California Department of EDUCATION

Early Education Division (EED) Emergency Closure Request

Section A: Agency Information:

Closure Request Date

Contractor's Full Legal Name:

Contractor's Vendor Number:

Contractor's County: Select County

Contact Person (Name, Position):

Contact Person Telephone Number:

Contact Person Email Address:

Section B: CSPP Closure Information:

Please provide the following information for the **CSPP contract** that was closed due to circumstances beyond the Contractor's control.

Reason for Closure:

Closure Start Date:

Closure End Date:

Number of Sites/Classrooms Closed:

Site Name(s):

Number of Enrolled Children Effected:

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, and Title:

Telephone Number:

Email Address:

For EED Use Only:

This Closure Request above has been approved. The contractor is credited:

Days of Operation:

Days of Attendance:

Signature:

First and Last Name:

Title or Position:

Instructions for Completing the EED Closure Request Form:

Contractors should submit one (1) EED Closure Request Form per closure incident. A closure request must be submitted if any site/classroom is closed due to circumstances beyond the contractor's control. Contractors must submit documentation that verifies the reason for the closure(s).

Required Agency Information:

Enter the following information on the form:

Section A: Agency Information*:*

1. Date of closure request.
2. Contractor (Agency) full legal name. Full spelling of legal name only. An individual's name should not be included.
3. Contractor four-digit vendor number (i.e., 1234, B001).
4. Enter the name of the contact person along with their telephone number and email address

Section B: Site Closure Information*:*

5. The reason that required the closure of the program (i.e., Fire, Air Quality, Earthquake, Flooding, Facility Repairs, COVID-19, Staffing Shortage, etc.)
6. Start date of closure request for the CSPP
7. End date of closure request for the CSPP
8. Number of sites/classrooms closed for the CSPP
9. Site Name(s) closed for the CSPP
10. Number of enrolled children effected by the closure for the CSPP

***Section C: Certification of Closure**:*

11. 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.
12. Authorized Representative Name and Title
13. Authorized Representative telephone number
14. Authorized Representative email address (approvals will be sent to this email address)

Email the EED Closure Request Form, and supporting documentation, including a list of all closed sites with addresses, to your assigned Program Quality Implementation (PQI) Office consultant. A directory of PQI office regional consultants can be accessed at: https://www.cde.ca.gov/sp/cd/ci/assignments.asp.

If you have questions about filling out this form or the Closure Request process, please contact your assigned PQI office regional consultant.

California Department of Education
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