

# 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: