

**THE DEPARTMENT OF EARLY EDUCATION AND CARE
SUBSIDIZED CHILD CARE
APPROVED BREAK IN CARE FORM**

Date: _____ FID: _____

Name: _____

Name(s)
of Child(ren): _____

Address: _____
ADDRESS CITY STATE ZIP CODE

Phone: _____ E-Mail: _____

Subsidy Administrator Agency Name : _____

Subsidy Administrator Staff Member: _____

Phone: _____ E-Mail: _____

The Department of Early Education and Care (EEC) allows parents to request an Approved Break in Care for up to 180 days. An Approved Break in Care will allow you to stop using your subsidy for up to 180 days, and resume care without having to place your name back on EEC's income eligible waitlist. You have the right to opt out of an Approved Break in Care, however, it is still your responsibility to contact your Child Care Educator/Provider to inform them when your child(ren) will be absent.

I, _____, **am requesting an Approved Break in Care beginning on**
PRINT PARENT NAME
_____ and understand that my child(ren) must be back in care no later than
DATE
_____. This request is for all of my children _____
DATE PARENT'S INITIALS

OR _____
LIST CHILD(REN) TO BE PLACED ON AN APPROVED BREAK

I understand this Approved Break in Care is only valid for 180 days, and if I fail to re-enter subsidized child care by the agreed return date above then I will be required to place my name on EEC's income eligible waitlist to receive any additional funding. Furthermore, I understand that if I fail to return to care prior to the above referenced date, EEC will consider this as an Abandonment of Subsidy.

_____ I have been offered an Approved Break in Care but I am rejecting the offer. I understand that any days my child does not attend will count as an Absence. I understand that if frequent absences occur, my subsidy administrator will contact me to discuss my need for continued subsidized care. I understand that I must contact my Child Care Educator/Provider to inform them when my child will be absent and that three (3) or more consecutive unexplained absences will result in an Excessive Unexplained Absence Warning Notice to be issued. I also understand that a 2nd occurrence of Excessive Unexplained Absences during a 12 month authorization may result in the termination of my child care subsidy.

PARENT SIGNATURE DATE

If you have any questions about this action, please first speak with the Subsidy Administrator listed above.