

**Child Care Workforce Stabilization Employee Roster
(Form CCWS-E)**

Section 1: General Information

Name of Applicant: _____ Provider ID: _____

Telephone Number: () _____ Email Address: _____

Facility Name: _____

Licensee Name: _____ License Number: _____

Facility Physical Address: _____

City: _____ County: _____ Zip Code: _____

Complete only if mailing address is different from physical address:

Facility Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Section 2: Employee Roster Month: _____ Year: _____

First and Last Name of Staff	Role	FT or PT	Hire Date

Total # of Employees: _____

Section 3: Certification

By submitting the Employee Roster Reporting Form for the Child Care Workforce Stabilization Grant, the undersigned assigns, certifies, and agrees the information in this report is true and correct.

Signature: _____

Date: _____

Attach Form CCWS E-1 for additional employees.

CCWS Grant Employee Roster Reporting Form Instructions

Section 1: General Information

Write or type the requested general information.

<u>Name of Applicant:</u>	Person who is completing the application and is the owner, licensee, or the authorized designee
<u>Provider ID:</u>	DHR generated unique identifier that begins with 50000 or 50001
<u>Telephone Number:</u>	Telephone number, including area code, where the applicant may be reached
<u>Email Address:</u>	Email address where the applicant may be reached
<u>Facility Name:</u>	Name of the child care facility as listed on the license issued by DHR
<u>Licensee Name:</u>	Name of the licensee as listed on the license issued by DHR
<u>License Number:</u>	Number listed on the license issued by DHR
<u>Facility Physical Address:</u>	Street address, including city, county, and zip code where the child care facility is physically located
<u>Facility Mailing Address:</u>	Street address, including city, state, and zip code where the child care facility receives mail if different from the physical address

Section 2: Employees

List the month and year the funds were disbursed. For each staff person paid a bonus, list their first and last name, their role, if they are a full-time or part-time employee based on the number of hours the staff person works per week, and the hire date.

Section 3: Certification

Read and acknowledge the certification statement. Sign and date the report prior to submission.