Early Learning Coalition of the Big Bend Region

Temporary COVID-19 Classroom Closure Reporting Form

Provider Site Name: _____

County: _____

DCF License/Registration/License Exempt Number: _____

Person Submitting This Form: _____

Phone Number: _____

Email address: _____

SR or VPK classroom: _____
If more than one classroom was closed, use a separate form for each classroom.

If VPK, Indicate the Classroom Identifier (ie: Class A): _____

First Date of Classroom Closure: _____

Last Date of Classroom Closure: _____

Reopening Date/Anticipated Date of Reopening: _____

List all SR/VPK children enrolled in the closed classroom on the spaces below, please print or type:

_____	_____
_____	_____
_____	_____
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Please return all completed forms to Provider Relations at providerrelations@elcbigbend.org.