**CCDF COVID Reporting Form**

Child Care Providers who accept federal CCDF voucher funding must submit this form when children or staff are unable to attend child care due to COVID. Completed forms must be emailed to: [Jeleesa.Hickman@dhs.arkansas.gov](mailto:Jeleesa.Hickman@dhs.arkansas.gov).

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| --- | --- | --- | --- | --- | --- | --- |
| **Facility #** |  | **Facility Name** | |  | | |
| **Positive Case Name** |  | | | | **Date Tested** |  |
|  | | | | | | |
| **Probable Close Contact’s Name** | | | **Exposed Date** | | **Return Date** | **Student or Staff** |
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