



Family Support Services  
OF NORTH FLORIDA INC.

Edward Lee Kaywork  
Chief Executive Officer

Reporting Child Absences  
(Rilya Wilson Act, Florida Statutes 39.604)

Name of Person completing form: \_\_\_\_\_

Child Care Center/Facility completing form: \_\_\_\_\_

Date Reporting: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Dates of Absence: \_\_\_\_\_

Child's Family Service Counselor/Case Worker: \_\_\_\_\_

Case Management Organization:  CHS  Daniel  JFCS  MHRC  
 NTF  Nassau

Child's FSC was notified: \_\_\_\_\_

Did the Parent/custodian provide any statement or documentation of why the child was absent?

Yes No ; if yes, what?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please e-mail this completed form to: [Rilya.Wilson@fssnf.org](mailto:Rilya.Wilson@fssnf.org)

1300 Riverplace Blvd. Jacksonville, Florida 32207

The Mission of Family Support Services of North Florida is to be the leader in providing safety, stability and quality of life for all children, by working with the community to strengthen the family unit.