

# 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/

Amount Awarded:

Staff Signature: