



## 2023-24 APPROVAL OF NEW B-5 SUBCONTRACTORS

**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 address: \_\_\_\_\_
- City: \_\_\_\_\_
- County: \_\_\_\_\_
- Zip code: \_\_\_\_\_

### ECEAP Services

**This subcontractor is responsible for:**

- Recruiting and enrolling families:  Yes  No\*
- Providing ECEAP preschool education:  Yes  No\*
- Providing ECEAP family support services:  Yes  No\*
- Providing ECEAP health services:  Yes  No\*

\*Answering “No” indicates that the contractor is responsible implementing this service.

### Early ECEAP Services

**This subcontractor is responsible for:**

- Recruiting and enrolling families:  Yes  No\*
- Providing ECEAP preschool education:  Yes  No\*
- Providing ECEAP family support services:  Yes  No\*
- Providing ECEAP health services:  Yes  No\*

\*Answering “No” indicates that the contractor is responsible implementing this service.

## NEW SUBCONTRACTOR SITE INFORMATION

- How many sites will this subcontractor provide ECEAP Services? \_\_\_\_\_

### **SITE 1**

- Site Name: \_\_\_\_\_
- Physical Address of this site:
- Street address:
- City: \_\_\_\_\_
- County: \_\_\_\_\_
- Zip code: \_\_\_\_\_

### **SITE CONTACT PERSON (PERSON AT THE FACILITY RESPONSIBLE FOR OPERATIONS):**

- Name: \_\_\_\_\_
- Phone: \_\_\_\_\_ Alternate number:
- 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](#) 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 110-300?](#) \_\_\_\_\_

### **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 this site:
- Street address:
- City: \_\_\_\_\_
- County: \_\_\_\_\_
- Zip code: \_\_\_\_\_

**SITE CONTACT PERSON (PERSON AT THE FACILITY RESPONSIBLE FOR OPERATIONS):**

- Name: \_\_\_\_\_
- Phone: \_\_\_\_\_ Alternate number:
- 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: \_\_\_\_\_
- Is yes, is this site in good standing by DCYF Licensing? (Please review [Child Care Check](#) 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 110-300?](#) \_\_\_\_\_

**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.

**For DCYF use only:**

Program Review: \_\_\_\_\_

Date received: \_\_\_\_\_

Entered in ELMS

Comments:

\_\_\_\_\_

New subcontractor is: Approved  Denied

ECEAP CQI QA Manager Approval: \_\_\_\_\_

Date approved: \_\_\_\_\_