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| **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).

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| **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 |  |