

## Appendix A

### Attestation/Declaration Form for Home-Based Early Learning and Child Care (ELCC) Facilities

|   |                                   |                                   |  |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |
|---|-----------------------------------|-----------------------------------|--|--|-----------------------------------|-----------------------------------|--|-----------------------------------|-----------------------------------|--|-----------------------------------|-----------------------------------|--|-----------------------------------|-----------------------------------|
| Child Care Home Provider's First and Last Name:   |                                   |                                   |  |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |
| Facility ID Number:   |                                   |                                   |  |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |
| Child Care Coordinator:   |                                   |                                   |  |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |
| Name of Person Completing Tests/Attestation:  |                                   |                                   |  |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |
| <p><b>PART A: LEGAL ATTESTATION/DECLARATION</b></p> <p>I, _____, have completed the mandatory COVID-19 tests as required by under the public health order for the dates below. I attest/declare that the dates of testing and the test results listed below are true and accurate.</p> <p>I am aware that failure to complete these tests, or dishonestly reporting the test results, can lead to:</p> <ul style="list-style-type: none"> <li>discipline up to and including termination of my employment,</li> <li>termination of my engagement as a contractor or other person,</li> <li>termination of access to the licensed child care home during the home's hours of operation, and/or</li> <li>an investigation by enforcement officers, if a report is received that this licensed child care home is not in compliance with the requirement for <b>designated persons</b> to be fully immunized or participate in regular testing under the public health orders, which are enforceable.</li> </ul> <table style="width: 100%; border: none;"> <tr> <td style="width: 35%;">Date of Test (YYYY/MM/DD)</td> <td style="width: 30%;">Test Result</td> <td style="width: 35%;"></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Negative</td> <td><input type="checkbox"/> Positive</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Negative</td> <td><input type="checkbox"/> Positive</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Negative</td> <td><input type="checkbox"/> Positive</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Negative</td> <td><input type="checkbox"/> Positive</td> </tr> </table> <p><b>Signature of Attestee:</b> _____</p> <p><b>Date of attestation (YYYY/MM/DD):</b> _____</p> | Date of Test (YYYY/MM/DD)         | Test Result                       |  |  | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |  | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |  | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |  | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| Date of Test (YYYY/MM/DD)   | Test Result                       |                                   |  |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |
|   | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |  |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |
|   | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |  |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |
|   | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |  |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |
|   | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |  |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |
| <p><b>PART B: CONFIRMATION OF LEGAL ATTESTATION/DECLARATION</b></p> <p>I attest that the information provided above is true and accurate. I am aware that failure to complete these tests, or dishonestly report the test results, can lead to an investigation by enforcement officers, if a report is received that my licensed child care home is not in compliance with the requirement for <b>designated persons</b> to be fully immunized or participate in regular testing under the public health orders, which are enforceable.</p> <p><b>Signature of Child Care Home Provider:</b> _____</p> <p><b>Date (YYYY/MM/DD):</b> _____</p>  |                                   |                                   |  |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |  |                                   |                                   |

Home-based providers must submit completed Attestation/Declaration Form(s) to [elcc.reporting@gov.mb.ca](mailto:elcc.reporting@gov.mb.ca) and their Child Care Coordinator by email with "Attestation/Declaration Form: Facility Name and Facility Number" in the subject line.