



## ECEAP Contractor Alternative Attendance Plan Request

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

Complete form and email to <a href="mailto:eceap@dcyf.wa.gov">eceap@dcyf.wa.gov</a>			
Date:			
Proposed start date of request:		Duration for request:	
Contractor Name:		Subcontractor Name, if applicable:	
Site Name, if applicable:			
<input type="checkbox"/> Early ECEAP <input type="checkbox"/> ECEAP ELMS Child ID if applicable:		Slot model (ECEAP Only): <input type="checkbox"/> Part Day <input type="checkbox"/> School Day <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe the Haring Center recommendations:			

DCYF Approval:	
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
Comments	
DCYF ECEAP Program Approver Signature:	Date:
DCYF ECEAP Administrator Signature:	Date: