

**EXHIBIT B  
ABSENT DAY FORM**

Request for CCKids Approval for Absent Days

Name of SERVICE  
PROVIDER:

Contract #

Program Name:

Client Name:

Date(s) Requested:

Reason for Absent Day(s):

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date of Submittal

**CCK Placement**

Placement@cckids.net or  
Facsimile (772) 249-0166

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

Comments:

CCKids Placement Supervisor \_\_\_\_\_

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

**PROVIDER SUBMISSION OF FORM IS DUE WITHIN TWENTY-FOUR (24) HOURS  
OF THE DATE AND TIME OF THE CHILD'S ABSENCE**