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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.govok |

COVID-19 August 2021