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|  |  **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 [ ] NoDate 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:       ORDate measured by DCYF Licensor:      Classroom name or number:      # square feet:       ORDate measured by DCYF Licensor:  |  |  |  |
| Outdoor space has 75 square feet per child.# square feet:       ORDate 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:       | [x]  | [ ]  |  |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_