



Name:	Site:	Name:	Role:
Name:	Site:	Name:	Role:
Name:	Site:	Name:	Role:
List additional names here:			

ECEAP Contract Exhibit A: Statement of Work		Fully Met	Action Required	Notes
3a.	Permission from DEL	<input type="checkbox"/>	<input type="checkbox"/>	
3c.	Accurate Data in Early Learning Management System (ELMS)	<input type="checkbox"/>	<input type="checkbox"/>	
3h.	Enroll all ECEAP sites in Early Achievers	<input type="checkbox"/>	<input type="checkbox"/>	
3i.	Use of Classroom Assessment Scoring System (CLASS) and Environment Rating Scale (ERS)	<input type="checkbox"/>	<input type="checkbox"/>	
3j.	Professional Development Supports	<input type="checkbox"/>	<input type="checkbox"/>	
3k.	Practice-based Coach	<input type="checkbox"/>	<input type="checkbox"/>	
3r.	Use of DEL Logo	<input type="checkbox"/>	<input type="checkbox"/>	
4.	DEL ECEAP Licensing Requirements	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Full School Day or Extended Day Models	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Child Safety	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Subcontracting	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Service Area Agreements	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Protection of Personal Information	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Records Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Copyright	<input type="checkbox"/>	<input type="checkbox"/>	
Describe your strengths this year in meeting the contract provisions:				
Describe your areas for growth this year in meeting the contract provisions:				
Describe your goals for next year for meeting the contract provisions:				

ECEAP Performance Standard Section A: Administration		Fully Met	Action Required	Notes
A-1	Continuous Improvement System	<input type="checkbox"/>	<input type="checkbox"/>	
A-2	Exceptions to Standards	<input type="checkbox"/>	<input type="checkbox"/>	
A-3	Service Delivery Plan	<input type="checkbox"/>	<input type="checkbox"/>	
A-4	Community Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	
A-5	Health Advisory Committee	<input type="checkbox"/>	<input type="checkbox"/>	
A-6	Parent Policy Council	<input type="checkbox"/>	<input type="checkbox"/>	
A-7	Community Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
A-8	Self-Assessment of ECEAP Compliance	<input type="checkbox"/>	<input type="checkbox"/>	
A-10	Community and Parent Complaints	<input type="checkbox"/>	<input type="checkbox"/>	
A-11	Free-of-Charge	<input type="checkbox"/>	<input type="checkbox"/>	
A-12	Non-Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	
A-13	Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	

ECEAP Performance Standard Section A: Administration		Fully Met	Action Required	Notes
A-14	Subcontractors	<input type="checkbox"/>	<input type="checkbox"/>	
Describe your strengths this year in Section A: Administration:				
Describe your areas for growth this year in Section A: Administration:				
Describe your goals for next year for Section A: Administration:				

ECEAP Performance Standard Section B: Eligibility, Recruitment, Prioritization, Enrollment, and Attendance		Fully Met	Action Required	Notes
B-100	Child Recruitment	<input type="checkbox"/>	<input type="checkbox"/>	
B-102	Verifying Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	
B-104	Whose Income to Count	<input type="checkbox"/>	<input type="checkbox"/>	
B-105	Which Income to Count	<input type="checkbox"/>	<input type="checkbox"/>	
B-106	When a Child Lives in Two Households	<input type="checkbox"/>	<input type="checkbox"/>	
B-107	Verifying Annual Income	<input type="checkbox"/>	<input type="checkbox"/>	
B-108	Prioritization	<input type="checkbox"/>	<input type="checkbox"/>	
B-109	Maintaining Enrollment	<input type="checkbox"/>	<input type="checkbox"/>	
B-110	Waiting Lists	<input type="checkbox"/>	<input type="checkbox"/>	
B-111	Serving Non ECEAP Children in the Same Classroom	<input type="checkbox"/>	<input type="checkbox"/>	
B-112	Attendance	<input type="checkbox"/>	<input type="checkbox"/>	
Describe your strengths this year in Section B: Eligibility, Recruitment, Prioritization, Enrollment, and Attendance:				
Describe your areas for growth this year in Section B: Eligibility, Recruitment, Prioritization, Enrollment, and Attendance:				
Describe your goals for next year for Section B: Eligibility, Recruitment, Prioritization, Enrollment, and Attendance:				

ECEAP Performance Standard Section C: Human Resources		Fully Met	Action Required	Notes
C-1	Staffing Patterns	<input type="checkbox"/>	<input type="checkbox"/>	
C-2	Staff Recruitment and Selection	<input type="checkbox"/>	<input type="checkbox"/>	
C-3	Staff Qualifications	<input type="checkbox"/>	<input type="checkbox"/>	
C-4	College Credit	<input type="checkbox"/>	<input type="checkbox"/>	
C-5	Lead Teacher Role	<input type="checkbox"/>	<input type="checkbox"/>	
C-6	Teacher Qualifications	<input type="checkbox"/>	<input type="checkbox"/>	
C-7	Assistant Teacher Role	<input type="checkbox"/>	<input type="checkbox"/>	
C-8	Assistant Teacher Qualifications	<input type="checkbox"/>	<input type="checkbox"/>	
C-9	Family Support Staff Role	<input type="checkbox"/>	<input type="checkbox"/>	
C-10	Family Support Staff Qualifications	<input type="checkbox"/>	<input type="checkbox"/>	
C-11	Health Advocate Role	<input type="checkbox"/>	<input type="checkbox"/>	
C-12	Health Advocate Qualifications	<input type="checkbox"/>	<input type="checkbox"/>	

<b>ECEAP Performance Standard Section C: Human Resources</b>		<b>Fully Met</b>	<b>Action Required</b>	<b>Notes</b>
C-13	Health Consultant Role	<input type="checkbox"/>	<input type="checkbox"/>	
C-14	Health Consultant Qualifications	<input type="checkbox"/>	<input type="checkbox"/>	
C-15	Nutrition Consultant	<input type="checkbox"/>	<input type="checkbox"/>	
C-16	Nutrition Consultant Qualifications	<input type="checkbox"/>	<input type="checkbox"/>	
C-17	Mental Health Consultant Role	<input type="checkbox"/>	<input type="checkbox"/>	
C-18	Mental Health Consultant Qualifications	<input type="checkbox"/>	<input type="checkbox"/>	
C-19	Staff Training Program	<input type="checkbox"/>	<input type="checkbox"/>	
C-20	Required Training	<input type="checkbox"/>	<input type="checkbox"/>	
C-21	Volunteer Training and Background Check	<input type="checkbox"/>	<input type="checkbox"/>	
Describe your strengths this year in Section C: Human Resources:				
Describe your areas for growth this year in Section C: Human Resources:				
Describe your goals for next year for Section C: Human Resources:				

<b>ECEAP Performance Standard Section D: Health, Safety and Nutrition</b>		<b>Fully Met</b>	<b>Action Required</b>	<b>Notes</b>
D-1	Health and Safety Planning	<input type="checkbox"/>	<input type="checkbox"/>	
D-2	Health Coordination Services for Families	<input type="checkbox"/>	<input type="checkbox"/>	
D-3	Health and Safety Policies and Procedures	<input type="checkbox"/>	<input type="checkbox"/>	
D-4	Parent Consent Forms	<input type="checkbox"/>	<input type="checkbox"/>	
D-5	Health Records	<input type="checkbox"/>	<input type="checkbox"/>	
D-6	Parent Notifications	<input type="checkbox"/>	<input type="checkbox"/>	
D-7	Health Screening	<input type="checkbox"/>	<input type="checkbox"/>	
D-8	Dental Screening	<input type="checkbox"/>	<input type="checkbox"/>	
D-9	Medical Examinations	<input type="checkbox"/>	<input type="checkbox"/>	
D-10	Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	
D-11	Medications	<input type="checkbox"/>	<input type="checkbox"/>	
D-12	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	
D-13	Infectious Disease Prevention	<input type="checkbox"/>	<input type="checkbox"/>	
D-14	Food Sanitation	<input type="checkbox"/>	<input type="checkbox"/>	
D-15	Meals and Snacks	<input type="checkbox"/>	<input type="checkbox"/>	
D-16	Square Footage	<input type="checkbox"/>	<input type="checkbox"/>	
D-17	New Facilities	<input type="checkbox"/>	<input type="checkbox"/>	
D-18	Safe Facilities	<input type="checkbox"/>	<input type="checkbox"/>	
D-19	Safe Equipment and Materials	<input type="checkbox"/>	<input type="checkbox"/>	
D-20	Playground Safety	<input type="checkbox"/>	<input type="checkbox"/>	
D-21	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
Describe your strengths this year in Section D: Health, Safety and Nutrition:				
Describe your areas for growth this year in D: Health, Safety and Nutrition:				
Describe your goals for next year for Section D: Health, Safety and Nutrition:				

<b>ECEAP Performance Standard Section E: Early Childhood Education</b>		<b>Fully Met</b>	<b>Action Required</b>	<b>Notes</b>
E-1	Early Childhood Education Service Delivery	<input type="checkbox"/>	<input type="checkbox"/>	
E-2	Environment (Indoors and Outdoors)	<input type="checkbox"/>	<input type="checkbox"/>	
E-3	Daily Routine	<input type="checkbox"/>	<input type="checkbox"/>	
E-4	Curriculum—Developmentally Appropriate and Culturally Relevant	<input type="checkbox"/>	<input type="checkbox"/>	
E-5	Curriculum Planning	<input type="checkbox"/>	<input type="checkbox"/>	
E-6	Kindergarten Transition	<input type="checkbox"/>	<input type="checkbox"/>	
E-7	Adult-Child Interactions	<input type="checkbox"/>	<input type="checkbox"/>	
E-8	Child Guidance	<input type="checkbox"/>	<input type="checkbox"/>	
E-9	No Expulsion	<input type="checkbox"/>	<input type="checkbox"/>	
E-10	Screening and Referrals	<input type="checkbox"/>	<input type="checkbox"/>	
E-11	Observation, Assessment and Individualization	<input type="checkbox"/>	<input type="checkbox"/>	
E-12	Parent-Teacher Conferences	<input type="checkbox"/>	<input type="checkbox"/>	
Describe your strengths this year in Section E : Early Childhood Education:				
Describe your areas for growth this year in Section E: Early Childhood Education:				
Describe your goals for next year for Section E: : Early Childhood Education:				

<b>ECEAP Performance Standard Section F: Family Partnerships</b>		<b>Fully Met</b>	<b>Action Required</b>	<b>Notes</b>
F-1	Family Support Services	<input type="checkbox"/>	<input type="checkbox"/>	
F-2	Family Support Principles	<input type="checkbox"/>	<input type="checkbox"/>	
F-3	Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	
F-4	Resources and Referrals	<input type="checkbox"/>	<input type="checkbox"/>	
F-5	Parent Involvement	<input type="checkbox"/>	<input type="checkbox"/>	
F-6	Parent Education	<input type="checkbox"/>	<input type="checkbox"/>	
F-7	Parent Leadership Development	<input type="checkbox"/>	<input type="checkbox"/>	
Describe your strengths this year in Section F: Family Partnerships:				
Describe your areas for growth this year in Section F: Family Partnerships:				
Describe your goals for next year for Section F: Family Partnerships:				

**List any requests for technical assistance from DEL:**