|  |
| --- |
| *DCYF Use Only* |
| DCYF Approval:  Approved  Denied |
| Meets RCW Requirement (If No, state RCW#):  Yes  No |
| Meets WAC Requirement (If No, state WAC#):  Yes  No |

**ECEAP Contractor Waiver-Variance Request to ECEAP Requirements**

*Contractor must get prior approval by DCYF ECEAP before implementing the waiver or variance*.

**Complete form and email to** [**dcyf.eceap@dcyf.wa.gov**](mailto:dcyf.eceap@dcyf.wa.gov)

Request Date:       Early ECEAP  ECEAP  ECLIPSE

Contractor Name:

Subcontractor Name:       NA

Proposed start date:       Requested duration / end date:

Site Name, if applicable:

Class, if applicable:

Slot type:  Part Day  School Day  Working Day  Early ECEAP

**Standard Number, title, and subsection:**

Waiver: Unable to meet the standard due to specific needs of the program or enrolled child.

Variance: Meet the regulation in an alternative way than described due to specific needs of the program or enrolled child.

Explanation of the waiver/variance:

Reason for waiver/variance:

Impact on services to children and families:

Description of how contractor will meet the intent of the ECEAP provision or standard:

Additional DCYF ECEAP comments:

DCYF ECEAP Program Manager Signature: Date

DCYF ECEAP Administrator Signature: Date