



General Declaration of Services Statement

Attachment A: Provider Holidays

Provider Name: PROVIDER NAME

Provider Number: PROVIDER LICENSE NUMBER

Dates:

From: 01/01/2021 To: 12/31/2021

9 CCS reimbursable holidays (Paid Holidays)

01/01/2021		
02/15/2021		

TRS Providers Only: (2 additional CCS reimbursable holidays)

All providers: Please list any additional closure dates, including when children cannot attend due to teacher work days, in the table below; these dates are for reference only and will not be paid out by Workforce Solutions Child Care Services.

Additional Dates of Closure (Unpaid Holidays)

From: 01/01/2021 To: 12/31/2021

I, _____, (Printed Name, Authorized Representative)
agree that the above paid holidays and unpaid holidays are documented correctly for my site. If at any time during the **2020** calendar year there are changes to the dates listed above, I realize that it is my responsibility to inform Workforce Solutions Child Care Services CDS staff of these changes **at least 2 weeks in advance** of these changes taking place. If I fail to communicate this according to the guidelines above, I may lose a CCS paid holiday or fail to receive payment for a date closure.

(Authorized Representative Signature)

(Date)

Correspondence with Provider Regarding Holidays

(Include dates, authorized representative name(s), specified information)

Sample

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