

Five Day Consecutive Absence Report

Date _____

Child Care Facility Name _____

Is this a CPS case? Yes No

Parent/Cargiver Name _____

Child Name _____
(one form for each child)

Days Absent _____
1st day 2nd day 3rd day 4th day 5th day

Reason for Absence _____
(i.e. sick, COVID, court order visitation, unknown, etc.)

Person completing form _____
(please print)

Babel Notice:

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language service, including the interpretation/translation of this document, are available free of charge upon request.

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.

EQUAL OPPORTUNITY IS THE LAW

Workforce Solutions Northeast Texas dba Workforce Solutions is an equal opportunity employer/program and auxiliary aids and services are available upon request to include individuals with disabilities. TTY/TDD via RELAY Texas service at 711 or (TTD) 1-800-735-2988 (voice).

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Texarkana

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(903) 794-4163
(903) 792-2976 (Fax)

Child Care Services

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(903) 794-8999
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