

Early Achievers Extension Application

Extension Request

Facility Name _____

Facility Address _____ FamLink ID _____

ECEAP ID _____ Head Start 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

Leadership changes

Staff turnover

Staff turnover

Community defined event

Engaged in grievance process

Reallocation of Head Start/ECEAP slots

Extended illness

Low enrollment

Natural disaster or accidental damage

Death or other tragedy

Other (if selected please describe)

Is the facility currently in compliance with all licensing requirements? Yes No

Is the program in compliance with all ECEAP requirements? Yes No NA

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](#).

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 Manager _____

DCYF QRIS Technical Services Manager _____

Reviewed by Quality & Access Administrator _____

Notes