

Child Care Provider and Employee Bonuses Attestation Form

Name of Organization:

Name of person completing this document:

Date Completed:

By signing the document below, I am certifying that I am committing to remain employed with the above stated child care provider for a minimum of six (6) months following the signing date in order to remain eligible for the \$1,000 retention bonus provided by MSDE.

Certification and Attestation

By entering my name below and submitting this electronic form, I hereby certify that:

Check Box to complete certification and attestation	
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- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1.) the information and data contained in this form is, to the best of my knowledge and belief, true, complete, and correct |
| <input type="checkbox"/> | 2.) any ensuing program and activity will be conducted in accordance and compliance with all applicable federal and state laws and regulations |

Name and Title of Child Care Employer

Signature of Child Care Employer

Name of Child Care Provider Employee

Signature of Child Care Provider Employee