



EARLY LEARNING COALITION OF LAKE COUNTY

**VOLUNTARY PREKINDERGARTEN PROGRAM
DOCUMENTATION OF TEMPORARY CLOSURE**

Provider Information

Name _____
Address City _____
State _____
Zip Code _____

Phone _____
Fax _____
Email _____

TEMPORARY CLOSURE

A Voluntary Prekindergarten Program Provider or Public School may be reimbursed for temporary/emergency closures if the private provider's or public school is located in a county in which government offices normally open to the public are closed by the county, state, or federal government, or public schools are closed by the school district because a state of emergency has been declared by the county government, the Governor, or the President of the United States.

A provider or public school may be reimbursed for a temporary closure if the closure is temporary and beyond the provider's or school's control. Documentation of the circumstances causing the temporary closure is required. Proof may include, but not be limited to, pictures of the child care facility's damages, local licensing staff verification as a result of an assessment visit, or a certification/affidavit of closure statement signed by the provider.

Date(s) of Closure _____

Date facility reopened _____

Describe Supporting Documentation _____

I certify that the facility named above was temporarily closed due to the following reason(s):

Signature of Owner/ Operator _____

Date _____

Submit by mail or fax to:

Early Learning Coalition of Lake
ATTN: Reimbursement Specialist
1300 Citizens Blvd, Ste 206
Leesburg, FL 34748
Fax: (352) 435-0245

For official use only:

Date Received _____
Received By _____
Processed By _____
Date Processed _____