



## Child Care Provider Certification of Unavailability Due to COVID-19 Notice

\*Three (3) child care verification attempts are required\*

I hereby certify that I am the Child-Care Provider for the following NKCES employee:

\_\_\_\_\_  
(Print NKCES Employee Name Above)

Child Care Services are:  **Paid**       **Unpaid (family/friend watches child)**

Due to COVID-19 restrictions, I am no longer able to provide child-care services.

My signature below certifies that this information is accurate and truthful.

\_\_\_\_\_  
Signature of Child-Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Child-Care Provider

❖ If a child-care facility/business, please attach notice of closure.

Received by HR Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_