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September 2013

SPECIAL EDUCATION FIELD ADVISORY

FROM: James P. DeLorenzo

SUBJECT: Initial Application for Approval to Operate a School-Age Private School for Students with Disabilities

The New York State Education Department (NYSED) has revised its application for initial approval of privately operated schools to serve school-age (ages 5-21) students with disabilities pursuant to Article 89 of the Education Law. The application, as revised, includes enhancements that will further assess an applicant's capacity to provide high-quality and cost-effective programs; ensure that the program environment addresses health, safety and accessibility issues for students with disabilities; and assesses an applicant's background, qualifications and governance structures to provide sound programmatic and fiscal practices.

NYSED will now accept applications from agencies applying for State approval to operate a school-age day or residential program. The application materials and related materials are available at <http://www.p12.nysed.gov/specialed/applications/>. Prior to submitting an application, the applicant must first receive written confirmation from the NYSED P-12: Office of Special Education, Special Education Quality Assurance (SEQA) Regional Office where the applying agency is located that regional need has been established for the proposed program. A copy of NYSED's certification of regional need must be attached to the application. For information on the regional need process, see <http://www.p12.nysed.gov/specialed/applications/schoolage/regionalneed.htm>.

Questions regarding this memorandum and the application may be directed to the SEQA Regional Office in your region. For contact information for SEQA's Regional Offices, see <http://www.p12.nysed.gov/specialed/quality/regassoc.htm>. All applicants for residential programs must contact the SEQA Nondistrict Unit.



**Initial Application for
New York State Education Department
Approval to Operate a
Private School-Age (5-21)
Special Education Program
In-State or Out-of-State
*Day/Residential***

**New York State Education Department
Office of P-12 Education: Office of Special Education
89 Washington Avenue
Albany, NY 12234**

518-473-6108

SPECED@MAIL.NYSED.GOV

<http://www.p12.nysed.gov/specialed/>

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INITIAL APPLICATION FOR PRIVATE SCHOOL-AGE SPECIAL EDUCATION 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?

Private entities seeking initial approval to operate a private school-age (5-21) special education program pursuant to Article 89 of the Education Law.

STEP 1: BEFORE SUBMITTING AN APPLICATION

- A. Prior to submitting an application, the applicant **must** provide the New York State Education Department (NYSED) Office of Special Education, Special Education Quality Assurance (SEQA) Regional Associate (RA) with documentation that there is a demonstrated need for the expansion of school-age services in the geographic region of the State in which the program is located. For information regarding the determination of regional need, contact the SEQA office in the region where the school is to be located, see <http://www.p12.nysed.gov/specialed/quality/regassoc.htm>. 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.
- B. Read and become familiar with Article 89 of the New York State (NYS) Education Law and Parts 200 and 201 of the Regulations of the Commissioner of Education (<http://www.p12.nysed.gov/specialed/lawsregs/home.html>).
- C. Read and become familiar with the 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.p12.nysed.gov/specialed/applications/schoolage/evaluation.htm>.

An ORIGINAL and THREE COPIES of the application must be submitted.

CONTACT INFORMATION

Provide the date the agency submitted the application, name of the agency/entity applying for approval to operate a private school-age special education 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 private school-age 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 1-16: Provide requested information for items 1-16, as applicable. For item 8, please refer to Part VII of this application (Payee Information), if you do not have a 12-digit NYSED code. For item 16, specify what type of entity is seeking approval to operate a private school-age program by checking the appropriate boxes.

Attach, as applicable, the 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. Residential school applicants must attach a copy of the residential license or certification from the appropriate State agency for the residential facility affiliated with the school. Out-of-State applicants must attach the charter, certification, or other comparable accreditation, authorizing the out-of-State school to operate as a school for the provision of special education services from the state educational agency in the state where the school is located. 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 the type of school-age special education program(s) for which approval is being requested.

Program Model Types are defined as follows:

- Day School means an approved private school for school-age students with disabilities that is attended by students with disabilities only, on a day basis.
- Residential School means an approved private school with a residential component for students with disabilities that is attended by students with disabilities who reside in the residential facility affiliated with the school and may also have students with disabilities who attend on a day basis.

Section 3: Site Information

Identify any and all individual sites that will be utilized as part of the school-age 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

Provide requested information for items 1-6 and attach a sample daily schedule of instructional activities from arrival to dismissal, excluding transportation and lunch.

Section 2: Policies, Procedures and Practices

Items 1-18: All applicants must provide narrative responses to items 1-17 and attach the following documents:

- yearly school calendar;
- secondary school registration (if applicable);
- behavior management policies and procedures; and
- policy on the use of psychotropic medications (if these types of medications are used).

Residential school applicants must also complete item 18 and attach procedures for the protection of students.

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 1-6: Provide narrative responses, as indicated below, for items 1-6.

- Day school applicants only provide answers to items 1-4 and 6.
- Residential school applicants must provide answers to all items (1-6).

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.

All applicants must complete the Student/Staff Data table. Identify the number of students and staff that will be located in each special class (columns 1-4). Do not leave boxes blank. If not applicable, please indicate N/A. If there are more than four (4) classes in the program, please make copies and attach to the application.

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:

- Certification of professional and supervisory personnel:
<http://www.highered.nysed.gov/tcert/regulations.html>
<http://www.p12.nysed.gov/specialed/lawsregs/home.html>
- Teacher certification and education standards:
<http://www.highered.nysed.gov/tcert/regulations.html>

- Bilingual certification and licensure requirements:
<http://www.p12.nysed.gov/specialed/publications/policy/credfina.html>
- Bilingual proficiency:
http://www.nystce.nesinc.com/PDFs/NY_AlignedAssessments.pdf
- Leadership preparation:
<http://www.highered.nysed.gov/tcert/news/ppchart.html>
- The Nurse Practice Act:
<http://www.op.nysed.gov/prof/nurse/article139.htm>
- Medication administration:
<http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/>
- Free Appropriate Public Education:
<http://www.ed.gov/about/offices/list/ocr/docs/edlite-FAPE504.html>

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. If not applicable, please indicate N/A.

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

All applicants must complete Schedules 1, 2, and 3.

Schedule 1 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.

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

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. Please refer to the CFR-4 instructions and Appendix J of the CFR Manual, respectively.
http://www.oms.nysed.gov/rsu/Manuals_Forms/
- Supplementary school personnel (formerly known as "paraprofessionals"):
<http://www.highered.nysed.gov/tcert/career/tavsta.html>
- Reporting projected salaries of nondirect and direct care staff. Please refer to Appendix R of the CFR Manual for position titles and codes.
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.

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 NYSED's 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.

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/lqmg/managementsresponsibility.pdf>
<http://www.osc.state.ny.us/localgov/pubs/lqmg/practiceinternalcontrols.pdf>
http://www.osc.state.ny.us/localgov/pubs/lqmg/fiscal_oversight.pdf
- United States Office of Government Ethics
<http://www.oge.gov/Laws-and-Regulations/Agency-Supplemental-Regulations/Agency-Supplemental->

[Regulations/](#)

- NYS Board of Regents, RCM Reference Statement on the Governance Role of a Trustee or Board Member
<http://www.regents.nysed.gov/about/stmt07.pdf>

PART VII: 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/cafef/forms
- www.p12.nysed.gov/nonpub/documents/nysed-substitute-w9.doc

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 original and three copies of the completed application and supporting documents to:

**New York State Education Department
P-12: Office of Special Education
Attention: Initial Application for Private School-Age 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 at (518) 473-4818.

STEP 4: APPLICATION REVIEW AND APPROVAL PROCESS

Agencies must not operate the proposed school-age program 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 Private School-Age (5-21) Special Education Program In-State or Out-of-State *Day/Residential*

The following information will be used to communicate with the applicant during the review of the application and for New York State Education Department (NYSED) electronic mailings.

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

CERTIFICATION AND ASSURANCES STATEMENT

APPLICANT: _____

I hereby certify that I will comply with the requirements of Article 89 of the New York State (NYS) 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), Article 89 of the Education Law and Parts 200 and 201 of the Regulations of the Commissioner of Education:

- Parents of students will 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 NYS procedures.
- Instructional materials to be used in the program will be available in a usable alternative format, which meets the National Instructional Materials Accessibility Standard, for each student with a disability in accordance with the student's individualized education program (IEP).
- The program will not use any form of corporal punishment or aversive interventions, as such terms are defined in 8 NYCRR section 19.5, to modify a student's behavior.
- The program will, as applicable, provide each student served with all of the special programs and services recommended in the student's IEP at the recommended frequency, duration, and location.
- The program will cooperate with the school district, NYSED and other State oversight agencies in monitoring for compliance, effectiveness and fiscal integrity of the program.
- The program will provide data, records and reports to the referring school district, NYSED, 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 and will submit building plans and specifications to fire and local law enforcement officials to ensure rapid access to the school(s) in the event of an emergency.
- The program will comply with NYSED's policies and procedures pertaining to the administration of medications to students.
- All special education instructional and extracurricular programs and services will be provided in nonsectarian, neutral settings.
- All board members and owners of private for-profit and not-for-profit agencies will 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, will complete annual on-line CFR training as required by NYSED.
- No student with a disability will 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, will 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).

- Changes to the program's approval will not be implemented without prior approval by NYSED.

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 school-age 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.

Signature:	
Date:	
Print/Type Name and Title:	

Part I

GENERAL INFORMATION

- Section 1: Applicant Information
- Section 2: Program Model Types
- Day School
 - Residential School
- 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 Office		6. Fax Number of Administrative Office	
Area Code	Number	Ext.	Area Code Number
Email Address			
7. Federal ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)			
<input type="text"/>			
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		
	Telephone	Fax Number	Email Address

14. For Residential School Applicants: Contact person for the State agency(ies) that license or certify the residential component.	State Agency Name of Contact Person		
	Title		
	Telephone	Fax Number	Email Address
15. For Out-of-State Applicants: Contact person for the state educational agency (SEA) in the state where the school is located.	State Educational Agency Name of Contact Person		
	Title		
	Telephone	Fax Number	Email Address
16. <input type="checkbox"/> Private Entity	<input type="checkbox"/> Corporation (Specify Type and Date of Incorporation) _____ <input type="checkbox"/> Partnership (Specify Type and Date of Formation) _____ <input type="checkbox"/> Professional Limited Liability Company (PLLC) (Specify: _____) <input type="checkbox"/> Limited Liability Company (LLC) (Specify: _____) <input type="checkbox"/> Other (Specify Type and Date of Formation) _____		
Indicate whether this is a domestic or foreign entity?	<input type="checkbox"/> Domestic <input type="checkbox"/> Foreign		
Nonprofit	<input type="checkbox"/> Regents Charter <input type="checkbox"/> Education Corporation (Regents Certificate of Incorporation) <input type="checkbox"/> Other not-for-profit corporation or organization		

Attach copies, as applicable:

Yes	No	NA	Part I, Section 1: Attachments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residential license or certification
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charter, certification, or other comparable accreditation, authorizing the out-of-state school to operate as a school for the provision of special education services from the SEA in the state where the school is located
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regents Charter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regents Certificate of Incorporation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 for which you are applying for approval.

Program Types	Requesting Approval	Program Calendar
Day School	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10-month (September – June) <input type="checkbox"/> 12-month (July – June)
Residential School	<input type="checkbox"/> Yes <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> No	<input type="checkbox"/> 10-month (September – June) <input type="checkbox"/> 12-month (July – June)

Section 3: Site Information

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

Name of Site 1:		<input type="checkbox"/> Owned
		<input type="checkbox"/> Leased / Rented
Street		
City	State	Zip Code
County	School District	
Name and Title of Site Supervisor		
Telephone	Email Address	

Name of Site 2:		<input type="checkbox"/> Owned
		<input type="checkbox"/> Leased / Rented
Street		
City	State	Zip Code
County	School District	
Name and Title of Site Supervisor		
Telephone	Email Address	

Name of Site 3:		<input type="checkbox"/> Owned
		<input type="checkbox"/> Leased / Rented
Street		
City	State	Zip Code
County	School District	
Name and Title of Site Supervisor		
Telephone	Email Address	

Part II

PROGRAM DESCRIPTION

- Section 1: Program Model
- Section 2: Policies, Procedures and Practices
- Section 3: Organizational Structure
- Section 4: Staffing

Section 1: Program Model

1. Population to be served

Disability categories to be served in the program (check those that apply):

<input type="checkbox"/> Autism	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Speech or Language Impairment
<input type="checkbox"/> Deafness	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Deaf-Blindness	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Visual Impairment (including blindness)
<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Orthopedic Impairment	
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Other Health Impairment	

Ages:

Projected numbers¹:

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.

2. Identify the total number of special classes proposed.

¹ Programs must propose to provide instruction to a minimum of 16 NYS students with disabilities placed by their committee on special education (CSE).

3. For each special class, indicate the maximum class size², age range of the students, instructional levels and the number of teachers, teaching assistants, teacher aides and other professionals assigned to each class.

	Class 1	Class 2	Class 3	Class 4	Class 5
Maximum Class Size					
Age Range of Students					
Instructional Levels					
Number of Teachers					
Number of Certified Teaching Assistants					
Number of Teacher Aides					
Other Professionals Assigned to Each Class (List Separately)					

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

5. List the related services to be provided to meet the IEPs of students enrolled in the program.

Identify the projected caseloads (numbers only) of related services providers.

² 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).

6. Program Schedule

- Attach a sample daily schedule of instructional activities from arrival to dismissal. Note that each school day must provide not less than 5 hours of instruction at the elementary level and 5 1/2 hours of instruction at the middle/secondary level, including related services, but excluding transportation and lunch.

Provide the proposed total number of instructional hours per day for the program:

Identify the specific times when instruction will occur:

	Morning Instructional Time		Afternoon Instructional Time	
	Start	Finish	Start	Finish
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Notations: (optional)

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 school-age students with disabilities or similar populations.
2. 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 for students with disabilities.
3. 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.
4. Measure(s) of Outcomes and Effectiveness of Program: Describe how the program will assess its effectiveness.
5. Operational Calendar (yearly): Provide narrative information regarding days of operation. The program must be in operation for not less than 180 days ³ a year. A program approved for July-August must be in operation for not less than 30 days. <input type="checkbox"/> Attach the school calendar (yearly schedule)
6. Curriculum: Describe how the program will ensure that students with disabilities have access to the full range of programs and services set forth in Part 100 of the Regulations of the Commissioner of Education and provide instruction in curriculum aligned with the NYS P-12 Common Core Learning Standards ⁴ , as applicable, at the elementary, middle and secondary level. Assessments: Describe how the program will ensure that students with disabilities participate in the NYS 3-8 and high school State assessments (including, as appropriate, the New York State Alternate Assessment (NYSAA)).

³ 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.

⁴ <http://www.engageny.org/resource/new-york-state-p-12-common-core-learning-standards>

<p>7. If the school will include a secondary school-age program, is it a registered secondary school authorized to award credits and diplomas?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>If yes, attach a copy of the secondary school registration.</p> <p>If no, describe the process that the program will use to ensure that course credit, diplomas and nondiploma NYS credentials⁵ are appropriately awarded to students with disabilities at the secondary level.</p> <p>List all courses that the program will offer at the middle and secondary level.</p>
<p>8. Behavior Management Policies: Describe how the program will provide positive behavioral supports and interventions for students.</p> <p><input type="checkbox"/> Attach a copy of the program'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.</p>
<p>9. Discipline Procedures: Describe the program's policy on school conduct and discipline. Explain how the program will ensure the procedural safeguards are provided to students and families relating to discipline, including but not limited to notice, manifestation determinations, functional behavioral assessments, behavioral intervention plans, and education services provided to students during any period of suspension or removal as required by federal and State law and regulations.</p>
<p>10. 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.</p>
<p>11. Use of Psychotropic Medication: Does the program propose to use psychotropic medications?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> If yes, attach the program's written policy pertaining to use of psychotropic medication.</p>
<p>12. Confidentiality: Describe the program's policies to ensure the confidentiality of personally identifiable information in a</p>

⁵ Skills and Achievement Commencement Credential for Students with Severe Disabilities who take the NYS Alternate Assessment and the NYS Career Development and Occupational Studies Commencement Credential for all other students with disabilities who meet the criteria for award of the credential.

student'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.

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

14. IEP Dissemination and Implementation: Explain how the program will provide copies of the students' IEPs to teachers and other providers and how individuals responsible for IEP implementation will be informed of their responsibilities for each student.

15. Professional Development: Describe the staff orientation and professional development that will be provided⁶. Recommended topics include, but are not limited to, the following.

- NYS' P-12 Common Core Learning Standards
- Positive behavioral supports and interventions
- Safe and therapeutic emergency interventions
- Privacy rights of students
- Child abuse prevention and identification
- Health, safety and security procedures
- Staff code of conduct
- Whistleblower policies
- Working with parents
- Culturally responsive education
- Roles and responsibilities for participation in CSE meetings
- Record keeping

16. 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 CSE at least annually; and (b) will be provided to the student's parent(s) at the frequency described in the student's IEP.

17. Parent Involvement: Describe the program's plans to encourage and support parent involvement in their child's program.

Describe how parent counseling and training will be made available as a related service, as appropriate, 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 IEP⁷.

⁶ Professional development for residential schools must address the requirements of section 200.15 of the Regulations of the Commissioner of Education pertaining to staff orientation and training.

18. For residential school applicants, attach the program's procedures for the protection of students from abuse, neglect and significant incidents, including, but not limited to:

- staff training and orientation
- instruction provided to all students in techniques and procedures which will enable them to advocate for and protect themselves from abuse, neglect and significant incident, and
- use of an incident review committee.

Attach a copy of the program's written procedures.

⁷ For parents of students placed in 6:1+1, 8:1+1 and 12:1+(3:1) special classes, provision must be made for parent counseling and training for the purpose of enabling parents to perform appropriate follow-up intervention activities at home.

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:
2. Describe how the proposed staffing will meet the needs of the students to be served without reliance on one-to-one aides.
3. Describe how the proposed staffing will ensure appropriately qualified individuals will be available to provide instruction to students during staff absences (i.e., substitutes).
4. 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. For residential schools, personnel screening procedures must be developed consistent with the requirements of section 200.15(c) of the Regulations of the Commissioner of Education.
5. For in-State residential schools: Describe how all staff and volunteers are screened to ensure that they are not on the Justice Center Staff Exclusion List⁸ or the State's Central Registry of Child Abuse and Neglect⁹.
6. 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. For residential schools, the proposed plan must be developed consistent with the requirements of section 200.15(e) of the Regulations of the Commissioner of Education.

⁸ <http://www.p12.nysed.gov/specialed/justicecenter/justicctr-SEL-May2013.pdf>

⁹ <http://www.p12.nysed.gov/specialed/publications/SCR-clearance.pdf>

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

Personnel Name	Job Title	Type of NYS Certification or License held, if applicable <input type="checkbox"/> Attach copies	Certificate/License and NPI Number, if applicable <input type="checkbox"/> Attach copies	Hours Per Week for Administrative Duties	Specify Staff (S), Contract (C) or per diem (P)				Hours Per Week for School-age program	Hours per Week for Other Programs within this Agency	Total Hours Per Week (not to exceed 40)
IN ADMINISTRATIVE TITLES:											
IN TEACHING TITLES:											
IN SUPPLEMENTARY SCHOOL PERSONNEL TITLES:											
IN RELATED SERVICE TITLES:											
OTHER:											

Student/Staff Data (if there are more than four classes in the program, copy and attach additional sheets as needed)

Classroom Data	Special Classes			
	1	2	3	4
Number of Students with Disabilities				
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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sample daily instructional schedule of a special class.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operational (yearly) schedule
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copy of the program's secondary school registration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and procedures relating to functional behavioral assessments, behavioral intervention plans, use of emergency interventions and use of a time-out room (as applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy on Use of Psychotropic Medications (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Organizational Chart
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies of NYS certification(s) or License(s) held
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies of Certificate(s)/License(s) and NPI number(s)

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: <input type="checkbox"/> Site 2: <input type="checkbox"/> NA: <input type="checkbox"/> Site 3: <input type="checkbox"/> NA: <input type="checkbox"/> Site 4: <input type="checkbox"/> NA: <input type="checkbox"/>
2. Fire Inspection Reports (must be current, within the past year). If report indicates noncompliance in any area, submit documentation that noncompliance was resolved. ¹⁰	Site 1: <input type="checkbox"/> Site 2: <input type="checkbox"/> NA: <input type="checkbox"/> Site 3: <input type="checkbox"/> NA: <input type="checkbox"/> Site 4: <input type="checkbox"/> NA: <input type="checkbox"/>
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: <input type="checkbox"/> Site 2: <input type="checkbox"/> NA: <input type="checkbox"/> Site 3: <input type="checkbox"/> NA: <input type="checkbox"/> Site 4: <input type="checkbox"/> NA: <input type="checkbox"/>
4. Fire/Disaster Evacuation Plan including procedures to evacuate nonambulatory individuals. (For additional information, see http://www.p12.nysed.gov/facplan/articles/EmergencyEvacuation2.htm)	Site 1: <input type="checkbox"/> Site 2: <input type="checkbox"/> NA: <input type="checkbox"/> Site 3: <input type="checkbox"/> NA: <input type="checkbox"/> Site 4: <input type="checkbox"/> NA: <input type="checkbox"/>
5. Is the building used for instructional purposes in the summer?	No attachment needed. <div style="text-align: center;"> Yes No NA </div> Site 1: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Site 2: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Site 3: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Site 4: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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.	<div style="text-align: center;"> Yes No NA </div> Site 1: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Site 2: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Site 3: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Site 4: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

¹⁰ 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.

Section 2: Floor Plans

Documentation Required	Attached			
	Yes	No	NA	
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. Special education program room labels and square footage for each space: <ul style="list-style-type: none"> • Office space (indicate number of staff designated in each space/room) <ul style="list-style-type: none"> ○ Administrative ○ Staff • Related services space <ul style="list-style-type: none"> ○ Therapy type ○ Instructional group size(s) • Classrooms <ul style="list-style-type: none"> ○ Classroom staff to student ratio to be served • Other spaces, for example <ul style="list-style-type: none"> ○ Record storage ○ Staff lounge ○ Maintenance ○ Utilities b. Building space utilized for purposes other than special education: <ul style="list-style-type: none"> • Early childhood programs • Day care • Adult programs • Community agencies • Public vendors/shops/business • Other (specify on plans) 	Site 1:	<input type="checkbox"/>	<input type="checkbox"/>	
	Site 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Site 3:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Site 4:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes	No	NA	Part III Attachments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate(s) of Occupancy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Inspection(s) Documentation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of resolution of noncompliance as identified in Fire Inspection report(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building Inspection Report(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of resolution of noncompliance as identified in Building Inspection Report(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire/Disaster Evacuation Plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Line Drawings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
2. 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). <input type="checkbox"/> Site 1 attached <input type="checkbox"/> Site 2 attached <input type="checkbox"/> NA <input type="checkbox"/> Site 3 attached <input type="checkbox"/> NA <input type="checkbox"/> Site 4 attached <input type="checkbox"/> NA
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.
5. Identify the name of the agency's liability insurance carrier. <input type="checkbox"/> Attach proof of current liability insurance.
6. Identify the resources and financing available to support operation of the program for the first year.
7. 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.
10. 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	
Administrator	Teaching Assistant, Teacher Aide – Students with Disabilities
Accountant/Bookkeeper	
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:

$$\frac{\text{Total Hours of Projected Employment}}{\text{Standard Work Week Hours} \times 52 \text{ Weeks}}$$

Complete Schedules 1-3

Schedule 1: Projected Personal Services

Nondirect Care – Administration/Facility

Job Title/Job Code	Salary	FTE
Total (Must reconcile with Schedule 3, Line 1)		

Direct Care – Instructional and Related Services

Job Title/Job Code	Salary	FTE
Total (Must reconcile with Schedule 3, 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 (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 3 "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 3, Line 9)			

Schedule 3: General Program Budget

Account	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		

Account	Nondirect Care	Direct Care
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. Other (Specify)		
28. Total OTPS (Sum of Lines 8-27)		
29. GRAND TOTAL (Sum of Lines 7 and 28)		

Yes	No	NA	Part IV Attachments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building Lease(s) (as applicable) or Amortization schedule(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proof of liability insurance

10. Indicate if you hold any other positions of employment

Yes No

If yes, indicate the name of the employer, the job title, job responsibilities and the number of hours employed per week at the external position.

11. 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).

12. 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.

13. 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:

14. 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:

15. 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?

16. 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:

17. Affidavit:

I, _____, declare that, to the best of my knowledge, the information above is true, correct and complete.

Signature: _____ Date: _____

Acknowledgment of Individual

STATE OF NEW YORK

COUNTY OF _____

On the _____ day of _____ in the year _____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public
Printed Name: _____
My Commission Expires: _____

Yes	No	NA	Part V Attachments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certifications/licenses of Chief Executive Officer/Owner/ Administrator(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certifications/licenses of <u>additional</u> Chief Executive Officer/Owner/ Administrator(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resume of Chief Executive Officer/Owner/ Administrator(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resume of <u>additional</u> 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 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.

Narrative Information

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.
2. 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.
3. Explain the agency's policy that would prohibit impermissible nepotism in hiring and other institutional business.
4. 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 approved preschool programs.
5. 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.
6. 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.

7. 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.

8. 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:

a. Ensuring a quality *control environment*:

b. Performing a *risk assessment*:

c. Designing effective *policies and procedures*:

d. Providing clear *communication* throughout the school/agency:

e. Conducting ongoing *monitoring* of policies and procedures:

9. 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 V Attachments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agency's Code of Ethics

Part VII

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 this Initial Application. In order to receive funds from NYSED, all sections of the forms must be completed.

Forms, instructions and guidance are available at:

www.oms.nysed.gov/cafe/forms/

www.p12.nysed.gov/nonpub/documents/nysed-substitute-w9.doc

Attach Payee Information form and Substitute W-9 form, as applicable

**INITIAL APPLICATION FOR NEW YORK STATE EDUCATION DEPARTMENT APPROVAL
TO OPERATE A PRIVATE SCHOOL-AGE (5-21) SPECIAL EDUCATION PROGRAM
IN-STATE OR OUT-OF-STATE
DAY/RESIDENTIAL**

Evaluation Criteria – Standard for Acceptance

REGIONAL NEED CERTIFICATION STATEMENT

The Certification Statement verifying regional need for the proposed program was signed by the Regional Associate and the Supervisor of the Special Education Quality Assurance (SEQA) regional office and is attached to the application.

CERTIFICATION AND ASSURANCES STATEMENT

- The original or electronic signature of the chief administrative officer of the proposed program must be provided on the certification and assurances statement.

PART I: GENERAL INFORMATION

- All fields in sections 1-3 must be completed unless information is clearly not applicable to the proposed program.
- Application must be typed; no handwritten applications will be accepted.

PART II: PROGRAM DESCRIPTION

SECTION 1: PROGRAM MODEL

Evaluation Criteria – Standard for Acceptance
<p>1. The proposed population to be served is clearly described and consistent with identified regional need:</p> <ul style="list-style-type: none">• Disability categories• Ages• Number of students• Student management needs. <p>The program proposes to provide instruction to a minimum of 16 New York State (NYS) students with</p>

Evaluation Criteria – Standard for Acceptance

disabilities.

2. The proposed number of special classes is consistent with projected numbers of students to be served.
3. The maximum class sizes are consistent with section 200.6(h)(4) of the Regulations of the Commissioner of Education and are 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).

The chronological age range within 12:1+1, 8:1+1 and 6:1+1 special classes of students with disabilities who are less than 16 years of age does not exceed 36 months. (There are no chronological age-range limitations for students in 12:1+(3:1) special classes or for students with disabilities in special classes who are 16 years of age or older.)

4. The plan describes how students will be grouped, for instructional purposes, based on similarity of needs.
5. The program provides a comprehensive list of related services it will provide that is sufficient to meet anticipated IEP needs of students enrolled in the program.

The projected caseloads of related service providers are consistent with the identified population to be served. The caseload of each teacher providing speech and language services does not exceed 65 students and is consistent with the population to be served.

6. The program proposes a daily schedule which reflects inclusion of meaningful and age-appropriate instructional activities from arrival to dismissal.

Related services are scheduled within the instructional day.

The program is operational during regular business hours.

SECTION 2: POLICIES, PROCEDURES AND PRACTICES

Category	Evaluation Criteria – Standard for Acceptance
1. Agency Background Information	Applicant has relevant background in the field of P-12 education and/or special education or a related field (e.g., professions) and/or adult services for individuals with disabilities.
2. Mission Statement and Goals	<ul style="list-style-type: none"> • Core mission of the agency is related to education and/or services to individuals with disabilities. • Mission statement and goals align with the design elements of the proposed program as identified throughout the application. • Goals and objectives are directed toward providing high quality, student-centered programs and services reflecting best practice procedures and

Category	Evaluation Criteria – Standard for Acceptance
	core learning standards.
3. Preopening Plan	<ul style="list-style-type: none"> • A clear and credible plan that identifies key preopening responsibilities consistent with the program’s educational, organizational and financial plans is articulated. • Timelines and actions are established that result in the program opening within a reasonable period of time to ensure regional need can be met. • Primary responsibilities are identified (by individual or position) and anticipated resource needs are indicated.
4. Measure(s) of Outcomes and Effectiveness of Program	<p>A clear and credible plan for measuring both student outcomes and program effectiveness is articulated that includes, but is not limited to a description of:</p> <ul style="list-style-type: none"> • the data the program will collect, the methods, and schedule for data collection; • how the program will measure and review its effectiveness in improving outcomes in the areas of literacy, behavior and communication; • how the program will evaluate its effectiveness in involving families; • how the program will obtain and consider feedback from school districts; • how the program will measure operational effectiveness and fiscal soundness; and • how the evaluation information will be used for continuous improvement.
5. Operational Calendar (yearly)	<ul style="list-style-type: none"> • School year calendar includes at least 180 instructional days between September 1 and June 30 and does not include more than four conference days, sessions on Saturdays or legal holidays, except general election day, Washington’s Birthday and Lincoln’s Birthday. • As applicable, July-August will be in operation for not less than 30 days.
6. Curriculum	Curriculum aligns with New York State’s P-12 Common Core Learning Standards for the grade levels that the program is proposing to serve.
7. Credits and Diplomas	<ul style="list-style-type: none"> • If the school is authorized to award credits and diplomas, a copy of the secondary school registration is attached to the application. • If the school is <u>not</u> authorized to award credits and diplomas, there is a clearly defined process used to ensure that course credit and diplomas are appropriately awarded to students with disabilities.
8. Behavior Management Policies	<ul style="list-style-type: none"> • Proposed school-wide, classroom, and small group interventions are identified and are age and developmentally appropriate for the population to be served.

Category	Evaluation Criteria – Standard for Acceptance
	<ul style="list-style-type: none"> ● Policy demonstrates the capacity to: <ul style="list-style-type: none"> ○ conduct functional behavioral assessments (FBAs) consistent with State required policies and procedures, and ○ develop behavioral intervention plans and ensure appropriate implementation and progress monitoring. ● Policy includes information, consistent with regulations, relating to development and implementation of behavioral intervention plans, use of a time out room (if applicable) and use of emergency interventions. ● Policy ensures all staff will be trained on safe and therapeutic emergency physical interventions. ● Plan ensures staff will be knowledgeable on how to identify antecedent behaviors and reinforcing consequences of behaviors, teach alternative skills or behaviors including functional communication training if appropriate; and collect data on the frequency, duration and latency (the time between the stimulus and the behavior) of behaviors for students. ● Program is based on the use of positive behavioral supports and strategies. ● Program explicitly states that no aversive interventions will be employed to manage challenging behaviors of students.
9. Discipline Procedures	<ul style="list-style-type: none"> ● The student code of conduct identifies age and developmentally appropriate expectations for behavior. ● Applicant demonstrates an understanding of a student’s rights to certain procedural safeguards relating to discipline consistent with requirements in federal and State law. ● There is a clear process for communication with the Committee on Special Education (CSE) regarding disciplinary actions for a student.
10. Programs for Students with Disabilities who have Limited English Proficiency	<ul style="list-style-type: none"> ● The program has a concrete plan and process to provide instruction and/or evaluations to students in their native language or other mode of communication, unless it is clearly not feasible to do so. The program minimally refers to a plan that defines staff qualifications, ongoing staff training and identifies available resources. ● The program has a reasonable process whereby it can ensure that the parent understands information shared by teachers and evaluators about their child (e.g., use of interpreters, translation ability).

Category	Evaluation Criteria – Standard for Acceptance
11. Use of Psychotropic Medication	<p>If a program plans to use psychotropic medication:</p> <ul style="list-style-type: none"> • a copy of the policy has been attached to the application, and • there is an appropriate process identified to ensure that the agency provides a copy of the policy to the CSEs and parents prior to a student's acceptance into the program.
12. Confidentiality	<p>The policies ensure:</p> <ul style="list-style-type: none"> • the confidentiality of personally identifiable information at the collection, storage, disclosure, and destruction stages; • the designation of one agency official as being responsible for ensuring confidentiality of personally identifiable information; • maintenance of a list of names and positions of the employees within the agency who have access to personally identifiable information; and • a plan to safeguard student information in the event of technology failure or natural disasters.
13. Individualized Education Program (IEP) Development	<p>The agency ensures:</p> <ul style="list-style-type: none"> • professional staff will attend or participate in CSE meetings through such means as telephone conference calls, and • coverage for teachers who need to participate in CSE meetings.
14. IEP Dissemination and Implementation	<ul style="list-style-type: none"> • The explanation identifies how (by paper or electronic copy) IEPs will be provided to each teacher and related service provider of the student. • If the agency has a policy that the student's IEP is to be accessed electronically, the policy ensures that the individuals responsible for the implementation of a student's IEP are notified and trained on how to access such IEPs electronically. • The individual(s) who will be designated to inform the teachers and related service and other providers of their responsibilities to implement the recommendations in each student's IEP is identified (by title(s)).
15. Professional Development	<ul style="list-style-type: none"> • The program has submitted a list of topics and proposed schedule for staff orientation and professional development throughout the school year. • The list includes a variety of priority topics related to the proposed program and population to be served, including but not limited to, the following. <ul style="list-style-type: none"> ○ NYS' P-12 Common Core Learning Standards ○ Positive behavioral supports and interventions ○ Safe and therapeutic emergency interventions ○ Privacy rights of students ○ Child abuse prevention and identification

Category	Evaluation Criteria – Standard for Acceptance
	<ul style="list-style-type: none"> ○ Health, safety and security procedures ○ Staff code of conduct ○ Whistleblower policies ○ Working with parents ○ Culturally responsive education ○ Roles and responsibilities for participation in CSE meetings ○ Record keeping
16. Progress Monitoring and Reports to Districts	<p>There is a clear plan on the manner and frequency by which reports on the progress the student is making toward the annual goals (through the use of quarterly or other periodic reports) will be submitted to the CSE and the student's parents.</p>
17. Parent Involvement	<ul style="list-style-type: none"> ● The program will offer a range of activities to engage parents in the education of their children. ● Clear channels of communication with families are established to provide ongoing communication and to address parental concerns. ● The description of parent counseling and training includes a variety of options appropriate to the proposed population, to assist parents in understanding the special needs of their child and child development, and to acquire skills to support the implementation of their child's IEP.
18. Procedures for the Protection of Students in Residential Schools	<ul style="list-style-type: none"> ● Staff training is described and includes, but is not limited to: <ul style="list-style-type: none"> ○ child abuse prevention and identification; ○ safety and security procedures; ○ principles of child development; ○ characteristics of children in care; ○ techniques of group and child management; and ○ laws, regulations and procedures, including appropriate reporting responsibilities, governing the protection of students from reportable incidents. ● Staff orientation is provided to new employees or volunteers immediately upon commencement of duties, and includes policies and procedures regarding the protection of students from reportable incidents. ● Custodians of students at residential schools are provided with a copy of the code of conduct developed by the Justice Center at the time of initial employment and at least annually thereafter. ● Instruction is described in a written plan and is: <ul style="list-style-type: none"> ○ appropriate for the age, individual needs and particular circumstances

Category	Evaluation Criteria – Standard for Acceptance
	<p>of students;</p> <ul style="list-style-type: none"> ○ provided at different times throughout the year in a manner which will ensure that all students receive this instruction; and ○ provided by individuals who possess appropriate knowledge and training. <ul style="list-style-type: none"> ● The program plans to use an incident review committee to review reportable incidents and implement corrective actions, and describes how: <ul style="list-style-type: none"> ○ the committee is composed of at least one member of the governing body of the residential school and includes, but is not limited to, direct support staff; a licensed health care practitioner; students or service recipients; and representatives of family, consumer and other advocacy organizations; ○ members are trained in confidentiality laws and regulations; ○ the committee meets on a regular basis; and ○ the chief administrator submits a report of patterns and trends relating to reportable incidents to the State Education Department.

SECTION 3: ORGANIZATIONAL STRUCTURE

Category	Evaluation Criteria – Standard for Acceptance
Organizational Structure	The organizational structure provides clear roles and responsibilities and a direct line of reporting between the board, administration, staff and if applicable, individuals with an ownership interest in the program.

SECTION 4: STAFFING

Category	Evaluation Criteria – Standard for Acceptance
Narrative questions 1-6	
1. Staffing Plan	The instructional staffing plan is appropriate and adequate to meet the needs of the students in the proposed program(s).
2. Reduce Reliance on 1:1 Aides	The numbers and types of staff will meet the needs of the students without reliance on additional one-to-one aides.
3. Staff Availability	<ul style="list-style-type: none"> ● The staffing plan demonstrates availability of other appropriately qualified individuals to provide instruction to students during staff absences.

Category	Evaluation Criteria – Standard for Acceptance
	<ul style="list-style-type: none"> • There is a planned process to ensure related services providers reschedule nondelivered sessions that result from staff absences.
4. Hiring Procedures - Staff Qualifications	<ul style="list-style-type: none"> • Procedures are sufficient to ensure that staff are appropriately screened and qualified; including licensed and/or certified, in accordance with their proposed positions. • For residential programs, procedures are sufficient to ensure that staff are appropriately screened and qualified pursuant to section 200.15(c) of the Regulations of the Commissioner of Education, including: <ul style="list-style-type: none"> ○ a summary of the applicant’s employment history and references who can verify this information; ○ a summary of applicant’s educational experience and contact information of educational institutions who can verify this experience; ○ special skills or completed training possessed by the applicant that is relevant to the position; ○ contact information for at least two personal references who can attest to the applicant’s character; ○ a sworn statement by the applicant indicating whether he or she has ever been convicted of a crime; and ○ information required by the Justice Center to determine whether the applicant is included on the staff exclusion list.
5. Personnel Screening (For Residential Programs Only)	<p>Procedures include a verification process to determine if an applicant is on either the Justice Center Staff Exclusion List or the State’s Central Registry of Child Abuse and Neglect and describes how the agency will consider such information in its decisions whether to hire such individuals.</p>
6. Staff Supervision	<ul style="list-style-type: none"> • The plan for staff supervision provides an appropriate level of staff supervision. Supervision includes a combination of direct and indirect supervision, including on-site observation, scheduled supervision sessions, review of lesson plans and daily notes and annual performance reviews. • Staff who provide staff supervision have the appropriate supervisory experience. If staff is functioning as a supervisor for more than 25 percent of their scheduled time, the program requires administrative certification (i.e., SAS or SBL; SDA or SDL certification). • Administrators of instructional programs have appropriate administrative certification and experience to oversee special education services.
Staffing Summary Table	
1. Staffing Summary	<ul style="list-style-type: none"> • All staff have appropriate certification or professional licenses, as

Category	Evaluation Criteria – Standard for Acceptance
	<p>applicable.</p> <ul style="list-style-type: none"> • Full-time equivalents (FTEs) reflect an adequate number of staff to implement the proposed program. • The total number of hours for each staff person does not exceed 40 hours per week (and does not exceed 1.0 FTE).
2. Student/Staff Data	<p>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:</p> <ul style="list-style-type: none"> • 12 students to one teacher (plus additional staff) • 8 students to one teacher (plus additional staff) • 6 students to one teacher (plus additional staff) <p>No other class size options will be considered (e.g., 7 students to one teacher plus additional staff).</p>

PART III – PHYSICAL PLANT

SECTION 1: HEALTH AND SAFETY COMPLIANCE

Category	Evaluation Criteria – Standard for Acceptance
1. Certificate of Occupancy	<p>There is a certificate of occupancy for each site which clearly shows the Agency or Municipality that issued the document; the acceptable uses for the space which must include educational purposes and building and room capacities that match the applicant's proposed use of the space.</p>
2. Fire Inspection Report	<ul style="list-style-type: none"> • Fire inspection/safety check reports for each site are provided that were conducted by a NYS Division of Fire Prevention and Control Fire Safety Inspector and completed no more than one year prior to the date of application. • If the fire inspection report indicates noncompliance in any area, there is evidence that the noncompliance was resolved.
3. Building Inspection Report	<ul style="list-style-type: none"> • Building inspection reports for each site are provided that show the inspection was conducted by an appropriate local Code Enforcement Official and completed no more than one year prior to the date of application. • If the building inspection report indicates noncompliance in any area, there is evidence that the noncompliance was resolved.

Category	Evaluation Criteria – Standard for Acceptance
4. Fire/Disaster Evacuation Plan	<p>A Fire/Disaster evacuation plan is provided which identifies:</p> <ul style="list-style-type: none"> • and clearly posts all evacuation routes within each site where students are located; • emergency sheltering locations for students, but notes that these specific locations may not be publicly posted; and • the procedures to be implemented in the case of emergency evacuation of a nonambulatory disabled student.
5. Summer Building Use	<ul style="list-style-type: none"> • For each identified site which operates during the months of July and August, the description of how the climate will be controlled during the instructional day is reasonable to ensure students can comfortably and safely attend. • If the building is not air conditioned, it indicates what measures (e.g., fans, window air conditioning units) will be taken to ensure the safety and comfort of students and staff.

SECTION 2: FLOOR PLANS

Floor Plans	<ul style="list-style-type: none"> • Line drawings showing the floor plan for each applicable site are clear and legible. • All rooms/spaces utilized by the special education program are individually labeled as to use; number of occupants; and square footage. These spaces include, but are not limited to: offices, related service/therapy spaces, classrooms (which also include student to staff ratio), large group areas and other spaces (e.g., record storage, staff lounge, maintenance, utilities, motor room). • Special education classrooms meet the following space criteria: <table border="1" data-bbox="613 1415 1328 1680"> <thead> <tr> <th data-bbox="613 1415 971 1486">Type of Classroom Teacher/Student Ratio</th> <th data-bbox="971 1415 1328 1486">Minimum Classroom Size (Square Feet)</th> </tr> </thead> <tbody> <tr> <td data-bbox="613 1486 971 1528">15:1</td> <td data-bbox="971 1486 1328 1528">770</td> </tr> <tr> <td data-bbox="613 1528 971 1570">12:1+1</td> <td data-bbox="971 1528 1328 1570">770</td> </tr> <tr> <td data-bbox="613 1570 971 1612">8:1+1</td> <td data-bbox="971 1570 1328 1612">550</td> </tr> <tr> <td data-bbox="613 1612 971 1654">6:1+1</td> <td data-bbox="971 1612 1328 1654">450</td> </tr> <tr> <td data-bbox="613 1654 971 1680">12:1+(3:1)</td> <td data-bbox="971 1654 1328 1680">900</td> </tr> </tbody> </table> • Building space utilized for purposes other than special education is specified on the floor plans. These uses align with an educational purpose and/or will not compromise the health, safety or security of students with disabilities. 	Type of Classroom Teacher/Student Ratio	Minimum Classroom Size (Square Feet)	15:1	770	12:1+1	770	8:1+1	550	6:1+1	450	12:1+(3:1)	900
Type of Classroom Teacher/Student Ratio	Minimum Classroom Size (Square Feet)												
15:1	770												
12:1+1	770												
8:1+1	550												
6:1+1	450												
12:1+(3:1)	900												

SECTION 3: ACCESSIBILITY

Accessibility	<ul style="list-style-type: none"> • There is evidence that the site and all functions and services are accessible and usable to individuals with disabilities. • For each site, accessible exterior routes are identified (e.g., handicapped parking, curb cuts, ramps, etc). • For each site accessible interior routes are identified (e.g., access to services, toilets, drinking fountains, etc). • Accessibility is documented through: <ul style="list-style-type: none"> ○ Architect’s letter submitted by architect or engineer or organization familiar with public buildings and the Americans Disabilities Act, ○ evidence of resolution of the issues if any areas have been identified as noncompliant, and/or ○ a plan to accommodate persons with disabilities in accessing the building.
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PART IV: FISCAL INFORMATION

SECTION 1: NARRATIVE

Category	Evaluation Criteria – Standard for Acceptance
1. Access to Financial Records	<ul style="list-style-type: none"> • The agency is able to identify a finite list of individuals, by title, who will have direct access to financial records. • It is appropriate for the listed individuals to have access to the financial records.
2. Chief Financial Officer/Business Manager Minimum Qualifications	<p>List of minimum qualifications includes, but is not limited to:</p> <ul style="list-style-type: none"> • background in financial management, with preference given to experience directly related to school settings, • familiarity with accepted accounting principles, and • solid knowledge of common business practices.
3. Building Lease/Amortization Schedule	<ul style="list-style-type: none"> • The building lease or amortization schedule (as appropriate) for each site is submitted. • Costs associated with Lease or Mortgage payments are reasonable and affordable for the region.
4. Financial Internal Control	<ul style="list-style-type: none"> • The financial internal control system ensures that accounts are maintained in accordance with generally accepted accounting principles

Category	Evaluation Criteria – Standard for Acceptance
System	<p>and the NYSED Reimbursement Cost Manual.</p> <ul style="list-style-type: none"> Accounts are maintained in a manner such that financial reports can be generated on demand and allow analysis of revenues and expenses by each program area including, but not limited to, enrollment and staffing data.
5. Liability Insurance	<ul style="list-style-type: none"> Program provides proof that it carries liability insurance which is current and up-to-date on payments. Carrier's name and address are provided.
6. First Year Operation	The operational budget is reasonable and demonstrates the program has sufficient resources, funding options and financial means to operate for the first year.
7. Enrollment Fluctuations	Provide a clear financial plan describing how costs will be managed during times of enrollment fluctuations that ensures fiscal viability (e.g., decreasing staff hours, supply ordering prioritization)
8. Whistleblower Policy	<ul style="list-style-type: none"> The policy protects employees who report inappropriate behavior from retaliation. All employees are made aware of the Whistleblower policy through orientation or ongoing training opportunities. The policy is readily accessible to all employees (e.g., website, employee handbooks, and training materials).
9. Plan for Safeguarding Financial Information	<ul style="list-style-type: none"> The plan includes an up-to-date business impact analysis. Critical processes are documented and included in the plan.
10. Cost Allocations	<ul style="list-style-type: none"> The description details 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

Category	Evaluation Criteria – Standard for Acceptance
1. Projected Personal Services	<ul style="list-style-type: none"> Program lists all positions in the appropriate Nondirect or Direct Care table, including proposed salary and FTE.

	<ul style="list-style-type: none"> Totals in Schedule 1 must reconcile with Schedule 3, Line 1.
2. Projected Contracted Services	<ul style="list-style-type: none"> Program lists its projected contracted services, including number of hours, whether services are direct or nondirect care. Totals in Schedule 2 must reconcile with Schedule 3, Line 9.
3. General Program Budget	<ul style="list-style-type: none"> Program completes all applicable line items (Lines 1-29). As applicable, amounts for lines 1 and 9 reconcile with Schedules 1 and 2.

PART V: CHARACTER AND COMPETENCE REVIEW

Assessment of the character and competence of an applicant is based upon experience and past performance in operating a special education or related program including records of violations, if any, and whether a substantially consistent high level of care was maintained. Applicants without experience in education services are evaluated based on compliance with laws and practices pertinent to their professional experience.

Category	Evaluation Criteria – Standard for Acceptance
Disclosures	<ul style="list-style-type: none"> Information is provided for each owner/chief executive officer (CEO)/administrator who may fulfill the role and responsibilities of a Chief Administrator. There are no affiliations with community service, philanthropic endeavors, human service facility(ies) or vendors which would present a conflict of interest in the operation of the proposed program. The owner(s)/CEO/administrator has not disclosed any employment by or membership of a board of an agency that has been cited for or had allegations brought against it for waste, fraud, abuse or wrongdoing. If instances are reported, provides the details of that indicate a nonactive role during the time of the citations and/or allegations. There are no instances in which the owner(s)/ CEO(s)/administrator(s) have or had affiliation with a program whose approval was revoked or suspended by NYSED or another State agency (in this State or another state). If instances are reported, include the name of the program and State oversight agency and his/her affiliation with that program. The owner(s)/CEO(s)/administrator(s) report no instances in which he/she was convicted of a crime. If instances are reported, approval will be considered if the criminal offense is identified and noted as a misdemeanor. There are no criminal charges pending in federal or State court. If pending charges are identified and explained, consideration of the application may be deferred until such court proceedings are concluded if the nature or circumstances of the charges are likely to impact the programmatic or fiscal oversight of the program.

Category	Evaluation Criteria – Standard for Acceptance
	<ul style="list-style-type: none"> • The Statement is signed and notarized.

Note: Concerns resulting from Character and Competence disclosures will be referred to the Office of Professions.

PART VI: GOVERNANCE AND INTERNAL CONTROLS

Category	Evaluation Criteria – Standard for Acceptance
1. Governance Structure	<ul style="list-style-type: none"> • There is a clear, sufficient and detailed description of the governance structure of the agency. • The role that executive and management staff will have in establishing policies is clearly articulated.
2. Conflict of Interest Procedures	The agency's procedures for actions of its governing structure would preclude the advancement of an individual's personal or business interests.
3. Impermissible Nepotism	The agency's policy prohibits impermissible nepotism in hiring and other institutional business. (Nepotism is favoritism granted to relatives or friends regardless of intent.)
4. Affiliations	Potential arm's-length transactions are disclosed.
5. Management Principles and Decision Making	No conflict of interest is evident in the described role of the board and/or individuals filling executive and management roles, and as applicable individuals with ownership interest, in establishing policies that define management principles and decision making. (A conflict of interest exists when a board member or executive manager's personal or business interests may be advanced by an action of the governing structure.)
6. Periodic Financial Reviews	<ul style="list-style-type: none"> • Independent periodic financial reviews will be conducted and reports submitted and reviewed by the agency's governing structure. • The description identifies how the agency's governing structure will review payments made, including payroll, to ensure the existence of proper itemization and documentation necessary for the approval of the agency's expenditures as reasonable and necessary for the operation of the program. • The description outlines the format and frequency of the reports that will be made to the agency's governing structure, including the position of the person or persons who will be responsible for preparing the financial reviews and reports.

Category	Evaluation Criteria – Standard for Acceptance
	<ul style="list-style-type: none"> • In order to maintain a level of independent review, the review of payments function (to be performed by the agency's governing structure) and the preparation of the necessary materials for such review will not be conducted solely by the same individual.
7. Residence(s) of the Executive Director and Other Director Level Staff	Director level staff reside within a reasonable geographic distance from the proposed program administrative and instructional sites (one hour or less).
8. Internal Controls	<p>Provision of internal controls is clearly described and includes:</p> <ul style="list-style-type: none"> • ensuring a quality control environment; • performing a risk assessment; • designing effective policies and procedures; • providing clear communication throughout the agency; and • conducting ongoing monitoring of policies and procedures. <p>Internal controls include both <i>preventive</i> control activities (i.e., those that would deter the instance of noncompliance, errors or fraud such as thorough documentation and authorization practices); and <i>detective</i> control activities (i.e., those that identify undesirable "occurrences" after the fact such as reconciliation).</p>
9. Code of Ethics	<p>The Code of Ethics includes a:</p> <ul style="list-style-type: none"> • Conflict of Interest policy, • policy outlining the procedure for reporting fraud, waste and abuse, and • Whistleblower Policy protecting employees from retaliation for disclosing information concerning acts of wrongdoing, misconduct, malfeasance or other inappropriate behavior. The policy addresses reporting responsibility and procedures, no retaliation, confidentiality and handling of reporting violations. <p>For a sample Code of Ethics and Conflict of Interest policy, see http://www.irs.gov/instructions/i1023/ar03.html.</p>