed program(s) that includes the staffing structure and reporting responsibilities for the board or, if applicable, individuals having any ownership interest in the program, and the program’s administration and staff.       [ ]  Attach an organizational chart.   |

**Section 4: Staffing**

|  |
| --- |
| 1. Describe the proposed staffing plan for the program:

      |
| 1. Describe how the proposed staffing will meet the needs of the students to be served without reliance on one-to-one aides.

      |
| 1. Describe how the proposed staffing will ensure appropriately qualified individuals will be available to provide instruction to students during staff absences (i.e., substitutes).

      |
| 1. Describe the procedures to be followed, ensuring that all staff in the hiring process are screened and all instructional and noninstructional personnel are appropriately certified and/or licensed.

      |
| 1. Describe how all staff and volunteers are screened to ensure that they are not on the Justice Center Staff Exclusion List[[7]](#footnote-7) or the State's Central Registry of Child Abuse and Neglect[[8]](#footnote-8).

      |
| 1. Describe the employer–employee relationship of each special education teacher and provider, including, as applicable, special education teachers who will provide SEIS.

      |
| 7. Describe the proposed plan for supervision of staff. Describe the manner and method for provision of supervision as well as the number of staff for whom each supervisor/administrator is responsible.       |

**Complete Program Staffing Summary** (copy and attach additional sheets as needed)

| **Personnel Name** | **Job Title** | **Type of NYS Certification or License held, if applicable** **🞏 Attach copies**  | **Certificate/License and NPI Number, if applicable****🞏 Attach copies** | **Hours Per Week for Administrative Duties** | **Specify Staff (S), Contract (C) or per diem (P)** | **Hours Per Week for MDEs** | **Hours Per Week for SEIS** | **Hours Per Week for SCIS** | **Hours Per Week for SC** | **Hours per Week for Other Programs within this Agency** | **Total Hours Per Week (not to exceed 40)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IN ADMINISTRATIVE TITLES:** |       |       |       |    |    |    |    |    |    |    |    |
|       |       |       |       |    |    |    |    |    |    |    |    |
|       |       |       |       |    |    |    |    |    |    |    |    |
|       |       |       |       |    |    |    |    |    |    |    |    |
| **IN EVALUATOR TITLES:** |       |       |       |    |    |    |    |    |    |    |    |
|       |       |       |       |    |    |    |    |    |    |    |    |
|       |       |       |       |    |    |    |    |    |    |    |    |
|       |       |       |       |    |    |    |    |    |    |    |    |
| **IN TEACHING TITLES:** |       |       |       |    |    |    |    |    |    |    |    |
|       |       |       |       |    |    |    |    |    |    |    |    |
|       |       |       |       |    |    |    |    |    |    |    |    |
|       |       |       |       |    |    |    |    |    |    |    |    |
| **IN SUPPLEMENTARY SCHOOL PERSONNEL TITLES:** |       |       |       |    |    |    |    |    |    |    |    |
|       |       |       |       |    |    |    |    |    |    |    |    |
|       |       |       |       |    |    |    |    |    |    |    |    |
|       |       |       |       |    |    |    |    |    |    |    |    |
| **IN RELATED SERVICE TITLES:** |       |       |       |    |    |    |    |    |    |    |    |
|       |       |       |       |    |    |    |    |    |    |    |    |
|       |       |       |       |    |    |    |    |    |    |    |    |
|       |       |       |       |    |    |    |    |    |    |    |    |
| **OTHER:** |       |       |       |    |    |    |    |    |    |    |    |
|       |       |       |       |    |    |    |    |    |    |    |    |

**Proposed License/Certification Requirements for the Agency’s Evaluators (MDE)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Evaluation Components** | **Types of NYS Certification(s) and/ or License(s) Required of Evaluator(s)** | **Specify Staff (S) or Contract (C)** | **Specify Language and Certification of****Bilingual Evaluator** | **Projected Number of Evaluations****Per Week** |
| Physical Exam |       |       |       |       |
| Social History |       |       |       |       |
| Psychological |       |       |       |       |
| Student Observation  |       |       |       |       |
| Other evaluation components (list below): |  |  |  |  |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**SCIS Classroom Student/Staff Data:** Note that the number of students with disabilities to students without disabilities should generally be equal.

|  |  |
| --- | --- |
| **Classroom Data** | **SCIS Classes** |
| **1** | **2** | **3** | **4** |
| **Check One:****[ ]  Half-day****[ ]  Full-day** | **Check One:****[ ]  Half-day****[ ]  Full-day** | **Check One:****[ ]  Half-day****[ ]  Full-day** | **Check One:****[ ]  Half-day****[ ]  Full-day** |
| Number of Preschool Students With a Disability |       |       |       |       |
| Number of Preschool Students Without a Disability |       |       |       |       |
| Number of Certified Special Education Teachers |       |       |       |       |
| Number of Early Childhood Education Teachers |       |       |       |       |
| Number of Supplementary School Personnel – teaching assistants and teacher aides |       |       |       |       |

**Special Class Student/Staff Data**

|  |  |
| --- | --- |
| **Classroom Data** | **Special Classes** |
| **1** | **2** | **3** | **4** |
| **Check One:****[ ]  Half-day****[ ]  Full-day** | **Check One:****[ ]  Half-day****[ ]  Full-day** | **Check One:****[ ]  Half-day****[ ]  Full-day** | **Check One:****[ ]  Half-day****[ ]  Full-day** |
| Number of Preschool Students with a Disability |       |       |       |       |
| Number of Certified Special Education Teachers |       |       |       |       |
| Number of Supplementary School Personnel – teaching assistants and teacher aides |       |       |       |       |

The maximum class sizes must be consistent with section 200.6(h)(4) of the Regulations of the Commissioner of Education and be proposed as one or more of the following:

* 12 students to one teacher (plus additional staff)
* 8 students to one teacher (plus additional staff)
* 6 students to one teacher (plus additional staff)

No other class size options will be considered (e.g., 7 students to one teacher plus additional staff).

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **NA** | **Part II Attachments** |
| [ ]  | [ ]  | [ ]  | Sample of a weekly schedule for a special education teacher providing SEIS  |
| [ ]  | [ ]  | [ ]  | Program and Fiscal Collaborative Agreement(s) |
| [ ]  | [ ]  | [ ]  | Sample daily instructional schedule of a special class and/or SCIS, as applicable. |
| [ ]  | [ ]  | [ ]  | Operational (yearly) schedule |
| [ ]  | [ ]  | [ ]  | Policy on Use of Psychotropic Medications (if applicable) |
| [ ]  | [ ]  | [ ]  | Organizational Chart |
| [ ]  | [ ]  | [ ]  | Copies of NYS certification(s) or License(s) held |
| [ ]  | [ ]  | [ ]  | Copies of Certificate(s)/License(s) and NPI number(s) |
| [ ]  | [ ]  | [ ]  | Day Care License or Registration Certificate for SCIS and/or SC (if applicable) |

**Part III

PHYSICAL PLANT**

Section 1: Health and Safety Compliance

Section 2: Floor Plans

Section 3: Accessibility

**Section 1: Health and Safety Compliance**

|  |  |
| --- | --- |
| **Documentation Required** | **Attached** |
| 1. Certificate of Occupancy   | Site 1: [ ] Site 2: [ ] Site 3: [ ] Site 4: [ ]  |
| 1. Fire Inspection Reports (must be current, within the past year). If report indicates noncompliance in any area, submit documentation that noncompliance was resolved.[[9]](#footnote-9)
 | Site 1: [ ] Site 2: [ ] Site 3: [ ] Site 4: [ ]  |
| 3. Building Inspection Reports (must be current, within the past year). If report indicates noncompliance in any area, submit documentation that noncompliance was resolved. | Site 1: [ ] Site 2: [ ] Site 3: [ ] Site 4: [ ]  |
| 4. Fire/Disaster Evacuation Plan including procedures to evacuate non-ambulatory individuals (For additional information, see <https://www.p12.nysed.gov/facplan/articles/EmergencyEvacuation2.htm>).  | Site 1: [ ] Site 2: [ ] Site 3: [ ] Site 4: [ ]  |
| 5. Is the building used for instructional purposes or for conducting evaluations in the summer? | No attachment needed.**Yes No** Site 1: [ ]  [ ] Site 2: [ ]  [ ] Site 3: [ ]  [ ] Site 4: [ ]  [ ]  |
|   If yes, is the building air conditioned?If no, describe for each site how climate will be controlled to ensure students can comfortably and safely attend during the summer months. | **Yes** **No** **NA**Site 1: [ ]  [ ]  [ ] Site 2: [ ]  [ ]  [ ] Site 3: [ ]  [ ]  [ ] Site 4: [ ]  [ ]  [ ]  |

**Section 2: Floor Plans**

| **Documentation Required** | **Attached** |
| --- | --- |
|  | **Yes** | **No** |
| Submit clear, legible line drawings showing the floor plans, which need not be blueprint quality. If there are multiple sites, attach one line drawing for each site. Information on line drawings must clearly indicate:a. Preschool special education program room labels and square footage for each space:* Office space (indicate number of staff designated in each space/room)
	+ Administrative
	+ Staff
* Related services space
	+ Therapy type
	+ Instructional group size(s)
* Classrooms
	+ Classroom staff to student ratio to be served
* Other spaces, for example
	+ Record storage
	+ Staff lounge
	+ Maintenance
	+ Utilities

b. Building space utilized for purposes other than preschool special education:* Early childhood programs
* Day care
* Adult programs
* Community agencies
* Public vendors/shops/business
* Other (specify on plans)
 | Site 1: | [ ]  | [ ]  |
| Site 2: | [ ]  | [ ]  |
| Site 3: | [ ]  | [ ]  |
| Site 4: | [ ]  | [ ]  |
|  |  |  |

**Section 3: Accessibility**

| **Documentation Required** |  |
| --- | --- |
|  | **Yes** | **No** |
| 1. Exterior Routes: People with disabilities should be able to arrive on site, approach the building, and enter as freely as everyone else. At least one route of travel should be safe and accessible for everyone, including people with disabilities. This route must include handicapped parking, curb cuts, ramps, and automatic door operators as necessary to enter the building. For each site, identify whether there is an accessible exterior route as specified above.  | Site 1: | [ ]  | [ ]  |
| Site 2: | [ ]  | [ ]  |
| Site 3: | [ ]  | [ ]  |
| Site 4: | [ ]  | [ ]  |
|  |  |  |
| 2.Interior Route, Access to Goods and Services, and Restroom Facilities: The layout of the building should allow people with disabilities to obtain materials or services and use the facilities without assistance. This should include access to general purpose and specialized classrooms, public assembly spaces (such as libraries, gymnasiums, and auditoriums), nurse’s office, main office, and restroom facilities. Services include drinking fountains, telephones, and other amenities. For each site, identify whether there is an accessible interior route as specified above.  | Site 1: | [ ]  | [ ]  |
| Site 2: | [ ]  | [ ]  |
| Site 3: | [ ]  | [ ]  |
| Site 4: | [ ]  | [ ]  |
|  |  |  |
| **Documentation Required** | **Attached (Y/N/NA)** |
| **Site 1** | **Site 2** | **Site 3** | **Site 4** |
| 3. Accessibility based on the Americans with Disabilities Act (ADA) |  |  |  |  |
|  a. Architect’s letter submitted by architect or engineer or organization familiar with public buildings and ADA |       |       |       |       |
|  b. If any areas have been identified as noncompliant with ADA, include evidence of resolution of the issues |       |       |       |       |
|  c. Or, submit a written plan of how you will accommodate persons with disabilities in accessing the functions and/or services provided in the building. |       |       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **NA** | **Part III Attachments** |
| [ ]  | [ ]  | [ ]  | Certificate(s) of Occupancy |
| [ ]  | [ ]  | [ ]  | Fire Inspection(s) Documentation |
| [ ]  | [ ]  | [ ]  | Documentation of resolution of noncompliance as identified in Fire Inspection report(s) |
| [ ]  | [ ]  | [ ]  | Building Inspection Report(s) |
| [ ]  | [ ]  | [ ]  | Documentation of resolution of noncompliance as identified in Building Inspection Report(s) |
| [ ]  | [ ]  | [ ]  | Fire/Disaster Evacuation Plan  |
| [ ]  | [ ]  | [ ]  | Line Drawings |
| [ ]  | [ ]  | [ ]  | ADA Accessibility Documentation (Architect’s letter; evidence of resolution of identified issues OR written plan to accommodate persons with disabilities) |

**Part IV

FISCAL INFORMATION**

Section 1: Narrative Information

Section 2: Budget Information

**Section 1: Narrative Information**

|  |
| --- |
| 1. Provide a list of individuals (by name, if known, and by title) in the agency who will have access to financial records.

      |
| 1. Provide a list of minimal qualification requirements for the CFO/Business Manager position(s).

      |
| 3. For each program site, attach copies of Building Lease(s) or Amortization Schedule(s) (as appropriate). [ ]  Site 1 attached[ ]  Site 2 attached[ ]  Site 3 attached[ ]  Site 4 attached |
| 4. Describe the agency’s financial internal control system that is designed to ensure that (a) the agency maintains accounts in accordance with generally accepted accounting principles and (b) that financial reports generated from the system allow analysis of revenues and expenses by program, including but not limited to enrollment and staffing data.      |
| 1. Identify the name of the agency’s liability insurance carrier.

      [ ]  Attach proof of current liability insurance. |
| 1. Identify the resources and financing available to support operation of the program for the first year.

      |
| 1. Describe how the program will manage costs in the event of fluctuations in enrollment to ensure fiscal viability.

      |
| 8. Provide information describing the program’s policies and procedures developed to protect from retaliation those employees who report information concerning acts of fraud, abuse or waste, acts of wrongdoing, misconduct, malfeasance or other inappropriate behavior encountered during their employment. (Whistleblower Policy).       |
| 9. Provide a plan for how the agency will safeguard financial information in the event of technology failure or natural disasters.      |
| 1. Describe the process that will be used to ensure that expenses incurred in operating the agency, and revenues received, can be specifically tracked to agency programs. Include a description of the process used to ensure only allowable directly charged and allocated expenses, as defined by NYSED, will be claimed for reimbursement.

      |

**Section 2: Budget Information**

**Schedule 1: Projected Personal Services**

In Schedule 1, report projected salaries of Nondirect Care (Administration/Facility) and Direct Care (Instructional, Social Services and Related Services) staff by job classification using the applicable job titles listed below as a guide. These job titles may also be found in Appendix R (pgs. 134-143) of the Consolidated Fiscal Report Manual at: <http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/CFRManual/home.html>.

The total salaries must reconcile with the projected expenditures reported on line 1, "Salaries," on Schedule 4 "Projected Expenditures."

**Nondirect vs. Direct Care Position Classifications**

|  |  |
| --- | --- |
| **Nondirect Care Positions** | **Direct Care Positions** |
| Executive Director/Superintendent | Teacher – Substitute |
| Finance Director/Business Official | Teacher – Special Education |
| Program Administrator/Supervisor | Teacher – Early Childhood Program |
| Administrator | Teaching Assistant, Teacher Aide – Students with Disabilities |
| Accountant/Bookkeeper | Teaching Assistant, Teacher Aide – Early Childhood Program |
| Office Related | Psychologist |
| Maintenance Worker | Social Worker |
| Other (Specify) | Speech and Language Pathologist |
|  | Physical Therapist |
|  | Occupational Therapist |
|  | Occupational or Physical Therapy Assistants |
|  | Other (Specify) |

The full-time equivalent (FTE) should be rounded to three decimal places (.000). The standard formula for calculating an employee's FTE is as follows:

|  |
| --- |
| Total Hours of Projected EmploymentStandard work Week Hours x 52 Weeks |

**Multidisciplinary Evaluation Program** – Complete Schedules 1, 2, 3 and 4

**Schedule 1: Projected Personal Services**

**Nondirect Care – Administration/Facility - MDE**

|  |  |  |
| --- | --- | --- |
| **Job Title/Job Code** | **Salary** | **FTE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total (Must reconcile with Schedule 4, Line 1)** |  |  |

**Direct Care – Instructional and Related Services - MDE**

|  |  |  |
| --- | --- | --- |
| **Job Title/Job Code** | **Salary** | **FTE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total (Must reconcile with Schedule 4, Line 1)** |  |  |

Note: Nondirect and Direct Care Job Titles must conform to the chart at the beginning of Section 2: Budget Information

**Schedule 2: Projected Contracted Services – MDE (other than personal services)**

In Schedule 2, provide information relating to contracts with individual consultants or other contractors expected during the year. The total amount should reconcile to Line 9, "Contracted Services," on Schedule 1 "Projected Program Expenditures."

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Contracted Service** | **Hours of Service** | **Total to be Paid****(Direct Care)** | **Total to be Paid (Nondirect Care)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total (Must reconcile with Schedule 4, Line 9)** |  |  |  |

**Schedule 3: Projected Billable Evaluation Components and Amount of Revenue** **– MDE**

In Schedule 3, report the total number of billable evaluation components and amount of revenue expected to be collected for services the applicant will provide using the chart below.

|  |  |
| --- | --- |
| Program | Preschool Students With Disabilities |
| # of Billable Evaluation Components | Projected Revenue |
| MDE |       |       |

**Special Education Itinerant Services** – Complete Schedules 1, 2, 3 and 4

**Schedule 1: Projected Personal Services**

**Nondirect Care – Administration/Facility - SEIS**

|  |  |  |
| --- | --- | --- |
| **Job Title/Job Code** | **Salary** | **FTE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total (Must reconcile with Schedule 4, Line 1)** |  |  |

**Direct Care – Instructional and Related Services - SEIS**

|  |  |  |
| --- | --- | --- |
| **Job Title/Job Code** | **Salary** | **FTE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total (Must reconcile with Schedule 4, Line 1)** |  |  |

Note: Nondirect and Direct Care Job Titles must conform to the chart at the beginning of Section 2: Budget Information

**Schedule 2: Projected Contracted Services - SEIS (other than personal services)**

In Schedule 2, provide information relating to contracts with individual consultants or other contractors expected during the year. The total amount should reconcile to Line 9, "Contracted Services," on Schedule 1 "Projected Program Expenditures."

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Contracted Service** | **Hours of Service** | **Total to be Paid****(Direct Care)** | **Total to be Paid (Nondirect Care)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total (Must reconcile with Schedule 4, Line 9)** |  |  |  |

**Schedule 3: Projected Billable Half Hour Sessions and Revenue - SEIS**

In Schedule 3, report the total number of billable half hour sessions and amount of revenue expected to be collected for services the applicant will provide using the chart below.

|  |  |
| --- | --- |
| Program | Preschool Students With Disabilities |
| # of Billable Half Hour Sessions | Projected Revenue |
| SEIS |       |       |

**Special Class in an Integrated Setting** – Complete Schedules 1, 2, 3 and 4

**Schedule 1: Projected Personal Services**

**Nondirect Care – Administration/Facility - SCIS**

|  |  |  |
| --- | --- | --- |
| **Job Title/Job Code** | **Salary** | **FTE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total (Must reconcile with Schedule 4, Line 1)** |  |  |

**Direct Care – Instructional and Related Services - SCIS**

|  |  |  |
| --- | --- | --- |
| **Job Title/Job Code** | **Salary** | **FTE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total (Must reconcile with Schedule 4, Line 1)** |  |  |

Note: Nondirect and Direct Care Job Titles must conform to the chart at the beginning of Section 2: Budget Information

**Schedule 2: Projected Contracted Services - SCIS (other than personal services)**

In Schedule 2, provide information relating to contracts with individual consultants or other contractors expected during the year. The total amount should reconcile to Line 9, "Contracted Services," on Schedule 1 "Projected Program Expenditures."

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Contracted Service** | **Hours of Service** | **Total to be Paid****(Direct Care)** | **Total to be Paid (Nondirect Care)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total (Must reconcile with Schedule 4, Line 9)** |  |  |  |

**Schedule 3: Projected Nondisabled Revenues (SCIS-only)**

If the applicant operates a UPK, Head Start or private daycare program, then the applicant must report the total number of FTEs and amount of revenue expected to be collected for services the applicant will provide to students without disabilities by program using the chart below.

|  |  |
| --- | --- |
| Program | Students Without Disabilities |
|  | FTEs | Revenue |
| Universal Prekindergarten |       |       |
| Head Start |       |       |
| Private |       |       |
| Total |       | $       |

**Special Classes –** Complete Schedules 1, 2 and 4

**Schedule 1: Projected Personal Services**

**Nondirect Care – Administration/Facility - SC**

|  |  |  |
| --- | --- | --- |
| **Job Title/Job Code** | **Salary** | **FTE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total (Must reconcile with Schedule 4, Line 1)** |  |  |

**Direct Care – Instructional and Related Services - SC**

|  |  |  |
| --- | --- | --- |
| **Job Title/Job Code** | **Salary** | **FTE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total (Must reconcile with Schedule 4, Line 1)** |  |  |

Note: Nondirect and Direct Care Job Titles must conform to the chart at the beginning of Section 2: Budget Information

**Schedule 2: Projected Contracted Services - SC (other than personal services)**

In Schedule 2, provide information relating to contracts with individual consultants or other contractors expected during the year. The total amount should reconcile to Line 9, "Contracted Services," on Schedule 1 "Projected Program Expenditures."

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Contracted Service** | **Hours of Service** | **Total to be Paid****(Direct Care)** | **Total to be Paid (Nondirect Care)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total (Must reconcile with Schedule 4, Line 9)** |  |  |  |

**Schedule 4: General Program Budget**

All applicants must complete Schedule 4 with costs related to the type of program proposed (i.e., MDE, SEIS, SCIS and/or SC).

| **Account** | **MDE** | **SEIS** | **SCIS** | **SC** |
| --- | --- | --- | --- | --- |
|  | Nondirect Care | Direct Care | Nondirect Care | Direct Care | Nondirect Care | Direct Care | Nondirect Care | Direct Care |
| **Personal Services:** |
| 1. Salaries |  |  |  |  |  |  |  |  |
| 2. Social Security |  |  |  |  |  |  |  |  |
| 3. Insurance (life and health) |  |  |  |  |  |  |  |  |
| 4. Pension and retirement |  |  |  |  |  |  |  |  |
| 5. Worker’s Compensation, Unemployment Insurance, NYS Disability |  |  |  |  |  |  |  |  |
| 6. Other Fringe Benefits (specify) |  |  |  |  |  |  |  |  |
| **7. Total Personal Services (Sum of Lines 1-6)** |  |  |  |  |  |  |  |  |
| **Other than Personal Services (OTPS):** |
| 8. Travel |  |  |  |  |  |  |  |  |
| 9. Contracted Services |  |  |  |  |  |  |  |  |
| 10. Supplies and Materials |  |  |  |  |  |  |  |  |
| 11. Repairs and Maintenance |  |  |  |  |  |  |  |  |
| 12. Staff Training |  |  |  |  |  |  |  |  |
| 13. Audit/Legal |  |  |  |  |  |  |  |  |
| 14. Office Supplies/ Postage |  |  |  |  |  |  |  |  |
| 15. Utilities/Phone |  |  |  |  |  |  |  |  |
| 16. Lease/Rental Vehicle |  |  |  |  |  |  |  |  |
| 17. Lease/Rental Equipment |  |  |  |  |  |  |  |  |
| 18. Depreciation – Vehicle |  |  |  |  |  |  |  |  |
| 19. Depreciation – Equipment |  |  |  |  |  |  |  |  |
| 20. Lease/Rental Property |  |  |  |  |  |  |  |  |
| 21. Leasehold and Leasehold Improvements |  |  |  |  |  |  |  |  |
| 22. Depreciation Building |  |  |  |  |  |  |  |  |
| 23. Depreciation – Building Improvements |  |  |  |  |  |  |  |  |
| 24. Depreciation – Land Improvements |  |  |  |  |  |  |  |  |
| 25. Interest – Mortgage |  |  |  |  |  |  |  |  |
| 26. Insurance – Property/Casualty |  |  |  |  |  |  |  |  |
| 27. BOCES Services (*Public School Use Only*) |  |  |  |  |  |  |  |  |
| 28. Other (Specify) |  |  |  |  |  |  |  |  |
| **29. Total OTPS (Sum of Lines 8-29)** |  |  |  |  |  |  |  |  |
| **30. GRAND TOTAL (Sum of Lines 7 and 29)** |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **NA** | **Part IV Attachments** |
| [ ]  | [ ]  | [ ]  | Building Lease(s) (as applicable) or Amortization schedule(s) |
| [ ]  | [ ]  | [ ]  | Proof of liability insurance |

**Part V

CHARACTER AND COMPETENCE REVIEW**

**A PUBLIC SCHOOL DISTRICT, BOARD OF COOPERATIVE EDUCATIONAL SERVICES, STATE AGENCY OR MUNICIPALITY IS NOT REQUIRED TO COMPLETE THIS SECTION OF THE APPLICATION** **Copy and complete this section and accompanying affidavit form for each Owner/Chief Executive Officer/ and/or Chief Administrator or Executive Director who may fulfill the role and responsibilities of a Chief Executive/Administrator, or a portion of these duties.**

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

|  |
| --- |
| 1. Name of Chief Executive Officer/Owner/Administrator(s)       |
| 2. Primary Residence City:       State:       |
| 3. Business Address | Street      |
| City State       Zip            |
| 4. Occupation       |
| 5. Educational History       [ ]  Attach résumé |
| 6. Certification(s)/License(s)   [ ]  Attach copies of certification(s)/license(s) Were your certificates/licenses ever refused? [ ]  Yes [ ]  Norevoked? [ ]  Yes [ ]  Nosubject to other disciplinary action? [ ]  Yes [ ]  NoIf yes, describe:       |
| 1. Community and philanthropic experience

      |
| 1. Years of experience in the field of human services

      |
| 1. Years of experience in a supervisory or management capacity

      |
| 1. Indicate if you hold any other positions of employment

     [ ]  Yes [ ]  NoIf yes, indicate the name of the employer, the job title, job responsibilities and the number of hours employed per week at the external position.      |
| 1. Identify any current and previous association(s) with a human services agency or vendor.

Specify the positions held (e.g., employee, owner, executive director, member of the board of directors).      |
| 1. Indicate if you have been employed by or have been a board member of an agency that has been cited for findings of waste, fraud, abuse, or wrongdoing, including but not limited to the unlawful acquisition, use, payment or expenditure of agency or program funds.

 [ ]  Yes [ ]  No If yes, indicate which agency and in what capacity you were associated with the agency during the time of these findings.      |
| 1. Have you had affiliations with any program whose approval was revoked or suspended by NYSED or another State or federal agency?

 [ ]  Yes [ ]  No If yes: Provide the name of the program(s) and State oversight agency(ies):      Indicate what your affiliation was to the program:      |
| 1. Have you had affiliations with any program or entity that has been subject to past, current or pending disciplinary action, disallowance, fine or other penalty by NYSED or another State or federal agency?

[ ]  Yes [ ]  No If yes:Provide the name of the program(s) and State oversight agency(ies):      Indicate what your affiliation was to the program:      |
| 1. Have you ever been convicted of a crime by a federal or State court in any jurisdiction?

 [ ]  Yes [ ]  No If yes: What was the criminal offense(s):        Was the criminal offense(s) a misdemeanor or felony?       |
| 1. Do you currently have any criminal charge(s) pending against you in a federal or State court in any jurisdiction?

 [ ]  Yes [ ]  No If yes, provide an explanation:      |
| 1. Affidavit:

I,      , declare that, to the best of my knowledge, the information above is true, correct and complete.Signature: Date:      Acknowledgment of IndividualSTATE OF NEW YORKCOUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_On the \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the year \_\_\_\_\_\_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Notary PublicPrinted Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **NA** | **Part V Attachments** |
| [ ]  | [ ]  | [ ]  | Certifications/licenses of Chief Executive Officer/Owner/ Administrator(s) |
| [ ]  | [ ]  | [ ]  | Certifications/licenses of additional Chief Executive Officer/Owner/ Administrator(s) |
| [ ]  | [ ]  | [ ]  | Résumé of Chief Executive Officer/Owner/ Administrator(s) |
| [ ]  | [ ]  | [ ]  | Résumé of additional Chief Executive Officer/Owner/ Administrator(s) |

**Part VI

GOVERNANCE AND INTERNAL CONTROLS**

The governance structure for for-profit entities is prescribed by the Business Corporation Law, Limited Liability Company Law or Partnership Law, as applicable.

Various provisions of the Education Law, Not-for-Profit Corporation Law and General Municipal Law impose legal duties, fiduciary responsibilities and fiscal requirements upon The University of the State of New York institutions and the trustees/board members who run them.

For purposes of this application section, governance for a program meansa combination of individuals filling executive and management roles, program oversight functions organized into structures, and policies that define management principles and decision making.

**A PUBLIC SCHOOL DISTRICT, BOARDS OF COOPERATIVE EDUCATIONAL SERVICES, STATE AGENCY OR MUNICIPALITY IS NOT REQUIRED TO COMPLETE THIS SECTION OF THE APPLICATION. Narrative Information**

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

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

|  |
| --- |
| 1. Describe the governance structure, as applicable, of the proposed program.

      |
| 1. Explain the procedures to be followed in instances where an individual’s personal or business interests may be advanced by an action of the governing structure of the agency.

      |
| 1. Explain the agency’s policy that would prohibit impermissible nepotism in hiring and other institutional business.

       |
| 1. Disclose any and all at-arms-length relationships as well as any affiliations/relationships with other entities that accept public funds including, but not limited to, Early Intervention providers, agencies providing related services and school aged private schools.

      |
| 1. Describe the role of the individuals filling executive and management roles, and as applicable individuals with ownership interest, in establishing policies that define management principles and decision making.

      |
| 1. Provide a description of how periodic operating financial reviews and reports will be submitted and reviewed by the agency’s governing structure, including how the agency’s governing structure will perform a review of all claims and ensure proper itemization and documentation necessary for the approval of the agency’s expenditures. If the governing structure delegates this function to an individual(s) holding an executive or management role, the description outlines the format and frequency of reports that will be made directly to the agency’s board or owners. In the case of an agency that is structured as a sole proprietorship, this review function must be performed by an individual separate from the sole proprietor.

     State the relationship the reviewer has with the agency.      |
| 1. Provide evidence that individuals filling executive and management roles reside within a geographic region in proximity to the proposed program(s) to ensure appropriate and timely on-site oversight of the program.

      |
| 1. Provide a description of the internal controls that will be established to ensure that the program is operating effectively and efficiently in all program and fiscal matters. Include information on internal controls relating to each of the following:
	1. Ensuring a quality *control environment:*
	2. Performing a *risk assessment*:
	3. Designing effective *policies and procedures*:
	4. Providing clear *communication* throughout the school/agency:
	5. Conducting ongoing *monitoring* of policies and procedures:
 |
| 1. [ ]  Attach a copy of the agency’s Code of Ethics.

The Code of Ethics must as a minimum include a Conflict of Interest policy, a policy outlining the procedure for reporting fraud, waste and abuse, and a whistleblower policy protecting employees from retaliation for disclosing information concerning acts of wrongdoing, misconduct, malfeasance or other inappropriate behavior. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **NA** | **Part VI Attachments** |
| [ ]  | [ ]  | [ ]  | Agency’s Code of Ethics |

**Part VII**

**WAIVER FROM CORPORATE PRACTICE RESTRICTIONS**

**FOR SPECIAL EDUCATION SCHOOLS**

Section 6503(b) of the Education Law authorizes NYSED to issue waivers to special education schools to enable them to employ licensed professionals or contract with licensees or professional business entities to provide certain professional services to children in need of their services. Absent such a waiver, employment or contracting for professional services in most licensed professions would conflict with restrictions on corporate practice under Title VIII the Education Law.

All entities applying to operate a Special Class Program, a Special Class in an Integrated Setting, and/or a Multidisciplinary Evaluation Program, except a school district; board of cooperative educational services; municipality, State agency or other public entity, must submit an application seeking a waiver of the corporate practice prohibitions under section 6503-b of the Education Law.

For application materials and guidance, see <http://www.op.nysed.gov/waiver-ei-info.htm>.

The Waiver application and fee must be submitted to the NYSED Office of the Professions as stated on the Waiver application form. The Waiver application and fee should not be submitted to the P-12: Office of Special Education.

NYSED approval to operate a program is contingent upon both approval of the program application from the P-12: Office of Special Education and approval of a waiver of the corporate practice prohibitions under section 6503-b of the Education Law from the Office of Professions.

Frequently asked questions regarding the Corporate Practice Waiver for 4410 programs may be found at <http://www.op.nysed.gov/waiver-ei-faq.htm>.

**Part VIII**

**PAYEE INFORMATION AND SUBSTITUTE W-9**

For agencies/programs submitting this application that have NOT been assigned a 12-digit NYSED Code, a Payee Information form and a NYSED Substitute W-9 form must be completed and submitted to NYSED, with an original signature, via mail. In order to receive funds from NYSED, all sections of the forms must be completed. Forms may be sent to:

**New York State Education Department**

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

**Preschool Policy Unit**

**Attention: Initial Application for Preschool Programs**

**89 Washington Avenue, Room 309 EB**

**Albany, NY 12234**

Forms, instructions and guidance are available at:

[www.oms.nysed.gov/cafe/forms/](http://www.oms.nysed.gov/cafe/forms/)

 <http://www.nysed.gov/nonpublic-schools/osc-vendor-ids-and-nysed-substitute-form-w-9>

**[ ]** Payee Information and Substitute W-9 form submitted via mail with original signature, as applicable.

1. Note: The ratio of students with disabilities to students without disabilities should be generally equal. [↑](#footnote-ref-1)
2. All approved SCIS programs must provide, either directly or through contract, all of the related services in the students’ IEPs as a component of the SCIS program and within the instructional day. [↑](#footnote-ref-2)
3. The maximum class sizes must be consistent with section 200.6(h)(4) of the Regulations of the Commissioner of Education and be proposed as one or more of the following: 12 students to one teacher (plus additional staff); 8 students to one teacher (plus additional staff); 6 students to one teacher (plus additional staff). No other class size options will be considered (e.g., 7 students to one teacher plus additional staff). [↑](#footnote-ref-3)
4. All approved SC programs must provide, either directly or through contract, all of the related services in the students’ IEPs as a component of the student’s SC program and within the instructional day. [↑](#footnote-ref-4)
5. No school may be in session on a Saturday or a legal holiday, except general election day, Washington’s Birthday and Lincoln’s birthday. Days may include not more than four conference days. A conference day may not be scheduled on any day in July or August. [↑](#footnote-ref-5)
6. <https://earlychildhoodny.org/pdfs/NYS_Prek_Learning_Standards-2019.pdf> [↑](#footnote-ref-6)
7. <http://www.nysed.gov/special-education/justice-center-protection-people-special-needs> [↑](#footnote-ref-7)
8. <http://www.nysed.gov/common/nysed/files/special-education/memo/scr-clearance.pdf> [↑](#footnote-ref-8)
9. The program must conduct at least 12 fire drills during the school year, eight of which must be held between September 1 and December 1 of each school year. A fire drill log, specifying time conducted, evacuation time and any difficulties encountered during the fire drill will be maintained. For programs operating on a 12-month basis, an additional two fire drills are required to be conducted during the months of July and August. [↑](#footnote-ref-9)