

THE WYNANTSKILL UFSD  
REQUEST FOR PROPOSALS  
FOR  
Universal Pre-Kindergarten Program  
to be housed at  
Gardner-Dickinson School  
25 East Ave  
Troy, NY 12180

Responses will be opened on  
March 2nd, 2026 at 1:00 pm

Wynantskill UFSD  
25 East Ave  
Troy, NY 12180

**UNIVERSAL PREKINDERGARTEN PROGRAM  
AGENCY/ORGANIZATION APPLICATION  
2026-2027**

Program/Agency Name:

Address:

Phone:

Fax:

e-mail:

Name of person/title completing this application:

Chief Executive Officer:

Contact Person:

Title:

Phone:

**Directions:** Please complete the following and return the original copy to the address below by 1p.m. on **Monday, March 2nd, 2026**. Complete pages 1 through 3 for each facility you operate. If you have any questions concerning this application, please call Dr. Mary Yodis, Superintendent at 518-283-4600. This application process may include a site visit to your agency.

**Please return to:**

**Dr. Mary Yodis, Superintendent  
Pre-Kindergarten  
Wynantskill UFSD  
25 East Avenue  
Troy, NY 12180**

Program/Agency Physical Address:

Hours of Operation:

List the days of the week in operation:

**I. CURRENT ENROLLMENT**

What is your total current enrollment? \_\_\_\_\_

How many of these children are Wynantskill UFSD residents? \_\_\_\_\_

How many students that are currently enrolled will be:

1 year olds by 12/1/26 =

2 years old by 12/1/26 =

3 years old by 12/1/26 =

4 years old by 12/1/26=

5 year olds by 12/1/26 =

How many of your 4 year old children receive special education and/or related services =

Have English as a second language =

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

## II. STAFFING PATTERNS

What is your current child-to-staff ratio for 4 year olds? \_\_\_\_ to \_\_\_\_

What is your current class size for 4 year olds? \_\_\_\_

Do you use volunteers in your 4 year old classrooms? Y or N

If yes, describe briefly who, for what, and how often volunteers are used:

## 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? \_\_\_\_

## IV. FACILITY

**Insurance will be required.** Please attach a copy of the certificate's (cover page) of your insurance policy. (See attached description of required insurance coverage).

## V. STAFF QUALIFICATIONS:

Please indicate the total number of staff and the job position in each degree area employed by your site. Employees may be entered into one category only.

NYS Certified Teacher Early Childhood - \_\_\_\_

*Job Positions:*

NYS Certified Teacher (Other) - \_\_\_\_

*Job Positions:*

B.A./B.S. Early Childhood Education - \_\_\_\_

*Job Positions:*

B.A./B.S. Other - \_\_\_\_

*Job Positions:*

Associate Degree:

*Job Positions:*

High School or GED with 6 hours of college credit - \_\_\_\_\_

*Job Positions:*

High School Diploma or GED only - \_\_\_\_\_

*Job Positions:*

Less than High School Diploma - \_\_\_\_\_

*Job Positions:*

Please briefly describe your current hiring procedures.

## **VI. PROGRAM QUALIFICATIONS**

Please indicate any of the following that applies to your program.

- \_\_\_ DSS Licensing
- \_\_\_ DSS Registration
- \_\_\_ SED Voluntary Nursery Registration
- \_\_\_ NAEYC Accreditation
- \_\_\_ NAFCC Accreditation
- \_\_\_ Other:

## **VII. TUITION**

**Please fill out all that apply:**

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

Monthly and/or Annual fee: \_\_\_\_\_ per \_\_\_\_\_

And/or  
Hourly fee: \_\_\_\_\_ per \_\_\_\_\_

And/or  
Weekly fee: \_\_\_\_\_ per \_\_\_\_\_

And/or  
Registration fee: \_\_\_\_\_ per \_\_\_\_\_

## VIII. PROGRAM

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

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

2. Do you presently collaborate with any other agencies to provide programming for 4 year olds?

Y or N

If yes, describe briefly:

3. What curriculum do you presently use for your enrolled 4 year olds? (please attach a copy of the current curriculum and a sample of the daily schedule for four year olds). Partnering agencies will be expected to deliver quality curriculum that is aligned to the New York State Standards as per this guidance document:

[http://www.p12.nysed.gov/ciai/common\\_core\\_standards/pdfdocs/nyslsprek.pdf](http://www.p12.nysed.gov/ciai/common_core_standards/pdfdocs/nyslsprek.pdf)

The District will work with the Partnering Agency to provide material, curricular and professional development support in alignment with what is offered to all in-district UPK staff members.

4. What will your Program/Agency do in order to meet that above expectation (#3)?

5. What staff development opportunities do you presently offer your staff?

6. How often are staff members able to attend staff development activities? Please attach your current staff development plan.

7. How and by whom are staff members supervised and evaluated?

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

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

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

Y or N If yes, what services?

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

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

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

14. How do you assess the progress of 4 year olds? (Attach a copy of the assessment tool/plan).  
Partnering agencies would be able to share the assessment tools and resources of the district.

15. What are the fire drill procedures followed by the staff and children in your facility(ies)? Please include how is that determined and documented?

16. What do you feel you would need from the School District (excluding funding) to support a Universal Pre Kindergarten collaboration?

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Program Director Signature

Date

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Agency/Executive Director/Owner Signature

Date

This application may include attached copies of:

\_\_\_ Insurance Coverage Information

\_\_\_ Curriculum for four year old students

\_\_\_ Staff Development Plan

\_\_\_ Fire Drill and Emergency Procedures