Excessive Absence Report

Child Care Center name: **Date:**

License Number:

This form should only be completed for those children who have been absent from your facility for 5 consecutive days. Please list the client's name, the child's name and the date of each absence below.

Child Information

Client First and Last Name	Child First and Last Name	Date of 1st consecutive absence	Date of 2nd consecutive absence	Date of 3rd consecutive absence	Date of 4th consecutive absence	Date of 5th consecutive absence