



AT-RISK Child Absence

PROVIDER INFORMATION		
Child Care Provider Name:		Provider ID:
Provider Contact Name (please print):	Phone Number:	Email:

Providers should use this form for the following purposes:

1. To report an absence of a School Readiness child that has been absent for five (5) consecutive days with no contact/communication from the parent.
2. To report a total of (10) unexplained absences of a School Readiness child in a calendar month.
3. To report the **first unexcused absence** or seven consecutive excused absences of a School Readiness child that is considered **'at-risk' (BG1) no later than close of business (COB) the day of the absence.**
4. Providers are required by Florida law to report absences such as these to the Department of Children and Families (DCF) no later than **COB on the day of the absence.**

This form must be completed in its entirety and uploaded to the ELCSW Portal Document Library in the folder titled **AT-RISK ABSENCE** no later than COB on day of the absence and send email to cheryl.carpenter@elcofswfl.org

CHILD & ABSENCE INFORMATION			
The child(ren) listed below have absences that require reporting as described in items (1) through (3) above.			
Child Name (first, last)	Date of Birth	Parent/Guardian Name	Date of Absence(s)
Notes:			

All School Readiness Providers are required per the Statewide School Readiness Provider Contract to report absences according to the specifications in [Rule 6M-4.500, F.A.C., Child Attendance and Provider Reimbursements.](#)

Signature of Authorized Contract Representative

Date