**Syracuse City School District – New York State Funded Pre-Kindergarten Programs**

**For the**

**2019-2020 School Year**

**Agency Information Packet**

**Agency/Organization Name:**

*All applicants are encouraged to view specific program requirements in their entirety at the NYSED website* [*http://www.p12.nysed.gov/earlylearning*](http://www.p12.nysed.gov/earlylearning)*.*

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| 1. What is your agency’s mission/philosophy/purpose? |
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| 1. Describe your agency’s organizational structure: |
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| 1. Describe your agency’s background/experience in providing programs for pre-school children: |
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| 1. How many City of Syracuse resident children do you currently serve? Please delineate by age groups: |
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| 1. Please list licensure/certification/affiliations held by your agency *and attach* copies of these documents to this packet (i.e. OCFS, Quality Stars, NAEYC, DSS, etc.): |
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| 1. Please list *and attach* administrative/educational certification(s) held by on-site administrator/supervisor(s). If the agency operates classrooms at more than one physical location, please identify for *each site*: |
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| 1. Please describe *and attach* copies of your agency’s recruitment, screening and hiring procedures for classroom staff. Please address how your agency ensures NYS mandated fingerprint clearance of employees: |
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| 1. Does your agency collaborate with any other agencies? If yes, please identify and describe those collaborations: |
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| 1. What professional development opportunities do you provide for your staff? Are these required of all employees or voluntary? Please describe professional development mandates/structures within your agency, as well as the credentials of the professional development provider(s): |
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| 1. Please identify the plan for appropriate classroom coverage (maintaining adult/child ratio as well as appropriate certification) in the event of staff absences: |
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| 1. Please describe the employee evaluation process/frequency utilized by your agency: |
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