

PROVIDER DAILY CLOSURE FORM

YOUR NAME _____		
FACILITY NAME (If different from your name) _____		
SSN/FEIN NUMBER _____	COUNTY _____	
TELEPHONE NUMBER _____	FAX _____	
EMAIL _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____

Use this form to list your DAILY closure days (i.e. Holidays). Also complete this form to report any EMERGENCY CLOSURES within a 12-month period. List the date and **check** if it is a daily closure or emergency closure. **Any change in closure days must be reported to the CMA in writing, in advance of the change.**

****The Child Care Management Agency can pay for up to 3 full weeks' vacation within a fiscal year. Provider must enter VACATION dates into the Alabama Time and Attendance System Provider Web Portal****

- | | | |
|-----------|--|--|
| 1. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 2. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 3. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 4. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 5. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 6. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 7. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 8. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 9. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 10. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 11. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 12. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 13. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |

I certify if I change these daily closure days, I will notify the CMA in writing, in advance of the change. I further certify that notice of my scheduled closure days will be provided to the parents of all children enrolled in this facility.

Signature of Provider or Owner

Date