

ELCD Non-COVID-19 Emergency Closure Requests for Fiscal Year 2021–22

Section A: Agency Information:

Date

Contractor's Full Legal
Name

Contractor's Vendor
Number

Contact Person
(Name, Position)

Contact Person Telephone
Number

Contact Person Email
Address

Section B: CSPP Closure Information:

Description of Non-
COVID-19 Emergency

Please provide the following information for the CSPP that was fully closed due to the non-COVID-19 emergency.

Contract Type	Start Date	End Date	Number of Sites Closed	Number of Children Effected
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Section C: Certification of closure:

I am the authorized representative and certify that the above information is true, correct and approved by the authorized entity.

Signature

First Name, Last Name

Title or Position

For ELCD Use Only:

This Non-COVID-19 Emergency Closure Request above has been approved. The contractor is credited:

Days of Operation for the CSPP contract.

Signature

First Name, Last Name

Title or Position

Instructions for Completing the ELCD Non-COVID-19 Emergency Closure Request Form:

Contractors should submit one (1) ELCD Non-COVID-19 Emergency Closure Request Form per emergency closure incident. Only fully closed CSPPs should be listed on the request form. It is not necessary to submit an emergency closure request if at least one child in a CSPP was served during a day of operation.

Required Agency Information:

Enter the following information on the form:

Section A: Agency Information:

1. Date of emergency closure request.
2. Contractor full legal name. Full spelling of legal name only.
3. Contractor four-digit vendor number (i.e. 1234).
4. Enter the name of the contact person along with their telephone number and email address

Section B: Site Closure Information:

5. The description of the Non-COVID-19 Emergency that required the full closure of the program
6. Start date of closure request for the CSPP
7. End date of closure request for the CSPP
8. Number of sites closed for the CSPP
9. Number of children effected by the closure for the CSPP

Section C: Certification of Closure:

10. Name and title of a contact person for the request
11. Contact person's telephone number
12. Contact person's email address (approvals will be sent to this email address)

13. Signature of an authorized representative for the contract(s). Either an electronic signature or a wet signature will be accepted. The Authorized Representative is the person who has the authority to sign and engage in a contractual relationship with the CDE.

Email the ELCD Non-COVID-19 Emergency Closure Request Form to your assigned Program Quality Implementation (PQI) Office consultant. A list of PQI office consultants can be found online at: <https://www.cde.ca.gov/sp/cd/ci/assignments.asp>

If you have questions about filling out this form or the Non-COVID-19 Emergency Closure Request process, please contact your assigned PQI office consultant. A list of PQI Office consultants can be found online at: <https://www.cde.ca.gov/sp/cd/ci/assignments.asp>