**Request for Temporary Closure**

In the event that your program will not be open and serving children due to a temporary closure, please complete the information below in order to request that your program remain enrolled in Quality First during the temporary closure. Please submit this form to your coordinator or coach. Final decisions for approval will be made within 21 days of receiving the request.

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| --- | --- |
| Participant Site Name and Address:  | Participant ID#:  |
| Temporary Closure Start Date:  |
| Temporary Closure End Date (anticipated):  |

**Please respond to the following questions:**

1. Describe the reason that your program will be closing.
2. What support, if any, is needed during the temporary closure?

**Please initial each statement of understanding:**

 I understand that I may not access Quality First funds during my program’s temporary closure. Any unexpended funds will remain on hold until my program is open and serving children birth to five.

 I understand that any Quality First scholarships that have been allocated to my program are on hold during my program’s temporary closure. I may not receive reimbursement for child care services provided during the temporary closure period.

 I understand that I am not guaranteed a temporary closure. The FTF Quality First Team will review the request to determine participant need and regional needs to maintain quality improvement services.

 I understand that even if my temporary closure is approved, the FTF Quality First Team may approve my temporary closure for a length of time shorter or longer than originally requested based on the rationale I provide.

 I understand that if there are any changes to the anticipated timeframe of my temporary closure, I must communicate this with my Quality First coordinator or coach. If I wish to request an extension, I must submit a new Request for Temporary Closure Form. If my program reopens earlier than anticipated, I must notify my Quality First coordinator or coach.

Participant Name Participant Signature Date

--------------------------------------------------------Section to be completed by Quality First----------------------------------------------------

**First Things First’s response:**

[ ]  Approved temporary closure for the time period requested

[ ]  Approved temporary closure with revised timeline \_\_\_

[ ]  Not approved for temporary closure

Rationale for decision:

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| --- |
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FTF Quality First Staff Member FTF Quality First Staff Member Signature Date