Appendix H

Absence Waiver Policy
APPENDIX H: ABSENCE WAIVER POLICY

Policy Statement
Where an absence from a residential child care facility extends beyond 10 days, the facility must submit an Absence Waiver Policy Form to the Child Protection Branch. In the case of a planned absence, the Absence Waiver Policy Form must be submitted prior to the absence.

In the case of an unplanned absence, the Absence Waiver Policy Form must be submitted prior to the eleventh day of the absence. Cumulative absences, where the child is absent for 50% or more of the days during the billing period, must be approved by the Child Protection Branch.

Funding will not be approved in situations where unapproved Absence Waiver Forms are included with monthly billings.

Absence waivers will not generally be approved beyond 30 days. Exceptions may be considered dependent on the individual needs of the child, such as: length of placement, degree of connection with the program, role of the facility during the absence and documentation regarding ongoing contact.

Procedures
Planned Absences
• In the case of planned absences beyond 10 days such as a vacation, home visits, transitioning visits, etc., prior approval from the Child Protection Branch is required.
• Signatures of representatives of the residential child care facility and the placing agency are also required.
• It is preferable that requests for waiver of the absence policy for planned absences be done as part of the Individual Program Plan/Case review process.

Unplanned Absences
• The facility must immediately notify the police and the placing agency of any unplanned absence if the child is thought to be a danger to themselves or others. Each child must have a written plan regarding the facility’s and agency’s response to unplanned absences.
• The facility must advise the supervising agency of the missing child within 24 hours of the noted absence.
• Within the first 10 days of absence, the facility should explore with the agency whether an Absence Waiver Policy Form should be submitted.
• If the decision is to request a waiver of the absence policy, this should be discussed with the Child Protection Branch staff prior to the tenth consecutive day of absence.
• The signature of the agency representative is not required for unplanned absences. The date of the verbal agreement supporting the waiver should be noted, as well as the name of the agency representative.
• It is the responsibility of the facility to ensure the approved Absence Waiver Policy Forms (origina- nals) are attached to the monthly billings.
• The facility must immediately advise the police and agency when a missing child is found or returned.
## Absence Waiver Policy Form

Date: __________________________

### A. Residential Child Care Facility

Name: ____________________________________________________________

Address/Unit: ______________________________________________________

### B. Child ___________________________ Birthdate ___________________________

Status: [ ] Pw  [ ] Tw  [ ] Apprehension  [ ] Other ___________________________

Admission Date: __________________________

### C. Placing Agency

Name: ____________________________________________________________

Worker: ___________________________ Phone No.: ___________________________

### D. Absence Information

First Day Absent: ___________________________  [ ] Planned  [ ] Unplanned

Waiver Requested From: ___________________________ to ___________________________ (inclusive)

### E. Cumulative Absence Days

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### F. Justification (Indicate Facility’s Role/Involvement During The Absence:)

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Facility Representative: ___________________________  Agency Representative: ___________________________

Date signed: ___________________________  Date signed/confirmed: ___________________________

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## To Be Completed By The Child Protection Branch

### G. Extension Approved:  [ ] Yes  [ ] No

Days Authorized: From ___________________________ to ___________________________ (inclusive)

Authorizing Signature: ___________________________

Comments: ____________________________________________

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### INSTRUCTIONS

1. Facility To Complete Section A To F In Triplicate, And Forward To Child Protection Branch, Attention: Child And Family Resources.
2. Signature Of Agency Representative Not Required For Unplanned Absences.
3. Date Of Verbal Confirmation By Agency Representative To Be Noted.
4. Original To Be Returned To Facility By Child Protection Branch And Attached To Billing At Month End.