

Cleaning and Supplies for Child Care Providers (CSCP) Self-Certification Form

Name of Facility or Provider:

Facility License Number (if applicable):

Number of Children Served in the Facility:

Address (where children served):

City/State/Zip:

Mailing Address (if different):

City/State/Zip:

Contact Name:

Main Contact Phone Number:

Email:

Provider Type

Center: Licensed License Exempt

Home Based: Licensed License Exempt

Certification

Open date for COVID-19:

Planned reopen date (if temporarily closed due to COVID-19):

Receiving Funds

Receiving Supplies

Receiving Both

I understand, as a provider, that this self-certification form is a requirement to receive CSCP funds, supplies, or both to serve essential workers and/or at-risk populations during the COVID-19 pandemic. As stated on this form, my program currently is open or will be open by the date specified and the funds and/or supplies will be used solely for these restricted purposes.

Signature of Licensee/Exempt Provider:

Today's Date:

Date Received:

Amount Awarded:

Date Verified by R&R Staff:

Staff Signature: