|  |  |
| --- | --- |
|  | **APPROVAL OF NEW COMMUNITY FUNDED**  **ECEAP SITE/CLASSROOM** |

**CFE Contractor Name:**

**Site Information**

* Site Name:
* Physical Address of Site:
* Street address:
* City:
* County:
* Zip code:

**Site Contact Person (person at the facility responsible for operations):**

* Name:
* Phone:       Alternate number:
* Email:

**Site is in which elementary school catchment area:**

* Site is within an elementary school Yes No
  + If yes, name of elementary school:

**Does DCYF license the site for childcare? YES No**

* If yes, DCYF license number:
* If not licensed for childcare, does this site qualify for a licensing exemption?
  + If yes, please attach the signed exemption form.

**NEW Site Early Achievers Information:**

* Is this site participating in Early Achievers? Yes No
  + If yes, do they have an Early Achievers rating? Yes No
    - What is the rating?
  + Is this site participating in remedial activities? Yes No

**Neighboring Head Start or ECEAP programs that might recruit from the same area as this site:**

Yes No

* If yes, name of that program:
  + Date of signed service area agreement:

**Current Headstart and ECEAP offered at this site:**

* Part day
* School day
* Working day

**Classroom information: (Please fill out for EACH COMMUNITY Funded - ECEAP classroom)**

**Classroom #1**

**Proposed class start date:**      

* **Number of COMMUNITY FUNDED - ECEAP children enrolled** in the class:
* **Number of classroom hours:**\_\_\_\_\_\_\_\_\_
* **Are you** **moving an existing classroom to a new site?** Yes No
  + Will a classroom or site be closing because of this move? Yes No
  + If yes, name and location of classroom or site that is closing:

**Classroom #2**

**Proposed class start date:**      

* **Number of ECEAP/Head start or other Early learning children enrolled** in the class:
* **Number of COMMUNITY FUNDED - ECEAP children enrolled** in the class:
* **Number of classroom hours:** \_\_\_\_\_\_\_\_\_\_\_\_

| **COMMUNITY FUNDED - ECEAP Contract Provision or Performance Standard** | Met | Not Yet | If not, describe your plan to meet the requirement, including date of completion |
| --- | --- | --- | --- |
| **COMMUNITY FUNDED - ECEAP Contract: Contractor Responsibilities**  Will any **COMMUNITY FUNDED -** ECEAP-purchased materials be disposed or transferred because of this new site? Yes No  Date the completed Equipment Disposal/Transfer Form was submitted to DCYF: |  |  |  |
| **COMMUNITY FUNDED - ECEAP Contract: Contractor Responsibilities**  Will any equipment be purchased for this site, with unit costs of $5,000 or greater? Yes No  Date the completed Purchase Request Form was submitted to DCYF: |  |  |  |
| **D-13 Infectious Disease Prevention**  Have sufficient, clean, child-accessible toilets and hand-washing facilities.  Location of bathrooms:  If not located in classroom, describe plan for supervision and maintaining ratio during group and individual child toileting: |  |  |  |
| **D-14 Food Sanitation**  Comply with WAC 246-215 and WAC 246-217 at locations where food is prepared, stored, and served. |  |  |  |
| Staff each classroom with at least one person with a food worker card at all times. |  |  |  |
| Prepare food in an area separate from toilet and child hand washing facilities.  Describe where food is prepared (including any in-class snacks or food experiences : |  |  |  |
| **D-16 Square Footage for each classroom**  **Part Day** classrooms must have 35 square feet **per child** of space, excluding bathroom, hall,  kitchen and storage space.  Classroom name or number:  # square feet:  Classroom name or number:  # square feet: |  |  |  |
| **D-16 School Day and Working Day** classrooms must have 35 square feet **per child** excluding bathrooms, hall, kitchen and storage space. The Fire Marshal Inspection will determine the actual occupancy load.  Classroom name or number:  # square feet:       OR  Date measured by DCYF Licensor:  Classroom name or number:  # square feet:       OR  Date measured by DCYF Licensor: |  |  |  |
| Outdoor space has 75 square feet per child.  # square feet:       OR  Date measured by DCYF Licensor: |  |  |  |
| **D-18 Safe Facilities**  Contractors must monitor the health and safety of their indoor and outdoor facilities and maintain records of these inspections.  Describe the schedule of monitoring:  Where are inspection records kept: |  |  |  |
| **D-18 Safe Facilities**  **Describe how you ensure the following:** |  |  |  |
| Safe storage of all flammable, toxic and hazardous materials: |  |  |  |
| Regular inspections of smoke detectors, fire alarms and fire extinguishers: |  |  |  |
| Emergency lighting in each classroom: |  |  |  |
| All areas are accessible to adults: |  |  |  |
| Outdoor play areas are fenced and/or carefully supervised: |  |  |  |
| Describe how the children will be supervised during arrival, departure, and gross motor time: |  |  |  |
| At least one adult is present with each group of children at all times, who is trained in emergency procedures, universal precautions, and first aid/CPR. Also has current First Aid/CPR card: |  |  |  |
| **D-19 Safe Equipment and Materials**  Describe how you ensure that all materials and equipment are:  Safe, clean and in good repair: |  |  |  |
| Age appropriate: |  |  |  |
| Safely stored to prevent injury: |  |  |  |
| **D-20 Playground Safety**  Contractors must maintain and monitor playground safety, including:   * Protective surfacing   Type and depth of surfacing:   * Fall zones around play equipment * Swing spacing   # feet between swings:   * Guardrails on elevated surfaces * Prevention of potential entrapment hazards * Prevention of exposed moving parts that could pinch or crush * Hardware that is loose, worn or hazardous * Exposed equipment footings * Scattered debris or other tripping hazards * Rust and chipped paint on metal components * Splinters, large cracks and decayed word components * Deterioration and corrosion on structural components   Describe plan to maintain and monitor playground safety: |  |  |  |

**If you are opening multiple classrooms at this site, does the above information apply to all classrooms:  Yes  No**

**If no, describe variations.**

**If you are a current subcontractor have you contacted your ECEAP contractor to plan for opening of this site?**

**Before submitting form to begin the process for approval of a new Community Funded ECEAP site or classroom, the Community Funded ECEAP Director certifies by signing below that the information above is accurate and complete:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director’s Signature Print Name Date

Email this completed and signed form to eceap@dcyf.wa.gov. The assigned ECEAP representative will notify about the outcome the of the approval request.

**For DCYF use only:**

Program Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date received:       Entered in ELMS

Comments:

New site is approved  Denied

COMMUNITY FUNDED - ECEAP Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_