



**COUNTY OF BERGEN  
DEPARTMENT OF HUMAN SERVICES  
OFFICE FOR CHILDREN**

*Providing Child Care Resources and Referrals Since 1980*  
One Bergen County Plaza • 2nd Floor • Hackensack, NJ 07601-7076  
PHONE (201) 336-7150 • FAX (201) 336-7155

## Provider Closure Dates for October 1, 2019 to September 30, 2020

The New Jersey Department of Human Services Division of Family Development will allow for **22 closure days per contract year** (October 1st through September 30th) and **no more than 5 paid closures per month**. All closure days must be added by Office for Children **prior to the actual closure date** with the exception of emergency closures. If the provider submits over 22 closure days, Office for Children will enter the **first 22 closure days** on the list provided. Please review your closure dates in EPPIC once they have been entered for accuracy and completeness.

Child Care Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ EPPIC ID: \_\_\_\_\_

\_\_\_\_\_

**Please (✓) any dates you will be closed:**

- 10/14/2019 Columbus Day
- 11/05/2019 Election Day
- 11/11/2019 Veterans Day
- 11/28/2019 Thanksgiving Day
- 11/29/2019 Day After Thanksgiving
- 12/24/2019
- 12/25/2019 Christmas Day
- 12/26/2019
- 12/27/2019
- 12/30/2019
- 12/31/2019
- 01/01/2020 New Year's Day
- 01/20/2020 Dr. Martin Luther King, Jr. Day
- 02/17/2020 President's Day
- 04/10/2020 Good Friday
- 05/25/2020 Memorial Day
- 07/04/2020 Independence Day
- 09/07/2020 Labor Day

**Please (✓) and complete for any additional dates you will be closed:**

<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

Total number of scheduled closing dates: \_\_\_\_\_

Please submit your list of closure dates to our office at:

County of Bergen  
Department of Human Services  
Office For Children  
One Bergen County Plaza, 2<sup>nd</sup> Floor  
Hackensack, NJ 07601  
**Attention: Fiscal Unit**

Please e-mail completed list of closure dates: [OFCfiscal@co.bergen.nj.us](mailto:OFCfiscal@co.bergen.nj.us)

Please fax completed list of closure dates: (201) 336 – 7452

Reminder: **Make sure you allow for snow and emergency closures.**

**Submit snow and emergency closures within 24 – 48 hours of closure date.**