



INFORMATIONAL GUIDE AND TUTORIAL:

Application for COVID-19 Child Care Closure Assistance Grant

Updated October 8, 2020



- **IMPORTANT NOTE: This grant is NOT the Temporary Assistance Grant to Retain Child Care. This grant is ONLY eligible to facilities which have been closed due to a confirmed COVID-19 case of a staff member of child within their facility.**

Summary



- ▶ The COVID-19 Child Care Closure Assistance Grant is different from the previous Temporary Assistance Grant. In addition to being only available for providers who closed due to a confirmed COVID case, other important stipulations include:
 - ▶ Your closure must have been directed by your local health department.
 - ▶ You must have contacted your licensing consultant about the closure prior to your application submission.
 - ▶ You must have either not charged or reimbursed families for the days in which you were closed.
 - ▶ You must use this grant funding to continue the operations of your facility, including continuing to pay staff.

Additional Important Notes



- ▶ **Audit:** By submitting this grant, you are subject to audit by the State of Indiana.
- ▶ **Award Amounts:** For purposes of this grant, total grant awards will be capped at \$20,000.

COVID-19 Closure



Has a child or staff member at your facility tested positive for COVID-19? *

- ☐ **Yes, a child at my facility has tested positive for COVID-19**
- ☐ **Yes, a staff member at my facility has tested positive for COVID-19**
- ☒ **Yes, both a child and a staff member at my facility have tested positive for COVID-19**
- ☐ **No**

NOTE: If a family member of a child within the facility has tested positive, but not a child or staff member themselves, select "no".



This question is asking if you've closed your facility directly because of a COVID case. If you have not had a COVID case within your facility, you are not eligible for this grant. The Temporary Assistance Grant to Retain Child Care (which was a grant offered by OECOSL previously), was a different grant which is no longer being offered at this time.

Health Department Guidance



Have you contacted your local health department in order to understand their recommendations for a safe re-opening of your facility? *

☒ Yes

☐ No

Indicate the specific health department which you spoke to about your COVID-19 closure. *

NOTE: Please list the specific name of the local health department which issued you guidance for the closure and reopening of your facility. For example, if your child care is located in Marion County, you may spoken with the Marion County Public Health Department.

Indicate the date you spoke with your local health department regarding your COVID-19 closure.

NOTE: You must enter a date into this field. If you have not yet spoken with your local health department, you must wait to complete this application until you have done so.
(Date format: MM/DD/YYYY)

In order to be eligible for this grant, you must have spoken to a local health department which provided you guidance on your closure and re-opening plan. If you haven't spoken to a local health department, you must do so **BEFORE** you apply for this grant.



Be sure to track the name of the person from the health department, as well as the date of contact, as you'll need to include both within this application.

Time Frame of Closure



Based on the recommendation from your local health department, what is the recommended closure period based on the confirmed COVID-19 case(s) affecting your facility? *

- ☒ **2-3 day closure for cleaning due to a staff member or child testing positive**
- ☐ **2 week closure for quarantine due to a staff member or child testing positive**
- ☐ **Other**



When speaking with your local health department, recommendations will typically be either a 2-or-3 day closure for deep cleaning, or a 2 week closure for quarantine.

IMPORTANT NOTE: You are expected to follow the guidelines of the health department. Failure to comply with cleaning or closure guidance may result in disqualification from future grants.

Timing of COVID Closure



What was the first day of your COVID-19 Closure? *

(Date format: MM/DD/YYYY)



Here, enter the first day in which you were closed due to the COVID case at your facility.

Communication with Licensing Consultant



Have you contacted your licensing consultant or regional manager to inform them of your COVID-19 closure? *

☒ Yes

☐ No

What is the name of your licensing consultant or regional manager (who you reported your COVID-19 closure to)? *

NOTE: If you have not yet spoken to your licensing consultant (or regional manager), you must wait to complete this application until you have done so.

In order to be eligible for this grant, you must contact your licensing consultant before submission of your application, to report you closure.



If you have not contacted your licensing consultant, you are not eligible for this grant.

In rare cases, a regional manager may assume the responsibilities typically held by a licensing consultant. In these cases, applicants may list their regional manager.

Entire Facility Closure v. Partial Closure



Select the statement that best describes the closure status of your facility on the dates selected above: *

- ☐ My facility was/ will be ENTIRELY closed due to a COVID-19 case
- ☒ My facility was/ will be PARTIALLY closed due to a confirmed COVID-19 case

NOTE: If a single classroom within your facility has been closed, but other classrooms have remained open, select that you have been partially closed.



Some facilities may receive guidance from local health departments their facility must close entirely. This would likely be the case for home providers. However, some other facilities may only be required to close a single classroom. Select the statement which applies to you.

Paycheck Protection Program (PPP) or Other Sources of Funding



Have you applied to receive assistance through the Small Business Administration Paycheck Protection Program or through any other source such as local government or a community foundation?

- ☒ Yes
- ☐ No

NOTE: The Paycheck Protection Program (PPP) is offered through the Federal government. Our staff members can not answer questions about this program. For more information, see the link below:

<https://home.treasury.gov/system/files/136/PPP--Fact-Sheet.pdf>



If you've applied to receive funding through the Paycheck Protection Program (PPP) for the time period of this grant cycle, you will be prompted to answer additional questions about this funding. If you've been approved for PPP or other funding for this time period, you will not be eligible for this grant.

Documentation of Attendance



Attendance Sheet of Week Prior to Closure *

Acceptable file types: **pdf, doc, docx, txt, rtf, jpg, jpeg, gif, tif, tiff, png, wpf, odt, wpd, svg, csv.**

Choose Files

NOTE: You must upload your attendance records from the week prior to the COVID-19 closure. You may upload this record in a text document like Microsoft Word (DOC or PDF file) or through a photographic document like a clear and visible picture (JPG or GIF file).

Select up to 3 files to attach. No files have been attached yet.



In order to be eligible for this grant, you must provide documentation demonstrating your attendance records in the week prior to you COVID closure. You may upload this documentation using a document from your computer (we suggest uploading either a Word document or a PDF document) OR by taking pictures of your attendance sheet from this week prior to closure. Please note that, if uploading pictures, it is essential the documentation within your pictures is clear and easy to read, otherwise your application may be unable to be accepted.

Budget



Revenue Lost Due to Closure, Weekly Rate

	1. PART TIME Weekly Rate			
Infants				
Toddlers				
Ages 3-4-5				
School Age, Before/ After School				
	2. FULL TIME Weekly Rate			
Infants				
Toddlers				
Ages 3-4-5				
School Age Other				
3. Administrative Costs (Between 1% and 5%, PLEASE ENTER THIS NUMBER IN DECIMAL FORMAT, for example 5% = 0.05):				

IMPORTANT NOTE: For purposes of this grant, providers will be capped at \$20,000 per grant cycle.



Enter the rate you charged families per day, which you either did not charge or reimbursed to families due to COVID closure. You may also enter an administrative cost to operate your facility between 1% (0.01) and 5% (0.05).

Budget



4. PART TIME Children Absent	Number of Infants Absent	Number of Toddlers Absent	Number of 3-4- 5 Year Olds Absent	Number of School Age/ Other Absent
Monday, August 10				
Tuesday, August 11				
Wednesday , August 12				
Thursday, August 13				
Friday , August 14				
Saturday, August 15				
Sunday, August 16				
Monday, August 17				
Tuesday, August 18				



Enter the number of children absent due to COVID closure each day of the grant cycle by full time and part time children. Any before/ after school children should be listed under the “part-time” section of the budget. Use your previous week’s attendance to determine the number of absences. For example, if you had 4 infants present on Monday, August 3rd, you may enter a “4” into the August 10th date if your facility was closed on this day.

Confirmation of Requirements



On the budget form above, did you list only **PRIVATE PAY** children who were not able to attend your facility due to the COVID-19 closure. *

- ☒ Yes
- ☐ No

On the budget form above, have you listed **ONLY** private pay children whose families were not charged for the days of closure? *

- ☒ Yes
- ☐ No

NOTE: If you charged families for the time period of this closure, for example, if you charged a weekly rate and families were not reimbursed for the day(s) of closure, select "no".



You must confirm that you are only entering private pay children into the budget form. In addition, you must confirm that families were NOT charged for any of the time in which you are claiming these children on the budget section of your application.

Written Description of COVID-19 Case



Provide a brief description the circumstance of the COVID-19 case impacting your facility. For example, describe your relationship to the person with the confirmed case, the date of diagnosis, etc.

*

A large, empty rectangular text box with a thin gray border, intended for the user to provide a brief description of the COVID-19 case.

NOTE: Do not include names or identifying information, rather simply describe the circumstance forcing your closure.



Here, please explain the details of your COVID-19 case or cases. You should not include identifying information, rather, a description of the details of the case like when you become aware, when the person was diagnosed, the steps you took after you found out about the case, etc.

Attestation



Audit

By submitting this grant you are subject to audit by the State of Indiana.

Attestation

Before you submit your application, you must type your name and attest to the statements below. Please carefully read the statement below, type your name, and click Submit.

By typing my name and clicking the "Submit" button below, I attest that, within this application, I have listed only private/ self pay children. I have not listed children who are funded through CCDF or On My Way Pre-K.

By typing my name and clicking the "Submit" button below, I attest that I am an agent of the provider who's name and information is set forth in this application. I further attest that all of the answers I have provided in this application are true and accurate. I understand that making false statements on this application is unlawful and that I could be subject to penalties including criminal prosecution for making a false statement on this application.

IMPORTANT NOTE:

By submitting this grant, you are attesting that all the information entered is accurate. You may be audited by the State of Indiana.

Type Your Name *



Thank You!

If you have any questions, please contact Rene Withers at
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