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| --- |
| **Facility Information** |
| **Facility Name:** |
| **Contact Person:** **Telephone Number:** |
| **Facility Number:** |
| **Closed the entire facility**  **Date(s) of Closure**    **Only Closed Classroom(s)**  **Date(s) of Closure**    **Individual Child(ren) absent due to COVID**  **Date(s) child(ren) absent** |
| **Description of the COVID situation:** |
| Please submit COVID Waiver request and documentation of required quarantine to: [CCDFProgramParticipant@dhs.arkansas.gov](mailto:CCDFProgramParticipant@dhs.arkansas.gov)ok |

COVID-19 August 2021