## American Rescue Plan Act (ARPA) Stabilization Grants Attestation

**NOTE:** This Attestation Form is to be used for planning purposes only. Hard copies of this form will not be accepted as part of an ARPA Sustainability Grant Application.

Applicants will be required to complete and sign an Attestation Form. By submitting this form, facilities are attesting they will comply with the following:

- My facility is open and operating on a regular certificate of compliance or provisional certificate of
  compliance and available to provide child care services, OR my facility is temporarily closed due to
  the COVID-19 public health emergency, but plans to reopen by Sept. 30, 2021, and follows protocols
  outlined in <u>Announcement C-20-13</u>, <u>Reopening of Certified Child Care Facilities Temporarily or
  Permanently Closed Due to COVID-19</u>.
- 2. My facility was issued a regular certificate of compliance or a provisional certificate of compliance by OCDEL's Bureau of Certification Services on or before March 11, 2021.
- 3. My facility will meet all child care facility regulations based on my facility type, defined in the Pennsylvania Code (§3270 Child Care Centers, §3280 Group Child Day Care Homes, and §3290 Family Child Care Homes), which are enforced by OCDEL's Bureau of Certification Services.

My facility, when open and operating and available to provide child care, will implement policies in line with guidance from the Centers for Disease Control and Prevention (CDC) (available at <a href="www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html">www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html</a>).

For each employee at my facility on the day of this application, I must pay at least the same or higher amount in weekly wages and maintain the same or higher benefits for the duration of the 6-month grant period.

For each employee at my facility on the day of this application, I will not issue any involuntarily furloughs, layoffs, etc. through the duration of the 6-month subgrant period.

<u>To the extent possible</u>, I will provide relief from copayments and tuition payments for the families enrolled at my facility. I will prioritize such relief for families struggling to make either type of payment.

- 4. After the final award payment is issued, I must report on how the total of grant award funds were utilized at my facility. This reporting must take place within three months of the final payment and based on the following categories:
  - a. Personnel (i.e. wages, benefits, professional development and training, hazard pay)
  - b. Facility costs (i.e. rent, mortgage, utilities, maintenance, insurance, minor renovations)
  - c. Personal Protective Equipment/Professional Development health and safety practices
  - d. Equipment and supplies in response to the COVID-19 public health emergency
  - e. Goods and Services (i.e. business automation services, shared services, food, transportation)
  - f. Relief from copayments and tuition payments for the families
  - g. Mental Health Services for children and staff
  - h. Paying for past COVID-19 expenses not covered by other funding
  - i. Paying for reopening expenses from being on a temporary closed status



- 5. I understand that by accepting grant funding, my facility may be monitored by the ELRC as part of program integrity and fiscal accountability measures.
  - I understand that if my facility permanently closes during the 6-month subgrant period, I am responsible for immediately reporting the closure to my OCDEL Certification Representative and local ELRC office, and my award will be adjusted accordingly.

I attest that the information I provide about my facility in the grant application, to the best of my knowledge, is accurate and true for the purposes of determining the grant award amount.

I affirm that my estimated operating expenses are \$\_\_\_\_\_

