# VOLUNTARY DISCONTINUE LOG

| NAME OF FACILITY: | | | LICENSE # : | DATE: |
|---|---|---|---|---|
| TWIST ID (found on CCAA) | PARENT'S NAME | CHILD(REN) NAME | DATE CHILD(REN) STOPPED ATTENDING | |
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**Instructions:**

1. Provider will submit the Voluntary Discontinue Log within two (2) business days when a family reports to the provider child (ren) will no longer be attending the facility or when provider declines child care services to the family.
2. Provider will review CCAA on a daily basis. www.workforcesolutionschildcare.com/ccaa
3. Fax log to one of the corresponding fax numbers below:

**Weslaco Workforce (1.866.890.5452) • Mission Workforce (1.866.580.6089)**