

**2022-2023**  
**APPLICATION FOR APPROVAL OF OUT-OF-STATE RESIDENTIAL FACILITY**  
**SPECIAL EDUCATION PROGRAM**

**I. GENERAL**

**Authority**

Pursuant to Ark. Code Ann. § 6-20-107, no state or federal funds may be transferred from the Department of Education, a public school district, or an open-enrollment public charter school, to a residential facility for educational costs or other related costs unless the facility's educational program has been approved by the Division of Elementary and Secondary Education (DESE). Therefore, pursuant to Arkansas Code Annotated § 6-41-201 et seq. and 34 CFR Part 300 of the Federal Regulations implementing the Individuals with Disabilities Education Act (IDEA), the DESE, Office of Special Education (OSE), has established an application process for a residential facility to seek approval for its special education program.

**Definition**

Please indicate which type of agency is seeking approval through this application.

An inpatient psychiatric treatment facility licensed by the appropriate state agency where the residential facility is located;

An alcohol and/or drug treatment facility licensed by the appropriate state agency where the residential facility is located;

An Intermediate Care Facility for the Individuals w/ Intellectual Disabilities (ICD/IID) licensed by the appropriate state agency where the residential facility is located;

A Psychiatric Hospital licensed by the appropriate state agency where the residential facility is located; or

A residential facility licensed to treat post-acute head injury.

**Submission Deadlines**

A completed application with all required documentation must be submitted no later than **August 5, 2022** to be considered for approval for the 2022-2023 school year. If all documentation requested is not received by this date, but is received on or before December 2, 2022, the agency will be considered for approval for the second half of the 2022-2023 school year. New applications and accompanying documentation for the second half of the 2022-2023 school year must be submitted no later than **December 2, 2022**, to be considered for approval. Failure to provide additional information requested by the DESE- OSE, within the time specified in the request, may result in the denial of consideration for approval.

## II. ASSURANCES

By submitting this application, the agency hereby assures that:

- A. All professional staff providing special education or related services will be appropriately licensed.
- B. The agency will notify the resident school district WITHIN SEVEN (7) CALENDAR DAYS of a student being placed in the agency.
- C. The agency will notify the resident school district and the DESE-OSE, WITHIN TWENTY (20) CALENDAR DAYS of any change in personnel or program components identified in this application.
  - 1. Failure to report any changes in personnel or program components identified by the agency in this application may result in loss of approval.
  - 2. Any change that results in a failure to comply with a required component identified in this application and failure to correct the noncompliance within a timely manner may result in loss of approval.
- D. All special education and related services provided by this agency will be in accordance with the rules and regulations prescribed by the DESE-OSE. (See “Special Education Eligibility Criteria and Program Guidelines for Children with Disabilities, Ages 3-21” and “Special Education and Related Services: Procedural Requirements and Program Standards.”)

State laws and regulations governing special education can require more, but not less, than federal laws and regulations. Thus, reference to “...rules and regulations prescribed by the ADE” embodies all state and federal regulations.

**III. CERTIFICATION**

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE HEREBY CERTIFIES THAT:

- A. The applicant agency’s governing body has adopted the above assurances,
- B. has authorized me to act on its behalf to file this application, and
- C. to the best of my knowledge, all information contained in this application is correct.

IN WITNESS, I HAVE HEREUNTO AFFIXED MY SIGNATURE

\_\_\_\_\_  
APPLICANT (Legal Name of Agency)

\_\_\_\_\_  
MAILING ADDRESS (Street, City or Town)

\_\_\_\_\_  
STATE    ZIP    COUNTY    SCHOOL DISTRICT

\_\_\_\_\_  
NAME & TITLE OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE    DATE

\_\_\_\_\_  
CONTACT PERSON    TELEPHONE    FAX

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
PROGRAM NAME

\_\_\_\_\_  
SITE ADDRESS (Street, City or Town)

\_\_\_\_\_  
STATE    COUNTY    ZIP    TELEPHONE

#### IV. PERSONNEL

Personnel refers to all qualified (licensed, registered, certified, and otherwise approved) employees providing special education and related services as listed on the IEP. Paraprofessionals are to be listed in column 7 and counted in column 6.

Column 1 - List all personnel providing special education and related services (not paraprofessionals/aides).

Column 2 - Enter the position title of all personnel. If the employee fills two positions, list positions here.

Column 3 - State the type and the number of license, accreditation, or registration held by the employee. A copy of the employee's license, registration or other official document must be attached to the application.

**For teachers who are not licensed in special education, but who hold a valid teaching license in another area, list the area of their teaching license in column 3.**

Column 4 - Indicate the teacher/pupil ratio.

Column 5 - Enter the number of students served in column 5. All students provided services by a given employee should be included in the calculation of teacher/pupil ratio, regardless of age.

Column 6 - Enter the full-time equivalency (FTE) for each paraprofessional assigned (for special education purposes) to professional staff members listed in column 1. A paraprofessional is a staff member other than a teacher who works directly with students with disabilities under the direct supervision of a teacher or other licensed professional.

For example, if Jane Doe has a paraprofessional for one-half day, enter 0.5 in column 6 on the line with Jane Doe's name. If teacher Mary Martin has a paraprofessional all day, and another for one-half day, enter 1.50 in column 6 on the line with Mary Martin's name.

Column 7 - List the name of each paraprofessional counted in column 6.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Name of Employee	Position Title	License / Registration	Teacher/ pupil ratio	Number of Students Served School Age	Number of Paras	Name of Paraprofessional

**V. POPULATION**

CURRENT ENROLLMENT

School-age (5 to 21 years)	<input type="text"/>
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MAXIMUM CAPACITY

Maximum Total that can be enrolled	<input type="text"/>
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DISTRICTS SERVED

Enter the name of each Arkansas district served and the total number of school-age students from that district.

DISTRICT	Number of Students

**VI. SERVICES PROVIDED**

Education: Check each service available to the school-age population.  
Add any services provided that are not on this list.

**ACADEMIC CORE SUBJECTS**

English/Language Arts

Reading

Mathematics

Science

Social Studies

Physical Education

Other (describe)

**VII. RELATED SERVICES**

Related services are those services which enable a student to benefit from the special education program. Related services must be specified on the IEP of the student.

Indicate each provider of related services. If related services are not provided by facility employees, please indicate how the services are provided and by whom.

When services are delivered by an entity other than the agency, appropriate documentation must be submitted with this application.

When related services are provided by facility employees, those individuals are to be listed on page 5 of the application (under Item IV. Personnel) with a copy of the license(s) attached to the application.

**SERVICES PROVIDED BY:**

SERVICE	FACILITY EMPLOYEES	OTHER (Specify)
Speech Therapy	<input type="checkbox"/>	
Physical Therapy (PT)	<input type="checkbox"/>	
Occupational Therapy (OT)	<input type="checkbox"/>	
Mental Health	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	



**VIII. SCHOOL DAY/YEAR**

A. The agency provides a six (6) hour instructional day: YES  NO

A. Number of school days in operation per year: \_\_\_\_\_

B. Period of operation: \_\_\_\_\_ to \_\_\_\_\_  
(Month) (Month)

**IX. POLICIES AND PROCEDURES**

A. Does the agency have procedures for notifying the appropriate district within seven (7) calendar days of a student's placement in the agency?

YES  NO

B. Does the agency have procedures for billing the appropriate district for students placed in the agency?

YES  NO

Please submit a copy of each of the above policies and procedures with this application.

**X. SECURITY OF CONFIDENTIAL RECORDS**

The confidentiality of personally identifiable information is required by state and federal law. Personally identifiable information includes, but is not limited to: (a) the student's name; (b) the name of the student's parent or other family members; (c) the address of the student or student's family; (d) a personal identifier, such as the student's social security number, student number, or biometric record; (e) other indirect identifiers, such as the student's date of birth, place of birth, and mother's maiden name; (f) other information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty; or (g) information requested by a person who the educational agency or institution reasonably believes knows the identity of the student to whom the education record relates.

A. Is all personally identifiable information pertaining to students kept in locked storage?

YES  NO

B. Is there a list of people authorized to access student records posted near or filed with the records?

YES  NO

C. Is a log kept of parties accessing client records including name, date of access, and purpose for which access is authorized?

YES  NO

**XI. FACILITIES**

**Each classroom is required to be a minimum of 450 square feet. If a room that is less than 450 square feet is to be used as a classroom, a waiver must be granted.**

Classroom Size	Square Footage	Requesting Waiver*
Classroom #1		
Classroom #2		
Classroom #3		
Classroom #4		
Classroom #5		
Classroom #6		

\*Attach waiver request to this application.

Is the facility readily accessible by individuals with disabilities?

YES  NO

**XII. LICENSE TO OPERATE**

Please identify each of the agency's licenses/accreditations/certifications and include a copy of each with this application.

Department of Human Services (DHS)

Department of Health

The Joint Commission

Other(s)

Does the state department of education where the agency is located, have a process for approving/licensing residential facilities?

Yes  No

If yes to above, is the agency approved/licensed by the state department of education where the agency is located?

Yes  No

**SUBMIT THE COMPLETED APPLICATION WITH ALL ACCOMPANYING DOCUMENTS TO:**

**Kristin Hughes Watson, SEA Supervisor  
Non-Traditional Programs  
Arkansas Department of Education  
Division of Elementary and Secondary Education  
Office of Special Education  
1401 W. Capitol Ave., Suite 450  
Little Rock, Arkansas 72201  
PHONE: (501) 682-4221  
FAX: (501) 682-4248  
EMAIL: [Kristin.Watson@ade.arkansas.gov](mailto:Kristin.Watson@ade.arkansas.gov)**