



EMERGENCY CLOSURE NOTICE FORM

If a SR/VPK Program temporarily closes due to emergency circumstances, the provider must notify the ELC Polk by the close of business the first day that the closing occurs and provide notice to the COALITION of subsequent reopening of the SR/VPK Program within two (2) business days of reopening.

Provider Name: _____

Address: _____

Temporary Closure Type:

Select the type of childcare services closure that occurred during the closure event.

- The whole site(s) was closed. Services were not provided to any children.
- The site was partially closed. Services were not provided to all or some SR care levels.
- The site was partially closed. Services were not provided to all or some VPK classes.

Closure Details

Closed From Closed To Anticipated Reopen Date

SR Care Levels / VPK Classes and Reimbursement Request

Use the care levels/classes check boxes to select one or more care levels/classes involved in the closure and enter the reimbursement request per closure day.

Care Levels / Classes Closure Reasons (select all that apply)

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> INF-Infant | <input type="checkbox"/> AF21 - VPK A | <input type="checkbox"/> Exposure to COVID-19 |
| <input type="checkbox"/> TOD – Toddler | <input type="checkbox"/> BF21 - VPK B | <input type="checkbox"/> Scheduled deep cleaning due to COVID-19 |
| <input type="checkbox"/> 2YR - 2 Year Old | <input type="checkbox"/> CF21 - VPK C | <input type="checkbox"/> Lack of child attendance |
| <input type="checkbox"/> PR3 - Preschool 3 | <input type="checkbox"/> DF21 - VPK D | <input type="checkbox"/> Lack of staff availability |
| <input type="checkbox"/> PR4 - Preschool 4 | <input type="checkbox"/> EF21 - VPK E | <input type="checkbox"/> Declared state of emergency other than COVID-19 (e.g. hurricane) |
| <input type="checkbox"/> PR5 - Preschool 5 | <input type="checkbox"/> FF21 - VPK F | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> SCH - School Age | <input type="checkbox"/> GF21 - VPK G | |
| | <input type="checkbox"/> HF21 - VPKH | |

Describe the circumstance that caused the emergency closure:

Authorization

By signing below, I certify that the circumstances described and the information provided is true and correct.

Signature of Authorized Representative:	Date:
Print Name:	
Phone:	Email: