# Child Care Counts: COVID-19 Response and Relief Payment Programs Application Guide

04/16/2021





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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 Response and Relief Payment Program during the application period 04/19/2021 - 04/30/2021.

Please review all payment program details, eligibility requirements, and terms and conditions on our webpage before submitting your application.

The Payment Program application is available in the <u>Child Care Provider</u> 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 DCFPlicBECRCBU@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

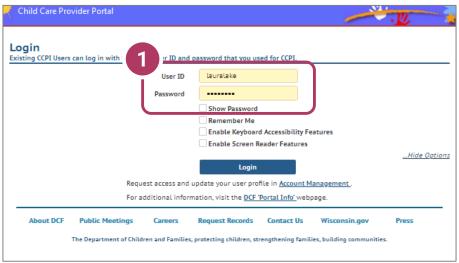
Child Care Counts programs are time-limited programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. They are not grants as that term is defined in 45 CFR72 and related federal regulations, and the use of the word "grant" is incidental.

#### **Child Care Counts Call Center**

If you need any assistance, please send an email to: DCFDECECOVID19CCPayments@wisconsin.gov. If you are unable to email, you may call and leave your detailed questions at: 608-535-3650.

Please note – email is recommended for a faster response.

# How to Submit an Application



#### 1. Login Screen Go to <u>https://mywichildcareproviders.wisconsin.gov/</u>

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

Child Care Provider Portal Welcome, Laura	
PROC Site 123 Licensed Street Miz , WI 45454-5455	FIS
	1 owing and keep it up-to-date so that DCF and its partners can help ent child care needs. Press "Save" once you have completed filling
If you update the closure status below, please also conta	act your licensor or certifier.
Address	123 Licensed Street Mke, WI 45454-5455
Is this location currently open?	® Yes ◯ No
Are you able to provide care for more children with disability?	© Yes ◯ No
Enter the number of ope	n slots you have available at this location below.
For children under 2 years?	2
For 2 and 3 year-olds?	3
For 4 and 5 year-olds?	3
For 6 year-olds and older?	2
Enter the total number of open slots	(i.e., available slots) you have available at this location below.
Total available slots	10
Last updated on	10/22/2020 08:56 AM
Home	Save
financial     Facility Details	Communicati ns Manage Facility Individuals
	COVID-15 Payment
	គឺគឺឆឺ ហth rFacilities
About DCF Public Meetings Careers	Request Records Contact Us Wisconsin.gov Pr

#### **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.

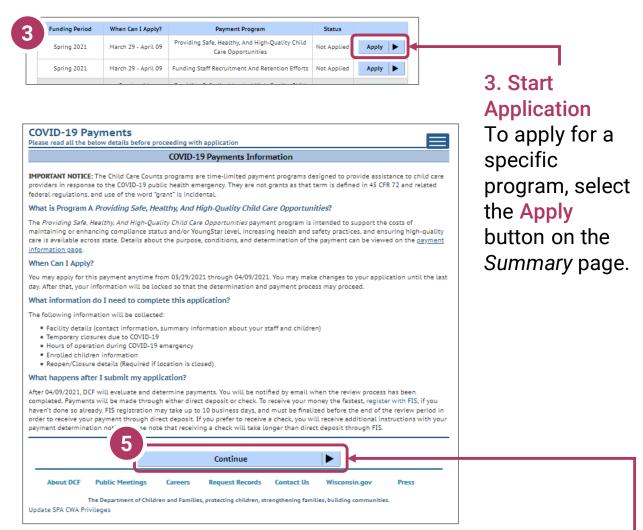
# How to Submit an Application

Child Care Provider Portal Welcome, Laura	
PROC Site 123 Licensed Street Mie., VII 45454-5455	Logout 0800035730-003
	bowing and keep it up-to-date so that DCF and its part ers can he int child care needs. Press "Save" once you have completed fillin
If you update the closure status below, please also conta	ct your licensor or certifier. COVID-19
Address	123 Licensed Street Mke, WI 45454-5455 Payments
Is this location currently open?	© Yes ◯ No
Are you able to provide care for more children with disability?	© Yes ◯ No
Enter the number of ope	n slots you have available at this location below.
For children under 2 years?	2
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For 6 year-olds and older?	2
Enter the total number of open slots (	(i.e., available slots) you have available it this location below.
Total available slots	10
Last updated on	10/22/2020 08:56 AM
	Save
Home	
Financial Facility Details	Communications Manage Fac lity Individuals COVID-19 Payments
	ាំ ៣ំ ណំ Other Facilities
	ia la doner Pacificies
About DCF Public Meetings Careers	Request Records Contact Us Wisconsin.gov Press
The Department of Children and Families Update SPA CWA Privileges	, protecting children, strengthening families, building communities.

#### 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**



#### 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. 04/19/2021 – 04/30/2021.

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

- A. Providing Safe, Healthy, and High-Quality Child Care Opportunities
- B. Funding staffRecruitment andRetention Efforts

Site censed Street NI 45454-5455				080003 Facility ID FIS Provider ID
	nent Application	on List payment program applications already started or co	ompleted.	
		Payment Program Summary		
Funding Period	When Can I Apply?	Payment Program	Status	
Spring 2021	March 29 - April 09	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied	Apply
Spring 2021	March 29 - April 09	Funding Staff Recruitment And Retention Efforts	Not Applied	Apply
Fall 2020, Round 2	October 14 - October 31	Providing Safe, Healthy, And High-Quality Chila Care Opportunities	Approved	Details )
Fall 2020, Round 2	October 14 - October 31	Funding Staff Recruitment And Retention Efforts	Approved	Details
Fall 2020	August 28 - September 08	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Approved	Details
Fall 2020	August 28 - September 08	Funding Staff Recruitment And Retention Efforts	Not Available	
May 12 - June 11 2020	June 29 - September 08	Providing Funding To Care For Essential Workforce Families	Not Available	
May 12 - June 11 2020	June 29 - September 08	Incentive Pay	Not Available	
May 12 - June 11 2020	June 29 - September 08	Support For Closed Child Care Programs	Not Available	
April 12 - May 11 2020	May 31 - June 14	Providing Funding To Care For Essential Workforce Families	Not Available	
April 12 - May 11 2020	May 31 - June 14	Incentive Pay	Not Available	
April 12 - May 11 2020	May 31 - June 14	Support For Closed Child Care Programs	Not Available	
March 12 - April 11 2020	May 03 - May 15	Providing Funding To Care For Essential Workforce Families	Approved	Details
March 12 - April 11 2020	May 03 - May 15	Incentive Pay	Approved	Details
March 12 - April 11 2020	May 03 - May 15	Support For Closed Child Care Programs	Not Available	
		# Home		

Regulated providers may be able to apply for BOTH payment programs. Please review Eligibility and Requirements details on the <u>Payment Program web page</u>.

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. 04/30/2021. 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**

ior COVID-19 payments and view details of payment program applications already started or completed.							
		Payment Progran	n Summary				
Funding Period When Can I Apoly? Payment Program Status							
Spring 2021	Spring 2021 March 29 - April 09 Providing Safe, Healthy, And High-Quality Child Not Applied Apr						
Spring 2021	March 29 - April 09	Funding Staff Rec	tment And Retention Efforts	Not Applied	Apply		
Fall 2020, Round 2	October 14 - October 31		lthy, And High-Quality Child Opportunities	Approved	Details 🕨		
Fall 2020, Round 2	October 14 - October 31	Funding Staff Recr	itment And Retention Efforts	Approved	Details 🕨		
Fall 2020	August 28 - September 08		lthy, And High-Quality Child Opportunities	Approved	Details 🕨		
Fall 2020	August 28 - September 08	Funding Staff Recr	itment And Retention Efforts	Not Available			
May 12 - June 11 2020	June 29 - September 08		ng To Care For Essential force Families	Not Available			
May 12 - June 11 2020	June 29 - September 08	I	centive Pay	Not Available			
May 12 - June 11 2020	June 29 - September 08	Support For Cl	sed Child Care Programs	Not Available			
April 12 - May 11 2020	May 31 - June 14		ng To Care For Essential force Families	Not Available			
April 12 - May 11 2020	May 31 - June 14	I	centive Pay	Not Available			
April 12 - May 11 2020	May 31 - June 14	Support For Cl	sed Child Care Programs	Not Available			
March 12 - April 11	May 03 - May 15	Providing Euro	ing To Care For Essential		Detaile		

# 2. Review Payment Program Information

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

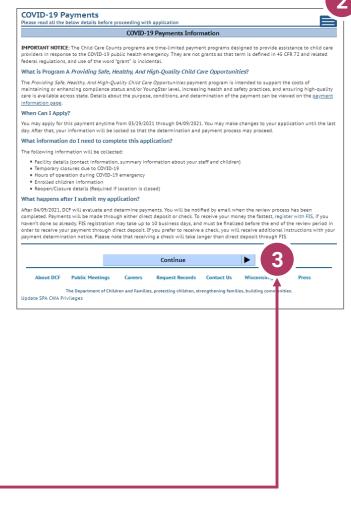
- Overview of the specific payment program
- When the provider can apply
- Information that will be collected in the application
- What happens after the submission of the application

#### 3. Continue

Click Continue to go to the Application Details page.

#### 1. Begin Application

On the payment Program Summary page, apply for a specific program by clicking the appropriate **Apply** button. In this case, we will click the **Apply** button next to the Providing Safe, Healthy, And High-Quality Child Care Opportunities.



## **Add Application Details for Your Location**

0	Grantee Details
Funding Period	Spring 2021 4
Grantee First Name *	Lisa
Grantee Middle Initial	
Grantee Last Name *	Licensed
Grantee Email *	Lisa@Licensedcenter.Com
Grantee Phone *	(121) 212-1212
Tell us if your progra	m is opened or closed due to COVID-19
Was your facility open on 03/12/2021? *	Ves No
Tell us abou	ut the children at your facility
Did your facility serve any children with disabilities? *	
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     O      O     O     O      O     O      O      O     O      O
Did your facility serve any children from tribal communities? *	Yes No
d your facility serve any children living in rural areas? *	• Yes No •
Payment Program Details for Providing	g Safe, Healthy, And High-Quality Child Care Opportun
Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities

#### 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 03/12/2021?

Please note that you should check **Yes** if your program is in open status (as opposed to Temporarily Closed), even if you were closed on this day for a vacation day or similar reason. Check **No** if your program was in Closed or Temporarily Closed status on this date.

**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.

### **Add Application Details for Your Location**

Tell us abou	t 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     O      O	
Payment Program Details for Providing	Safe, Healthy, And High-Quality (	Child Care Opportunities
Payment Program	Providing Safe, Healthy, And High-Qualit Opportunities	y Child Care
Number of Children attended *	0	——(6)·
Comments		
	Add	
-		

Tell Us About the Children in Your Program
 In this section, you can click on the (1) icon for more information about what the question is asking.

Enter the number of children who attended at least one day between 3/7/2021 and 3/13/2021 at this location.

In this case, clicking the more information icon tells you that you need to add the number of children who attended your location **AT LEAST** one day between **03/07/2021** and **03/13/2021**.

Click Add to move on to the next page.

Number of Children attended

**NOTE:** If you see the **1** icon next to a field and you are unsure about what to enter, click the icon to get more information about what you are being asked to enter.

# **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.

						7
COVID-19 Pa	yments	- Temporai	y Closure		E	
			-			
			Common Details			
		Funding Peri	od Spring 2021			_
		Grantee Nan	ne Rory, Mick			
					<u>More</u>	=
			Verify Temporary Closu	ıre		
From	То		Closure Reason	Comments		
			No clusures			
			110 11 20103	•		
		ove by checking th		uring the funding period (3/7/2021 - 3/13 Verify. If you need to add a new closure p		
The closures li	isted above ar	e accurate and cor	nplete for the period of 3/7/	2021 to 3/13/2021. If you were not closed	d during the	
fur	nding period, o	check the box to ve	erify that there were no close	ure periods during the funding period.		♥
			Verify	OVID-19 Payments – Add ue to the COVID-19 health emergency, ple nter your closure period here and also con	ase help DCF under	rstand when you are closed and open. If you are closing, please
						nmon Details
۸ <b>۲۰</b> – ۲۰ : .		المحمد ال	l			ing 2021
After in	nciuc	ang al			KO	y, MickMore
					Verify Te	emporary Closure

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

	<b>Common Details</b>		
Funding Period	Spring 2021		
Grantee Name	Rory, Mick		
Veri	ify Temporary Clos	sure	
From	03/10/2021	8	
Date *			
To Date		=	
COVID - 19 Closure Reason	COVID-19 Lack of f	amilies	•
Comments *	not enough kids		
-	Add	sure	

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 3/7/2021 to 3/13/2021. 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**

D-19 Payments - Operational rational Hours	l Hours	
	Common Details	
Funding Period Grantee Name	Spring 2021 Rory, Mick	More
	Operational Hours	<u></u>
Specify your Operating Hours during 3/7/2021– 3/13/2021	·	
Enter open times for each day you are open (e.g., 7 am – 6 pm)	√ Sunday 6:00 AM - 6:00 PM	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	musuay	
	🗌 Friday	
	Saturday	
Open some hours between 6 am and 6 pm ? *	OYes ONo	
Open some hours before 6 am or after 6 pm ? *	OYes ONo	
Comments		
	Add	
	Operational Hours Details	

8. Hours of
Operation
If your location was
open fewer hours
than normal during
the period
03/07/2021 03/13/2021 due to
COIVD-19, please
adjust your hours
here.

Hours of operation will be auto-filled based on your license or certification hours.

Select the Add button to save your information and continue to the Reopen/Closure Details section, where you will tell us about your reopening plans if you have been closed.

## **Adding Children Detail**

#### 10. Add Children to the Application

You will be asked to add *every* child who attended at least one day between 03/07/21 - 03/13/21.

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

ayment riogram betaits for	Funding Stan Reci	ruitment And Retentio	II ENOILS
Payment Program	Funding Staff Recruit	tment And Retention Efforts	;
Grant Application ID	B000000704		
Number of Children attended *	6		
Grant Status *	Incomplete	•	
Comments			

Application Details.

			10
COVID-19 Payments – Add Child			
C	ommon Details		
Funding Period	Spring 2021		
Grantee Name	Rory, Mick		
	Child Details	<u>More</u>	
	Child Details		
First Name *	Saw		
Middle Initial			
Last Name *	Yer		
Date of Birth *	7/11/2007		
	7/11/2007		
Care Type *	Full-time Care     O Part-tir	ne Care 👩	
Has disability? *	OYes  ◎No		
			( <u>/!</u>
Speaks language other than English? *	O Yes No	Click the 🚯 ico	n 🗖
Experiencing homelessness? *	OYes	for more inform	
			lation
Living in tribal community? *	OYes  ●No	about what the	
Living in rural area? *	Yes No 0		
		question is ask	ing.
WI Shares recipient during 03/07/2021 – 03/13/2021? *	O Yes No		
Attend during 03/07/2021 – 03/13/2021? *	Yes  No  6		
Did the child attend at least one day between 3	3/7/2021 and 3/13/2021?		
Comments			
		h.	
	Add		

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

# **Previous Payment Child List**

#### 11. 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.

	nts – Child List			
	(	Common Details	1	
	Funding Period Grantee Name	Spring 2021 Rory, Mick		<u>More</u>
Name 🕞	Date of Birt	th 🥃	) Care Type	$\odot$
Hexx Boltt	7/15/2011		Full-Time Care	Сору
Jigg Saww	8/15/2016		Full-Time Care	Copy
Nail Gunn	9/23/2019		Full-Time Care	Сору
		Add Child		
		管 Child Li	ist	
	Child Details			
First Nam				
Middle Initi				
Middle Initi Last Nam	ial		Verify child	d details that were
	ial		•	
Last Nam	ial	me Care 9	copied and	d indicate if the
Last Nan Date of Birt	ial he * Saww th * 8/15/2016 III pe * I Pull-time Care Part-time	me Care o	copied and child atten	d indicate if the ded at least one
Last Nan Date of Birt Care Tyr	ial saww Saww 8/15/2016 9 9 9 9 9 9 9 9 10 10 10 10 10 10 10 10 10 10	me Care 👩	copied and child atten	d indicate if the
Last Nan Date of Biri Care Ty; Has disability	ial ial Saww th * Sh15/2016 Savw Sh15/2016 Sh15/20 Sh15/20 Sh15/20 Sh15/20 Sh15/20 Sh15/20 Sh15/20 Sh15/20	me Care g	copied and child atten day betwe	d indicate if the ded at least one
Last Nan Date of Biri Care Typ Has disability Speaks language other than Englisi	ial saww s	me Care 0	copied and child atten day betwe 03/13/202	d indicate if the ded at least one en <b>03/07/2021 –</b> 1. Click the <b>(</b> )
Last Nan Date of Birr Care Typ Has disability Speaks language other than Englisi Experiencing homelessnes Living in tribal community Living in rural area	ial	me Care o	copied and child atten day betwe 03/13/202 icon for m	d indicate if the ded at least one en <b>03/07/2021 –</b> 1. Click the <b>(</b> ) ore information
Last Nan Date of Biri Care Typ Has disability Speaks language other than English Experiencing homelessness Living in tribal community	ial Saww th * Saww 8/15/2016 III Pe * OFull-time Care OPart-tim y? * OYes ® No s? * OYes ® No s? * OYes ® No a? * OYes ® No 0 	me Care 9	copied and child atten day betwe 03/13/202 icon for m	d indicate if the ded at least one en 03/07/2021 – 1. Click the 1 ore information t the questions

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

# **Adding Children Detail**

#### 12. Add Children to the Application

After adding a child to the application, you will be taken to the *Child List* that shows you all 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.

		Ca	ommon Details			
		Funding Period	Spring 2021			
		Grantee Name	Rory, Mick			
						<u>Mor</u>
Name	$\odot$	Date of Birth	י 🐨	Care Type	۲	
Hexx Boltt	:	7/15/2011		Full-Time Care		Details 🕨
Jigg Saww	-	8/15/2016		Full-Time Care		Details 🕨
Nail Gunn		9/23/2019		Full-Time Care		Details 🕨
			Add Child			
COVID-19 Pay	ment	ts – Child Detai	ls			
		C	Common Details	l .		
		Funding Period	Spring 2021			
		Grantee Name	Rory, Mick			
						<u>Mo</u>
			tails for COVID-1	19 Payments		
		Child Det First Name	tails for COVID-1 Nail	19 Payments		
				19 Payments		
		First Name		19 Payments		
		First Name Middle Initial	Nail Gunn	19 Payments		
		First Name Middle Initial Last Name	Nail Gunn	19 Payments		

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		
Remove this child from the grant?		
	Save	

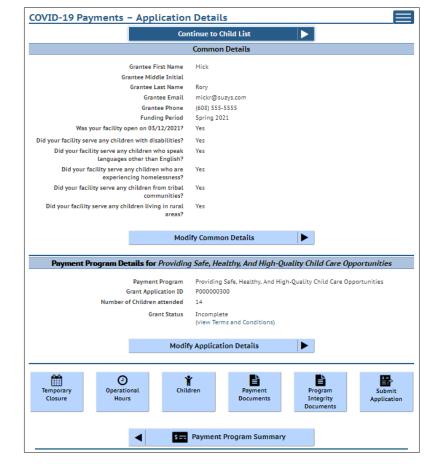
Click **Save** on the *Modify Child Details* page if you have changed any information; you should be taken back to the *Child List*. You can continue adding children, as needed, or proceed to submit your application.

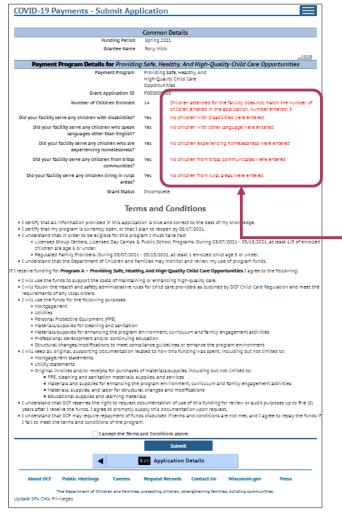
			ommon Details			
		Funding Period	Spring 2021			
		Grantee Name	Rory, Mick			M
Name	T	Date of Birth		Care Type	$\overline{\mathbf{v}}$	
Hexx Boltt	7/15/	2011		Full-Time Care		Details
Jigg Saww	8/15/	2016		Full-Time Care		Details
Nail Gunn	9/23/	2019		Full-Time Care		Details )
			Add Child			
		Sul	bmit Application			

13. 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.





# 14. Review Your Submission

You must correct any entries with red text. They give you specific details about a mismatch or other problem with the entry.

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 the information as necessary.

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.



#### **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.

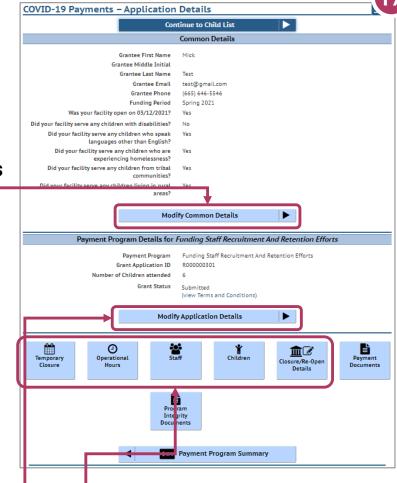
# **Modifying After Submission**

# 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.



You can use the Temporary Closure, Operational Hours, Staff, Children, Closure/Reopen

 buttons to update those specific sections of the application. Refer to the previous instructions in this guide for specifics.



# APPLYING FOR PAYMENT PROGRAM B Funding Staff Recruitment And Retention Efforts

# **Beginning Your Application**

		n . n	~		
		Payment Progra	am Summary		
Funding Period	When Can I Apply?	syment Program	Status		
Spring 2021	March 29 - April 09		lealthy, And High-Quality Child re Opportunities	Not Applied	Apply
Spring 2021	March 29 - April 09	Funding Staff Red	truitment And Retention Efforts	Not Applied	Apply
Fall 2020, Round 2	October 14 - October 31		althy, And High-Quality Child 9 Opportunities	Approved	Details
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Fall 2020	August 28 - September 08		ealthy, And High-Quality Child e Opportunities	Approved	Details
Fall 2020	August 28 - September 08	Funding Staff Red	uitment And Retention Efforts	Not Available	
May 12 - June 11 2020	June 29 - September 08		ding To Care For Essential kforce Families	Not Available	
May 12 - June 11 2020	June 29 - September 08		ncentive Pay	Not Available	
May 12 - June 11 2020	June 29 - September 08	Support For (	losed Child Care Programs	Not Available	
April 12 - May 11 2020	May 31 - June 14		ding To Care For Essential Kforce Families	Not Available	
April 12 - May 11 2020	May 31 - June 14		ncentive Pay	Not Available	
April 12 - May 11 2020	May 31 - June 14	Support For	losed Child Care Programs	Not Available	
March 12 - April 11	May 03 - May 15	Providing Fu	ding To Care For Essential		

#### 1. Begin Application

On the Payment Program Summary page, apply for a specific program, by clicking the appropriate **Apply** button. In this case, we will click the **Apply** button next to the Funding Staff Recruitment and Retention Efforts program.

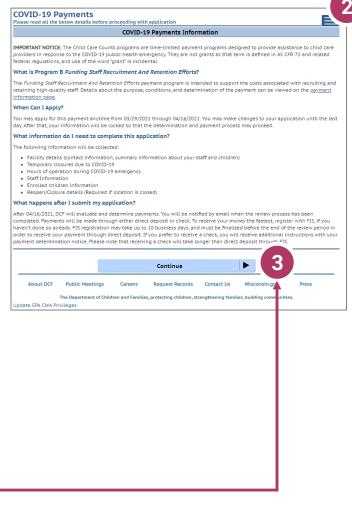
# 2. Review Payment Program Information

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.



## **Add Application Details for Your Location**

0	Grantee Details
Funding Period	Spring 2021 4
Grantee First Name *	Lisa
Grantee Middle Initial	
Grantee Last Name *	Licensed
Grantee Email *	Lisa@Licensedcenter.Com
Grantee Phone *	(121) 212-1212
Tell us if your progra	m is opened or closed due to COVID-19
Was your facility open on 03/12/2021? *	Yes No
Tell us abou	ut 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
Did your facility serve any children living in rural areas? *	
Payment Program Details for Providing	g Safe, Healthy, And High-Quality Child Care Opportunition
Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities

#### 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 03/12/2021?

Please note that you should check **Yes** if your program is in open status (as opposed to Temporarily Closed), even if you were closed on this day for a vacation day or similar reason. Check **No** if your program was in Closed or Temporarily Closed status on this date

**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.

### **Add Application Details for Your Location**

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     O      O     O      O	
Did your facility serve any children from tribal communities? *	Yes  No	
id your facility serve any children living in rural areas? *	Yes ○No     O      O	
Payment Program Details for Providing	Safe, Healthy, And High-Quality Child	Care Opportunities
	Providing Safe, Healthy, And High-Quality Chil Opportunities	d Care
Number of Children attended *	0	——(6)·
Comments		
	Add	

6. Tell Us About the Children in Your Program In this section, you can click on the ① icon for more information about what the question is asking.

Enter the number of children who attended at least one day between 3/7/2021 and 3/13/2021 at this location.

In this case clicking the more information icon tells you that you need to add the number of children who attended your location **AT LEAST** one day between **03/07/2021** and **03/13/2021**.

Click Add to move on to the next page.

Number of Children attended

**NOTE:** If you see the **1** icon next to a field and you are unsure about what to enter, click the icon to get more information about what you are being asked to enter.

# **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 (	losure					
			Funding Period Grantee Name	Common Spring 20 Test, Mick	21				
			Ve	rify Tempo	rary Closure		<u>More</u>		
From	То	Closure Reason			Comments				
3/8/2021		COVID-19 Lack of staff	i am was also out food, and wipes.	of many ess	ential supplies, such	h as cleaning products, baby	Edit		
	the c					e funding period (3/7/2021 - 3, you need to add a new closur			
The o	closu		accurate and comple	te for the p		3/13/2021. If you were not clo			
		funding period, ch	eck the box to verify	that there v	vere no closure perio Verify	COVID-19 Payments		bedule	
						Due to the COVID-19 health emerg		rstand when you are closed and ope	n. If you are closing, please

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

	<b>Common Details</b>		
Funding Period	Spring 2021		
Grantee Name	Test, Mick		
			More
Ver	ify Temporary Clos	ure	
From	03/10/2021	8	
Date *			
To Date			
		-	
COVID - 19 Closure	COVID-19 Lack of fa	amilies	
Reason *			
Comments *	not enough kids		
	Add	3	
4	Temporary Clos	ure	

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 3/7/2021 to 3/13/2021. 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**

D-19 Payments - Operationa erational Hours	L Hours	
	Common Details	
Funding Period	Spring 2021	
Grantee Name	Rory, Mick	
		<u>More</u>
	Operational Hours	
Specify your Operating Hours during 3/7/2021- 3/13/2021		
Enter open times for each day you are open	Sunday	
(e.g., 7 am - 6 pm)	6:00 AM - 6:00 PM	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
Open some hours between 6 am and 6 pm?	OYes ONo	
Open some hours before 6 am or after 6 pm ? *	0	
open some nours before 6 am or after 6 pm ?	OYes ONo	
Comments		
	Add	
<ul><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li></ul>	Operational Hours Details	

8. Hours of Operation If your location was open fewer hours than normal during the period 03/07/2021 – 03/13/2021 due to COIVD-19, please adjust your hours here.

Hours of operation will be auto-filled based on your license or certification hours.

Select the Add button to save your information and continue to the Reopen/Closure Details section, where you will tell us about your reopening plans if you have been closed.

### **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.

	Co	mmon Details		
	-	Spring 2021		
	Grantee Name	Test, Mick		Mara
		Staff		<u>More</u>
Name	Care Type		Current Payroll	
arrot Cake	Ful-Time	Yes		Details 🕨
		Add Staff		
JIICK nere t	o add staff.	CIICK	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**

		Co	mmon De	etails			
	Fun		Spring 202				
	Gr	antee Name	Test, Mick				
						<u></u>	More
			Sta	ff			
Name	T	Care Type		Current	Payroll		
Carrot Cake	Ful-1	lime		Yes		Details	
h							
						<b>1</b>	
		C	ommon l	Details			
	Fu	nding Period	Spring 20	021			
	6	irantee Name	Test, Mic	k			
							<u>Mor</u>
		Name	Carrot Ca	ridual			
	Emplo	yment Period	8/28/201				
		·	Staff	Details			
			0711			1	
		Care Type? *	<u> </u>	person typically works 2			
				person typically works 2	or tewer nours per	veek at this oc	ation
Is the individual on	n payroll at anyt	ime between	Yes	ONo			
(	03/07/2021 and	05/17/2021? *					
		Comments					
		comments					
		ſ	_				

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 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.

Individuals					
Name 🕞	Role(s)	Employment Period			
Cheese Z Cake	Kitchen Staff, Teacher - Assistant	08/28/19	Select		
Ice Cream Cake	Applicant/Licensee, Administrator		Select		
Pound C Cake	Teacher - Assistant, Kitchen Staff	09/16/19	Select 🕨		
Chocolate Cakes	Applicant/Licensee	04/28/16	Select 🕨		
German Chocolate	Director		Select		
Suzy Cupcakes	Teacher - Assistant	09/16/19	Select		
Devil Food	Kitchen Staff, Teacher - Assistant		Select		

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 who attended at least one day between 03/07/21 - 03/13/21.

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

ayment Program Details to	r Funding Staff Red	ruitment And Retentio	n Efforts
Payment Program	Funding Staff Recru	itment And Retention Efforts	
Grant Application ID	P00000201		
Number of Children attended	6	0	
Grant Status	Incomplete	•	
Comments			

Application Details.

COVID-19 Payments - Add Child            Eunding Period Spring 2021 Grantee Name Bory, Mick             Child Details             First Name Bare Middle Initial Last Name Ver Date of Birth 7/11/2007             Kar Type Betultime Care Pert-time Care				
Funding Period Spring 2021   Grantee Name Rory, Mick     Child Details     First Name *   Saw     Middle Initial   Last Name *   Yer   Date of Birth *   7/11/2007     Bas disability? *   Yes @ No   Speaks language other than English? *   Yes @ No   Speaks language other than English? *   Yes @ No   Living in tribal community? *   Yes @ No   Living in tribal community? *   Yes @ No   WI Shares recipient during 03/07/2021 -   03/13/2021? *   Attend during 03/07/2021 - 03/13/2021? *   Øres No   Did the child attend at least one day between 3/1/3021?     Comments	COVID-19 Payments - Add Child			Y
Grantee Name Rory, Mick	G	ommon Details	· · ·	
Child Details     First Name *     Saw     Middle Initial     Last Name *   Pate of Birth *   7/11/2007     Care Type *   Pate of Birth *   7/11/2007   Care Type *   Pate of Birth *   7/11/2007   Care Type *   Pate of Birth *   7/11/2007   Care Type *   Pate of Birth *   7/11/2007   Care Type *   Pate of Birth *   7/11/2007   Care Type *   Pate of Birth *   7/11/2007   Birth *   Type *   Pate of Birth *   Type *   No   Child Details   Child Details   Child Details   Pate of Birth *   Type *   Pate of Birth *   Type *   No   Child Details   Child Details   Child Details   Child Details   Child Details   Pate of Birth *   Type *   No   Pate of Birth *   No   Pate of Birth *   No   Pate of Birth *   Pate of Birth *   Pat	Funding Period	Spring 2021		-
Child Details First Name * Saw Middle Initial Last Name * Yer Date of Birth * 7/11/2007 Care Type * Full-time Care Part-time Care Has disability? * Yes © No Speaks language other than English? * Yes © No Speaks language other than English? * Yes © No Click the f icon for more information about what the question is asking. WI Shares recipient during 03/07/2021 - 03/13/2021? * Yes © No Did the child attend at least one day between 3/7/2021 and 3/13/2021? Comments Comments Child Details First Name * Saw Middle Initial Child Part-time Care O Care Type * O Part-time Care O Click the f icon for more information about what the question is asking. Living in trial area of the child attend at least one day between 3/7/2021 and 3/13/2021? Comments Comments Comments Child Details Child Details Comments Child Details Child De	Grantee Name	Rory, Mick		
First Name *       Saw         Middle Initial       Last Name *         Last Name *       Yer         Date of Birth *       7/11/2007         Care Type *       Full-time Care         Has disability? *       Yes *         Has disability? *       Yes *         Speaks language other than English? *       Yes *         Experiencing homelessness? *       Yes *         Living in tribal community? *       Yes *         Living in tribal community? *       Yes *         Multiplication       about what the question is asking.         WI Shares recipient during 03/07/2021 -       *         03/15/2021? *       *         Attend during 03/07/2021 - 05/13/2021? *       *         Old the child attend at least one day between 3//2021 and 3/13/2021?		Child Dotaile	More	
Widdle Initial         Last Name         Yer         Date of Birth         7/11/2007         Care Type         ● Full-time Care         •         Has disability?         Yes         Speaks language other than English?         Cyreiencing homelessness?         Yes         Living in tribal community?         Yes         Living in tribal community?         Yes         Midde during 03/07/2021 -         Ox/13/2021?         Yes         No         Odd tartend at least one day between 37/2021 and 3/13/2021?         Comments		Child Details		-
Last Name * Yer Date of Birth * 7/11/2007 Care Type * Full-time Care Part-time Care • Has disability? * Yes • No Speaks language other than English? * 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 03/13/2021? * Yes • No 03/13/2021? * • Yes • No Ott backton during 03/07/2021 - 03/13/2021? * • Yes • No Click the for an or a substance of the child at least one day between 37/2021 and 3/13/2021?	First Name *	Saw		
Date of Birth     Tril/2007     Care Type     Fradition     Has disability?     Yes     No     Speaks language other than English?     Yes     Click the <information< td="">   for more information   about what the   upuestion is asking.     Vising in rural area?   Yes   No   03/13/2021?   Yes     No     Did the child attend at least one day between 3//2021 and 3/13/2021?     Comments</information<>	Middle Initial			
Image: Construction of the child attend at least one day between 3/7/2021 and 3/13/2021?	Last Name *	Yer		
Care Type * Full-time Care Part-time Care • Has disability * Ves • No • Speaks language other than English * Ves • No Experiencing homelessness * Ves • No Living in tribal community * Ves • No Living in rural area * Ves • No • MI Shares recipient during 03/07/2021 - 03/13/2021 * • Ves • No Cit the child attend at least one day between 3//2021 and 3/13/2021* Did the child attend at least one day between 3//2021 and 3/13/2021* Comments	Date of Birth *	7.44.0007		
Has disability? • Ves No • Speaks language other than English? • Ves No • Experiencing homelessness? • Ves No • Living in tribal community? • Ves No • Living in rural area? • Ves No • MI Shares recipient during 03/07/2021 - 03/13/2021? • Ves No • Attend during 03/07/2021 - 03/13/2021? • Ves No • Did the child attend at least one day between 3/7/2021 and 3/13/2021? Comments		//11/2007		
Speaks language other than English? * Yes No Experiencing homelessness? * Yes No Living in tribal community? * Yes No Living in rural area? * Yes No Of the source information about what the guestion is asking. MI Shares recipient during 03/07/2021 - 03/13/2021? * Yes No Attend during 03/07/2021 - 03/13/2021? * Yes No Did the child attend at least one day between 3/1/2021 and 3/13/2021? Comments	Care Type *	Full-time Care OPart-time	ne Care 👩	
Speaks language other than English? * Ves No Experiencing homelessness? * Ves No Living in tribal community? * Ves No Living in rural area? * Ves No Click the G icon for more information about what the question is asking. MI Shares recipient during 03/07/2021 - 03/13/2021? * Yes No Attend during 03/07/2021 - 03/13/2021? * Yes No Comments	Has disability? *	O Yes O No		
Experiencing homelessness? * Ves No for more information about what the about what the question is asking.		0.00		( <u>/!</u> \
Experiencing homelessness? * Ves No for more information about what the about what the question is asking.	Speaks language other than English? *	OYes  ◎No	Click the 🚯 icc	on 📃
Living in tribal community? * Ves Living in rural area? * Ves No WI Shares recipient during 03/07/2021 - 03/13/2021? * Ves Attend during 03/07/2021 - 03/13/2021? * Did the child attend at least one day between 3/7/2021 and 3/13/2021? Comments	Experiencing homelessness? *	Ves No		
Living in rural area? * Ves No WI Shares recipient during 03/07/2021 - 03/13/2021? * Ves No Attend during 03/07/2021 - 03/13/2021? * Yes No Did the child attend at least one day between 3/7/2021 and 3/13/2021? Comments			for more inforr	nation
Living in rural area? * WI Shares recipient during 03/07/2021 - 03/13/2021? * Attend during 03/07/2021 - 03/13/2021? * Did the child attend at least one day between 3/7/2021 and 3/13/2021? Comments	Living in tribal community? *	🔾 Yes 💿 No	about what the	د
WI Shares recipient during 03/07/2021 - 03/13/2021? * Attend during 03/07/2021 - 03/13/2021? * Did the child attend at least one day between 3/7/2021 and 3/13/2021? Comments	Living in rural area? *	<u>Ou</u> <u>Ou</u>		
WI Shares recipient during 03/07/2021 - 03/13/2021? * Yes No Attend during 03/07/2021 - 03/13/2021? * Yes No Did the child attend at least one day between 3/7/2021 and 3/13/2021? Comments	Living in total area:	Ves No	question is asl	king.
03/13/2021? * Attend during 03/07/2021 - 03/13/2021? * Did the child attend at least one day between 3/7/2021 and 3/13/2021? Comments		○Yes		5
Did the child attend at least one day between 3/7/2021 and 3/13/2021? Comments	03/13/2021? *			
Comments	Attend during 03/07/2021 – 03/13/2021? *	Yes ○ No     6		
Comments	Did the child attend at least one day between 3	3/7/2021 and 3/13/2021?		
		· · · · · · · · · · · · · · · ·		
in. BbA	Comments			
in. Bdd				
Line Add				
Add				-
		Add		

Click Add 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.

<b>COVID-19 Payments</b>	– Previous Grant Chil	d Li	ist	
	Common De	tails		
	Funding Period Spring 2021 Grantee Name Test, Mick			<u>More</u>
Name 🕤	Date of Birth		Care Type	
Dina Saur	7/13/2019		Full-Time Care	
Ray Palmer	8/12/2016		Full-Time Care Copy	▶ .
Laurel Lance	6/23/2020		Full-Time Care Copy	
	Add Child			
	┥ 🦉 Chi	ld Lis	st	
Middle I Last I Date of	Name * Saur Birth * 7/13/2019 E • Full-time Care Part-time Care • Ves • No ness? * Yes • No • No	0	Verify child details to were copied and indicate if the child attended at least or day between 03/07, - 03/13/2021. Click the 1 icon for more information about we the questions are	ne / <b>21</b>

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 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.

3 ID-19 Payments	– Child List				
		ommon Details			
	Funding Period Grantee Name	Spring 2021 Test, Mick			More
Name 🕞	Date of B	irth 🐨	Care Type	$\odot$	
Dina Saur	7/13/2019		Full-Time Care		Details 🕨
Ray Palmer	8/12/2016		Full-Time Care		Details 🕨
Laurel Lance	6/23/2020		Full-Time Care		Details 🕨
Mick Rory	2/5/2015		Part-Time Care		Details 🕨
John Doe	1/10/2016		Full-Time Care		Details 🕨
		Add Child			
COVID-19 Payments	- Child Detai	ls			
	C	Common Details			
	Funding Period	Spring 2021			
	Grantee Name	Test, Mick			
					More
		tails for COVID-19	9 Payments		
	First Name	Dina			
	Middle Initial				
	Last Name	Saur			
	Date of Birth	7/13/2019			_
					More
		📽 Child Lis	t		
				1	

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		
Remove this child from the grant?		
	Save	

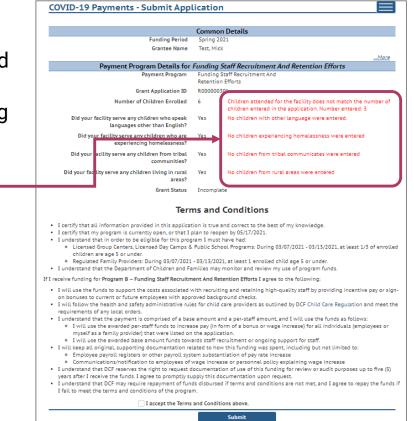
Click **Save** on the *Modify Child Details* page if you have changed any information; you should be taken back to the *Child List*. You can continue adding children, as needed, or proceed to submit your application.

	(	Common Details		
	Funding Period Grantee Name	Spring 2021 Test, Mick		<u>M</u>
Name	Date of B	irth 🕞	Care Type	۲
Dina Saur	7/13/2019		Full-Time Care	Details
Ray Palmer	8/12/2016		Full-Time Care	Details
Laurel Lance	6/23/2020		Full-Time Care	Details
Mick Rory	2/5/2015		Part-Time Care	Details
John Doe	1/10/2016		Full-Time Care	Details
		Add Child		
	Su	Ibmit Application	► ◄	

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.



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.



#### **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 <u>Common Details</u>, click the <u>Modify Common</u> 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** Continue to Child List Common Details Grantee First Name Mick Grantee Middle Initial Grantee Last Name Test Grantee Email test@gmail.com (665) 646-5546 Grantee Phone Spring 2021 Funding Period Was your facility open on 03/12/2021? Ves Did your facility serve any children with disabilities? No Did your facility serve any children who speak Yes languages other than English? Did your facility serve any children who are Yes experiencing homelessness? Did your facility serve any children from tribal Yes communities Did your facility serve any children living in rural Yes areas? Modify Common Details Payment Program Details for Funding Staff Recruitment And Retention Efforts Funding Staff Recruitment And Retention Efforts Payment Program Grant Application ID R000000301 Number of Children attended Grant Status Submitted (view Terms and Conditions) Modify Application Details Θ Staff Payment Documents Temporary Closure \* Children 1 C Operational sure/Re-Op Details Hours Prog Inte Payment Program Summary

> You can use the Temporary Closure, Operational Hours, Staff, Children, Closure/Reopen

 buttons to update those specific sections of the application. Refer to the previous instructions in this guide for specifics.



# **APPENDIX**

# Adding Individuals to the Child Care Provider Portal

This module allows child care providers to enter current and prospective employees and household members for background check purposes.

our Individual list.	Common Deta	ils	
	Funding Period Spring 2021		
	Grantee Name Test, Mick		Mor
	Individuals		
Name		Employment Period	
Cheese Z Cake	Kitchen Staff, Teacher - Assistant	08/28/19	Select 🕨
Ice Cream Cake	Applicant/Licensee, Administrator		Select 🕨
Pound C Cake	Teacher - Assistant, Kitchen Staff	09/16/19	Select 🕨
Chocolate Cakes	Applicant/Licensee	04/28/16	Select 🕨
German Chocolate	Director		Select 🕨
Suzy Cupcakes	Teacher - Assistant	09/16/19	Select 🕨
Devil Food	Kitchen Staff, Teacher - Assistant		Select 🕨
Mia Gg	Facilities Staff	02/03/20	Select 🕨
Marble C Mixture	Teacher - Lead, Teacher - Assistant	07/01/18	Select 🕨
Maribel C Oso	Teacher - Lead	08/29/18	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