



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 CHILDREN'S DIVISION
 COVID-19 ATTESTATION FOR ONE TIME STIPEND FOR OPEN FACILITIES

The Department of Social Services is working to support child care providers affected by COVID-19. Child care providers who have remained open during the state of emergency due to COVID-19 to serve first responders or essential staff may submit this form to determine if they are eligible for a one (1) time stipend. This stipend is available to all child care providers regardless of being contracted to receive child care subsidy payment. 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:

___ Licensed

___ License Exempt

Payment scaled based on provider verified capacity.

Payment Tiers Based on Capacity	One Time Payment	Payment Tiers Based on Capacity	One Time Payment
Less than 10	\$1,000	100 to 199	\$6,500
10 to 19	\$2,000	200 Plus	\$7,500
20 -99	\$3,500		

I am submitting this attestation because my child care facility remained opened or my facility had an emergency license to provide care for serving first responders and essential staff during the state of emergency. I would like to be evaluated to determine if I am eligible for the one-time stipend. 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 continuously open and serving children from March 13th or date of emergency license and continue to provide services or provided through date of emergency license.

___ 2. My licensed capacity is _____. My License Exempt capacity is _____. (As stated on form when exemption was requested.)

___ 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

