



At-Risk School Readiness Program

Report on Child Non-Attendance

7700 Southland Boulevard, Suite 100, Orlando, FL 32809

Date: _____

Child Care Provider Name: _____

Contact Person: _____

Phone Number: _____

Child Name	Date of First Unexcused Absence	Date of Seventh Excused Absence	Reason for Absence, if known

Attestation

By signing, I attest that the information above is accurate. I understand that it is my responsibility, as the child care provider, to notify the At-Risk Referring Agency and ELCOC no more than twenty-four (24) hours after the unexcused absence or the seventh (7th) consecutive excused absence has occurred, as per Rule 6M-4.500(4)(e). I also understand that failure to report unexcused absences for At-Risk child enrollments will result in a notice of non-compliance and that multiple non-compliance occurrences may result in the termination of our School Readiness Provider Contract, per Coalition Policy 430A.04.

Authorized Provider Representative Name: _____

Position: _____

Authorized Provider Representative Signature: _____

Return this form to ELC of Orange County At-Risk Team:

- Send fax to: (321)461-1908
- Send an encrypted email to: atriskteam@elcoc.org