

## Early Childhood Education Grant FY21 Alternative Operating Schedule Waiver

This application is to request a waiver from the requirement to operate a standard Early Childhood Education (ECE) Grant schedule, which requires the program to operate a minimum of 12.5 hours per week of classroom instruction for the minimum school year (455 hours). As outlined in Section 265.20 of House Bill 166 (C), the Ohio Department of Education may grant a waiver for one of the following reasons:

- The program is working in collaboration with a preschool special education program and does not meet the 12.5 hours weekly (must request a waiver annually); or
- The standard schedule presents a one-time hardship for the program.  
*Please note: If a program is requesting a waiver as a result of COVID-19, please use the one-time hardship option. Programs who submitted a waiver request in FY20 due to COVID-19 may submit a waiver in FY21 as this is considered the same one-time hardship that spans multiple program years.*

This waiver is for State Fiscal Year 2021 (school year 2020-2021). Submit the completed waiver application by email to: [earlychildhoodeducation@education.ohio.gov](mailto:earlychildhoodeducation@education.ohio.gov). The Ohio Department of Education will notify the superintendent/program administrator of waiver acceptance.

District/Program Name	IRN	Superintendent/Program Administrator Name
Superintendent/Program Administrator Email Address		Superintendent/Program Administrator Phone Number
<p><b>Check the box below indicating the type of waiver your program is requesting.</b></p> <p><input type="checkbox"/> Preschool Special Education Collaboration – not meeting 12.5 hours weekly</p> <p><input type="checkbox"/> Hardship Request – one-time only request</p> <p><b>Provide details explaining why your program is requesting a waiver.</b></p>		
<p><b>Are all the locations at which you serve ECE-funded students affected?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – if no, please list the sites at which you are proposing the alternative operating schedule.</p> <p><b>Are all your ECE Grant funded slots affected?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – please list the number of ECE Grant funded slots that are affected.</p>		

**What are the begin and end dates of your program year?**

**If your application is a result of COVID-19 circumstances, and children are not able to receive the required 12.5 hours of in-person services, describe how you will provide alternative services: (home visits, telephone calls, video calls, Facebook live events, asynchronous video links, paper packets, project kits, etc.).**

**Request Submitted by:**

Name	Title
Signature	Date