**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**](mailto: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.](mailto: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: |