

## ECEAP Contractor Waiver-Variance Request to ECEAP Requirements

*DYCF ECEAP prior written approval is required before implementing the waiver or variance.*

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

Request Date: _____	Early ECEAP <input type="checkbox"/>	ECEAP <input type="checkbox"/>
Contractor Name: _____	Subcontractor Name, if applicable: _____	
Proposed start date of the waiver/variance: _____	Requested duration of the waiver/variance: _____	
Site Name, if applicable: _____ Class, if applicable: _____		
Slot type: <input type="checkbox"/> Part Day <input type="checkbox"/> School Day <input type="checkbox"/> Working Day		
Early ECEAP / ECEAP Director Approval Signature:		
ECEAP Standard # and title: _____		
<input type="checkbox"/> Waiver: Unable to meet the standard due to specific needs of the program or enrolled child. <input type="checkbox"/> 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 Approval:		
Approved <input type="checkbox"/> Denied <input type="checkbox"/>		
DCYF ECEAP Program Manager Signature:		Date:
DCYF ECEAP Administrator Signature:		Date: