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| --- | --- |
|  |  **2020-2021 Approval of****new Early ECEAP Site/Classroom** |

The Early ECEAP Contract requires contractors to obtain prior approval from DCYF ECEAP before opening a new classroom or relocating an existing classroom. Please submit this completed and signed form to eceap@dCYF.wa.gov

Contractor Name:

* Subcontractor Name, if applicable:
	+ Is this a new subcontractor? [ ]  Yes [ ]  No

Is this a new Site or new Classroom? [ ]  Yes [ ]  No

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:

DCYF license number:

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

IDENTIFIED Neighboring Early Head Start 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:

Classroom information: (Please fill out for each ECEAP classroom)

Classroom #1

Proposed class start date:

* Number of EARLY ECEAP children enrolled in the class:
* Number of Non-EARLY 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 as a result 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 EARLY ECEAP children enrolled in the class:
* Number of Non-EARLY 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 as a result of this move? [ ]  Yes [ ]  No
	+ If yes, name and location of classroom or site that is closing:

| **ECEAP Contract Provision or Performance Standard** | **Met** | **Not Yet** | **If not, describe your plan to meet the requirement, including date of completion** |
| --- | --- | --- | --- |
| **ECEAP Contract: Contractor Responsibilities**Will any 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:       | [ ]  | [ ]  |  |
| **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-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:        | [ ]  | [ ]  |  |
| 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:       | [ ]  | [ ]  |  |

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

**If no, describe variations.**

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

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| --- | --- | --- |
|  |  |  |
| Director’s Signature | Print Name | Date |

Email this completed and signed form to eceap@dcyf.wa.gov. The assigned ECEAP CQI Specialist will notify you when the new site is approved.

**For DCYF use only:**

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

Comments:

New site is: Approved [ ]  Denied [ ]

ECEAP Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_