

Child Care Counts: COVID-19 Supplementary Payment Program

09/09/2020



Wisconsin Department of
Children and Families

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About This Guide

This guide details how providers will use DCF's Provider Portal to apply for the *Child Care Counts: COVID-19 Supplemental Payment Program* during the application period **September 9-18**.

The Payment Program application is available in the [Child Care Provider Portal](#) system. Information about [applying for access can be found here](#). If you need help gaining access to the Child Care Provider Portal, please email DCFPlcBECRCBU@wisconsin.gov.

If you are unable to access the Provider Portal, or choose not to, you can contact the Payment Program Call Center for assistance filling out your application over the phone.

System note: the Child Care Provider Portal will time out after **20 minutes of inactivity**, which will force users to log back in.

IMPORTANT NOTICE

The Child Care Counts programs are time-limited programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. **They are not grants**, as that term is defined in 45 CFR72 and related federal regulations, and the use of the word "grant" is incidental.



Child Care Counts Call Center

If you need any assistance, please send an email to:
DCFDECECOVID19CCPayments@wisconsin.gov.

Or call and leave your detailed questions at:
608-535-3650

How to Submit an Application

Child Care Provider Portal

Login

Existing CCPI Users can log in with their User ID and password that you used for CCPI.

User ID

Password

Show Password
 Remember Me
 Enable Keyboard Accessibility Features
 Enable Screen Reader Features

[...Hide Options](#)

Login

Request Access: Click on the following link Request Access
Help: For problems logging in or to update your user profile, click on the following link Account Management

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1. Login Screen

Go to <https://mywchildcareproviders.wisconsin.gov/>

Type your **User ID** and **Password** into the appropriate fields. Click the **Login** button to continue.

COVID-19 Emergency Information

Due to the COVID-19 pandemic, please complete the following and keep it up-to-date so that DCF and its partners can help Healthcare workers and others performing critical functions fill urgent child care needs. Press "Save" once you have completed filling out or updating the information.

Address: 2414 E Calvary Dr, Dane, WI 53254-4144

Is this location currently open? Yes No

Are you able to provide care for more children with special needs? Yes No

Enter the number of open slots you have available at this location below.

For children under 2 years?

For 2 and 3 year-olds?

For 4 and 5 year-olds?

For 6 year-olds and older?

Enter the total number of open slots (i.e., available slots) you have available at this location below.

Total available slots

Number of staff needed to increase or meet capacity

List here all essential emergency supplies you need

Last updated on 04/16/2020 04:51 PM

Save

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Act Now
COVID-19 Payments

[About DCF](#) [Public Meetings](#) [Careers](#) [Request Records](#) [Contact Us](#) [Wisconsin.gov](#) [Press](#)

IMPORTANT NOTE:

Update Your Open Slots

Before beginning your application, please review the open slots that you have available, including slots for age ranges and total available slots. This will ensure that your center's available openings display accurately in the [Available Child Care Map](#).

Click **Save** when your slot information is updated.

How to Submit an Application

COVID-19 Emergency Information
Due to the COVID-19 pandemic, please complete the following and keep it up-to-date so that DCF and its partners can help Healthcare workers and others performing critical functions fill urgent child care needs. Press "Save" once you have completed filling out or updating the information.

Address 2414 E Cakery Dr
Dane, WI 53214-4144

Is this location currently open? Yes No

Are you able to provide care for more children with special needs? Yes No

Enter the number of open slots you have available at this location below.

For children under 2 years?

For 2 and 3 year-olds?

For 4 and 5 year-olds?

For 6 year-olds and older?

Enter the total number of open slots (i.e., available slots) you have available at this location below.

Total available slots

Number of staff needed to increase or meet capacity

List here all essential emergency supplies you need

Last updated on 04/16/2020 04:51 PM

[Save](#)

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[COVID-19 Payments](#)

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2. COVID-19 Payments Button

On the *COVID-19 Emergency Information* page, scroll to the bottom of the page and click on the **COVID-19 Payments** button.

Beginning Your Application

3

Fall 2020	August 28 - September 08	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied	Apply
Fall 2020	August 28 - September 08	Funding Staff Recruitment And Retention Efforts	Not Applied	Apply

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3. Start Application

To apply for a specific program, select the **Apply** button on the *Summary* page.

COVID-19 Payments

Please read all the below details before proceeding with application

COVID-19 Payments Information

IMPORTANT NOTICE: The Child Care Counts programs are time-limited payment programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. They are not grants as that term is defined in 45 CFR 72 and related federal regulations, and use of the word "grant" is incidental.

What is Program A Providing Safe, Healthy, And High-Quality Child Care Opportunities?

The *Providing Safe, Healthy, And High-Quality Child Care Opportunities* payment program is intended to support the costs of maintaining or enhancing compliance status and/or YoungStar level, increasing health and safety practices, and ensuring high-quality care is available across state. Details about the purpose, conditions, and determination of the payment can be viewed on the [payment information page](#).

When Can I Apply?

You may apply for this payment anytime from 08/28/2020 through 09/08/2020. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

What information do I need to complete this application?

The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures due to COVID-19
- Hours of operation during COVID-19 emergency
- Enrolled children information
- Reopen/Closure details (Required if location is closed)

What happens after I submit my application?

After 09/08/2020, DCF will evaluate and determine payments. You will be notified by email when the review process has been completed. Payments will be made through either direct deposit or check. To receive your money the fastest, register with FIS, if you haven't done so already. FIS registration may take up to 10 business days, and must be finalized before the end of the review period in order to receive your payment through direct deposit. If you prefer to receive a check, you will receive additional instructions with your payment determination notice. Please note that receiving a check will take longer than direct deposit through FIS.

Continue

4. Review Payment Program Information

After selecting to apply for a payment program, you will see an informational screen that details the following:

- Overview of the specific payment program
- When the provider can apply
- Information that will be collected in the application
- What happens after the submission of the application

5. Continue

Click **Continue** to go to the *Payment Application Details* page.

Payment Summary Page

6. COVID-19 Payment Application List

There is only one application period.
September 9-18.

There are two payment programs for which a provider can apply.

- A. Providing Safe, Healthy, and High-Quality Child Care Opportunities
- B. Funding staff Recruitment and Retention Efforts

Funding Period	When Can I Apply?	Payment Program	Status
March 12 - April 11	May 03 - May 15	Providing Funding To Care For Essential Workforce Families	Not Available
March 12 - April 11	May 03 - May 15	Incentive Pay	Not Available
March 12 - April 11	May 03 - May 15	Support For Closed Child Care Programs	Not Available
April 12 - May 11	May 31 - June 14	Providing Funding To Care For Essential Workforce Families	Not Available
April 12 - May 11	May 31 - June 14	Incentive Pay	Not Available
April 12 - May 11	May 31 - June 14	Support For Closed Child Care Programs	Not Available
May 12 - June 11	June 29 - September 08	Providing Funding To Care For Essential Workforce Families	Not Available
May 12 - June 11	June 29 - September 08	Incentive Pay	Not Available
May 12 - June 11	June 29 - September 08	Support For Closed Child Care Programs	Not Available
Fall 2020	August 28 - September 08	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied <input type="button" value="Apply"/>
Fall 2020	August 28 - September 08	Funding Staff Recruitment And Retention Efforts	Not Applied <input type="button" value="Apply"/>



Regulated providers may be able to apply for BOTH payment programs. Please review Eligibility and Requirements details on the [Payment Program web page](#).

Beside the Payment Program title, you will also see the **Status** of your application.

Incomplete indicates you have started an application for the program, but your application has not been completed. Click **Details** to return to your application.

Not Applied means you haven't applied for this payment. Click **Apply** to begin your application.

You may make corrections to your application until the end of the application period – 11:59 p.m. Friday, September 18. Applications cannot be modified after the application closes.



APPLYING FOR PAYMENT PROGRAM A

Providing Safe, Healthy, and High- Quality Child Care Opportunities

Beginning Your Application

1

D-19 Payment Application List
or COVID-19 payments and view details of payment program applications already started or completed.

Payment Program Summary			
Funding Period	When Can I Apply?	Payment Program	Status
March 12 - April 11	May 03 - May 15	Providing Funding To Care For Essential Workforce Families	Not Available
March 12 - April 11	May 03 - May 15	Incentive Pay	Not Available
March 12 - April 11	May 03 - May 15	Support For Closed Child Care Programs	Not Available
April 12 - May 11	May 31 - June 14	Providing Funding To Care For Essential Workforce Families	Not Available
April 12 - May 11	May 31 - June 14	Incentive Pay	Not Available
April 12 - May 11	May 31 - June 14	Support For Closed Child Care Programs	Not Available
May 12 - June 11	June 29 - September 08	Providing Funding To Care For Essential Workforce Families	Not Available
May 12 - June 11	June 29 - September 08	Incentive Pay	Not Available
May 12 - June 11	June 29 - September 08	Support For Closed Child Care Programs	Not Available
Fall 2020	August 28 - September 08	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied Apply ▶
Fall 2020	August 28 - September 08	Funding Staff Recruitment And Retention Efforts	Not Applied Apply ▶

1. Begin Application

To apply for a specific program, select the **Apply** button on the *Summary* page.

2. Review Payment Program Information

After selecting to apply for a payment program, you will see an informational screen that details the following:

- Overview of the specific payment program
- When the provider can apply
- Information that will be collected in the application
- What happens after the submission of the application

3. Continue

Click **Continue** to go to the *Application Details* page.

COVID-19 Payments
Please read all the below details before proceeding with application

COVID-19 Payments Information

IMPORTANT NOTICE: The Child Care Counts programs are time-limited payment programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. They are not grants as that term is defined in 45 CFR 72 and related federal regulations, and use of the word "grant" is incidental.

What is Program A Providing Safe, Healthy, And High-Quality Child Care Opportunities?
The *Providing Safe, Healthy, And High-Quality Child Care Opportunities* payment program is intended to support the costs of maintaining or enhancing compliance status and/or YoungStar level, increasing health and safety practices, and ensuring high-quality care is available across state. Details about the purpose, conditions, and determination of the payment can be viewed on the [payment information page](#).

When Can I Apply?
You may apply for this payment anytime from 08/28/2020 through 09/08/2020. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

What information do I need to complete this application?
The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures due to COVID-19
- Hours of operation during COVID-19 emergency
- Enrolled children information
- Reopen/Closure details (Required if location is closed)

What happens after I submit my application?
After 09/08/2020, DCF will evaluate and determine payments. You will be notified by email when the review process has been completed. Payments will be made through either direct deposit or check. To receive your money the fastest, register with FIS, if you haven't done so already. FIS registration may take up to 10 business days, and must be finalized before the end of the review period in order to receive your payment through direct deposit. If you prefer to receive a check, you will receive additional instructions with your payment determination notice. Please note that receiving a check will take longer than direct deposit through FIS.

[Continue ▶](#)

2

3

Add Application Details for Your Location

COVID-19 Payments – Add Application Details
Add common and payment program details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Grantee Details

Funding Period: Fall 2020

Grantee First Name *

Grantee Middle Initial

Grantee Last Name *

Grantee Email *

Grantee Phone *

Tell us if your program is opened or closed due to COVID-19

Was your facility open on 09/04/2020? * Yes No

Tell us about the children at your facility

Did your facility serve any children with disabilities? * Yes No ⓘ

Did your facility serve any children who speak languages other than English? * Yes No

Did your facility serve any children who are experiencing homelessness? * Yes No ⓘ

Did your facility serve any children from tribal communities? * Yes No

Did your facility serve any children living in rural areas? * Yes No ⓘ

Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Payment Program: Providing Safe, Healthy, And High-Quality Child Care Opportunities

Number of Children Enrolled * ⓘ

Enter the number of children enrolled on 09/04/2020 at this location.

Comments

Add

4. Add Grantee Details

There is a single funding period for this application.

Be sure to enter the details marked with a red star. *

If inaccurate details are entered, this could delay your application.

5. Tell Us About Program Open/Closures

Was your facility open on **09/04/2020**?

6. Tell Us About the Children in Your Program

In this section, you can click on the ⓘ icon for more information about what the question is asking.

Click **Add** to move on to the next page.



NOTE: If you applied for previous funding through the original Child Care Counts Payment program, many of the fields throughout the application will be filled in automatically. Please review all fields that are filled in to ensure they are still accurate and update as needed.

Update or Verify Location Temporary Closures

7. Temporary Closures

You will be asked to verify any temporary closures during the funding period. If the closures were already updated in the Provider Portal, those details will be shown here. If you need to add a temporary closure period, select the **Add Temporary Closure** button, and you will be taken to the **Closure Schedule** screen shown below.

COVID-19 Payments - Temporary Closure

Common Details

Funding Period: Fall 2020
Grantee Name: Hardware, Ace

Verify Temporary Closure

From	To	Closure Reason	Comments
No closures			

The closure periods should reflect any periods of time your facility was closed during the funding period (8/30/2020 - 9/5/2020). You must verify the closure periods above by checking the box below and selecting Verify. If you need to add a new closure period, select the 'Add' button.

Add Temporary Closure

The closures listed above are accurate and complete for the period of 8/30/2020 to 9/5/2020. If you were not closed during the funding period, check the box to verify that there were no closure periods during the funding period.

Verify

After including all appropriate temporary closures, click the checkbox indicating that you have accurately recorded and verified the temporary closures for your location.

COVID-19 Payments - Add Closure Schedule

Due to the COVID-19 health emergency, please help DCF understand when you are closed and open. If you are closing, please enter your closure period here and also contact your licensor or certifier.

Common Details

Funding Period: Fall 2020
Grantee Name: Hardware, Ace

Verify Temporary Closure

From Date: 3/13/2020
To Date: 3/25/2020
COVID-19 Closure Reason: COVID-19 Lack of families
Comments: Not enough kids

Add

Temporary Closure

! If you did not have any temporary closures during the funding period, check the box to verify and select **Verify** to continue through the application.

The closures listed above are accurate and complete for the period of 8/30/2020 to 9/5/2020. If you were not closed during the funding period, check the box to verify that there were no closure periods during the funding period.

Verify

Update or Verify Hours of Operation

8

COVID-19 Payments - Operational Hours

Add Operational Hours

Common Details

Funding Period	Fall 2020
Grantee Name	Hardware, Ace

[...More](#)

Operational Hours

Specify your Operating Hours during
8/30/2020 – 9/5/2020

Enter open times for each day you are open
(e.g., 7 am – 6 pm)

Sunday

Monday
6:00 AM - 6:00 PM

Tuesday
6:00 AM - 6:00 PM

Wednesday
6:00 AM - 6:00 PM

Thursday
6:00 AM - 6:00 PM

Friday
6:00 AM - 6:00 PM

Saturday

Open some hours between 6 am and 6 pm ? * Yes No

Open some hours before 6 am or after 6 pm ? * Yes No

Comments

Add

◀ **Operational Hours Details**

8. Hours of Operation

In the next section, tell us about the hours of operation for your location from **8/30/20** – **9/5/20**. Hours of operation will be auto-filled based on your license or certification hours. If you experienced any changes to your hours of operation to allow for expanded care hours during the funding period, you will need to update any days that differed from your regular licensed or certified schedule. Select the **Add** button to save your information and continue to the **Individuals** section, where you will tell us about your staff during the COVID-19 Emergency.

Adding Children Detail

9. Add Children to the Application

You will be asked to add every child enrolled at your program who was enrolled on **9/4/20**.

NOTE: The number of children added in this section must equal the number of children that you indicated were enrolled on the first page of the application: *Add Application Details*.

Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Payment Program Providing Safe, Healthy, And High-Quality Child Care Opportunities

Number of Children Enrolled * ⓘ

Comments

Add

COVID-19 Payments – Add Child

COVID-19 Payments – Add Child

Common Details

Funding Period Fall 2020

Grantee Name Ware, Ace H [...More](#)

Child Details

First Name *

Middle Initial

Last Name *

Date of Birth * ⓘ

Care Type * Full-time Care Part-time Care

Has disability? * Yes No ⓘ

Speaks language other than English? * Yes No ⓘ

Experiencing homelessness? * Yes No ⓘ

Living in tribal community? * Yes No ⓘ

Living in rural area? * Yes No ⓘ

WI Shares recipient during 8/30/2020 – 9/5/2020? * Yes No ⓘ

Attend during 8/30/2020 – 9/5/2020? * Yes No ⓘ

Did the child attend at least one day between 8/30/2020 and 9/5/2020?

Comments

Add

Click the ⓘ icon for more information about what the question is asking.

Click the **Add** button once you have filled out all information on the page.

Previous Grant Child List

10. Verify Previous Child List

If you applied for funding in a previous Child Care Counts application, children added to your previous application will appear here, and may be copied into your current application. Click **COPY** to add children to your application. This will take you to the **Child Details** page.

COVID-19 Payments – Previous Grant Child List			
Common Details			
Funding Period	08/30/2020 - 09/05/2020		
Grantee Name	Ware, Ace H		
...More			
Name	Date of Birth	Care Type	
Hex Bolt	2/4/2018	Full-Time Care	10 Copy ▶
Star Bolt	5/4/2016	Full-Time Care	Copy ▶
Kit C Broom	8/3/2015	Part-Time Care	Copy ▶
Add Child ▶			
◀ Child List			

Child Details	
First Name *	<input type="text" value="Child"/>
Middle Initial	<input type="text"/>
Last Name *	<input type="text" value="One"/>
Date of Birth *	<input type="text" value="1/1/2019"/>
Care Type *	<input checked="" type="radio"/> Full-time Care <input type="radio"/> Part-time Care
Has disability? *	<input type="radio"/> Yes <input checked="" type="radio"/> No ⓘ
Speaks language other than English? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Experiencing homelessness? *	<input type="radio"/> Yes <input checked="" type="radio"/> No ⓘ
Living in tribal community? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Living in rural area? *	<input type="radio"/> Yes <input checked="" type="radio"/> No ⓘ
WI Shares recipient during 8/30/2020 – 9/5/2020? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Attend during 8/30/2020 – 9/5/2020? *	<input type="radio"/> Yes <input type="radio"/> No ⓘ

Verify child details that were copied and indicate if the child attended at least one day between 8/30/20 – 9/5/20. Click the ⓘ icon for more information about what the questions are asking.

Click the **Add** button once you have filled out all information on the page.

Adding Children Detail

11. Add Children to the Application

After adding a child to the application, you will be taken to the *Child List* that shows you all of the children you have added to your application. Click the **Add Child** button to continue adding children to your application. Remember, the number of children displayed here should match the number of children that you listed as enrolled in the *Grant Details* section.

11 MID-19 Payments – Child List

Common Details			
Funding Period	Fall 2020		
Grantee Name	Ware, Ace H		
...More			
Name	Date of Birth	Care Type	
Hex Bolt	2/4/2018	Full-Time Care	Details
Star Bolt	5/4/2016	Full-Time Care	Details
Kit C Broom	8/3/2015	Full-Time Care	Details
Add Child			

COVID-19 Payments – Child Details

Common Details	
Funding Period	05/12/2020 - 04/11/2020
Grantee Name	Provider, Test
...More	
Child Details for COVID-19 Payments	
First Name	Test
Middle Initial	
Last Name	Baby
Date of Birth	1/1/2010
...More	
Child List	

If you need to update or review the information about a specific child, click on the **Details** button to be taken to that child's record. Click on the **...More** button to get to the **Modify Child** Button.

If you have added a child in error to the application, you can remove the child by checking the box **Remove this child from the grant?**

Comments	
<input type="checkbox"/> Remove this child from the grant?	
Save	

Click **Save** on the *Modify Child Details* page if you have changed any information; you should be taken back to the *Child List*. You can continue adding children as needed, or proceed to submit your application.

Finalizing Your Application

12

VID-19 Payments – Previous Grant Child List

Common Details			
Funding Period	08/30/2020 - 09/05/2020		
Grantee Name	Ware, Ace H		
More			
Name	Date of Birth	Care Type	
Hex Bolt	2/4/2018	Full-Time Care	Copy
Star Bolt	5/4/2016	Full-Time Care	Copy
Kit C Broom	8/3/2015	Part-Time Care	Copy
Add Child			
Submit Application			
Application details			

12. Review Your Submission

Click the **Submit Application** button to finalize your application.

You will be taken to the **Submit Application** page. The top of the page will review and compare the information that you entered on the **Application Details** page to the information that you entered for each child. Any text in red indicates that there was a mismatch in what you reported in the **Application Details** page with what you reported for each child.

Inconsistent and/or incorrect information will delay and/or could possibly prevent your application from being processed. It is imperative you go back and fix any issues noted in red. If you are having trouble fixing and/or modifying your application, please email or call for assistance.

COVID-19 Payments – Application Details

[Continue to Child List](#)

Common Details	
Grantee First Name	Test
Grantee Middle Initial	
Grantee Last Name	Test
Grantee Email	test@gmail.com
Grantee Phone	(555) 555-1223
Funding Period	Fall 2020
Was your facility open on 09/04/2020?	Yes
Did your facility serve any children with disabilities?	No
Did your facility serve any children who speak languages other than English?	No
Did your facility serve any children who are experiencing homelessness?	No
Did your facility serve any children from tribal communities?	No
Did your facility serve any children living in rural areas?	No
Modify Common Details	

Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID	P000000203
Number of Children Enrolled	3
Grant Status	Incomplete (View Terms and Conditions)
Modify Application Details	

[Temporary Closure](#) [Operational Hours](#) [Children](#) [Payment Documents](#) [Submit Application](#) [Application Review](#)

[Payment Program Summary](#)

Finalizing Your Application

Review Your Submission

You must correct any entries with red text, indicating there is a mismatch or other problem with the entry.

COVID-19 Payments - Submit Application

Common Details

Funding Period	Fall 2020
Grantee Name	Test, Test

[...More](#)

Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID	P000000203
Number of Children Enrolled	5 Children enrolled for the facility does not match the number of children entered in the application. Number entered: 3
Grant Status	Incomplete

Terms and Conditions

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I certify that my program is currently open, or that I plan to reopen by 10/19/20.
- I understand that the Department of Children and Families may monitor and review my use of program funds.

receive funding for **Program A – Providing Safe, Healthy, And High-Quality Child Care Opportunities** I agree to the following:

- I will use the funds to support the costs of maintaining or enhancing high-quality care.
- I will follow the health and safety guidelines for child care providers as outlined by DCF: <https://dcf.wisconsin.gov/files/press/2020/covid/bbb-faq.pdf>
- I will use the funds for the following purposes which include but are not limited to:
 - Personal Protective Equipment (PPE)
 - Materials/supplies for cleaning and sanitation
 - Materials/supplies for enhancing environment
 - Professional development and/or continuing education
 - Structural changes/modifications to meet compliance guidelines or enhance the program environment
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
 - Mortgage/rent statements
 - Utility statements
 - Original invoices and/or receipts for purchases of materials/supplies including but not limited to:
 - PPE, cleaning and sanitation materials, supplies, and services
 - Materials and supplies for enhancing environment
 - Materials, supplies, and labor for structural changes and modifications
 - Educational supplies and learning materials
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to three (3) years after I receive the funds.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met.

I accept the Terms and Conditions above.

Submit

Application Details

Any text in red indicates that there was a mismatch in what you reported in the **Application Details** page with what you reported for each child. Inconsistent and/or incorrect information will delay and could possibly prevent your application from being processed. It is imperative you go back and fix any issues noted in red. If you are having trouble fixing/modifying your application, please email or call for assistance.

Click **Application Details** to return to the application and correct as necessary.

Finalizing Your Application

13. Review the Terms and Conditions

After reviewing your information, please read through the [Terms and Conditions](#) for the program. **Please note** we strongly recommend printing and/or saving these Terms and Conditions and filing all related expenditure documents in a safe place.

Common Details	
Funding Period	08/30/2020 - 09/05/2020
Grantee Name	Ware, Ace H
...More	
Payment Program Details for <i>Providing Safe, Healthy, And High-Quality Child Care Opportunities</i>	
Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID	P00000344
Number of Children Enrolled	3
Grant Status	Incomplete

Terms and Conditions

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I understand that the Department of Children and Families may monitor and review my use of program funds.

I receive funding for **Program A Providing Safe, Healthy, And High-Quality Child Care Opportunities** I agree to the following:

- I have been providing safe, healthy and high quality child care opportunities related to the State of Emergency.
- I have read and understand the health and safety recommendations outlined by DCF: <https://dcf.wisconsin.gov/files/press/2020/covid/bbb-faq.pdf>
- I will use the funds for payroll purposes and other allowable expenses which include but are not limited to:
 - Parent reimbursement for cost of care
 - Mortgage/rent
 - Utilities
 - Materials/supplies for cleaning and sanitation
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
 - Payroll registers and time sheets
 - Mortgage/rent statements
 - Utility statements
 - Original invoices and/or receipts for purchases of materials/supplies
 - Documentation to support employee wage increases
 - Documentation to support parent reimbursement for cost of care (cancelled check, money order, parent payment ledger or other documentation supporting parent reimbursement)
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to three (3) years after I receive funding.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met.

I accept the Terms and Conditions above.

Submit

14. Submit Your Application

Once you have read through the [Terms and Conditions](#), click the “I accept the Terms and Conditions above” checkbox, and click the **Submit** button to submit your application for the program.

Submitting your Application

Error Message

If you have too few children under age 6 entered on your application, you will be unable to submit your application because this does not meet the eligibility guidelines. Please review the [application requirements](#).

COVID-19 Payments - Submit Application

You may not submit this application because there are too few children under age 6. Review the application requirements.

Common Details	
Funding Period	Fall 2020
Grantee Name	Test, Test

[...More](#)

Payment Program Details for <i>Providing Safe, Healthy, And High-Quality Child Care Opportunities</i>	
Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID	P000000203
Number of Children Enrolled	3
Grant Status	Incomplete

Terms and Conditions

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I certify that my program is currently open, or that I plan to reopen by 10/19/20.
- I understand that the Department of Children and Families may monitor and review my use of program funds.

If I receive funding for Program A – Providing Safe, Healthy, And High-Quality Child Care Opportunities I agree to the following:

- I will use the funds to support the costs of maintaining or enhancing high-quality care.
- I will follow the health and safety guidelines for child care providers as outlined by DCF: <https://dcf.wisconsin.gov/files/press/2020/covid/bbb-faq.pdf>
- I will use the funds for the following purposes which include but are not limited to:
 - Personal Protective Equipment (PPE)
 - Materials/supplies for cleaning and sanitation
 - Materials/supplies for enhancing environment
 - Professional development and/or continuing education
 - Structural changes/modifications to meet compliance guidelines or enhance the program environment
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
 - Mortgage/rent statements
 - Utility statements
 - Original invoices and/or receipts for purchases of materials/supplies including but not limited to:
 - PPE, cleaning and sanitation materials, supplies, and services
 - Materials and supplies for enhancing environment
 - Materials, supplies, and labor for structural changes and modifications
 - Educational supplies and learning materials
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to three (3) years after I receive the funds.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met.

I accept the Terms and Conditions above.

Submit

Application Details

Modifying After Submission

15. Updating After Submitting

You will have the ability to update your application after submission, **until the application period ends at midnight**. You will need to modify each section and its detail level information.

- To modify the *Common Details*, click the **Modify Common Details** button.

- To modify the *Application Details*, specifically the number of children enrolled during the funding period, select the **Modify Application Details** button. Remember, any change in the number of children will affect the number of children who need to be entered in the *Add Children* module.

D-19 Payments – Application Details


Common Details	
Grantee First Name	Test
Grantee Middle Initial	
Grantee Last Name	Test
Grantee Email	test@gmail.com
Grantee Phone	(555) 555-1223
Funding Period	Fall 2020
Was your facility open on 09/04/2020?	Yes
Does your facility serve any children with disabilities?	No
Did your facility serve any children who speak languages other than English?	No
Did your facility serve any children who are experiencing homelessness?	No
Did your facility serve any children from tribal communities?	No
Did your facility serve any children living in rural areas?	No

Modify Common Details


Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID	P000000203
Number of Children Enrolled	3
Grant Status	Submitted (view Terms and Conditions)


Modify Application Details




Temporary Closure




Operational Hours



Children



Payment Documents



Application Review

Payment Program Summary

You can use the **Temporary Closure**, **Operational Hours**, **Staff** and **Children** buttons to update those specific sections of the application. Refer to the previous instructions for specifics.



APPLYING FOR PAYMENT PROGRAM B

Funding Staff Recruitment and Retention Efforts

Beginning Your Application

1

D-19 Payment Application List

or COVID-19 payments and view details of payment program applications already started or completed.

Payment Program Summary			
Funding Period	When Can I Apply?	Payment Program	Status
March 12 - April 11	May 03 - May 15	Providing Funding To Care For Essential Workforce Families	Not Available
March 12 - April 11	May 03 - May 15	Incentive Pay	Not Available
March 12 - April 11	May 03 - May 15	Support For Closed Child Care Programs	Not Available
April 12 - May 11	May 31 - June 14	Providing Funding To Care For Essential Workforce Families	Not Available
April 12 - May 11	May 31 - June 14	Incentive Pay	Not Available
April 12 - May 11	May 31 - June 14	Support For Closed Child Care Programs	Not Available
May 12 - June 11	June 29 - September 08	Providing Funding To Care For Essential Workforce Families	Not Available
May 12 - June 11	June 29 - September 08	Incentive Pay	Not Available
May 12 - June 11	June 29 - September 08	Support For Closed Child Care Programs	Not Available
Fall 2020	August 28 - September 08	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied Apply ▶
Fall 2020	August 28 - September 08	Funding Staff Recruitment And Retention Efforts	Not Applied Apply ▶

1. Begin Application

To apply for a specific program, select the **Apply** button on the *Summary* page.

2. Review Payment Program Information

After selecting to apply for a payment program, you will see an informational screen that details the following:

- Overview of the specific payment program
- When the provider can apply
- Information that will be collected in the application
- What happens after the submission of the application

3. Continue

Click **Continue** to go to the *Application Details* page.

COVID-19 Payments
Please read all the below details before proceeding with application

COVID-19 Payments Information

IMPORTANT NOTICE: The Child Care Counts programs are time-limited payment programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. They are not grants as that term is defined in 45 CFR 72 and related federal regulations, and use of the word "grant" is incidental.

What is Program B Funding Staff Recruitment And Retention Efforts?
The *Funding Staff Recruitment And Retention Efforts* payment program is intended to support the costs associated with recruiting and retaining high-quality staff. Details about the purpose, conditions, and determination of the payment can be viewed on the [payment information page](#).

When Can I Apply?
You may apply for this payment anytime from 08/28/2020 through 09/08/2020. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

What information do I need to complete this application?
The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures due to COVID-19
- Hours of operation during COVID-19 emergency
- Staff information
- Enrolled children information
- Reopen/Closure details (Required if location is closed)

What happens after I submit my application?
After 09/08/2020, DCF will evaluate and determine payments. You will be notified by email when the review process has been completed. Payments will be made through either direct deposit or check. To receive your money the fastest, register with FIS, if you haven't done so already. FIS registration may take up to 10 business days, and must be finalized before the end of the review period in order to receive your payment through direct deposit. If you prefer to receive a check, you will receive additional instructions with your payment determination notice. Please note that receiving a check will take longer than direct deposit through FIS.

[Continue ▶](#)

2

3

Add Application Details for Your Location

COVID-19 Payments – Add Application Details
Add common and payment program details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Grantee Details

Funding Period: Fall 2020

Grantee First Name *

Grantee Middle Initial

Grantee Last Name *

Grantee Email *

Grantee Phone *

Tell us if your program is opened or closed due to COVID-19

Was your facility open on 09/04/2020? * Yes No

Tell us about the children at your facility

Did your facility serve any children with disabilities? * Yes No ⓘ

Did your facility serve any children who speak languages other than English? * Yes No

Did your facility serve any children who are experiencing homelessness? * Yes No ⓘ

Did your facility serve any children from tribal communities? * Yes No

Did your facility serve any children living in rural areas? * Yes No ⓘ

Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Payment Program: Providing Safe, Healthy, And High-Quality Child Care Opportunities

Number of Children Enrolled * ⓘ

Enter the number of children enrolled on 09/04/2020 at this location.

Comments

Add

4. Add Grantee Details

There is a single funding period for this application.

Be sure to enter the details marked with a red star. *

If inaccurate details are entered, this could delay your application.

5. Tell Us About Program Open/Closures

Was your facility open on 09/04/2020?

6. Tell Us About the Children in Your Program

In this section, you can click on the ⓘ icon for more information about what the question is asking.

Click **Add** to move on to the next page.



NOTE:

If you applied for previous funding through the original Child Care Counts Payment program, many of the fields throughout the application will be filled in automatically. Please review all fields that are filled in to ensure they are still accurate and update as needed.

Update or Verify Location Temporary Closures

7. Temporary Closures

You will be asked to verify any temporary closures during the funding period. If the closures were already updated in the Provider Portal, those details will be shown here. If you need to add a temporary closure period, select the **Add Temporary Closure** button, and you will be taken to the **Closure Schedule** screen shown below.

COVID-19 Payments - Temporary Closure

Common Details

Funding Period: Fall 2020
Grantee Name: Hardware, Ace

Verify Temporary Closure

From	To	Closure Reason	Comments
No closures			

The closure periods should reflect any periods of time your facility was closed during the funding period (8/30/2020 - 9/5/2020). You must verify the closure periods above by checking the box below and selecting Verify. If you need to add a new closure period, select the 'Add' button.

Add Temporary Closure

The closures listed above are accurate and complete for the period of 8/30/2020 to 9/5/2020. If you were not closed during the funding period, check the box to verify that there were no closure periods during the funding period.

Verify

After including all appropriate temporary closures, click the checkbox indicating that you have accurately recorded and verified the temporary closures for your location.

COVID-19 Payments - Add Closure Schedule

Due to the COVID-19 health emergency, please help DCF understand when you are closed and open. If you are closing, please enter your closure period here and also contact your licensor or certifier.

Common Details

Funding Period: Fall 2020
Grantee Name: Hardware, Ace

Verify Temporary Closure

From Date: 3/13/2020
To Date: 3/25/2020
COVID-19 Closure Reason: COVID-19 Lack of families
Comments: Not enough kids

Add

Temporary Closure

! If you did not have any temporary closures during the funding period, check the box to verify and select **Verify** to continue through the application.

The closures listed above are accurate and complete for the period of 8/30/2020 to 9/5/2020. If you were not closed during the funding period, check the box to verify that there were no closure periods during the funding period.

Verify

Update or Verify Hours of Operation

8

COVID-19 Payments - Operational Hours

Add Operational Hours

Common Details

Funding Period	Fall 2020
Grantee Name	Hardware, Ace

[...More](#)

Operational Hours

Specify your Operating Hours during
8/30/2020 – 9/5/2020

Enter open times for each day you are open
(e.g., 7 am – 6 pm)

Sunday

Monday
6:00 AM - 6:00 PM

Tuesday
6:00 AM - 6:00 PM

Wednesday
6:00 AM - 6:00 PM

Thursday
6:00 AM - 6:00 PM

Friday
6:00 AM - 6:00 PM

Saturday

Open some hours between 6 am and 6 pm ? * Yes No

Open some hours before 6 am or after 6 pm ? * Yes No

Comments

Add

◀ **Operational Hours Details**

8. Hours of Operation

In the next section, tell us about the hours of operation for your location during the funding period. Hours of operation will be auto-filled based on your license or certification hours. If you experienced any changes to your hours of operation to allow for expanded care hours during the funding period, you will need to update any days that differed from your regular licensed or certified schedule. Select the **Add** button to save your information and continue to the **Individuals** section, where you will tell us about your staff during the COVID-19 Emergency.

Attaching Staff to the Program

9. Review Staff Associated with Location

You will be asked to verify every staff member who worked at your location during the funding period. All individuals attached to your location will be displayed on this page.



If you do not see an individual who worked on your staff during the funding period, you must add them through the *Individual Module* if you want them to be considered for funding. Individuals will not be able to be attached until they have a background check request on file. Refer to **Appendix I** for information on how to add an individual.

Common Details		
Funding Period	Fall 2020	
Grantee Name	Ware, Ace H	

Staff		
Name	Care Type	Current Payroll
Ace Hardware	Full-Time	Yes

Details ▶

Add Staff ▶

9

Click here to add staff.

Click here to view staff details.



If you are a family provider, and you are the only employee at your location, you will only need to add yourself.

Adding Individual Staff

Individuals
Select Staff to Attach to COVID-19 Payments Request

If a staff member is not listed below, access the Individuals link in the right-side sandwich menu to add the staff member onto your Individual List.

Common Details		
Funding Period	Fall 2020	
Grantee Name	Ware, Ace H	

...More

Individuals		
Name	Role(s)	Employment Period
Ace Hardware	Applicant/Licensee	02/18/13

Select ▶

Common Details	
Funding Period	Fall 2020
Grantee Name	Hardware, Ace
Funding Period	Fall 2020
Grantee Name	Ware, Ace H

...More

Individual	
Name	Ace Hardware
Employment Period	2/18/2013

Staff Details	
Care Type? *	<input checked="" type="radio"/> This person typically works 21 or more hours per week at this location <input type="radio"/> This person typically works 20 or fewer hours per week at this location
Is the individual on payroll at anytime between 8/30/2020 and 10/19/2020? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments	<input type="text"/>

Add Staff

Staff List

10. Add Staff to Be Considered for Funding

To add a staff member to be considered for program funding, use the **Select** button to fill out the staff-level details.

Click the **Add Staff** button to save the individual's information. You will be taken to the *Staff Summary* page to review all of the individuals attached to the application.

To add more staff to the application from the *Staff Summary* page, click the **Add Staff** button to return to the *Individuals* list to select another employee.

COVID-19 Payments - Staff
Staff Attached to COVID-19 Payments Request

Common Details	
Funding Period	Fall 2020
Grantee Name	Ware, Ace H

...More

Staff			
Name	Care Type	Current Payroll	
Ace Hardware	Ful-Time	Yes	Details ▶

Add Staff ▶

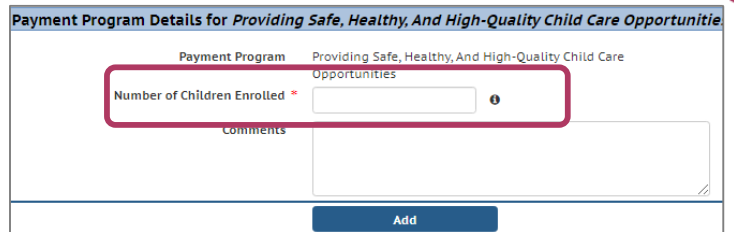
Once you have finished adding all individuals to the application, select the **Add Child** button to proceed with the application.

Adding Children Detail

11. Add Children to the Application

You will be asked to add every child enrolled at your program who was enrolled on **9/4/20**.

NOTE: The number of children added in this section must equal the number of children that you indicated were enrolled on the first page of the application: *Add Application Details*.



Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunitie

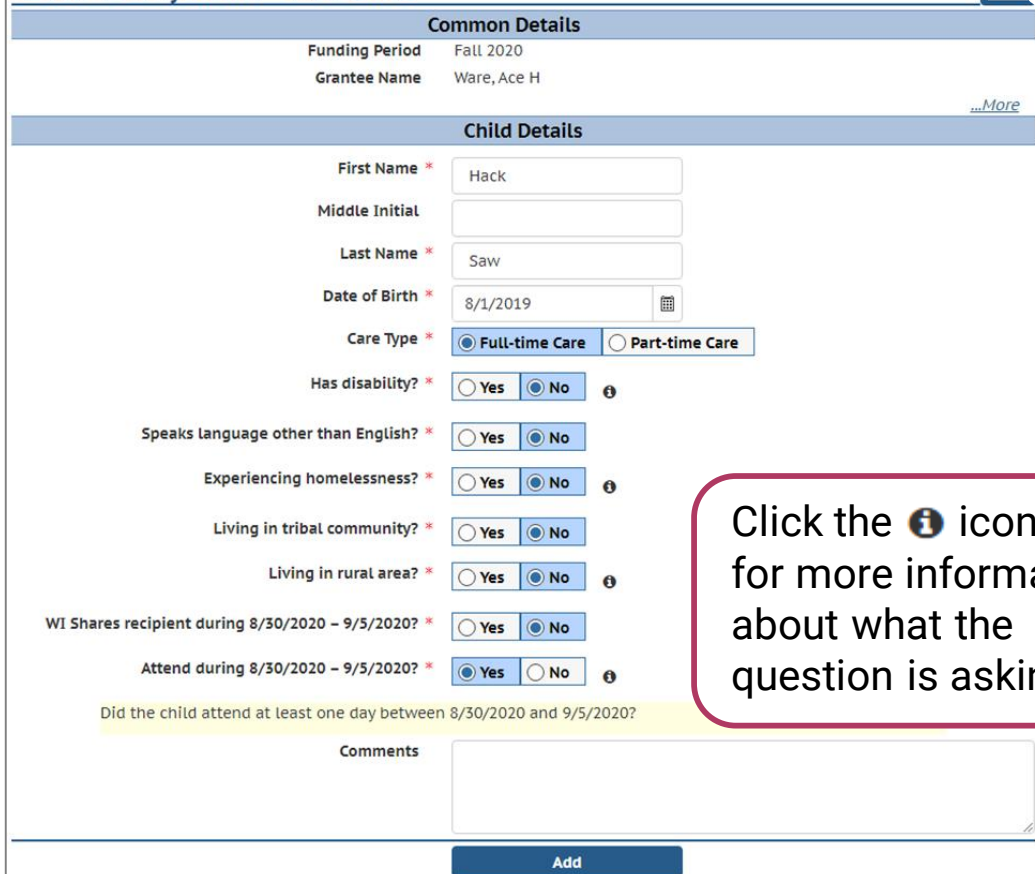
Payment Program Providing Safe, Healthy, And High-Quality Child Care Opportunities

Number of Children Enrolled *

Comments

Add

COVID-19 Payments – Add Child



11

Common Details

Funding Period Fall 2020

Grantee Name Ware, Ace H [...More](#)

Child Details

First Name * Hack

Middle Initial

Last Name * Saw

Date of Birth * 8/1/2019

Care Type * Full-time Care Part-time Care

Has disability? * Yes No ⓘ

Speaks language other than English? * Yes No

Experiencing homelessness? * Yes No ⓘ

Living in tribal community? * Yes No

Living in rural area? * Yes No ⓘ

WI Shares recipient during 8/30/2020 – 9/5/2020? * Yes No

Attend during 8/30/2020 – 9/5/2020? * Yes No ⓘ

Did the child attend at least one day between 8/30/2020 and 9/5/2020?

Comments

Add

Click the ⓘ icon for more information about what the question is asking.

Click the **Add** button once you have filled out all information on the page.

Previous Grant Child List

12. Verify Previous Child List

If you applied for funding in a previous Child Care Counts application, children added to your previous application will appear here, and may be copied into your current application. Click **COPY** to add children to your application. This will take you to the **Child Details** page.

COVID-19 Payments – Previous Grant Child List			
Common Details			
Funding Period	08/30/2020 - 09/05/2020		
Grantee Name	Ware, Ace H		
...More			
Name	Date of Birth	Care Type	
Hex Bolt	2/4/2018	Full-Time Care	12 Copy ▶
Star Bolt	5/4/2016	Full-Time Care	Copy ▶
Kit C Broom	8/3/2015	Part-Time Care	Copy ▶
Add Child ▶			
◀ Child List			

Child Details	
First Name *	<input type="text" value="Child"/>
Middle Initial	<input type="text"/>
Last Name *	<input type="text" value="One"/>
Date of Birth *	<input type="text" value="1/1/2019"/>
Care Type *	<input checked="" type="radio"/> Full-time Care <input type="radio"/> Part-time Care
Has disability? *	<input type="radio"/> Yes <input checked="" type="radio"/> No ⓘ
Speaks language other than English? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Experiencing homelessness? *	<input type="radio"/> Yes <input checked="" type="radio"/> No ⓘ
Living in tribal community? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Living in rural area? *	<input type="radio"/> Yes <input checked="" type="radio"/> No ⓘ
WI Shares recipient during 8/30/2020 – 9/5/2020? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Attend during 8/30/2020 – 9/5/2020? *	<input type="radio"/> Yes <input type="radio"/> No ⓘ

Verify child details that were copied and indicate if the child attended at least one day between 8/30/20 – 9/5/20. Click the ⓘ icon for more information about what the questions are asking.

Click the **Add** button once you have filled out all information on the page.

Adding Children Detail

13. Add Children to the Application

After adding a child to the application, you will be taken to the *Child List* that will show you all of the children you have added to your application. Click the **Add Child** button to continue adding children to your application. Remember, the number of children displayed here should match the number of children that you listed as enrolled in the *Grant Details* section.

13 MID-19 Payments – Child List

Common Details			
Funding Period	Fall 2020		
Grantee Name	Ware, Ace H		
...More			
Name	Date of Birth	Care Type	
Hex Bolt	2/4/2018	Full-Time Care	Details
Star Bolt	5/4/2016	Full-Time Care	Details
Kit C Broom	8/3/2015	Full-Time Care	Details
Add Child			

COVID-19 Payments – Child Details

Common Details	
Funding Period	05/12/2020 - 04/11/2020
Grantee Name	Provider, Test
...More	
Child Details for COVID-19 Payments	
First Name	Test
Middle Initial	
Last Name	Baby
Date of Birth	1/1/2010
...More	
Child List	

If you need to update or review the information about a specific child, click on the **Details** button to be taken to that child's record. Click on the **...More** button to get to the **Modify Child** Button.

If you have added a child in error to the application, you can remove the child by checking the box **Remove this child from the grant?**

Comments	
<input type="checkbox"/> Remove this child from the grant?	
Save	

Click **Save** on the *Modify Child Details* page if you have changed any information; you should be taken back to the *Child List*. You can continue adding children as needed, or proceed to submit your application.

Finalizing Your Application

14

VID-19 Payments – Previous Grant Child List

Name	Date of Birth	Care Type	
Hex Bolt	2/4/2018	Full-Time Care	Copy ▶
Star Bolt	5/4/2016	Full-Time Care	Copy ▶
Kit C Broom	8/3/2015	Part-Time Care	Copy ▶

Common Details
Funding Period: 08/30/2020 - 09/05/2020
Grantee Name: Ware, Ace H

Buttons: Add Child ▶, Submit Application ▶, Application details

14. Review Your Submission

Click the **Submit Application** button to finalize your application.

You will be taken to the **Submit Application** page. The top of the page will review and compare the information that you entered on the **Application Details** page to the information that you entered for each child. Any text in red indicates that there was a mismatch in what you reported in the **Application Details** page with what you reported for each child.

Inconsistent and/or incorrect information will delay and/or could possibly prevent your application from being processed. It is imperative you go back and fix any issues noted in red. If you are having trouble fixing and/or modifying your application, please email or call for assistance.

COVID-19 Payments – Application Details

Continue to Child List ▶

Common Details

Grantee First Name: Test
Grantee Middle Initial: Test
Grantee Last Name: Test
Grantee Email: test@gmail.com
Grantee Phone: (555) 555-1223
Funding Period: Fall 2020
Was your facility open on 09/04/2020?: Yes

Did your facility serve any children with disabilities?: No
Did your facility serve any children who speak languages other than English?: No
Did your facility serve any children who are experiencing homelessness?: No
Did your facility serve any children from tribal communities?: No
Did your facility serve any children living in rural areas?: No

Modify Common Details ▶

Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Payment Program: Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID: P000000203
Number of Children Enrolled: 3
Grant Status: Incomplete (View Terms and Conditions)

Modify Application Details ▶

Navigation Bar: Temporary Closure, Operational Hours, Children, Payment Documents, Submit Application, Application Review

Payment Program Summary

Finalizing Your Application

15. Review the Terms and Conditions

After reviewing your information, please read through the [Terms and Conditions](#) for the program. **Please note** we strongly recommend printing and/or saving these Terms and Conditions and filing all related expenditure documents in a safe place.

COVID-19 Payments - Submit Application

Common Details	
Funding Period	Fall 2020
Grantee Name	Te, Terstes

[...More](#)

Payment Program Details for <i>Funding Staff Recruitment And Retention Efforts</i>	
Payment Program	Funding Staff Recruitment And Retention Efforts
Grant Application ID	R00000219
Number of Children Enrolled	3
Grant Status	Incomplete

Terms and Conditions

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I certify that my program is currently open, or that I plan to reopen by 10/19/20.
- I understand that the Department of Children and Families may monitor and review my use of program funds.

I receive funding for **Program B – Funding Staff Recruitment And Retention Efforts** I agree to the following:

- I will use the funds to support the costs associated with recruiting and retaining high-quality staff by providing incentive pay or sign-on bonus to current or future employees with approved background checks
- I will follow the health and safety guidelines for child care providers as outlined by DCF: <https://dcf.wisconsin.gov/files/press/2020/covid/bbb-faq.pdf>
- I understand that the payment is comprised of a base amount and a per-staff amount, and I will use the funds as following:
 - I will use the awarded per-staff amount funds to increase pay (in form of a bonus or wage increase) for all individuals (employees or myself as a family provider) that were listed on the application
 - I will use the awarded base amount funds towards staff recruitment or ongoing support for staff
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
 - Employee payroll registers or other payroll system substantiation of pay rate increase
 - Communications/notification to employees of wage increase or personnel policy explaining wage increase
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to three (3) years after I receive funding.
- I understand that DCF requires repayment of funds disbursed if terms and conditions are not met.

I accept the Terms and Conditions above.

Submit

Application Details

16. Submit Your Application

Once you have read through the [Terms and Conditions](#), click the “I accept the Terms and Conditions above” checkbox, and click the **Submit** button to submit your application for the program.

Modifying After Submission

17. Updating After Submitting

You will have the ability to update your application after submission, until the application period ends at midnight. You will need to modify each section and its detail level information.

- To modify the *Common Details*, click the **Modify Common Details** button.

- To modify the *Application Details*, specifically the number of children enrolled during the funding period, select the **Modify Application Details** button. Remember, any change in the number of children will affect the number of children who need to be entered in the *Add Children* module.

COVID-19 Payments – Application Details

Common Details

Grantee First Name	Test
Grantee Middle Initial	
Grantee Last Name	Test
Grantee Email	test@gmail.com
Grantee Phone	(545) 646-5465
Funding Period Begin Date	03/12/2020
Funding Period End Date	04/11/2020
Was your facility open on 04/11/2020?	No
Date your facility opened if after 03/12/2020?	
Did your facility serve any children with disabilities?	No
Did your facility serve any children who speak languages other than English?	No
Did your facility serve any children who are experiencing homelessness?	No
Did your facility serve any children from tribal communities?	No
Did your facility serve any children living in rural areas?	No
Did you receive any funds for COVID-19 operations from DCF or WI Shares (e.g., SBA grant, Dane County CARES funding, etc)?	No

Modify Common Details

Payment Program Details for Providing Funding To Care For Essential Workforce Families

Payment Program	Providing Funding To Care For Essential Workforce Families
Grant Application ID	E00000057
Number of Children Enrolled	1
Capacity during COVID-19 emergency	50
If you receive a payment, what percentage of the funds do you plan on paying for staff compensation?	50%-74%
If you receive a payment, do you plan on using any of these funds to reimburse families of essential workers?	Yes
Grant Status	Submitted (view Terms and Conditions)

Modify Application Details

Temporary Closure | Operational Hours | Staff | Children

Payment Program Summary

You can use the **Temporary Closure**, **Operational Hours**, **Staff** and **Children** buttons to update those specific sections of the application. Refer to the previous instructions for specifics.




APPENDIX

APPENDIX I

Adding Individuals to the Child Care Provider Portal

The *Individuals Module* allows child care providers to enter current and prospective employees and household members for background check purposes.


Individuals

Select Staff to Attach to COVID-19 Payments Request 

If a staff member is not listed below, access the Individuals link in the right-side sandwich menu to add the staff member onto your Individual list.

Common Details	
Funding Period	Fall 2020
Grantee Name	Ware, Ace H

[...More](#)

Individuals			
Name	Role(s)	Employment Period	
Ace Hardware	Applicant/Licensee	02/18/13	Select 

If you do not see an individual who worked on your staff during the funding period, you must add them through this module if you want them to be considered for funding.

Individuals will not be able to be attached until they have a background check request on file.

Follow the link below to download the latest Child Care Provider Portal (CCPP) User Guide.

 <https://dcf.wisconsin.gov/files/publications/pdf/5221.pdf>