

PROVIDER INFORMATION			
Child Care Provider Name:			Date:
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. **Additionally, Providers are required by Florida law to report absences such as these to Eckerd Connects by calling 813-225-1105 ext. 1270 no later than COB of day of the absence.**

This form must be completed in its entirety and uploaded to the ELCHC Portal Document Library in the folder titled Report Child Absence no later than the COB of day of the absence.

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](#).*

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Signature of Authorized Contract Representative

\_\_\_\_\_  
Date