



NC DEPARTMENT OF
**HEALTH AND
 HUMAN SERVICES**
 Division of Child Development and Early
 Education

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
ARIEL FORD • Director

Subrecipient Attestation Form for Program Compliance Monitoring

Regarding Documentation and Developmental Screening Information Requirements*

Agency:
 Agency Director:

Month/Year of Monitoring:
 Program Supervisor:

I, _____, attest that to the best of my knowledge and my belief, the following information provided in this declaration is true and correct. I understand that DCDEE and/or auditors of this program may request additional information to substantiate the statements in this declaration. I understand that, by not following all Subsidized Child Care Assistance program requirements and policies, this agency may be subject to audit findings and further corrective action.

I hereby certify that:

Initial I reviewed the Subsidized Child Care Assistance program monitoring checklist for the month and year noted on this form. I reviewed each record identified by the sample numbers on the checklist that include errors requiring documentation corrections only and developmental screening information, if applicable.

Initial I attest that all errors requiring documentation corrections only and developmental screening information, if applicable, from the records identified below (by children's initials and CNDS #s) have been corrected as outlined on the monitoring checklist and the CAP/Response Worksheet as approved by our Program Compliance Consultant to comply with all applicable program requirements.

Initial I understand that any rebuttals and/or corrections for records with these types of errors that are not identified below must be submitted to the Program Compliance Consultant separately from this form for review and within the specified time limits from DCDEE.

Records with Errors Corrected by only Documentation (list initials for each child below, as applicable, along with their CNDS numbers, for example WH/95535655W)

Records with Errors Corrected by Developmental Screening Information and Documentation (list initials for each child below, as applicable, along with their CNDS numbers, for example WH/95535655W)

After listing all applicable case information, please print, sign and provide all requested information above and below before returning to the Consultant.

X

Attestor's Signature
Attestor's Title

X

Director's Signature

Date signed:
Attestor's Typed Name:
Phone Number:
Email:

*Return the completed, signed, and dated form to the Program Compliance Consultant identified on the Monitoring Checklist using a secure encryption method such as ZixMail. The form may be printed and completed, then scanned and emailed back to the Consultant using encryption. Follow current policy requirements and guidance regarding submission of documents with typed signatures, if applicable.