

EMERGENCY SITE CLOSING NOTIFICATION FORM

If a program closes for "local emergency" reasons, immediately email decereports@schools.nyc.gov with your name, program name, site location, and reason for the local emergency closure.

Submit this form within 2 business days of emergency closing; attach documentation if available. Type in your responses, print and sign. Scan and email to decereports@schools.nyc.gov

GENERAL INFORMATION				
Contractor / Agency		SITE Name		
Board Chair Name		Site Director Name		
Board Chair Phone #		Site Director Phone #		
Board Chair Fax #		Site Director Email		
Board Chair Email		Age	# of Contracted Seats	# of Enrolled Children
Site ID		Infant		
Site Address		Toddler		
		3 year olds		
		4 year olds		

INFORMATION ON SITE CLOSURE				
Date Site Closed		Date Site Reopened		Total # Business Days Closed
Describe reason site closed. Note anticipated re-opening date if site is still closed.				
Date families were notified of		Were alternative service arrangements offered? (mark one)	[] YES	[] NO
If offered, describe alternative service arrangements:				

EARLYLEARN FUNDED PROGRAMS ONLY	
Program's WES ID #	
Fiscal ID #	

CONTRACTOR REPRESENTATIVE SUBMITTING FORM			
Signature	Printed Name	Title	Date

FOR DOE STAFF USE ONLY

Approved:		Rationale for denial:				
Denied:						
Facilities Liaison:			Title:		Date:	
<i>Budget Analysts</i>						
Approved request submitted to Claims dept:			Approved request sent to Contractor:			
DECE Liaison:			Title:		Date:	