

CO Child Care Stabilization and Sustainability Grants Attestation 1: Enrollment and Tuition

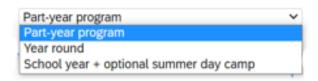
These attestations are a federal requirement of this grant program and must be completed each month in order to receive your next grant payment. Each attestation will open on the 1st of the month and be due by no later than the 15th.

<u>Program Profile</u>
What age groups does your program serve?
We are not collecting data on school age children at this time.
☐ Infant classroom
☐ Toddler classroom
☐ Preschool classroom
Are you currently serving any children who receive a tuition subsidy (e.g., CCCAP)?
The year carrently certing any emiaren who receive a tanten caseing (eig., ecertin).
○ Yes
O No

Current Enrollment

Please select the option that best fits your program's enrollment period

What is your program's standard enrollment period?



If you select "part-year program", you will then be asked what months your program operated in. If there are months where you are not operating the full month, please still select that month (for example, you are only open and operational the first half of June, place a check mark next to June)

Wł	nat months are you operating and serving	g fa	milies?	
	January		July	
	February		August	
	March		September	
	April		October	
	May		November	
	June		December	
	ver the 3 following questions to the best of your abilit ime vs. part-time care differently, so there may not be	-		
f your program does not take days or hours per week into consideration when determining full-time vs. part-time care or this question doesn't apply to how you determine tuition for your program, simply select "I do not consider number of days/hours in my program's definition of full-time status"				
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At a		am's	definition of full-time status"	
At a	t "I do not consider number of days/hours in my programinimum, how many days per week must a child att sidered enrolled full-time at your program?	am's	definition of full-time status"	
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If your program does not have a part-time option, simply select "none (no part-time option)"				
What does your program consider part-time enrollment? Check all that apply.				
☐ Part day (less than 5 hours/day)			
☐ 1 day per week				
☐ 2 days per week				
☐ 3 days per week				
☐ 4 days per week				
☐ ※ None (no part-time option)				
Complete the following table with your current enrollment numbers by age group in the 1 st column and the number of open spots (defined as vacant enrollment slots you could fill tomorrow if a parent called and wanted to enroll their child) by age group in the 2 nd column				
	How many children were enrolled in your program as of the 1st of the current month (use your definitions of full- and part-time enrollment)?	How many open spots did you have for children as of the 1st of the current month (use your definitions of full- and part-time enrollment)?		
Infants				
筑 Full-time				
°→ Part-time				
Toddlers				
°→ Full-time				
Cap Part-time				
Preschool				
Sull-time				
Spart-time				
School Age				
This question will only appear if you selected that you serve "36 months old +" or "preschool classroom" in the program profile at the beginning of the attestation				
Were any of your enroll 2021?	ed preschool-aged children 4-year	-olds as of October 1,		
O Yes				
O No				

place the resources to increase your licensed capacity in the next two years
Would you like to increase your licensed capacity in the next two years (cannot serve today but would like to in the future)?
○ Yes
○ No
If you selected "yes" to the above question, you will be asked how many additional children you'd be like to enroll in your program in the next 2 years (this question is purely for data collection purposes and your program will not be help to the goals you set)
Because you indicated you would like to increase your capacity, how many more children would you like to enroll in the next 2 years?
Enter how many additional spots you would like to offer in each age group.
★ Infant
★ Toddler
★ Preschool
★ School Age
If you selected "no" to the above question, you will be asked to elaborate on your current status and why you aren't interested in or able to grow your program in the next 2 years
Why are you not interested in increasing your capacity? Check all that apply.
Currently operating below licensed capacity due to limited space
Currently operating below licensed capacity due to limited staff
Currently operating below licensed capacity for financial reasons
☐ Currently operating below licensed capacity because I can't find enough students
☐ Currently operating at licensed capacity but unable to serve more students due to limited space
Currently operating at licensed capacity but unable to serve more students due to limited staff
Currently operating at licensed capacity but unable to serve more students for financial reasons
☐ Not interested in growing the size of my program

This question refers to your current ability to provide care to more children – do you currently have in

Program Tuition

If you select "no" to the following question you will not be asked to answer any additional questions in this section and will move on to the next section

Do you charge families tuition for enrollment or attendance at your program?

Tuition means any regular payment that is charged on an hourly, daily, weekly, monthly, or annual basis for participation in your program.

O Yes

O No

If you charge tuition, please select the response that best describes the majority of your students

These next few questions ask about how much you charge for tuition and how much you would ideally charge to fully cover your program services. Select the time period you would like to use to answer the following questions (\$ per hour, week, or month)



Complete the tuition table to the best of your ability. We know that every program determines tuition differently, so there may not be a simple answer to the questions below. **This table should only include standard tuition costs, there will be other questions to add in additional information about registration or application fees.**

Complete the following table by:

In the first column, enter the amount, in dollars, that you charge for full-time, non-subsidized enrollment at each age level. This should represent the standard amount of tuition you charge per child without any type of financial relief, or your maximum standard rate for a single child.

In the second column, enter your best estimate, in dollars, that you would need to charge for a full-time, non-subsidized enrolled child at each age level to fully cover the cost of your program services, including staff wages and benefits, without consideration of affordability for families. (This is for data collection purposes only and will not affect your grant award, or set any future expectations for your program. The Office of Early Childhood hopes to use this data to develop a deeper understanding of the true cost of providing quality child care in Colorado.)

	What is your current standard tuition for a child in full-time care who does not receive financial relief (e.g., tuition subsidy, tuition reimbursement or forgiveness)?	What do you estimate you would need to charge for a full-time spot to fully cover your current service offerings if you didn't have to consider affordability for families?
°→ Infant		
°→ Toddler		
e Preschool		
School Age (K - 12th grade)		
•	you'll be asked to provide the dollar amo	can provide information on them below. If unt of these fees, if you select "no" you'll
	e an Application or Registration fee, sepesse enroll in your program?	arate from standard tuition,
O Yes		
O No		
How much is	your Application or Registration fee? E	nter an amount in dollars.

Family Financial Relief

Answer the question below with how your program is <u>currently</u> providing financial relief to families (as a reminder the Operations Grant encourages – but does not require - providers to use roughly 50% of their total award to provide financial relief to the families currently enrolled in their program).

As this is the first monthly attestation, we are aware that you may not have begun to offer financial relief to your families yet. Please do not select how you plan to use the funding, but rather select "I have not provided financial relief for families yet". You will receive this "Enrollment and Tuition" attestation again in Month 4 and will be able to update your previous answer

families as a result of this grant. If you do not charge tuition, please do not select options related to tuition. Check all that apply.
☐ Reduced family tuition, provided scholarships, or fully covered the cost of care for families
☐ Maintained tuition reduction that started before grant was awarded
☐ Have not/will not raise tuition during typical cycle
☐ Waived late fees for tuition
Added or expanded tuition breaks for sick days or holidays
Forgave unpaid past tuition for families who are still receiving care from my program
☐ Reimbursed families who paid for services they didn't receive during pandemic
☐ Waived tuition for extended hours of care
☐ Waived fees for family offerings (examples: family classes, health services, supplies, field trips)
 Provided family supports beyond my program (examples: food/meals, bills, rent, other family expenses)
☐ Waived or reduced application or registration fee
☐ I have not provided financial relief for families yet
Other
f you have either not yet begun to provide financial relief to families or are unable to determine an average amount in money saved per family, simply put n/a
Consider all of the families in your program. About how much money have you been able to help each family save in the last month due to funding from this grant program?
Enter a dollar amount estimate of how much money each family saved this month. This is for data collection purposes only and will not affect your grant award.

Please select what your program is doing to provide financial relief to enrolled

Program Status

* Email

Answer the following questions about your current program status

Is your program temporarily closed at present due to pandemic-related issues? Check all that apply. This will not affect your grant award. Temporary closure is defined as (a) not currently open to in-person care but planning to reopen to in-person care within 30 days, and (b) still paying staff, and (c) license is still active. Yes, my program is temporarily closed for in-person care due to COVID-19 related safety measures (for example: closure due to staff or student COVID absences) Yes, my program is temporarily closed for in-person care due to COVID-19 related financial hardship (for example: long term declining or reduced enrollment since March 2020 leading to reduction in services) Yes, my program is closed due to natural disaster (for example: December 2021 Louisville Fires) No, my program is not temporarily closed due to pandemic-related issues If your program is still open, you will be asked how long you can remain open at this time How long can you remain open and continue operations at current enrollment levels? This will not affect your grant award amount. O Less than 1 month O 1-3 months O 3-6 months O 6-9 months O 9-12 months O My program is not currently at risk of closure Response Report You will be able to receive a copy of your answers upon completing the attestation Would you like to receive a copy of all your provided answers? O Yes O No If yes, then enter your email address Please enter your email address:

Attestations

Check the box next to each attestation statement

Upon submitting this attestation, I am certifying that I continue to meet the grant
requirements throughout the performance period, including the following:
☐ A. I confirm that my program is open and providing services or temporarily closed due to the ongoing

	A. I confirm that my program is open and providing services or temporarily closed due to the ongoing pandemic as defined by (a) not currently open to in-person care but planning to reopen to in-person care within 30 days, (b) still paying staff, and (c) license is still active.
	B. For each employee (including lead teachers, aides, and any other staff who are employed by the child care provider to work in transportation, food preparation, or other type of service), I have continued paying at least the same amount of weekly wages and maintain the same benefits (such as health insurance and retirement) since I received the grant award. I have not furloughed employees since I received the grant award.
	C. I agree to provide relief from copayments and tuition payments for the families enrolled in my program by an amount equal to 50% of my base Stabilization grant award, to the extent possible, and prioritize such relief for families struggling to make either type of payment. Family tuition reduction can include new reduction of tuition, continuation of existing tuition reduction, forgiveness of unpaid parent fees or tuition for children still in care, and other financial relief, such as waiving fees, offering free services.
	D. I am using the Workforce Sustainability Grant award exclusively for costs associated with offerings for staff (including myself) such as increased wages and/or benefits.
	E. I am using the grant funds only for the purposes allowed.
Las	tly you will certify that you are authorized to represent your organization and type in your signa
	By checking here, I certify that I am authorized to represent the child care business requesting funding in this application. I certify that I have read, understand, and agree to comply with the above attestations. I certify that the information provided in this application is true and correct to the best of my knowledge.
sig	necking the box and typing your name below constitutes the same authority as a gnature. You must check the box and type your name for the application to be insidered complete.

Click submit to complete the attestation