

PROVIDER EXIT INTERVIEW

Provider Name:

Site Address:

1. Are you closing your program entirely?

Yes

No. I am just not renewing my Voucher Agreement (skip to Question 3)

The date that the agreement will end on is:

2. Why are you closing your program? Please check any that apply: I never started care

Personal reasons

I am retiring

No CCR&R support

Financial reasons

QRIS requirements

Relocation

EEC Policies/Procedures

Other, explain:

3. If applicable, why are you not renewing your Voucher Agreement? Please check any that apply:

Closing program

No CCR&R support

Financial reasons

Relocation

Reimbursement rate too low

QRIS requirements

EEC Policies/Procedures

CCFA - new billing technology

Other, explain:

4. If you checked that an EEC policy and/or procedure influenced your decision, please explain the barriers you encountered:

5. Did you request assistance from the CCR&R prior to closing your program or deciding to renew your Voucher Agreement? Yes No (skip to Question 7)

6. Did you receive the assistance from the CCR&R? Yes No

7. Would you like more support from the CCR&R in order to keep your program open or continue your Voucher Agreement? Yes No

Additional Comments: