



State of Illinois Department of Human Services

# COVID-19 Attendance Exemption Form License Exempt Homes

REQUESTED FOR THE MONTH OF \_\_\_\_\_, 2020.

Provider Name: \_\_\_\_\_

15-Digit Child Care Management System (CCMS) Provider ID: \_\_\_\_\_  
(If your Provider ID is less than 15 digits, please add "0"s to the beginning until 15 digits are reached)

Person Completing Request: \_\_\_\_\_

I am open and providing child care.

I have applied for Pandemic Unemployment Assistance.

**Reason for Requesting an Attendance Exemption:**

Program Closure      Dates of Closure: \_\_\_\_\_

Low attendance due to pandemic.      Dates of low attendance: \_\_\_\_\_

**Certification:**

I certify this is a true and actual accounting of the monthly attendance for my program and I understand that by requesting full payment for eligible days of care I agree to pay my staff for all scheduled work hours, regardless of closure or reduction in services.

Signature of Authorized Representative: \_\_\_\_\_

*IDHS works cooperatively with the Department of Employment Security and may validate receipt of unemployment compensation. Funds obtained through a false certification will be subject to investigation and recoupment and may result in termination from participation in the Child Care Assistance Program.*

*Please fully investigate the federal emergency relief funds available to individuals and small businesses. This includes expanded unemployment benefits, emergency grants, forgivable loans, and refundable tax credits. It may be more beneficial to you than claiming the attendance exemption. More information can be found here: <https://www2.illinois.gov/sites/OECD/Pages/Resources-for-Providers.aspx>.*

**You must submit this completed form with your monthly billing certificate(s) to your Child Care Resource and Referral (CCR&R). Please submit all questions/comments/concerns to [DHS.CCAP.PPP@illinois.gov](mailto:DHS.CCAP.PPP@illinois.gov)**