|  |  |  |
| --- | --- | --- |
| **Extension Request** | | |
| Facility Name |  | |
| Facility Address |  | |
| Provider ID |  | |
| Name of person requesting extension |  | |
| Title |  | |
| Contact Number |  | |
| Email |  | |
| Does this facility have Head Start or ECEAP slots? | Yes  No | |
| If yes, please provide contact information for the facility’s grantee/contractor |  | |
| **Eligibility Criteria** | | |
| Reason for requesting extension | | Select all that apply |
| If ‘other’ is selected, please provide a description of the circumstances | |  |
| Is the facility currently in compliance with all licensing/ECEAP requirements | | Yes  No |
| Has the facility met all previous Early Achievers timeline requirements? | | Yes  No |
| Has the facility maintained active engagement in Early Achievers?\* | | Yes  No |
| **Supporting Documentation** | | |
| The following documentation must be included with this extension application:  Summary of Early Achievers participation  Calendar of operation (if facility is part-year)  Documentation verifying exceptional circumstances | | |

\*Provider must have met minimum participation requirements prior to exceptional circumstance.

\*\*For a definition of exceptional circumstances, please refer to the Early Achievers extension policy in the [operating guidelines](https://www.dcyf.wa.gov/sites/default/files/pdf/ea/OperatingGuidelines.pdf).

|  |  |  |  |
| --- | --- | --- | --- |
| **For DCYF Use Only** | | | |
| Request Approved | | Yes  No | |
| Effective Date | |  | |
| Original Quality Level Milestone | |  | |
| New Quality Level Milestone | |  | |
| Reviewed by the Extension protocol panel | | Yes  No  N/A | |
| Notes: | | | |
| **Contact Information** | | | |
| Licensor |  | | |
| CCA Regional Coordinator |  | | |
| HS Grantee/ECEAP Contractor |  | | |
| **Panel Members** | | | |
| DCYF QRIS Staff | | |  |
| CCA of WA Staff | | |  |
| Provider Supports Subcommittee/ Values and Processes Workgroup Member | | |  |
| Reviewed by QRIS Administrator | | |  |