

**Rilya Wilson Act Child Absence Reporting Form  
(Tri-County Providers-Partnership for Strong Families)**

**Name of Facility** \_\_\_\_\_ **City** \_\_\_\_\_

**Name of Child Care Provider Reporting Absence** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Date of Report** \_\_\_\_\_

**Child(ren's) Name(s)** \_\_\_\_\_

**Child(ren's) DOB** \_\_\_\_\_

**Date(s) of Absences** \_\_\_\_\_

**Excused Absence** \_\_\_\_\_ **Unexcused Absence** \_\_\_\_\_

**For Dixie, Gilchrist, and Levy Counties, fax to:**

**Laura Blanton, Partnership for Strong Families**  
**Fax: (352) 463-4419**  
**Tel: (352) 463-3110 x 301**

*If you are receiving this report and have no knowledge of the case, please contact the child care provider (above).*