



Rhode Island Department of Human Services

FCC Out of Home Request

10/1/2024

To request extended time away from your program, you must submit this request and receive approval from the Department prior to being absent from providing care. Failure to alert the Department of an extended absence could result in licensing action.

**Extended absence is outlined in the regulations as the provider being out of the home three (3) or more consecutive days but continuing to operate with the use of an approved assistant. Extended absences will not be approved beyond fourteen (14) days per calendar year.*

Family Child Care Information

Provider Name:		Date:	
Address:		PID#:	
Dates in which you intend to be out of your home:			
Reason for the absence: <i>(Please select one option below)</i>			
<input type="checkbox"/> Emergency Medical <input type="checkbox"/> Planned Medical <input type="checkbox"/> Emergency Travel <input type="checkbox"/> Planned Travel <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Other (Please include additional information below):			
Please explain process by which families will be notified of absence:			
Approved Assistant(s) providing care in your absence:			
Additional notes:			

Acknowledgment

By signing this form, I understand that I am requesting to allow an approved assistant(s) to provide child care in my home to the families currently enrolled while I am on an extended absence. I understand that approval from the Department must be received prior to being absent from my home and that just submitting this approval does not mean I am approved.

Signature of Applicant

Date

Print Name

This form can be returned via email to your assigned licensor or the general Child Care Licensing email:

DHS.ChildCareLicensing@dhs.ri.gov