

**FRONTIER CENTRAL SCHOOL DISTRICT
UNIVERSAL PRE-KINDERGARTEN PROGRAM**

**AGENCY/ORGANIZATION APPLICATION
REQUEST FOR PROPOSAL 2024-2025**

Eligible Agencies:

Child day care centers, Group family day care homes, Family day care homes, Small day care centers, Preschool special education providers, Nursery schools, and private schools certified through DDS or the NYS Education Department.

Program Name

Address

Phone / Fax / Email

Name of Person/Title (completing this application)

Chief Executive Officer Phone

Contact Person/Title Phone

Directions:

1. Complete the following form and return the original. Keep a copy for your records.
2. Complete Sections I – V for EACH facility where you would operate a program.
3. Please attach a copy of current license and/or registration.

Return to: Frontier Central School District
Office of Curriculum and Instruction
5120 Orchard Avenue
Hamburg, New York 14075

Phone: (716)-926-1797 Fax: 716-926-1776

DUE DATE: No later than 4:00 p.m. on February 26, 2024

This application process will include a site visit to your agency by a District Administrator and interview with agency staff. If you have any questions concerning this application, please call our office.

If you have more than one center/site and you are applying to collaborate at more than one site, please complete Sections I – V for EACH of your centers that will be applying as a Universal Pre-Kindergarten Program community partnership.

Site

Address

Contact Person/Title/Phone/Fax

I. ENROLLMENT

What is your current enrollment of all children in your programs: _____

How many of the children currently enrolled will be eligible (4 years old on or before December 1, 2024) for the pre-kindergarten program beginning in September, 2024? _____

How many of the children who are eligible reside in the Frontier Central School District? _____

II. STAFFING PATTERNS

What is your current child to staff ratio for 4 year olds? _____ (Refer to 8NYCRR 151-1.5 and 8 NYCCR 151-1.6 of Regulations)

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

Do you use volunteers, student placements, senior aides, foster grandparents, etc. in your 4-year-old classrooms? (If yes, describe briefly)

III. CAPACITY

How many classrooms currently serve 4-year-old children? _____

Of those classrooms, how many have mixed groups of 3 and 4-year-old children? _____

Could your facility expand to include more 4-year-old classrooms? Yes _____ No _____

If yes, how many more 4 year olds could you accommodate? _____

How many children can you accommodate within a current classroom for 4-year-old children? _____

How many classes of UPK would you be able to accommodate for a full day program? _____

IV. FACILITY

Are you currently a certified child care center? Yes _____ No _____

Expiration Date _____ Seeking License date _____

Does your facility meet the NYS Uniform Fire Prevention and Building Codes as defined under Section 151-1.10 of the Regulation of the Commissioner of Education (8NYCRR)? Yes _____ No _____

What are the fire drill procedures followed by the staff and children in your center?

Is your facility equipped to accommodate children with disabilities? Yes _____ No _____ (Briefly describe)

What is the average square footage of a typical PreK classroom? _____

Do you have an indoor gross motor space? Yes _____ No _____ (If yes, please describe the space and equipment available for the children's use.)

Do you have access to an outdoor green space, i.e. playground? Yes _____ No _____ (If yes, please describe the space and equipment available for the childrens' use.)

Is the area fenced in? Yes _____ No _____

V. STAFF QUALIFICATIONS

Please indicate the total number of staff in each degree area.

- _____ Administrative degree/Describe: _____
- _____ MS
- _____ NYS Certified Teacher N-3 or N-6
- _____ NYS Certified Teacher N-3 or N-6 with Early Childhood Annotation
- _____ NYS Certified Teacher N-3 or N-6 with Bilingual Annotation
- _____ NYS Certified Special Education Teacher
- _____ BA/BS Early Childhood Education
- _____ BA/BS Other
- _____ Associates Degree
- _____ Child Development Associate (CDA)
- _____ High School or GED with 6 hours college credit
- _____ High School or GED only
- _____ Less than high school

Briefly describe the administrative structure currently utilized at your facility.

What staff development opportunities do you presently offer your staff? How often is staff able to attend staff development activities?

Briefly describe your practices for hiring teachers?

VI. PROGRAM

Explain the philosophy and goals of your organization.

Describe the program model currently used with your enrolled 4 year olds.

Do you presently collaborate with any other agencies to provide programming for 4 year olds? (Briefly describe) Yes _____ No _____

Are you willing to follow the Universal Pre-K guidelines for curriculum? Yes _____ No _____

Is your current program educationally based and designed pursuant to 8NYSRR 151-1.3 (i.e. meets social, cognitive, linguistic, emotional, cultural and physical needs of children as well as coordination of support services and providing continuity with the elementary program)? Yes _____ No _____ If yes, please explain.

How do you promote early literacy in your program?

What is your center/program's experience with children considered Multilingual or English Language Learners?

What is your center/program's experience with children with disabilities?

Does your center/program offer family support services (parenting class, social work, etc.) to your clients?

Are parents part of the decision-making process at your center?

Describe your current meal/food program, as well as a lunch program for a full day UPK program.

Would you be willing to provide a "wrap-around" program with the Universal Pre-K Program? In other words, would your day care program be conducted before and/or after the Universal Pre-K Full Day program)? Yes _____ No _____

What are your present day care hours? _____

Are you planning any change to your hours? Yes _____ No _____ If yes, please explain.

When would you prefer to run your Universal Pre-K? From _____ to _____

What do you feel you would need from the Frontier Central School District (excluding funding) to support Universal Pre-K collaboration?

Proposed Budget

Projected Costs

Professional Salaries: _____

Support Staff Salaries: _____

Purchased Services: _____

Supplies and Materials: _____

Employee Benefits: _____

Equipment: _____

Breakfast/Lunch Program: _____

GRAND TOTAL: _____

The proposal must indicate the annual cost per student based upon the following: 180 days x 1.0 sessions = \$ _____ Annual Cost per Student

Chief Executive Officer (Please Print)

Chief Executive Officer (Signature)

Date