



***Child Care Counts:
COVID-19 Supplementary Payment Program
Round 2***

Terms and Conditions

Payment Program A: Providing Safe, Healthy, and High-Quality Child Care Opportunities

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I certify that my program is currently open, or that I plan to reopen by 12/14/20.
- I understand that in order to be eligible for this program I must have had:
 - **Licensed Group Centers, Licensed Day Camps, and Public School Programs:** During 10/11/20 - 10/17/20, at least 1/3 of *enrolled* children are age 5 or under.
 - **Regulated Family Providers:** During 10/11/20 - 10/17/20, at least 1 *enrolled* child age 5 or under.
- I understand that the Department of Children and Families may monitor and review my use of program funds.
- If I receive funding for **Program A - Providing Safe, Healthy, and High-Quality Child Care Opportunities** I agree to the following:
- I will use the funds to support the costs of maintaining or enhancing high-quality care.
- I will follow the health and safety administrative rules for child care providers as outlined by [DCF Child Care Regulation](#) and meet the requirements of any local orders.
- I will use the funds for the following purposes:
 - Mortgage/rent
 - Utilities
 - Personal Protective Equipment (PPE)
 - Materials/supplies for cleaning and sanitation
 - Materials/supplies for enhancing the program environment, curriculum, and family engagement activities
 - Professional development and/or continuing education
 - Structural changes/modifications to meet compliance guidelines or enhance the program environment
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
 - Mortgage/rent statements
 - Utility statements
 - Original invoices and/or receipts for purchases of materials/supplies including but not limited to:
 - PPE, cleaning and sanitation materials, supplies, and services
 - Materials and supplies for enhancing the program environment, curriculum, and family engagement activities
 - Materials, supplies, and labor for structural changes and modifications
 - Educational supplies and learning materials
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to promptly supply this documentation upon request.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds if I fail to meet the terms and conditions of the program.

Payment Program B: Funding Staff Recruitment and Retention Efforts

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I certify that my program is currently open, or that I plan to reopen by 12/14/20.
- I understand that in order to be eligible for this program I must have had:
 - **Licensed Group Centers, Licensed Day Camps, and Public School Programs:** During 10/11/20 - 10/17/20, at least 1/3 of *enrolled* children are age 5 or under.
 - **Regulated Family Providers:** During 10/11/20 - 10/17/20, at least 1 *enrolled* child age 5 or under.
- I understand that the Department of Children and Families may monitor and review my use of program funds.

If I receive funding for **Program B - Funding Staff Recruitment and Retention Efforts** I agree to the following:

- I will use the funds to support the costs associated with recruiting and retaining high-quality staff by providing incentive pay or sign-on bonuses to current or future employees with approved background checks.
- I will follow the health and safety administrative rules for child care providers as outlined by [DCF Child Care Regulation](#) and meet the requirements of any local orders.
- I understand that the payment is comprised of a base amount and a per-staff amount, and I will use the funds as follows:
 - I will use the awarded per-staff funds to increase pay (in form of a bonus or wage increase) for all individuals (employees or myself as a family provider) that were listed on the application.
 - I will use the awarded base amount funds towards staff recruitment or ongoing support for staff.
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
 - Employee payroll registers or other payroll system substantiation of pay rate increase
 - Communications/notification to employees of wage increase or personnel policy explaining wage increase
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to promptly supply this documentation upon request.
- **I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds if I fail to meet the terms and conditions of the program.**