

# Child Care Counts: Stabilization Payment Program Application Guide

FALL 2021



Wisconsin Department of  
Children and Families

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# About This Guide

This guide details how providers will use DCF's Child Care Provider Portal to apply for the **Child Care Counts: Stabilization Payment Program**, which has an application opening date of **November 8, 2021**, with an additional application window every month through **July 2022**.

**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 [Child Care Provider Portal](#). Information about [applying for access can be found here](#). For help gaining access to the Child Care Provider Portal, please view the [short instructional video](#) that will help you gain access. If you continue to have issues, please email [DCFPlcBECRCBU@wisconsin.gov](mailto:DCFPlcBECRCBU@wisconsin.gov).

If you are unable to access the Provider Portal, you can contact the Payment Program Call Center for assistance filling out your application over the phone.

## 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](mailto: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.**

# System Notes



The Child Care Provider Portal will time out after 20 minutes of inactivity, which forces users to log back in.



If you see the  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.

Child Care Provider Portal  
Welcome, Laura

PRCC Site  
123 Licensed Street  
Mke, WI 45454-5455

Logout  
0800035730-003  
Facility ID 1123352  
FIS Provider ID D217937

### COVID-19 Payments – Add Application Details

Add common and payment program details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

**Grantee Details**

Payment Month \* October 2021

Grantee First Name \* Lisa

Grantee Middle Initial \*

Grantee Last Name \* Licensed

Grantee Email \* Lisa@Licensedcenter.com

Grantee Phone \* (221) 212-1212

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

Was your facility open on 10/08/2021? \*  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 child who has an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) and receives special education services and/or supports?

Did your facility serve any children who speak...?  Yes  No

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



Because of the ongoing monthly application window, each time you login to apply, you will see different dates in the **When Can I Apply?/Updates** column. **These dates will differ for every Monthly Application/Update week for entering child/staff information and document upload.**

Child Care Provider Portal  
Welcome, Laura



PRCC Site  
123 Licensed Street  
Mke, WI 45454-5455


Logout  
0800035730-003  
Facility ID 1123352  
FIS Provider ID D217937

### COVID-19 Payment Application List

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

**Payment Program Summary**

Payment Month	When Can I Apply?/Update	Payment Program	Status	
October 2021	October 18 - November 05	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied	Apply 
October 2021	October 18 - November 05	Funding Staff Recruitment And Retention Efforts	Not Applied	Apply 

Number of Children attended \* 4 

Enter the number of children who attended at least one day between 9/26/2021 and 10/9/2021 at this location.

# What's New

The *Child Care Counts: Stabilization Payment Program* is designed to offset the continued impact of the pandemic on costs associated with providing early care and education. The latest round of funding is different than previous rounds.

- **Providers submit one application (either at initial application opening in November, or in any month during the Application Week).**
- **Only if a provider remains eligible and adheres to terms and conditions, will payments automatically continue every month.**
- **Providers must upload verification documents at initial application and when requested during future Application/Update Weeks.**
- **Approved applicants must update staff and child information every month in their application in CCPP during the Monthly Update Week.**
- **Funds must be spent within 120 days of the payment date.**

# Pre-Application Document Checklist

This new round of *Child Care Counts: Stabilization Payment Program* requires you to upload **Verification Documents** when submitting your initial application, and when requested during future Monthly Update Weeks.



## Verification Documents

**These are required during your initial application and may also be requested in future Monthly Update Weeks.**

### **This includes:**

Child Attendance  
Records

Staff Employment  
Records

Check out our Child Care Counts: [Provider Portal Upload Guide](#) for more information and tips on how to upload your documents.

# 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 SPAs.

User ID: lauratake

Password: .....

Show Password

Remember Me

Enable Keyboard Accessibility Features

Enable Screen Reader Features

[...Hide Options](#)

**Login**

Request access and update your user profile in [Account Management](#).

For additional information, visit the [DCF Portal Info](#) webpage.

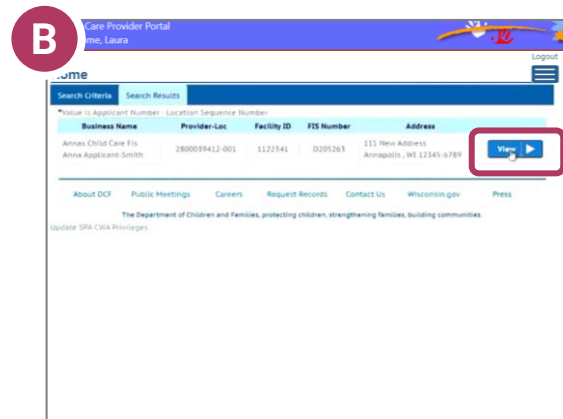
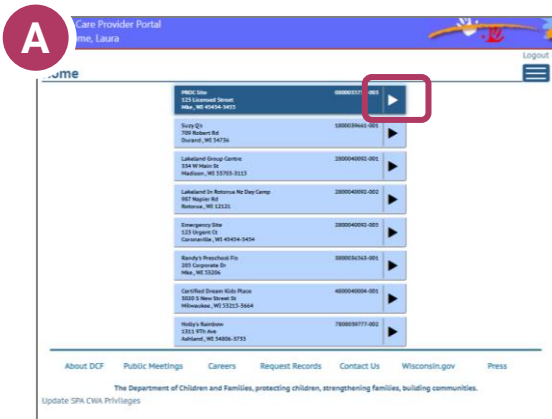
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## 1. Login Screen

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

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

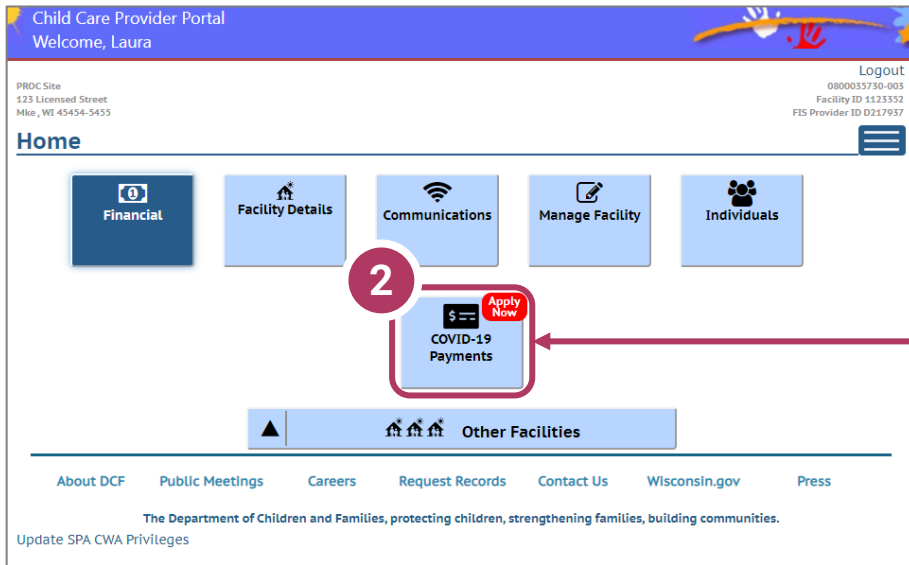


Depending on whether you have one or more locations, your **Home** screen may look like option A – multiple locations, or option B – a single location.

Click the location you want to make your application for.



# How to Submit an Application



## 2. Select COVID-19 payments

To proceed to the application page, click the **COVID-19 Payments** button

# Beginning Your Application

Child Care Provider Portal  
Home, Laura

Logout  
0800053730-005  
Facility ID 1123352  
FIS Provider ID D217937

### COVID-19 Payment Application List

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

Payment Month	When Can I Apply?/Update	Payment Program	Status	
October 2021	October 18 - November 05	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied	<b>Apply</b> ▶
October 2021	October 18 - November 05	Funding Staff Recruitment And Retention Efforts	Not Applied	<b>Apply</b> ▶

## 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?**

This payment program is intended to ensure high-quality care is available across the state by supporting the costs to remain in regulatory compliance, enhance health and safety practices, and promote continuous quality improvement with engagement in the YoungStar Quality Rating and Improvement System. Full details about the program can be viewed on the [payment information page](#).

**When Can I Apply?**

You may apply for this payment anytime from 10/18/2021 - 11/05/2021. 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 gather to complete this application?**

The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures
  - Note: you must be open at the time of the Count Week as identified in the application in order to be eligible for this program.
- Child attendance information

**What information do I need to submit to complete this application?**

- Child attendance records for 09/26/2021 - 10/09/2021

Child attendance records must be uploaded with your initial application (and in future months when requested) in order to be eligible for ongoing monthly payments.

**What happens after I submit my application?**

After the Application Week has closed, 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 letter. Please note that receiving a check will take longer than direct deposit through FIS.

This is a nine-month payment program that runs November 2021 through July 2022. If approved for payments, you must update your child attendance information every month during the Monthly Update Week.

**5** **Continue** ▶

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## 4. Review COVID-19 Payment Information

You will now see an informational screen that details the program you have selected, including:

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

## 5. Continue

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

# Payment Program Summary Page

## 6. COVID-19 Payment Application List

This is a nine-month payment program that runs November 2021 through July 2022. If approved for payments, you must update your child attendance information **every month** during the Monthly Update Week.

Paymer	When Can I Apply/Update	Payment Program	Status	
October 2021	October 18 - November 05	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied	Apply ▶
October 2021	October 18 - November 05	Funding Staff Recruitment And Retention Efforts	Not Applied	Apply ▶

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

- A. Payment Program A: Increasing Access to High-Quality Care
- B. Payment Program B: Funding Workforce Recruitment and Retention



**Regulated providers may be able to apply for BOTH payment programs each month. 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 each month. Applications cannot be modified after the application closes.**



APPLYING FOR PAYMENT PROGRAM A

# **Increasing Access to High-Quality Care**

# Beginning Your Application

1 Child Care Provider Portal  
Welcome, Laura

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

Payment Month	When Can I Apply/Update	Payment Program	Status	
December 2021	December 13 - December 17	Increasing Access To High-Quality Care	Not Applied	<a href="#">Apply</a>
December 2021	December 13 - December 17	Funding Workforce Recruitment And Retention	Not Applied	<a href="#">Apply</a>
November 2021	November 08 - December 11	Increasing Access To High-Quality Care	Approved	<a href="#">Details</a>

## 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 *Increasing Access to High-Quality Care*.

## 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

2 Child Care Provider Portal  
Welcome, Laura

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: *Increasing Access To High-Quality Care*?**  
This payment program is intended to ensure high-quality care is available across the state by supporting the costs to remain in regulatory compliance, enhance health and safety practices, and promote continuous quality improvement with engagement in the YoungStar Quality Rating and Improvement System. Full details about the program can be viewed on the [payment information page](#).

**When Can I Apply?**  
You may apply for this payment anytime from 12/13/2021 - 12/17/2021. 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 gather to complete this application?**  
The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures
  - **Note:** you must be open at the time of the Count Week as identified in the application in order to be eligible for this program.
- Child attendance information

**What information do I need to submit to complete this application?**

- Child attendance records for 12/05/2021 - 12/11/2021

Child attendance records must be uploaded with your initial application (and in future months when requested) in order to be eligible for ongoing monthly payments.

**What happens after I submit my application?**  
After the Application Week has closed, 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 letter. Please note that receiving a check will take longer than direct deposit through FIS.

This is a nine-month payment program that runs November 2021 through July 2022. If approved for payments, you must update your child attendance information every month during the Monthly Update Week.

[Continue](#)

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## 3. Continue

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

# Add Application Details for Your Location

**COVID-19 Payments – Add Application Details**  
Add common and payment program details for Increasing Access To High-Quality Care

**Grantee Details**

Payment Month: December 2021

Grantee First Name: Laura

Grantee Middle Initial: [Empty]

Grantee Last Name: Lake

Grantee Email: Laura@Lakeland.Com

Grantee Phone: (121) 212-1212

**Tell us if your program is open or closed during the Count Week**

Was your facility open during Count Week 12/05/2021-12/11/2021?  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

**Payment Program Details for Increasing Access To High-Quality Care**

Payment Program: Increasing Access To High-Quality Care

Number of Children attended: [Empty]

Comments: [Empty]

## 4. Add Grantee Details

There is a single funding period for this application.

Be sure to check Yes or No to the questions marked with a red star. ❌

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

## 5. Tell Us About Program Open/Closures due to COVID-19

### Was your facility open during Count Week?

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

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

**Payment Program Details for *Increasing Access To High-Quality Care***

Payment Program: Increasing Access To High-Quality Care

Number of Children attended \*  ⓘ **6**

Comments:

**Add**

## 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.

Payment Program: Increasing Access To High-Quality Care

Number of Children attended \*  ⓘ

Enter the number of children who attended at least one day between 12/5/2021 and 12/11/2021 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 during the **Count Week**.

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



**REMINDER:** If you see the ⓘ 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.

# Adding Children Detail

## 7. Add Children to the Application

You will be asked to add every child who attended at least one day during the **Count Week**. 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 Application Details*.

COVID-19 Payments – Child List

Common Details

Payment Month: January 2022  
Grantee Name: Lake, Laura

More

Name	Date of Birth	Care Type	Attended
No results found.			

No items to display

7 Add Child

at the children listed above were enrolled for the period of 12/05/2021 to 12/11/2021

Verify

Click the **Add Child** button to get started adding children to your application.

Here you can add children from a previous application. Click **Copy** to add them to your application.

COVID-19 Payments – Previous Funding Period Child List

Common Details

Payment Month: January 2022  
Grantee Name: Lake, Laura

More

Children not copied from previous application

Name	Date of Birth	Care Type	Copy
Abby Babby	8/1/2019	Full-Time Care	Copy
Drummer Boy	3/3/2020	Full-Time Care	Copy

Children enrolled in WI Shares as of 12/05/2021 - 12/11/2021

Name	Date of Birth
No results found.	

Add Child

Child List

You can also add new children to this application.

You can also view children that were enrolled in Wisconsin Shares during the **Count Week**.

Name	Date of Birth
No results found.	

Add Child

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



# Previous Payment Child List

## 8. 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.

Children not copied from previous application			
Name	Date of Birth	Care Type	
Abby Babby	8/1/2019	Full-Time Care	Copy ▶

8

**COVID-19 Payments – Add Child**

**Common Details**

Payment Month: January 2022  
Grantee Name: Lake, Laura

**Child Details**

First Name: Abby  
Middle Initial:   
Last Name: Babby  
Date of Birth: 8/1/2019  
Care Type:  Full-time Care  Part-time Care

Does this child have an Individualized Education Program (IEP) and receive special education services and/or supports?  Yes  No

Does this child have an Individualized Family Service Plan (IFSP)?  Yes  No

Does the child receive Birth to 3 Services?  Yes  No

Speaks language other than English?  Yes  No

Experiencing homelessness?  Yes  No

Living in tribal community?  Yes  No

WI Shares recipient during 12/05/2021 – 12/11/2021?  Yes  No

Attend during 12/05/2021 – 12/11/2021?  Yes, Child Attended  No, Child Did Not Attend  No, Child Did Not Attend Due To Exposure To Covid-19

Comments:

**Add**

Child List

Verify child details that were copied and indicate if the child attended at least one day during the **Count Week**.

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

# Adding Children Detail

## 9. 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 attended in the *Grant Details* section.

Name	Date of Birth	Care Type	Attended	
Abby Babby	8/1/2019	Full-Time Care	Yes	Details ▶
Drummer Boy	3/3/2020	Full-Time Care	Yes	Details ▶
Joe B Goode	10/21/2018	Full-Time Care	Yes	Details ▶
Ima F Idget	9/23/2017	Full-Time Care	Yes	Details ▶

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.

**Common Details**  
Payment Month: January 2022  
Grantee Name: Lake, Laura

**Child Details for COVID-19 Payments**  
First Name: Abby  
Middle Initial:  
Last Name: Babby  
Date of Birth: 8/1/2019

Click on the **...More** button to get to the **Modify Child** Button.

Modify Child ▶

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?** in the *Modify Child* screen.

Remove this child from the grant?

Save

Click **Save** on the *Modify Child Details* page if you have changed any information. You can continue adding children, as needed, or check the *I verify...* checkbox and click the **Verify** button.



# Finalizing Your Application

**COVID-19 Payments - Submit Application**

**Common Details**

Payment Month: January 2022  
 Grantee Name: Lake, Laura

**Payment Program Details for Increasing Access To High-Quality Care**

Payment Program: DCF 9430 Access To High-Quality Care  
 Grant Application ID: P00000537

Number of Children attended: 4  
 Did your facility serve any children who speak languages other than English: No  
 Did your facility serve any children from tribal communities?: No  
 Grant Status: Incomplete

**Terms and Conditions**

**Confirmation and Acceptance of Funds**

Definition of terms included in these Terms and Conditions

Application Week: The timeframe during which providers can enter or re-enter the Child Care Counts Stabilization Payment Program

Count Week: The point in time for which child and staff information is collected for payment calculations

Monthly Update Week: The timeframe during which providers report any changes or confirm child attendance and staffing from the previous Count Week

Base Per-Staff Amount: Program B payment amount for each eligible full-time/part-time staff listed in the application

Quality Incentive Per-Staff Amount: Program B additional payment amount based on Youngstar star level for each eligible full-time/part-time staff listed in the application

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- By accepting Child Care Counts Stabilization Payment Program funds, I agree to all terms included in these Terms and Conditions.
- I will be at least the same amount in staff weekly wages and maintain the same benefits for the duration of the payment program for which I receive funding.
- I will not be involuntarily furloughed or laid off without pay staff who appear on my current application. Child Care Counts Stabilization Payment Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidelines from the Center for Disease Control (CDC) for child care programs.
- I understand that this program will require monthly updates to number of children attending and staff employed during the Count Week.
- I understand and agree that this is a nine-month payment program that runs November 2021 through July 2022.
  - I can opt out of the program by withdrawing my application before the end of the monthly application week.
  - If at any time during the program, I am found to be ineligible or not adhering to the terms and conditions, my payments will be discontinued when eligibility issues are resolved. I may reapply during a future application week.
  - If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following: changes in enrollment or staffing reported as required by the program terms and conditions, available funding, and adjustments DCF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. DCF will reserve funds for the nine-month amount as indicated in my Payment Letter.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds if I fail to meet the terms and conditions of the program.

I agree to above Confirmation and Acceptance of Funds terms.

**Qualifications**

- I certify that my program is currently regulated and in good standing during the Count Week and as of the last date of the Application Week and subsequent Monthly update Weeks.
- I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Count Week identified for each month.
  - If I have a temporary closure due to COVID exposure, I must plan to reopen within 14 days of the date of closure in order to receive funding for the following month. If my program will not be able to reopen within 14 days of the COVID exposure related closure, I must notify the Child Care Counts call center at 608-233-9650 or [CCCSupport@dcf.wisconsin.gov](mailto:CCCSupport@dcf.wisconsin.gov).
- I understand that I must update child attendance records and staff employment records with my initial application and when requested during future Monthly update Weeks.
- I understand that I must update child and staff information every month following my initial application.
  - Failure to update child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.
- I understand that in order to be eligible for payments, I must meet the following qualifications:
  - Regulated and in good standing as defined by the Department of Children and Families (DCF) as of the last date of application week and each subsequent Monthly update week.
  - In compliance with background check requirements.
  - In compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
  - Currently reporting any overpayment and/or in compliance with any Repayment Agreement, if any Wisconsin Shares or Child Care Counts overpayments are owed.
- I understand that the Department of Children and Families may monitor and review my application and use of program funds.

I agree to above Confirmation and Acceptance of Funds terms.

**Qualifications**

- I certify that my program is currently regulated and in good standing during the Count Week and as of the last date of the application week and subsequent Monthly update weeks.
- I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Count Week identified for each month.
  - If I have a temporary closure due to COVID exposure, I must plan to reopen within 14 days of the date of closure in order to receive funding for the following month. If my program will not be able to reopen within 14 days of the COVID exposure related closure, I must notify the Child Care Counts call center at 608-233-9650 or [CCCSupport@dcf.wisconsin.gov](mailto:CCCSupport@dcf.wisconsin.gov).
- I understand that I must update child attendance records and staff employment records with my initial application and when requested during future Monthly update Weeks.
- I understand that I must update child and staff information every month following my initial application.
  - Failure to update child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.
- I understand that in order to be eligible for payments, I must meet the following qualifications:
  - Regulated and in good standing as defined by the Department of Children and Families (DCF) as of the last date of application week and each subsequent Monthly update week.
  - In compliance with background check requirements.
  - In compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
  - Currently reporting any overpayment and/or in compliance with any Repayment Agreement, if any Wisconsin Shares or Child Care Counts overpayments are owed.
- I understand that the Department of Children and Families may monitor and review my application and use of program funds.

I agree to above Qualifications terms.

**Allowable Use of Funds**

If I receive funding for Program A - Increasing Access To High-Quality Care I agree to the following:

- I will use the funds to support necessary and reasonable costs of maintaining or enhancing high-quality care.
- I will use the funds for the following purposes:
  - Operating expenses, necessary to remain open, including but not limited to mortgage, rent/purchase costs, utilities, insurance, business-related taxes, and payroll/benefits.
  - Expenses related to mitigating the risk of COVID-19, including but not limited to personal protective equipment (PPE) and supplies for cleaning and sanitation.
  - Materials supplies for enhancing the program environment and curriculum, and social and emotional development supports.
  - Professional development and/or continuing education.
  - Additional costs to ensure high-quality programming.
  - Mental health services for children and employees.
  - Relief from copayments and tuition payments for families.
    - Families can be relieved of sub-portioned costs, such as tuition or co-payments paid for child care, Wisconsin Shares payments to families cannot be reimbursed.
    - Providers are encouraged to offer relief from copayments and tuition payments, if financially possible, prioritizing families in need of financial relief.

I agree to above Allowable Use of Funds terms.

**Documentation**

DCF is required to conduct audits to ensure accuracy of applications and the proper use of funds issued. All providers may be subject to an audit and be required to submit supporting documentation.

- I will keep and submit to DCF upon request, as original, supporting documentation related to my application and how this funding was spent, including but not limited to:
  - Program records and supporting documentation related to my application.
  - Documentation to verify attendance of children entered on my application and during each Count Week.
    - Documentation to verify staff employed as time of application and during each Count Week.
  - Expenditure records and supporting documentation related to costs incurred and how program funding was spent, including, but not limited to:
    - Mortgage/rent/purchase cost statements
    - Utility statements
    - Payroll and benefits records
    - Documentation of relief or tuition or copayment for families
    - Expenses for mental health supports for families and staff
    - Original invoices and receipts for purchases of materials/supplies including, but not limited to:
      - PPE, cleaning and sanitation supplies, and all other materials and services related to mitigating the risk of COVID-19
      - Materials and supplies for enhancing the program environment and/or curriculum, and social and emotional development supports
      - Exceptional 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 180 days after I receive the funds. I agree to supply this documentation upon request.
- I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month.
- Expenses cannot have already been funded by a prior DCF program or reimbursed by another state or federal fund source.

I agree to above Documentation terms.

**Application Details**

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## 11. Review Your Submission

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

**COVID-19 Payments - Submit Application**

**Common Details**

Payment Month: January 2022  
 Grantee Name: Lake, Laura

**Payment Program Details for Increasing Access To High-Quality Care**

Payment Program: Increasing Access To High-Quality Care  
 Grant Application ID: P00000537

**11**

- Confirmation and Acceptance of Funds:** You must accept the Confirmation and Acceptance of Funds terms before submitting.
- Qualifications:** You must accept the Qualifications terms before submitting.
- Allowable Use of Funds:** You must accept the Allowable Use of Funds terms before submitting.
- Documentation:** You must accept the Documentation terms before submitting.

Any text in red indicates that there is an error that needs correcting. 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.

# Finalizing Your Application

## 12. Review the Terms and Conditions

12

After ensuring that your application is accurate and complete, you will review 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.**

## 13. Submit Your Application

As you read through the **Terms and Conditions** you will be required to check several boxes agreeing to the terms. Once you have agreed to all of them, you can click the **Submit** button to submit your application for the program.

### COVID-19 Payments - Submit Application

Common Details	
Payment Month	January 2022
Grantee Name	Late, Laura
Payment Program Details for Increasing Access to High-Quality Care	
Payment Program	Increasing Access to High-Quality Care
Grant Application ID	60059397
Number of Children attended	4
Did your facility serve any children who speak languages other than English?	No
Did your facility serve any children from tribal communities?	No
Grant Status	Incomplete

### Terms and Conditions

#### Confirmation and Acceptance of Funds

##### Definition of terms included in these Terms and Conditions

**Application Week:** The timeframe during which providers can enter or re-enter the Child Care Counts Stabilization Payment Program  
**Court Week:** The points in time for which child and staff information is collected for payment calculations  
**Monthly Update Week:** The timeframe during which providers report any changes or confirm child attendance and staffing from the previous Court Week

**Base Per-Staff Amount:** Program B payment amount for each eligible full-time/part-time staff listed in the application

**Quality Incentive Per-Staff Amount:** Program A additional payment amount based on (voluntary) star level for each eligible full-time/part-time staff listed in the application

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- By accepting Child Care Counts Stabilization Payment Program funds, I agree to all items included in these Terms and Conditions.
- I will pay at least the same amount in US weekly wages and maintain the same benefits for the duration of the payment program for which I received funding.
- I will not involuntarily furlough (pay off without pay) staff who appear on my center's application, Child Care Counts Stabilization Payment Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
- I understand that this program will require monthly updates to number of children attending and staff employed during the Court Week.
- I understand and agree that this is a nine-month payment program that runs from November 2021 through July 2022.
- I can opt out of the program by withdrawing my application before the end of the monthly application week.
- If at any time during the program, I am found to be ineligible or not adhering to the terms and conditions, my payments will be discontinued. When eligibility issues are resolved, I may reapply during a future application week.
- If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following: changes in enrollment or staffing; requests as required by the program Terms and Conditions; available funding; and adjustments DCF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. DCF will release funds for the nine-month amount as indicated in my Payment Letter.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds at the time I receive the next month's payment.

I agree to above Confirmation and Acceptance of Funds terms.

#### Qualifications

- I certify that my program is currently regulated and in good standing during the Court Week and as of the last date of the application week and subsequent monthly update weeks.
- I must be open and caring for children ages 0 through 12, or under age 18 for children with disabilities, during the Court Week identified for each month.
- If I have a temporary closure due to COVID exposure, I must plan to reopen within 14 days of the date of closure in order to receive funding for the following month. If my program will not be able to reopen within 14 days of the COVID exposure related closure, I must notify the Child Care Counts call center at 608-539-9550 or [DCFP@dcf.wisconsin.gov](mailto:DCFP@dcf.wisconsin.gov).
- I understand that I must upload child attendance records and staff employment records with my initial application and when requested during future monthly update weeks.
- I understand that I must update child and staff information every month following my initial application.
- Failure to update child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.
- I understand that in order to be eligible for payments, I must meet the following qualifications:
  - Regulated and in good standing as defined by the Department of Children and Families (DCF) as of the last date of application week and each subsequent monthly update week.
  - In compliance with background check requirements.
  - In compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
  - Currently meeting any employment and/or in compliance with any Repayment Agreement, if any Wisconsin Shares or Child Care Counts overpayments are owed.
- I understand that the Department of Children and Families may monitor and review my application and use of program funds.

I agree to above Confirmation and Acceptance of Funds terms.

#### Qualifications

- I certify that my program is currently regulated and in good standing during the Court Week and as of the last date of the application week and subsequent monthly update weeks.
- I must be open and caring for children ages 0 through 12, or under age 18 for children with disabilities, during the Court Week identified for each month.
- If I have a temporary closure due to COVID exposure, I must plan to reopen within 14 days of the date of closure in order to receive funding for the following month. If my program will not be able to reopen within 14 days of the COVID exposure related closure, I must notify the Child Care Counts call center at 608-539-9550 or [DCFP@dcf.wisconsin.gov](mailto:DCFP@dcf.wisconsin.gov).
- I understand that I must upload child attendance records and staff employment records with my initial application and when requested during future monthly update weeks.
- I understand that I must update child and staff information every month following my initial application.
- Failure to update child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.
- I understand that in order to be eligible for payments, I must meet the following qualifications:
  - Regulated and in good standing as defined by the Department of Children and Families (DCF) as of the last date of application week and each subsequent monthly update week.
  - In compliance with background check requirements.
  - In compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
  - Currently meeting any employment and/or in compliance with any Repayment Agreement, if any Wisconsin Shares or Child Care Counts overpayments are owed.
- I understand that the Department of Children and Families may monitor and review my application and use of program funds.

I agree to above Qualifications terms.

#### Allowable Use of Funds

If I receive funding for Program A - Increasing Access to High-Quality Care I agree to the following:

- I will use the funds to support necessary and reasonable costs of maintaining or enhancing high-quality care.
- I will use the funds for the following purposes:
  - Operating expenses, necessary to remain open, including but not limited to mortgage, rent/pace costs, utilities, insurance, business-related taxes, and services/fees.
  - Expenses related to mitigating the risk of COVID-19, including but not limited to personal protective equipment (PPE) and supplies for cleaning and sanitation.
  - Materials and supplies for enhancing the program environment and curriculum, and social and emotional development supports.
  - Professional development and continuing education.
  - Additional costs to ensure high-quality programming.
  - Health and safety services for children and employees.
  - Reief from copayments and tuition payments for families
    - Families can be relieved of out-of-pocket costs, such as tuition or copays paid for child care, Wisconsin Shares payments to families cannot be reimbursed.
    - Providers are encouraged to offer relief from copayments and tuition payments, if financially possible, prioritizing

I agree to above allowable use of Funds terms.

#### Documentation

- DCF is required to conduct audits to ensure accuracy of applications and the proper use of funds issued. All providers may be subject to an audit and be required to submit supporting documentation.
- I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent, including but not limited to:
  - Program records and supporting documentation related to my application:
    - Documentation to verify attendance of children entered on my application and during each Court Week.
    - Documentation to verify staff employed at time of application and during each Court Week.
  - Expenditure records and supporting documentation related to costs incurred and how program funding was spent, including, but not limited to:
    - Hourly rates/expense cost statements
    - Utility statements
    - Payroll and benefits records
    - Documentation of relief of tuition or copayment for families
    - Expenditures for mental health supports for families and staff
    - Original invoices and/or receipts for purchases of materials/supplies including, but not limited to: PPE, cleaning and sanitization supplies, and all other materials and services related to mitigating the risk of COVID-19
    - Materials and supplies for enhancing the program environment and/or curriculum, and social and emotional development supports
    - Educational supplies and learning materials
- I understand that DCF reserves the right to request documentation use of this funding for review or audit purposes up to the (3) years after I receive the funds. I agree to supply this documentation upon request.
- I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds at the time I receive the next month's payment.

I agree to above Documentation terms

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# Modifying After Submission

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## 14. 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, Children, Upload Verification Documents, Payment Documents, and Program Integrity Documents** buttons to update those specific sections of the application. Refer to the previous instructions in this guide for specifics.

# Update or verify Temporary Closure

## 15. 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.

From	To	Closure Reason	Comments
01/10/21	01/16/21	Other (not related to COVID-19)	medical leave
12/22/20	01/04/21	Other (not related to COVID-19)	holiday closure

Enter the closure dates and select the appropriate reason for the closure from the drop-down menu.

Enter your comments in the **Comments** box. After including all temporary closures, click the checkbox indicating that you have accurately recorded and verified the temporary closures for your location.

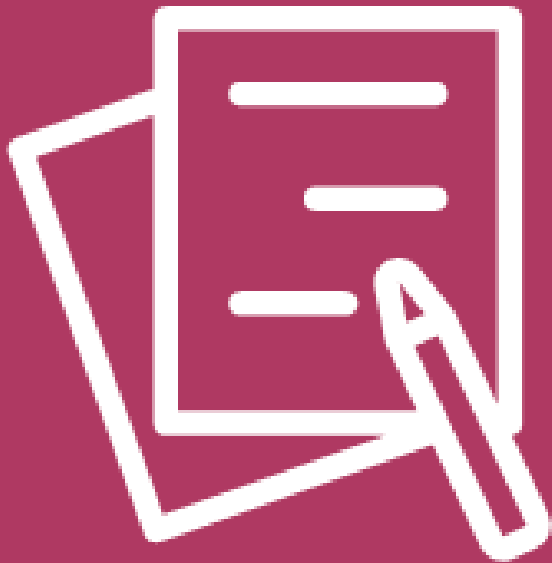
COVID-19 Exposure of Staff to COVID-19  
COVID-19 Exposure of Staff to COVID-19  
COVID-19 Exposure of Child(ren) to COVID-19  
COVID-19 Business decision  
COVID-19 Lack of families  
COVID-19 Lack of staff  
COVID-19 Lack of supplies  
COVID-19 Other



Once you have entered all Temporary Closures, check the box and select **Verify** to continue through the application.

I verify that the closures listed above are accurate and complete for the period of 12/5/2021 to 12/11/2021.

Verify



APPLYING FOR PAYMENT PROGRAM B

# Funding Workforce Recruitment and Retention



# Beginning Your Application

1

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

Payment Program Summary				
Payment Month	When Can I Apply?/Update	Payment Program	Status	
December 2021	December 13 - December 17	Increasing Access To High-Quality Care	Submitted	<a href="#">Details</a>
December 2021	December 13 - December 17	Funding Workforce Recruitment And Retention	Not Applied	<a href="#">Apply</a>
November 2021	November 08 - December 11	Increasing Access To High-Quality Care	Approved	<a href="#">Details</a>
November 2021	November 08 - December 11	Funding Workforce Recruitment And Retention	Not Available	
October 2021	October 18 - November 16	Increasing Access To High-Quality Care	Approved	<a href="#">Details</a>
October 2021	October 18 - November 16	Funding Workforce Recruitment And Retention	Incomplete	<a href="#">Details</a>

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## 1. Begin Application

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

### 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 Workforce Recruitment And Retention*?

This payment program is intended to support the costs associated with recruiting and retaining high-quality early care and education staff through funding to increase compensation and provide professional development opportunities. Full details about the program can be viewed on the [payment information page](#).

#### When Can I Apply?

You may apply for this payment anytime from 12/13/2021 - 12/17/2021. 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 gather to complete this application?

The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures
  - Note: you must be open during the Count Week identified in this application in order to be eligible for this program.
- Staff information (employment status, part/full-time status and current wages/rate of pay)
- Child attendance information (if only applying for Program B)

#### What information do I need to upload to complete this application?

- Staff payroll records for 12/05/2021 - 12/11/2021.
- Child attendance records (unless already uploaded with Program A application)

Staff payroll records must be uploaded with your initial application (and in future months when requested) in order to be eligible for ongoing monthly payments. If you are only applying for Program B, child attendance records must also be uploaded with your initial application (and in future months when requested).

#### What happens after I submit my application?

After the Application Week has closed, 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 letter. Please note that receiving a check will take longer than direct deposit through FIS.

This is a nine-month payment program that runs November 2021 through July 2022. If approved for payments, you must update your child attendance and staff information every month during the Monthly Update Week.

Continue

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## 3. Continue

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

# Add Application Details for Your Location

**COVID-19 Payments – Add Application Details**  
Add common and payment program details for Funding Workforce Recruitment And Retention

**Grantee Details**

Payment Month: December 2021

Grantee First Name \* Laura

Grantee Middle Initial

Grantee Last Name \* Lake

Grantee Email \* Laura@Lakeland.Com

Grantee Phone \* (121) 212-1212

**Tell us if your program is open or closed during the Count Week**

Was your facility open during Count Week 12/05/2021-12/11/2021? \*  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

**Payment Program Details for Funding Workforce Recruitment And Retention**

Payment Program: Funding Workforce Recruitment And Retention

Number of Children attended \* 4 ⓘ

Comments

Add

## 4. Add Grantee Details

There is a single funding period for this application.

Be sure to check Yes or No to the questions 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 during the **Count Week**?

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 if your program is open or closed during the Count Week**

Was your facility open during Count Week 12/05/2021-12/11/2021? \*  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 ⓘ

**Payment Program Details for *Funding Workforce Recruitment And Retention***

Payment Program Funding Workforce Recruitment And P

Number of Children attended \* 4 ⓘ **6**

Comments

Add

## 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.

Number of Children attended \* 4 ⓘ

Enter the number of children who attended at least one day between 12/5/2021 and 12/11/2021 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 during the **Count Week**.

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

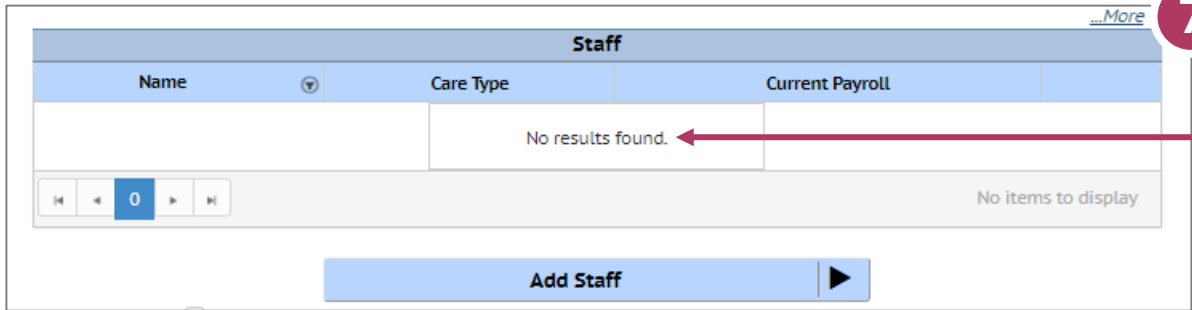


**NOTE:** If you see the ⓘ icon next to a field and you are unsure about what to enter, click the icon to get more information about what you are being asked to enter.

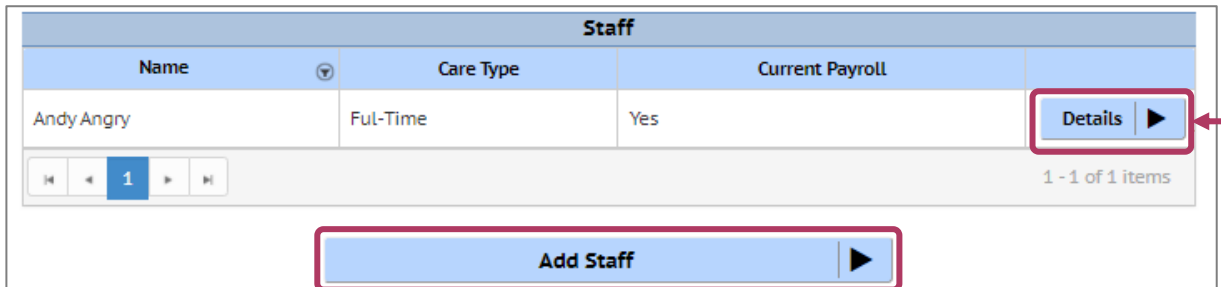
# Attaching Staff to the Program

## 7. 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 have not applied previously, the page may initially display 'No results found,' in which case, you will click **Add Staff**.



Here you can view and add staff. To add staff, click the **Add Staff** button.



Click here to add staff.

Click here to view staff details if you have staff carry over from a previous application.

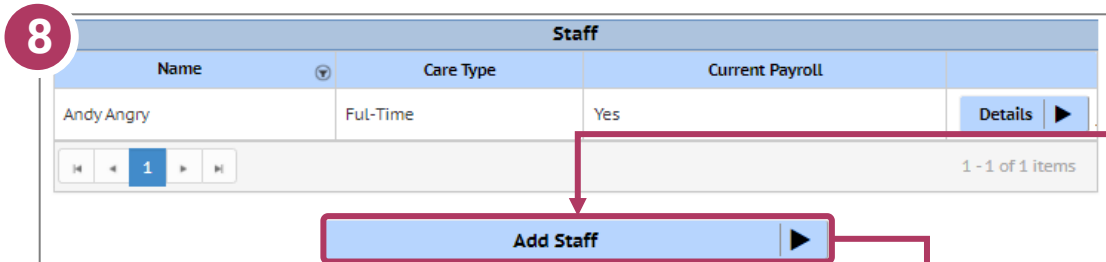


**If you are a family provider, and you are the only employee at your location, you will only need to add yourself.**

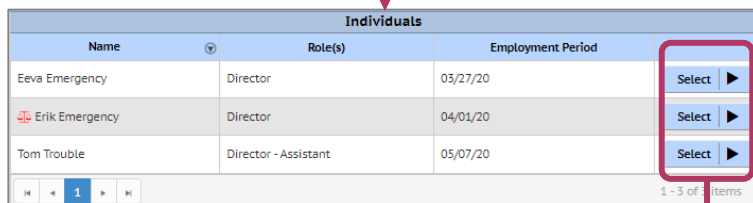
# Adding Individual Staff

## 8. Add Staff to Be Considered for Funding

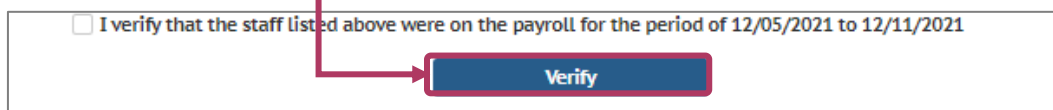
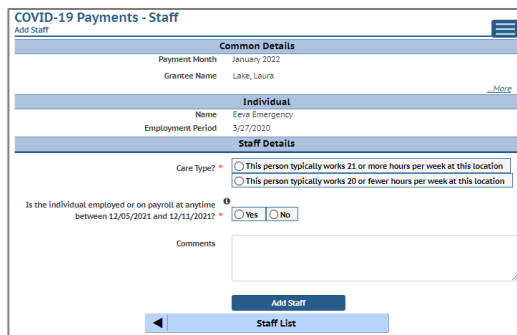
You are then taken to the *Staff* page to review all the individuals attached to the application.





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



Once you have finished adding all individuals to the application, check the *I verify...* checkbox and click the **Verify** button.



**Note:** Individuals with  symbol next to their name need a fingerprint-based background check. **Only individuals in compliance with background check laws are eligible for *Child Care Counts* staff payments.**

Individual	
Name	 Erik Emergency
Employment Period	4/1/2020

# Adding Children Detail

## 9. Add Children to the Application

You will be asked to add every child who attended at least one day between **during the Count Week**. 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 Application Details*.

The screenshot shows the 'COVID-19 Payments - Child List' interface. At the top, there's a header with a menu icon. Below it is a 'Common Details' section with fields for 'Payment Month' (January 2022) and 'Grantee Name' (Lake, Laura). A 'More' link is visible to the right. Below this is a table with columns for 'Name', 'Date of Birth', and 'Care Type'. The table is currently empty, displaying 'No results found.' At the bottom of the table area, there is a blue 'Add Child' button with a right-pointing arrow, which is highlighted with a red circle containing the number '9'. Below the button is a checkbox and the text 'I verify that the children listed above were enrolled for the period of 12/05/2021 to 12/11/2021'. At the very bottom is a blue 'Verify' button.

Click the **Add Child** button to get started adding children to your application.

This screenshot shows the same 'COVID-19 Payments - Child List' interface, but with a section titled 'Children Copied From Previous Application' highlighted with a red box. This section contains a table with the following data:

Name	Date of Birth	Care Type	Attended	Details
Adam Angry	1/1/2016	Full-Time Care	Yes	Details ▶
Timmy Fipps	10/21/2018	Full-Time Care	Yes	Details ▶
Jimbob Mcdiggitywiggity	11/30/2019	Full-Time Care	Yes	Details ▶
Dodi Mcdodi	9/23/2017	Full-Time Care	Yes	Details ▶

Below the table is a pagination control showing '1' of 4 items. At the bottom of the application, there is a blue 'Add Child' button, a checkbox with the text 'I verify that the children listed above were enrolled for the period of 12/05/2021 to 12/11/2021', and a blue 'Verify' button.

If you have children from a previous application, they will automatically be imported. You should verify and update the details for these children, if needed. If children were not in attendance or are no longer enrolled, you can remove them from this list.

You can also view children that were enrolled in Wisconsin Shares during **during the Count Week**.

# Children Detail

## 10. Add Children to the Application

Remember, the number of children displayed here should match the number of children that you listed as enrolled in the *Grant Details* section. If you need to add a child, click the **Add Child** button.

**Children Copied From Previous Application** 10

If there are changes in child's attendance, care type, or WI Shares information, please update the details for those children. You may add new children, or remove children that are no longer enrolled.

Name	Date of Birth	Care Type	Attended	
Adam Angry	1/1/2016	Full-Time Care	Yes	<b>Details</b> ▶
Timmy Fipps	10/21/2018	Full-Time Care	Yes	<b>Details</b> ▶
Jimbob Mcdiggitywiggity	11/30/2019	Full-Time Care	Yes	<b>Details</b> ▶
Dodi Mcdodi	9/23/2017	Full-Time Care	Yes	<b>Details</b> ▶

1 - 4 of 4 items

**Add Child** ▶

I verify that the children listed above were enrolled for the period of 12/05/2021 to 12/11/2021

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?** in the *Modify Child* screen.

**Remove this child from the grant?**

**Save**

Click **Save** on the *Modify Child Details* page if you have changed any information. You can continue adding children, as needed, or check the *I verify...* checkbox and click the **Verify** button.

I verify that the children listed above were enrolled for the period of 12/05/2021 to 12/11/2021

# Children Copied from a Previous Application

## 11. Verify Children Copied From Previous Application

If you applied for funding in a previous *Child Care Counts* application, children added to your previous application will automatically copy to your application.

Click **Details** to review these children's details. This will take you to the *Child Details* page.

Children Copied From Previous Application				
If there are changes in child's attendance, care type, or WI Shares information, please update the details for those children. You may add new children, or remove children that are no longer enrolled.				
Name	Date of Birth	Care Type	Attended	
Adam Angry	1/1/2016	Full-Time Care	Yes	<a href="#">Details</a>
Timmy Fipps	10/21/2018	Full-Time Care	Yes	<a href="#">Details</a>

11

**Child Details for COVID-19 Payments**

First Name: Timmy  
Middle Initial:  
Last Name: Fipps  
Date of Birth: 10/21/2018

[Child List](#)

Verify child details that were copied by clicking **More** [More](#)

**COVID-19 Payments – Child Details**

**Common Details**

Payment Month: January 2022  
Grantee Name: Lake, Laura

**Child Details for COVID-19 Payments**

First Name: Timmy  
Middle Initial:  
Last Name: Fipps  
Date of Birth: 10/21/2018  
Care Type: Full-Time Care

Does this child have an Individualized Education Program (IEP) and receive special education services and/or supports? No  
Does this child have an Individualized Family Service Plan (IFSP)? No  
Does the child receive Birth to 3 Services? No  
Speaks language other than English? No  
Experiencing homelessness? No  
Living in tribal community? No  
WI Shares recipient during 12/05/2021 – 12/11/2021? No  
Attend during 12/05/2021 – 12/11/2021? Yes, child attended

[Modify Child](#)

[Child List](#)

Review the child details, click **Modify Child**, update any information, and verify that they attended at least **One Day** during the Count Week.

Attend during 12/05/2021 – 12/11/2021? \*

Yes, Child Attended  
 No, Child Did Not Attend  
 No, Child Did Not Attend Due To Exposure To Covid-19

Comments

Click the **Save** button once you have filled out or updated all information on the page.



# Upload Verification Documents

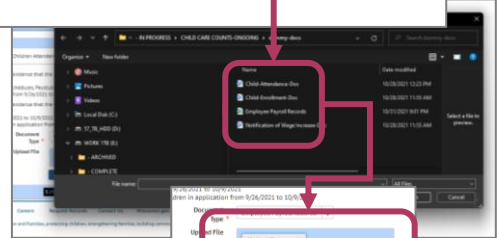
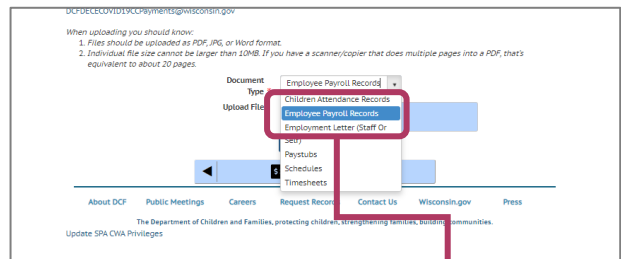
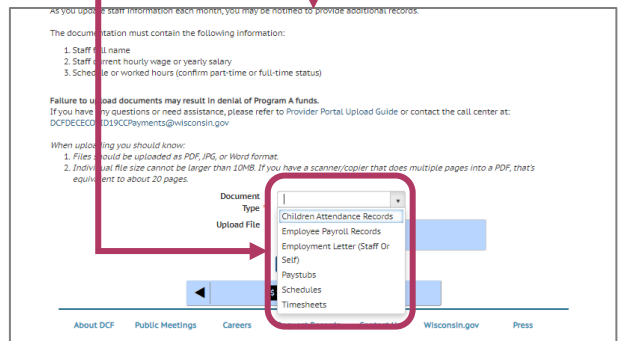
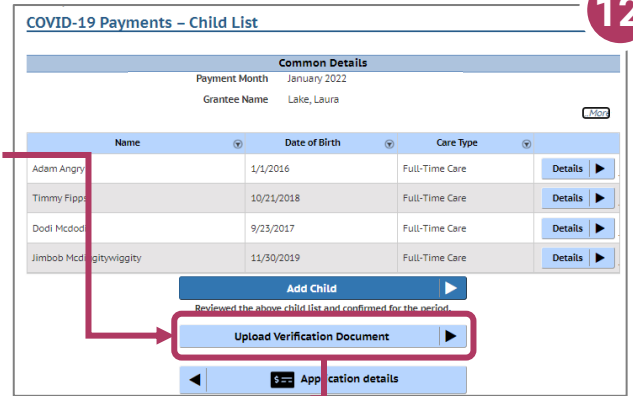
12

12. When you have added or updated the details of your children, click the **Upload Verification Document** button to proceed to the next step in the process.

You will be taken to the **Verification Documents** page. Here, you will upload documentation that shows evidence that the staff entered in this application are on the payroll for this facility.

## For example:

- A. Select the file type, from the drop-down – we are choosing **Employee Payroll Records**.
- B. Click **Upload** to select the file from your computer.
- C. Then choose **Save Documents**.
- D. The document will be added to your list. When you have uploaded the required documents, click the **Submit Application** button.



# Finalizing Your Application

## 13. Review Your Submission

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

### COVID-19 Payments - Submit Application

Common Details	
Payment Month	January 2022
Grantee Name	Lake, Laura

[More](#)

Payment Program Details for Funding Workforce Recruitment And Retention	
Payment Program	Funding Workforce Recruitment And Retention
Grant Application ID	R00000509
Number of Children attended	4
Grant Status	Review Needed

#### Terms and Conditions

**Confirmation and Acceptance of Funds**

Definition of terms included in these Terms and Conditions

**Application Week:** The timeframe during which providers can enter or re-enter the Child Care Counts Stabilization Payment Program

**Count Week:** The point in time for which child and staff information is collected for payment calculations

**Monthly Update Week:** The timeframe during which providers report any changes or confirm child attendance and staffing from the previous Count Week

**Base Per-Staff Amount:** Program B payment amount for each eligible full-time/part-time staff listed in the application

**Quality Incentive Per-Staff Amount:** Program B additional payment amount based on YoungStar star level for each eligible full-time/part-time staff listed in the application

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- By accepting Child Care Counts Stabilization Payment Program funds, I agree to all items included in these Terms and Conditions.
- I will pay at least the same amount in staff weekly wages and maintain the same benefits for the duration of the payment program for which I receive funding.
- I will not involuntarily furlough (pay off without pay) staff who appear on my center's application. Child Care Counts Stabilization Payment Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
- I understand that this program will require monthly updates to number of children attending and staff employed during the Count Week.
- I understand and agree that this is a nine-month payment program that runs November 2021 through July 2022.
  - I can opt out of the program by withdrawing my application before the end of the monthly Application Week.
  - If, at any time during the program, I am found to be ineligible or not adhering to the terms and conditions, my payments will be discontinued. When eligibility issues are resolved, I may reapply during a future Application Week.
  - If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following: changes in enrollment or staffing reported as required by the program Terms and Conditions, available funding, and adjustments DCF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. DCF will reserve funds for the nine-month amount as indicated in my Payment Letter.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds if I fail to meet the terms and conditions of the program.

I agree to above Confirmation and Acceptance of Funds terms.

#### Qualifications

- I certify that my program is currently regulated and in good standing during the Count Week and as of the last date of the Application Week and subsequent Monthly Update Weeks.
- I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Count Week identified for each month.
  - If I have a temporary closure due to COVID exposure, I must plan to reopen within 14 days of the date of closure in order to receive funding for the following month. If my program will not be able to reopen within 14 days of the COVID exposure related closure, I must notify the Child Care Counts call center at 608-555-5650 or [ChildCareCounts@dcf.wisconsin.gov](mailto:ChildCareCounts@dcf.wisconsin.gov).
- I understand that I must upload child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.
- I understand that I must update child and staff information every month following my initial application.
  - Failure to update child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.
- I understand that in order to be eligible for payments, I must meet the following qualifications:
  - Regulated and in good standing as defined by the Department of Children and Families (DCF) as of the last date of Application Week and each subsequent Monthly Update Week.
  - In compliance with background check requirements.
  - In compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
  - Currently repaying any overpayment and/or in compliance with any Repayment Agreement, if any Wisconsin Shares or Child Care Counts overpayments are owed.
- I understand that the Department of Children and Families may monitor and review my application and use of program funds.

I agree to above Qualifications terms.

#### Allowable Use of Funds

Under Program B - Funding Workforce Recruitment And Retention, all programs will receive a Base Per-Staff amount. Programs participating in YoungStar also will receive a Quality Incentive Per-Staff amount. These amounts will be included in the monthly Payment Letter.

If I receive funding for Program B - Funding Workforce Recruitment And Retention I agree to the following:

- I will use the funds to support necessary and reasonable costs associated with recruiting and retaining high-quality staff by providing wage increases, bonuses, and/or benefits to current or future employees with approved background checks.
- I will increase compensation (through wages, bonuses, or benefits for each staff person included in that month's Count Week by at least the Base Per-Staff amount.
  - For programs participating in YoungStar, I will use the awarded Quality Incentive Per-Staff amount towards one or more of the following: wage increases; bonuses; benefits; professional development; and staff trainings, scholarships, or other continuing education expenses.
    - I will not use the funds to pay volunteers.
    - I will not use the funds to pay household members who are not on staff and actively caring for children.
    - High-level administrative staff for group providers may receive no more than two (2) times their per-staff amount. (Base per-staff amount plus Quality Incentive per-staff amount), as indicated in the Payment Letter. High-level administrative staff are individuals responsible for management of the child care center. These roles include, but are not limited to center directors, center administrators, and licenses.
  - For certified providers: In accordance with DCF 202.09(1m)(f) all providers must also be approved by the certification worker prior to working in the program.
    - As a certified provider, I agree that all staff listed on my application have been approved by the certification worker prior to working in the program.

I agree to above Allowable Use of Funds terms.

#### Documentation

DCF is required to conduct audits to ensure accuracy of applications and the proper use of funds issued. All providers may be subject to an audit and be required to submit supporting documentation.

- I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent, including but not limited to:
  - Program records and supporting documentation related to my application:
    - Documentation to verify attendance of children entered on my application and during each Count Week
    - Documentation to verify staff employed at time of application and during each Count Week
  - Expenditure records and supporting documentation related to costs incurred and how program 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
    - Receipts for ongoing support for staff retention, including training, professional development, and continuing education
    - Documentation to verify use of funds for recruitment efforts for hiring new staff
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to supply this documentation upon request.
- I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month.
- Expenses cannot have already been funded by a prior DCF program or reimbursed by another state or federal fund source.

I agree to above Documentation terms

**Application Details**

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- Confirmation and Acceptance of Funds: You must accept the Confirmation and Acceptance of Funds terms before submitting.
- Qualifications: You must accept the Qualifications terms before submitting.
- Allowable Use of Funds: You must accept the Allowable Use of Funds terms before submitting.
- Documentation: You must accept the Documentation terms before submitting.

Any text in red indicates that there is an error that needs correcting. 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.

# Finalizing Your Application

## 14. Review the Terms and Conditions

After ensuring that your application is accurate and complete, you will review the **Terms and Conditions** for the program.

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**Please note** we strongly recommend printing and/or saving these Terms and Conditions and filing all related expenditure documents in a safe place.

## 15. Submit Your Application

As you read through the **Terms and Conditions**, you will be required to check several boxes agreeing to the terms. Once you have agreed to all of them, you can click the **Submit** button to submit your application for the program.

### COVID-19 Payments - Submit Application

Common Details	
Payment Month	January 2022
Grantee Name	Lake, Laura

Payment Program Details for Funding Workforce Recruitment And Retention	
Payment Program	Funding Workforce Recruitment And Retention
Grant Application ID	R000000509
Number of Children attended	4
Grant Status	Review Needed

### Terms and Conditions

#### Confirmation and Acceptance of Funds

Definition of terms Included in these Terms and Conditions

**Application Week:** The timeframe during which providers can enter or re-enter the Child Care Counts Stabilization Payment Program

**Count Week:** The point in time for which child and staff information is collected for payment calculations

**Monthly Update Week:** The timeframe during which providers report any changes or confirm child attendance and staffing from the previous Count Week.

**Base Per-Staff Amount:** Program B payment amount for each eligible full-time/part-time staff listed in the application

**Quality Incentive Per-Staff Amount:** Program B additional payment amount based on YoungStar star level for each eligible full-time/part-time staff listed in the application

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- By accepting Child Care Counts Stabilization Payment Program funds, I agree to all items included in these Terms and Conditions.
- I will pay at least the same amount in staff weekly wages and maintain the same benefits for the duration of the payment program for which I receive funding.
- I will not involuntarily furlough (lay off without pay) staff who appear on my center's application. Child Care Counts Stabilization Payment Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
- I understand that this program will require monthly updates to number of children attending and staff employed during the Count Week.
- I understand and agree that this is a nine-month payment program that runs November 2021 through July 2022.
  - I can opt out of the program by withdrawing my application before the end of the monthly Application Week.
  - If at any time during the program, I am found to be ineligible or not adhering to the terms and conditions, my payments will be discontinued. When eligibility issues are resolved, I may reapply during a future application week.
  - If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following changes in enrollment or staffing reported as required by the program Terms and Conditions, available funding, and adjustments DCF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. DCF will reserve funds for the nine-month amount as indicated in my Payment Letter.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds if I fail to meet the terms and conditions of the program.

I agree to above Confirmation and Acceptance of Funds terms.

#### Qualifications

- I certify that my program is currently regulated and in good standing during the Count Week and as of the last date of the Application Week and subsequent Monthly Update Weeks.
- I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Count Week identified for each month.
  - If I have a temporary closure due to COVID exposure, I must plan to reopen within 14 days of the date of closure in order to receive funding for the following month. If my program will not be able to reopen within 14 days of the COVID exposure related closure, I must notify the Child Care Counts call center at 608-333-3650 or [DCFCOUNTS@DCF.wisconsin.gov](mailto:DCFCOUNTS@DCF.wisconsin.gov).
- I understand that I must upload child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.
- I understand that I must update child and staff information every month following my initial application.
  - Failure to update child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.
- I understand that in order to be eligible for payments, I must meet the following qualifications:
  - Regulated and in good standing as defined by the Department of Children and Families (DCF) as of the last date of Application Week and each subsequent Monthly Update Week.
  - In compliance with background check requirements.
  - In compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
  - Currently repaying any overpayment and/or in compliance with any Repayment Agreement, if any Wisconsin Shares or Child Care Counts overpayments are owed.
- I understand that the Department of Children and Families may monitor and review my application and use of program funds.

I agree to above Qualifications terms.

#### Allowable Use of Funds

Under Program B - Funding Workforce Recruitment And Retention, all programs will receive a Base Per-Staff amount. Programs participating in YoungStar also will receive a Quality Incentive Per-Staff amount. These amounts will be included in the monthly Payment Letter.

If I receive funding for Program B - Funding Workforce Recruitment And Retention I agree to the following:

- I will use the funds to support necessary and reasonable costs associated with recruiting and retaining high-quality staff by providing wage increases, bonuses, and/or benefits to current or future employees with approved background checks.
- I will increase compensation (through wages, bonuses, or benefits) for each staff person included in that month's Count Week by at least the Base Per-Staff amount.
  - For programs participating in YoungStar, I will use the awarded Quality Incentive Per-Staff amount towards one or more of the following: wage increases; bonuses; benefits; professional development; and staff trainings, scholarships, or other continuing education expenses.
    - I will not use the funds to pay volunteers.
    - I will not use the funds to pay household members who are not on staff and actively caring for children.
    - High-level administration staff for group providers may receive no more than two (2) times their per-staff amount (Base per-staff amount plus Quality Incentive per-staff amount), as indicated in the Payment Letter. High-level administrative staff are individuals responsible for management of the child care center. These roles include, but are not limited to center directors, center administrators, and licenses.
  - For certified providers: In accordance with DCF 202.005(m)(7) all providers must also be approved by the certification worker prior to working in the program.
    - As a certified provider, I agree that all staff listed on my application have been approved by the certification worker prior to working in the program.

I agree to above Allowable Use of Funds terms.

#### Documentation

- DCF is required to conduct audits to ensure accuracy of applications and the proper use of funds issued. All providers may be subject to an audit and be required to submit supporting documentation.
- I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent, including but not limited to:
  - Program records and supporting documentation related to my application:
    - Documentation to verify attendance of children entered on my application and during each Count Week.
    - Documentation to verify staff employed at time of application and during each Count Week.
  - Expenditure records and supporting documentation related to costs incurred and how program 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.
    - Receipts for ongoing support for staff retention, including training, professional development, and continuing education.
    - Documentation to verify use of funds for recruitment efforts for hiring new staff.
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to supply this documentation upon request.
- I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month.
- Funding received has already been funded by a prior DCF program or reimbursed by another federal fund source.

I agree to above Documentation terms.

Submit

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Application Details

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# Modifying After Submission

## 16. 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.

The screenshot shows a web application interface for "COVID-19 Payments - Application Details". It is divided into two main sections: "Common Details" and "Payment Program Details for Funding Workforce Recruitment And Retention".

**Common Details Section:**

- Grantee First Name: Laura
- Grantee Middle Initial: (blank)
- Grantee Last Name: Lake
- Grantee Email: laura@lakeland.com
- Grantee Phone: (121) 212-1212
- Payment Month: January 2022
- Was your facility open during Count Week 12/05/2021-12/11/2021?: 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

**Payment Program Details Section:**

- Payment Program: Funding Workforce Recruitment And Retention
- Grant Application ID: R00000509
- Number of Children attended: 4
- Grant Status: Submitted (view Terms and Conditions)

Below the details are two buttons: "Modify Common Details" and "Modify Application Details".

At the bottom, there is a row of six buttons: "Temporary Closure", "Staff", "Children", "Upload Verification Document", "Payment Documents", and "Program Integrity Documents".

At the very bottom, there is a "Payment Program Summary" button with a left arrow.

You can use the **Temporary Closure, Children, Upload Verification Documents, Payment Documents, and Program Integrity Documents** buttons to update those specific sections of the application. Refer to the previous instructions in this guide for specifics.

# Update or Verify Location Temporary Closures

## 17. 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** 17

**Common Details**  
Payment Month: January 2022  
Grantee Name: Lake, Laura

**Verify Temporary Closure**

From	To	Closure Reason	Comments
12/06/21	12/07/21	COVID-19 Exposure of Child(ren) to COVID-19	johnny was sick with covid

The closure periods should reflect any periods of time your facility was closed during the funding period (12/5/2021 - 12/11/2021). 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.

I verify that the closures listed above are accurate and complete for the period of 12/5/2021 to 12/11/2021.

**Add Temporary Closure** **Verify**

**Application Details**

Enter the closure dates and select the appropriate reason for the closure from the drop-down menu.

Enter your comments in the **Comments** box. After including all temporary closures, click the checkbox indicating that you have accurately recorded and verified the temporary closures for your location.

**COVID-19 Payments - Modify Closure Schedule**

**Common Details**  
Payment Month: January 2022  
Grantee Name: Lake, Laura

**Verify Temporary Closure**

From Date: 12/6/2021  
To Date: 12/7/2021

Closure Reason: COVID-19 Exposure of Child(ren) to COVID-19

Comment: [Empty text box]

Delete?

**Modify**

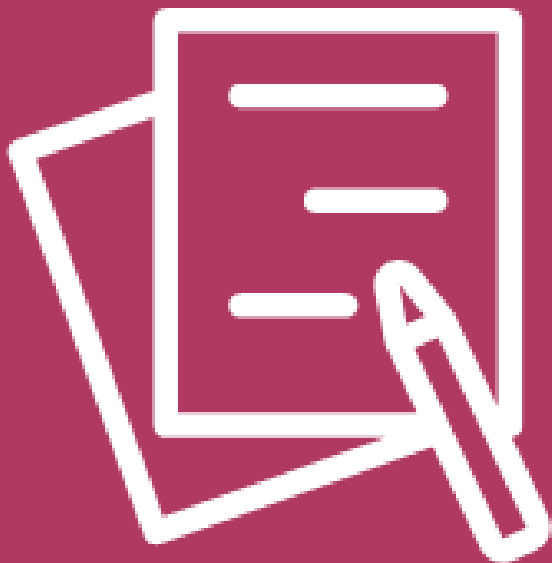
**Temporary Closure**



Once you have entered all Temporary Closures, check the box and select **Verify** to continue through the application.

I verify that the closures listed above are accurate and complete for the period of 9/26/2021 to 10/9/2021.

**Verify**




# Appendix

# APPENDIX I

## 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.

### 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


Payment Month January 2022  
Grantee Name Lake, Laura 

#### Individuals

Name	Role(s)	Employment Period	
 Erik Emergency	Director	04/01/20	Select 

 1  1 - 1 of 1 items

 Indicates an individual who needs a fingerprint-based background check. Only individuals in compliance with background check laws are eligible for Child Care Counts staff payments

 **Staff List**

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>