



Community Coordinated Care for Children, Inc.

Orange County
3500 W. Colonial Drive, Orlando, FL 32808
(407) 522-2252



Report of Child Non-Attendance

Date: ____/____/____

Child Care Provider Name: _____

Contact Person: _____ Phone Number: _____

Absent:

If child(ren) enrolled is absent for five (5) consecutive days with no contact from child's parent/guardian, as the provider you must notify 4C, who will determine if there is a need for continued care. If 4C is unable to make contact with child's parent/guardian or the determination is made that services are no longer needed, a termination notice will be mailed to you giving child's parent/guardian two weeks to contact 4C before child disenrollment is completed. School Readiness services will be terminated for any child with FIFTEEN (15) consecutive unexcused absences per month.

Child Name	Date of First Unexcused Absence	Date of Fifth Unexcused Absence

Withdrew:

The child(ren) listed below have withdrawn from my School Readiness Program. I was notified of this withdrawal by the child's parent/guardian.

Child Name	Last Date of Attendance	Date Notified of Withdrawal

Printed Name of Staff Member Completing Form Position

Signature Date

