

**CHILD CARE PROGRAM AGREEMENT
AMENDMENT #1**

ATTESTATIONS

Please check the box next to each of the statements below to certify that you will meet each of the requirements throughout the period of this agreement.

When open and providing services, I will implement policies in line with guidance and orders from corresponding state, territorial, Tribal, and local authorities and, to the greatest extent possible, implement policies in line with guidance from the U.S. Centers for Disease Control and Prevention (CDC).

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 must continue paying at least the same amount of weekly wages and maintain the same benefits (such as health insurance and retirement) for the duration of the subgrant. I understand that I may not furlough employees from the date of application submission through the duration of the subgrant period.

I will provide relief from copayments and tuition payments for the families enrolled in the child care program, to the extent possible, and prioritize such relief for families struggling to make either type of payment.

Provider

DCBS

By:

Approve

Name: Linda Gorton

Decline

Title: Mayor

Date:

Licensure (CLR) #: 350165

Provider Name: Family Care Center-LFUCG