



MASSACHUSETTS CHILD CARE
RESOURCE & REFERRAL

End of Child Care Placement Form

If you need to end a placement or need to change providers *prior to the scheduled end date of a voucher*, please do the following:

Parents:

- Provide a two week notice in writing indicating the child(ren)'s expected last day of attendance.
- Complete and submit this form along with the completed *Confirmation of Provider* form to verify a start date for a new provider.

Provider:

- Please fill this out to completion and fill out the child's last day in care and the last billing date you will bill in CCFA for this child(ren)

FID #: _____ Parent/Guardian Name: _____

Child 1: _____ Child 2: _____

Child 3: _____ Child 4: _____

Date of Notice Given: _____

The child(ren)'s last day of care with my program will be on (date): _____

The last day I will be billing for care for this child(ren) is on (date): _____

Reason for end of placement (Please Check All That Apply):

- ☐ Failure to Follow Parent Fee Policy ☐ Voluntary ☐ Custody Change
- ☐ More than 30 Consecutive Unexplained Absences ☐ Changing Providers
- ☐ Other: _____

Program Name _____

Program Address _____

Provider Signature _____

Date: _____