Education Law §3602-e and §3602-ee allow school districts to apply for a variance from the collaborative prekindergarten programming requirement. School districts must provide documented evidence to show that it is unable to establish a collaborative arrangement for approvable reasons outside the district’s control. **For a variance to be considered for approval** **by NYSED’s Office of Early Learning,** **each section must be completed thoroughly.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | |
| School District: | Click or tap here to enter the school district name | | | Date: | Select date. |
| District Contact: | Click or tap here to enter | Email: | Click or tap to enter | Phone: | Click or tap to enter |

|  |
| --- |
| **Evidence of Due Diligence** |
| In the table below, indicate the types and number of prekindergarten program providers within the school district boundaries and responses to outreach efforts. Use the following resources to assists: New York State Office of Children and Families’ [(OCFS) Find Child Care search tool](https://ocfs.ny.gov/main/childcare/ccfs_template.asp), and the New York State Council on Children and Families’ (CCF) Kids’ Indicator Well-being Clearinghouse [(KWIC) Interactive Map Builder](https://www.nyskwic.org/data_tools/map_builder.cfm).   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Program Type** | **# Of Programs** | **# Of Responses** | **Program Type** | **# Of Programs** | **# Of Responses** | | Child Care and Early Education Programs | Select Number | Select Number | BOCES | Select Number | Select Number | | Early Childhood Centers | Select Number | Select Number | Nursery Schools | Select Number | Select Number | | Family/Group Family Child Care Programs | Select Number | Select Number | Charter Schools | Select Number | Select Number | | Day Care Centers | Select Number | Select Number | Non-Public Schools | Select Number | Select Number | | Head Start Programs | Select Number | Select Number | Libraries | Select Number | Select Number | | 4410 Preschool Special Education Program | Select Number | Select Number | Museums | Select Number | Select Number |  |  |  | | --- | --- | | Yes – Attach RFP with submission to Office of Early Learning. | No – Below, provide a justification for why an RFP was not developed. |   In its outreach efforts, did the school district develop an RFP to identify potential Prekindergarten providers to deliver collaborative prekindergarten programming?  RFP Justification: Click or tap here to enter text.  Provide a summary of the additional outreach efforts the school district took to identify potential Prekindergarten provider collaborators. Include specific types of outreach activities conducted (e.g., advertising on the district website, newspaper, etc.) and the dates these efforts occurred.  Click or tap here to enter text. |

|  |
| --- |
| **Justification for Variance:** |
| Despite issuing an RFP and additional outreach efforts, the school district has determined that there is good cause for not delivering collaborative prekindergarten programming due to the following (*select all that apply*):   |  |  | | --- | --- | | There are no potential prekindergarten providers within the district boundaries. | No potential prekindergarten providers responded to district outreach efforts including the RFP. | | Potential prekindergarten providers are not interested/have declined to collaborate with the district. | Potential prekindergarten providers are unable or unwilling to comply with New York State requirements. | | New prekindergarten providers do not have a record of program effectiveness or fiscal solvency. | Potential prekindergarten providers have unresolved Health and Safety violations from OCFS or NYCDOHMH. | | Prekindergarten providers’ continued failure to meet the terms of a prior contract with the district. | Prekindergarten providers’ fiscal solvency issues. | |

Signature: Date:

School District Chief Executive Officer or Designee

|  |  |  |  |
| --- | --- | --- | --- |
| NYSED Use Only | | | |
| Approved | Not Approved | OEL Reviewer: Click or tap here to enter text. | Date: Select date. |
| Comments: Click or tap here to enter text. | | | |