**The ECEAP contract requires contractors to obtain prior approval from dcyf ECEAP before subcontracting with a new organization or agency. Please submit this completed and signed form to** **eceap@dcyf.wa.gov**

Contractor Name:

**New Subcontractor Information**

|  |  |
| --- | --- |
| LEGAL NAME: | PHYSICAL ADDRESS OF MAIN OFFICE – STREET |
| CITY | COUNTY | ZIP CODE |

**ECEAP SERVICES**

This subcontractor is responsible for:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * Recruiting and enrolling families
 | [ ]  | Yes | [ ]  | No\* | ***\*****Answering “No” indicates that the contractor is responsible implementing this service.* |
| * Providing ECEAP preschool education
 | [ ]  | Yes | [ ]  | No\* |
| * Providing ECEAP family support services
 | [ ]  | Yes | [ ]  | No\* |
| * Providing ECEAP health services
 | [ ]  | Yes | [ ]  | No\* |

**EARLY ECEAP SERVICES**

This subcontractor is responsible for:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * Recruiting and enrolling families
 | [ ]  | Yes | [ ]  | No\* | ***\*****Answering “No” indicates that the contractor is responsible implementing this service.* |
| * Providing ECEAP preschool education
 | [ ]  | Yes | [ ]  | No\* |
| * Providing ECEAP family support services
 | [ ]  | Yes | [ ]  | No\* |
| * Providing ECEAP health services
 | [ ]  | Yes | [ ]  | No\* |

**NEW SUBCONTRACTOR SITE INFORMATION**

* How many sites will this subcontractor provide ECEAP Services?

**SITE 1**

|  |  |
| --- | --- |
| SITE NAME: | PHYSICAL ADDRESS OF MAIN OFFICE – STREET |
| CITY | COUNTY | ZIP CODE |
| SITE CONTACT PERSON (*Person at the facility responsible for operations*) |
| NAME` | PHONE | ALTERNATE PHONE |
| 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 this site for childcare? [ ]  Yes [ ]  No
* If yes, DCYF license number:
* If yes, is this site in good standing by DCYF Licensing? (*Please review* [Child Care Check](https://www.findchildcarewa.org/) *for current*

*compliance agreement and complaint history of this site*) [ ]  Yes [ ]  No* If not licensed for childcare, does this site qualify for a licensing exemption? [ ]  Yes [ ]  No
	+ If not licensed for childcare, describe how you ensure this site meets ECEAP requirement for health and safety that align with [Child Care WAC 110-](https://app.leg.wa.gov/wac/default.aspx?cite=110-300&full=true) [300?](https://app.leg.wa.gov/wac/default.aspx?cite=110-300&full=true)

  |

**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
 |

**SITE 2**

|  |  |
| --- | --- |
| SITE NAME: | PHYSICAL ADDRESS OF MAIN OFFICE – STREET |
| CITY | COUNTY | ZIP CODE |
| SITE CONTACT PERSON (*Person at the facility responsible for operations*) |
| NAME` | PHONE | ALTERNATE PHONE |
| 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 this site for childcare? [ ]  Yes [ ]  No
* If yes, DCYF license number:
* If yes, is this site in good standing by DCYF Licensing? (*Please review* [Child Care Check](https://www.findchildcarewa.org/) *for current*

*compliance agreement and complaint history of this site*) [ ]  Yes [ ]  No* If not licensed for childcare, does this site qualify for a licensing exemption? [ ]  Yes [ ]  No
	+ If not licensed for childcare, describe how you ensure this site meets ECEAP requirement for health and safety that align with [Child Care WAC 110-](https://app.leg.wa.gov/wac/default.aspx?cite=110-300&full=true) [300?](https://app.leg.wa.gov/wac/default.aspx?cite=110-300&full=true)

  |

**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
 |

|  |
| --- |
| **Before submitting form to begin the process for approval of a new ECEAP subcontractor, ECEAP Director certifies 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 CQI Specialist will notify you when the new subcontractor is approved |

|  |
| --- |
| **DCYF Use Only** |
| Program Review:  | Date Received:  | Entered in ELMS [ ]  |
| Comments: |
| New subcontractor is: Approved [ ]  Denied [ ]  |
| ECEAP CQI QA Manager Approval: | Date Approved:  |