DYCF ECEAP prior written approval is required before implementing any alternative attendance plan.

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| Complete form and email to eceap@dcyf.wa.gov  |
| Date:       |
| Proposed start date of request:       | Duration for request:       |
| Contractor Name:       | Subcontractor Name, if applicable:       |
| Site Name, if applicable:       |
| [ ]  Early ECEAP [ ]  ECEAP ELMS Child ID if applicable:       | Slot model (ECEAP Only): [ ]  Part Day [ ]  School Day [ ]  Working Day  |
| Early ECEAP / ECEAP Director Approval Signature:       |
| Area of Service:  | Include what activities will be provided, what supports will be offered, and the frequency of each. (Note: often these are returned for lack of specificity.) | Who will provide this support? | How long will this support be in place? Or when is the next meeting scheduled to review this support? Provide specific Dates and Timelines. |
| Health and Nutrition Supports |        |        |        |
| Social and Emotional Development |        |        |        |
| Language Development & Literacy |        |        |        |
| Cognitive Development & General Knowledge |        |        |        |
| Physical Development – Large & Small Motor |        |        |        |
| TS GOLD®(Child) Observations |        |        |        |
| Family Support Visits/Mobility Mentoring |        |        |        |
| Parent/Teacher Visits |        |        |        |
| Additional Information:       |
| (Describe) how and when the child will transition back into ECEAP classroom services full time (if applicable):       |
| If the Alternative Attendance Plan is related to child mental health or behaviors, (describe) how have you worked with Mental Health Consultants (MHC) to better support this child and family:      If the MHC worked with the child, staff or family please summarize what occurred and recommendations      |
| Have you completed a consultation with the University of Washington Haring Center? [ ]  Yes [ ]  NoIf yes, describe the Haring Center recommendations:       |
| DCYF Approval: |
| Approved [ ]  Denied [ ] Comments       |
| DCYF ECEAP Program Approver Signature:       | Date:       |
| DCYF ECEAP Administrator Signature:       | Date:       |