



CLOSURE NOTICE FORM

For Child Care Centers sub-contracted under Cornerstone Family Ministries CCFP Sponsorship with the Florida Department of Health CCFP program.

I. INSTRUCTIONS

If a Cornerstone sponsored center temporarily closes, providers must notify Cornerstone within two (2) calendar days of closing their program. Providers may use this form as their notification or communicate ALL of the same information in an email to Cornerstone's CCFP Program Manager.

II. PROVIDER INFORMATION

PROVIDER NAME:		COUNTY:
ADDRESS:	CITY:	ZIP CODE:

III. CLOSURE DETAILS

DATE(S) THE CCFP PROGRAM WAS NOT OFFERED AS PREVIOUSLY SCHEDULED:

 THROUGH

HAS THE PROGRAM RESUMED?
 Yes No

IF YES, PLEASE PROVIDE THE DATE THE CCFP PROGRAM RESUMED:	IF NO, PLEASE PROVIDE ANTICIPATED START DATE (IF AVAILABLE):
_____	_____

DESCRIBE THE CUMSTANCE THAT CAUSED THE EMERGENCY CLOSURE:

IV. AUTHORIZATION

By signing below, I certify that the circumstances described and the information provided is true and correct.

SIGNATURE OF OWNER OR AUTHORIZED DIRECTOR:	DATE:
_____	_____

PRINT NAME:

CELL PHONE:	EMAIL:
_____	_____

