

**EMERGENCY CLOSURE NOTICE FORM**  
FOR SCHOOL READINESS (SR) PROGRAM  
EARLY LEARNING COALITION OF HILLSBOROUGH COUNTY (ELCHC)

**I. INSTRUCTIONS**

If a SR Program temporarily closes due to emergency circumstances, SR providers must notify the ELCHC within two (2) calendar days of closing their program. Providers may use this form as their notification. See Rule 6M-4.501 & 6M-4.610, Florida Administrative Code.

**II. REIMBURSEMENT INFORMATION**

When the ELCHC activates the Continuation of Operations Plan (C.O.O.P.), School Readiness Providers shall be reimbursed at the rate normally received during non-emergency hours. We recommend you notify the ELCHC prior to closing, if possible. When the ELCHC resumes normal operations and the C.O.O.P is no longer active, providers may be reimbursed on a case-by-case basis if the reason for the closure is beyond the provider's control. This includes but is not limited to declaration of a state of emergency by federal, state or local officials; the closure of Hillsborough County Public Schools; or the Program is non-operational due to damages or utility outages.

**III. PROVIDER INFORMATION**

<b>PROVIDER NAME:</b>		<b>COUNTY:</b>
<b>ADDRESS:</b>	<b>CITY:</b>	<b>ZIP CODE:</b>

**IV. CLOSURE DETAILS**

<b>DATE(S) THE SR PROGRAM WAS NOT OFFERED AS PREVIOUSLY SCHEDULED:</b>	
<b>HAS THE SR PROGRAM RESUMED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>IF YES, PLEASE PROVIDE THE DATE THE SR PROGRAM RESUMED:</b>	<b>IF NO, PLEASE PROVIDE ANTICIPATED START DATE (IF AVAILABLE):</b>
<b>DESCRIBE THE CIRCUMSTANCE THAT CAUSED THE EMERGENCY CLOSURE:</b>	

**V. 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:**