**Report of Expelled Child**

If an early learning provider expels a child, the provider must review the expulsion policy with the child’s parent/guardian, and provide a record to the child’s parent/guardian that details the incident(s) leading up to and the steps taken to avoid the expulsion. The provider must also report the expulsion to the Department of Children, Youth, and Families (DCYF). WAC 110-300-0340.

This form includes information that is required to be reported to an expelled child’s parent or guardian and to DCYF. **However, prior to sending the form to DCYF, names of the child(ren) must be removed or blanked out.**

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| --- | --- | --- | --- | --- | --- |
| **Name of Expelled Child:**  **Date Child Started Attending Program:**  **Date Child is Expelled:** | | | | | |
| **Early Learning Program Information** | | | | | |
| Facility/Provider Name | | | | | Provider ID # |
| Address | | | | City | Zip Code |
| Email | | | | Telephone | Fax |
| Name of Person Filling Out this Form: | | | | | |
| **Reason for Expulsion** | | | | | |
| This child is expelled because: | | | | | |
| **Incidents that Led to the Decision to Expel Child** | | | | | |
| Date: | Time: | Staff Involved: | Incident That Occurred: | | |
| **Steps Taken to Prevent the Expulsion of Child** | | | | | |
| Prior to this decision to expel, the following actions were taken to avoid expelling the child: | | | | | |
| **Resources Provided to Child’s Parent or Guardian** | | | | | |
| The following information was provided to the child’s parent/guardian as a resource that may benefit the child (including, but not limited to, community-based resources): | | | | | |
| **Demographic Information About Expelled Child To Report To DCYF** | | | | | |
| Child’s Gender:       Child’s Age:       Child’s Residence Zip Code:  If Known, Child’s Race:  If Known, Child’s Ethnicity:    If Known, Primary Language Spoken in Child’s Home: | | | | | |

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Signature of Early Learning Provider Date Signature of Child’s Parent/Guardian Date

*Signatures are not required on form submitted to DCYF*