

**ANONYMOUS CENTRAL SCHOOL DISTRICT
UNIVERSAL PREKINDERGARTEN PROGRAM**

**AGENCY/ORGANIZATION APPLICATION
2007-2008**

Program Name: _____

Address: _____

Phone: _____ Fax: _____ e-mail: _____

Name of person/title completing this application: _____

Chief Executive Officer: _____

Contact Person: _____ Title: _____ Phone: _____

Directions: Please complete the following and return the original copy to the address below by **June 15, 2007**. Please complete pages 1 through 3 for each facility you operate. If you have any questions concerning this application, please call ???.

The application process will include a site visit to your agency.

Please return to:

If you have **more than one center/site** and you are applying to collaborate at more than one site, **please copy and complete pages 1 through 3 for each of your sites** that is applying for Universal Prekindergarten.

Site: _____

Address: Street _____ Town _____ State _____ Zip _____

Phone: _____ Fax: _____ e-mail: _____

Contact Person/Title: _____

Hours of Operation: _____ to _____

List the days of the week in operation: _____

I. ENROLLMENT

What is your current enrollment of children:	How many of these children are Anonymous Central School District residents?
1 year old by 12/1/07 _____	_____
2 years old by 12/1/07 _____	_____
3 years old by 12/1/07 _____	_____
4 years old by 12/1/07 _____	_____

How many of your 4 year old children are:

- _____ Hispanic
- _____ Black
- _____ White
- _____ Other ethnic background
- _____ Receive special education and/or related services
- _____ Have English as a second language

How many of your 4 year old children come from families who are eligible for any public assistance such as DSS Subsidy, food stamps, etc.? _____

II. STAFFING PATTERNS

What is your current child to staff ratio for 4 year olds? _____

What is your current class size for 4 year olds? _____

Do you use volunteers, student placements, etc., in your 4 year old classrooms?

Yes ___ No ___

If yes, describe briefly _____

III. CAPACITY

How many classrooms currently serve 4 year old children? _____
Of those classrooms, how many have mixed groups of 3 and 4 year old children? _____
Could your facility expand to include more 4 year olds? Yes _____ No _____
If yes, how many more 4 year olds could you accommodate? _____
Would you need to add additional 4 year old classrooms? _____ If so, how many? _____

IV. FACILITY

What is the average square footage per preschooler in each classroom? _____
Do you have an indoor gross motor space? Yes _____ No _____

If yes, please describe the space and the equipment that is available for the children's use.

Do you have access to an outdoor play space (playground)? Yes _____ No _____

If yes, please describe the space and the equipment that is available for the children's use.

Is your facility handicapped accessible? Yes _____ No _____
Wheelchair accessible? Yes _____ No _____

Insurance will be required. Do you have insurance? Yes _____ No _____ If yes, please attach a copy of the certificate's (cover page) of your insurance policy. (See attached description of required insurance coverage).

V. STAFF QUALIFICATIONS: Please indicate the total number of staff and that job position in each degree area employed by your site. Employee may be entered into one category only.

_____ NYS Certified Teacher Early Childhood
Positions _____
_____ NYS Certified Teacher (Other)
Positions _____
_____ B.A./B.S. Early Childhood Education Positions _____
_____ B.A./B.S. Other Positions _____
_____ Associate Degree Positions _____
_____ Child Development Associate Positions _____
_____ High School or GED with 6 hours college credit Positions _____
_____ High School or GED only Positions _____
_____ Less than High School Positions _____

VI. PROGRAM QUALIFICATIONS: Please indicate any of the following that applies to your program.

- _____ DSS Licensing
- _____ DSS Registration
- _____ SED Voluntary Nursery Registration
- _____ NAEYC Accreditation
- _____ NAFCC Accreditation
- _____ Other _____

VII. TRANSPORTATION

Do you provide transportation for the children? _____

If yes, what is the fee for this service? _____

Is your site near public transportation bus routes? _____

How often does the bus run? _____

Do any of your current families depend on this transportation? _____

VIII. TUITION

Please fill out all that apply:

Tuition fee scale used in your current program: Hours and services for which such fees apply:

Monthly and/or Annual fee: _____

Hourly fee: _____

Weekly fee: _____

Registration fee: _____

(If you need additional space to answer, please include attachments)

1. Please describe your current program model for 4 year olds. Include in your description your program goals and philosophy. _____

Do you presently collaborate with any other agencies to provide programming for 4 year olds? Yes _____ No _____ If yes, describe briefly. _____

2. What curriculum do you presently use for your enrolled 4 year olds? _____

Would you use this same curriculum for children enrolled in the Universal Prekindergarten? Yes _____ No _____ If not, what would you use in its place? _____

Attach a copy of your curriculum, and a sample of the daily schedule.

3. What staff development opportunities do you presently offer your staff? _____

How often is staff able to attend staff development activities? _____

Attach the staff development plan.

4. How and by whom are staff members supervised and evaluated? _____

5. What do your services to families look like at your facility? _____

Please list parent activities/events that you plan yearly for your parents. _____

Do you offer family support services (parenting classes, social work, etc.)? Yes _____

No _____ If yes, what services? _____

Are parents part of the decision making process of your program? Yes _____ No _____

If so, how is this accomplished? _____

Do you conduct home visits? Yes _____ No _____

6. From your perspective, what are the services your families need that you are unable to provide, such as health or social services? _____

7. How do you presently promote early literacy in your program? _____

Will this change in the Universal Prekindergarten Program? _____

8. What is your program's experience with preschoolers with disabilities? _____

9. What is your experience with children with Limited English Proficiency (LEP) or who speak English as a second language? _____

10. Please describe your current hiring procedures. _____

11. Are you enrolled in the Child and Adult Care Food Program? Yes _____ No _____

Describe your current meal/food program. _____

Attach a copy of the menu.

12. What are the fire drill procedures followed by the staff and children in your facility(ies)?

How is that determined and documented? _____

13. How do you assess the progress of 4 year olds?

Attach a copy of the assessment tool/plan.

14. What do you feel you would need from the School District (excluding funding) to support a Universal Prekindergarten collaboration? _____

15. Please describe in detail including hours of operation, weeks per year (180 days minimum) and location of the Universal Prekindergarten model you would like to implement at your facility. It is important that you choose and/or develop a model that is the best fit with your agency, population and family needs. Include the yearly schedule of days of operation per month for the 2007/2008 Universal Prekindergarten school year. _____

If your agency does not meet all the criteria needed to implement the Universal Prekindergarten Program, are you willing to work towards meeting those criteria?
Yes _____ No _____

Program Director Signature _____ Date _____

Agency/Executive Director/Owner Signature _____ Date _____