



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 CHILDREN'S DIVISION  
 COVID-19 ATTESTATION FOR PAYMENT CONSIDERATION

The Department of Social Services is working to support child care providers affected by COVID-19. Child care providers who have closed or have children with extensive absences due to COVID-19 may submit this form to have their child care payments evaluated to determine if they are eligible for additional funds. The review will consist of comparing the average payments from December 2019, January 2020, and February 2020 service months to the average amount paid for the service month you are requesting reviewed. All attendance for the service month must be submitted prior to submitting this form. All child care overpayments made to providers are subject to recoupment pursuant to 13 CSR 35-32.110.

**Facility/Provider Name:**

**Facility/Provider DVN:**

**Service Month for Review:**

**Facility Address:**

**City, State, Zip**

**Provider Email:**

**Provider Telephone Number:**

How has your child care facility been affected by COVID-19? (check all that apply)

- Facility was required to close due to local mandate.
- Facility was closed due to school/business closure.
- Facility was closed in the best interest of children and staff.
- Facility was open but children were not in care (absences).

I am submitting this attestation because I have been affected by COVID-19 and would like my payments to be evaluated to determine if I am eligible for additional funding. To be considered for additional funds, I understand I must attest to the following: (agree by initialing that you have read and understand each statement).

- \_\_\_ 1. I will continue to pay wages to child care staff while my facility is closed.
- \_\_\_ 2. I will continue to provide care following the state of emergency; and
- \_\_\_ 3. I have submitted all attendance for the service month under review.

Provider Signature:

Date:

DSS Staff Signature:

Date:

Approved

Amount Paid:

Denied

Reason Denied: