



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 CHILDREN'S DIVISION
ATTESTATION FOR PROVIDING NON-TRADITIONAL HOURS OF CHILD CARE

The Department of Social Services is working to support child care providers affected by COVID-19. DSS will provide a monthly payment to Child Care Providers who have provided care during nontraditional hours during the months of April through June 2020. This is available to licensed providers, contracted or not contracted to receive child care subsidy, who have provided nontraditional hours of care during the state emergency. All child care overpayments made to providers are subject to recoupment pursuant to 13 CSR 35-32.110.

Facility/Provider Name:

Facility/Provider DVN:

Program Capacity:

Facility Address:

City, State, Zip

Provider Email:

Provider Telephone Number:

To be eligible providers must have provided care during the following non-traditional hours :

- Evening Care - begins at 7:01 p.m. and continues to 5:59 a.m. regardless of the day of the week.
- Weekend Care - begins or ends within the designated times of Saturday morning at 6:00 a.m. to Sunday evening at 7:00 p.m.

I am submitting this attestation because my child care facility provided child care during non-traditional hours of care during the state of emergency. I would like to be evaluated to determine if I am eligible for the \$100 per licensed capacity slot for the months of April, May and June 2020. To be considered for the stipend, I understand I must attest to the following: (agree by initialing that you have read and understand each statement).

____ 1. My facility has been providing child care during non-traditional hours of care during the state of emergency.

____ 2. My licensed capacity is _____ and my facility is licensed or has a variance to provide care during non-traditional hours.

____ 3. My facility will continue to provide non-traditional hours of care through _____, 2020. (To receive all three months of payment facility must provide non-traditional hours of care through June 30, 2020)

____ 3. If requested, I can provide copies of attendance during this period of time.

Provider Signature:

Date:

DSS Staff Signature:

Date:

Approved Denied

Amount Paid:

Reason Denied:

The fully completed form must be returned to the Children's Division at CD.ASKECPS@dss.mo.gov or by fax to 573-526-9586