Dear Parent:

All children who receive child care subsidies from the Department of Early Education and Care (EEC) are expected to attend the early education and care program as scheduled in your child care authorization. Child care providers are required to make every effort to ensure that each child care slot is filled or each voucher is used at all times.

EEC’s Attendance Policy states that Excessive Unexplained Absences occur when a child fails to attend their subsidized child care program for more than 3 consecutive days without the parent contacting the provider. After the first occurrence of Excessive Unexplained Absences during a 12 month authorization, the Child Care Educator/Provider or the Subsidy Administrator will issue the family an EEC Excessive Unexplained Absence Warning Notice form. Any additional occurrence of Excessive Unexplained Absences may result in the termination of subsidized child care.

**THIS SERVES AS A NOTICE THAT YOUR CHILD HAD ONE INSTANCE OF EXCESSIVE UNEXPLAINED ABSENCES AS DEFINED IN EEC POLICY AND REGULATIONS. THE NEXT INSTANCE OF EXCESSIVE UNEXPLAINED ABSENCES MAY RESULT IN YOUR CHILD’S TERMINATION FROM SUBSIDIZED CHILD CARE.**

**Household Information (to be completed by Child Care Educator/Provider or Subsidy Administrator):**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Full Name and Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Issuing Notice:

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete the following section:**

*I acknowledge that my child has met the limit for excessive unexplained absences during my authorization period and that I may be subject to termination should my child may incur a second occurrence of excessive unexplained absences as stated in the attendance notification agreement I signed at my most recent authorization.*

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_