



# Early Learning Coalition of Escambia County Office Policies & Procedures

**Title: School Readiness Program Extraordinary Absence Reimbursement  
Request: Submission and Payment Policy & Procedure**

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**1.0 PURPOSE:** To establish Early Learning Coalition policy and procedure that are in compliance with related Office of Early Learning, State and Federal regulations for School Readiness Program reimbursement requests for extraordinary absences.

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**2.0 SCOPE :** This policy covers all School Readiness (SR) Program reimbursement requests for extraordinary absences.

**3.0 DEFINITIONS:**

**A. Absences:** The following excerpt from Florida Rule 6M-4.500 defines absences and extraordinary absences:

**6M-4.500 Reimbursement-General Provisions Regarding Reimbursement for Holidays and Absences.**

(2) Absences. Reimbursement shall be authorized for no more than three (3) absences per calendar month per child except in the event of extraordinary circumstances in which the case the coalition or its designee shall provide written approval for payment based on written documentation provided by the parent justifying the excessive absence for up to an additional seven (7) days.

(a) Examples of extraordinary circumstances include the following:

1. Hospitalization of child or parent with appropriate documentation;
2. Illness requiring home-stay as documented;
3. Death in immediate family with appropriate documentation (i.e., obituary, death certificate);
4. Court order visitation with appropriate documentation (i.e., court order); or
5. Unforeseen documented military deployment or exercise of the parent(s).

(b) Total monthly reimbursed absences shall not exceed ten (10) calendar days.

**4.0 ASSOCIATED DOCUMENTATION:**

- A. Extraordinary Absence Reimbursement Request Form**
- B. Other documentation as stipulated by statute (See Definitions.)**

**5.0 RESPONSIBILITY / AUTHORITY:**

**A. Parents:** Parents enrolled in the SR Program are responsible for payment of absences in excess of the three (3) authorized each month if the Provider they have chosen to provide child care has a policy that they have agreed to that requires such payment. However, if any absence in excess of three (3) is the result of extraordinary circumstances, as defined above,

the parents must submit documentation to the Coalition, via the Provider, for consideration for payment for extraordinary absences. If approved, the Provider will be paid for up to seven (7) additional days. Payment for any absences beyond a total of ten (10) will be as agreed between the parent and Provider.

**B. SR Provider:** No documentation is required for up to three (3) absences per month. To request reimbursement for extraordinary absences, absences in excess of three days, but no more than ten days in a calendar month, the Provider shall submit an Extraordinary Absence Reimbursement Request Form. The Provider is responsible for ensuring parents provide the required extraordinary absence documentation, and including this documentation with the reimbursement request. All forms and associated documentation must be submitted as part of the regular monthly reimbursement submission which is due by the second business day of the following month.

**C. Coalition:** The Coalition Reimbursement Specialist will be responsible for reviewing and approving all request forms. Approval will be in accordance with Florida Rule 6M-4.500, and documentation of the approval or disapproval shall be made as required. The Provider shall be notified if the request is disapproved, with an explanation of the reason for disapproval, via the reimbursement report for the month the request was submitted.

**6.0 PROCEDURE:** N/A

**7.0 CANCELLATION:** This policy cancels all previous policies relating to extraordinary absences, and other supplementary payments, to include **School Readiness Absences** dated September 22, 2011.

**8.0 RECORDS RETENTION:** All records will be retained for five years in accordance with the Coalition’s Fiscal Policy.

**9.0 ATTACHMENTS:**

- Extraordinary Absence Reimbursement Request Form

**Document Revisions**

<i>Revision Date</i>	<i>Change Description</i>
<i>Date - Pending Approval</i>	<i>Initial approval and publication.</i>