



Absence and Rilya Wilson Reporting Form

(Select one)

- 5 Day No-Contact
 10 Day No-Contact
 Rilya Wilson Absence Report

Please use this form to report unexcused consecutive absences of School Readiness funded children and absences of children covered under the Rilya Wilson act.

5-DayNoContact -Children absent for 5 consecutive days of their regularly scheduled attendance in a month with no contact from the parent.

10-DayNoContact - Children with 10 unexplained absences within a month with no contact from the parent

RilyaWilsonprotectedchild – first day a child is absent with no contact from parent/guardian, or seven consecutive days of excused absences contact both DCF and ELC. Child’s enrollment may not be terminated without written approval from referring agency.

Date of Report: _____

Provider Name:	
Address:	
Contact Person:	
Contact Phone #:	

Child’s Name:	
Parent/Guardian Name:	
Contact Phone #:	
Date Child Last Attended:	

Document any attempts made to contact the parent:

DATE:		<input type="checkbox"/> Spoke with Parent	<input type="checkbox"/> Left Message	<input type="checkbox"/> Unable to Leave Message
NOTES:				
DATE:		<input type="checkbox"/> Spoke with Parent	<input type="checkbox"/> Left Message	<input type="checkbox"/> Unable to Leave Message
NOTES:				

For Rilya Wilson children ONLY- Absences must also be reported to DCF and ELC

DCF-Call Date: _____

Email the completed **Absence and Rilya Wilson Reporting** Form to the assigned Family Services Specialist.

[6M-4.500ChildAttendanceandProviderReimbursements](#) and [Section39.604RilyaWilsonAct](#)