



**TEMPORARY CLOSURE – RESUMPTION NOTICE FORM**  
 FOR VOLUNTARY PREKINDERGARTEN (VPK) PROGRAM  
 EARLY LEARNING COALITION OF HILLSBOROUGH COUNTY (ELCHC)

**I. INSTRUCTIONS**

If a VPK Program temporarily closes for any reason, the VPK provider must complete and submit this form to the ELCHC **no later than two (2) business days** after the VPK instructional hours resume. This form should be used for temporary closures caused by emergency and unexpected circumstances. All other changes to the VPK class schedule must be submitted as an update to OEL-VPK 11B and must receive prior approval by the ELCHC. See Rules 6M-8.204, 6M-8.300, and 6M-8.301, Florida Administrative Code.

**II. DEFINITIONS**

**TEMPORARY CLOSURE – EMERGENCY CIRCUMSTANCES:** A closure is considered caused by an emergency circumstance if it was due to a state of emergency that is declared by federal, state or local officials for the area in which the provider is located.

**TEMPORARY CLOSURE – UNEXPECTED CIRCUMSTANCES:** A closure is considered unexpected if a provider could not open a VPK class due to unanticipated circumstances that did not reach the level of an emergency circumstance and therefore the provider did not receive prior approval. These are non-reimbursable days and the provider should revise and submit a new OEL-VPK 11B on the OEL Provider Services Portal to restore the lost instructional hours within two (2) business days following the resumption.

**III. VPK PROGRAM INFORMATION**

<b>PROVIDER NAME (SITE):</b>		
<b>ADDRESS:</b>	<b>CITY:</b>	<b>ZIP CODE:</b>

**IV. CLOSURE DETAILS**

<b>DATE VPK CLASS(ES) RESUMED:</b>
<b>DATE(S) THE VPK CLASS(ES) DID NOT OFFER INSTRUCTION AS PREVIOUSLY SCHEDULED:</b>
<b>CLASS ID(S) OF VPK CLASS(ES) RESUMING INSTRUCTION (ex. AF18, AS19):</b>

**SELECT THE REASON FOR THE TEMPORARY CLOSURE (SEE DEFINITIONS ABOVE)**

- Emergency Circumstances
- Unexpected Circumstances

**BRIEFLY DESCRIBE THE CIRCUMSTANCE THAT CAUSED THE TEMPORARY CLOSURE:**

**V. REIMBURSEMENT REQUEST (ONLY FOR EMERGENCY CIRCUMSTANCES)**

**SELECT ONE:**

- 1. I would like to revise the VPK class schedule to restore the VPK instructional hours not offered.
- 2. I would like to receive reimbursement for up to five (5) VPK instructional days not offered.
- 3. I would like to receive reimbursement for five (5) instructional days and revise the VPK class schedule to restore the remaining VPK instructional days that exceed a combined total of five.

**If option 1 or 3 was selected above, please indicate the dates and times that will be added to the VPK Class Schedule to restore instructional hours below. Providers that select these options must also submit a revised Form OEL-VPK 11B**


**VI. SIGNATURE**

By signing below, I certify the VPK class(es) listed above were temporarily closed because of the described circumstances and the information provided is true and correct.

**SIGNATURE OF AUTHORIZED REPRESENTATIVE:**

**DATE:**

**PRINT NAME:**

**PHONE:**

**EMAIL:**