Child Care Counts: COVID-19 Emergency Payment Program Application

06/15/2020

Wisconsin Department of Children and Families

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About This Guide

This guide details how providers will use the DCF's Provider Portal to apply for the payment programs under the *Child Care Counts: COVID-19 Emergency Payment Program.*

Applying for the payment programs requires the provider to have access to the [Child Care Provider Portal](#) system. Information about [applying for access can be found here](#). If you need help gaining access to the Child Care Provider Portal, please email DCFPlicBECRCBU@wisconsin.gov.
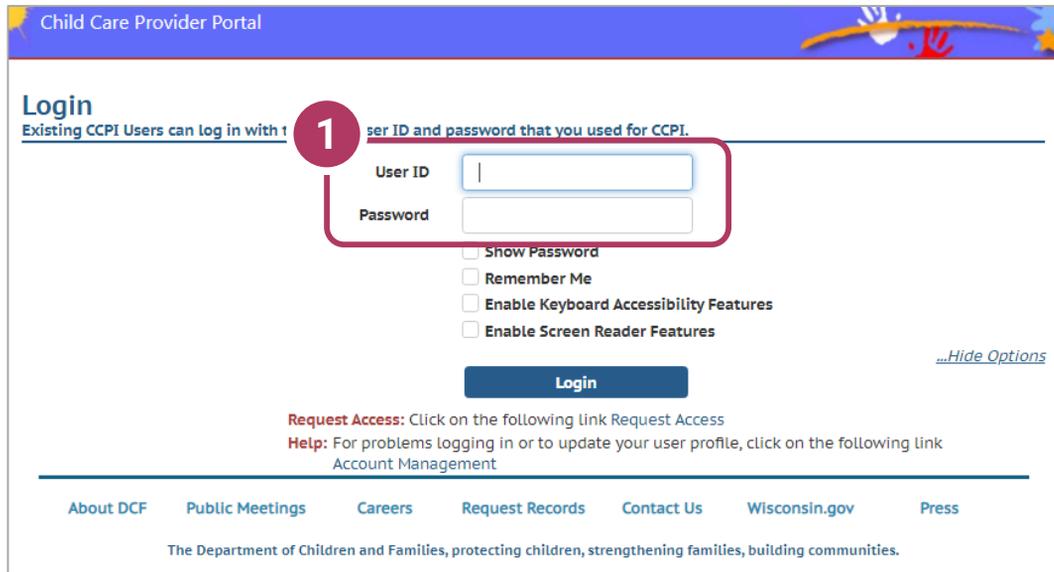
Once inside the system, providers can fill out applications for the three payment programs available during each application period. **System note:** the Child Care Provider Portal will time out after **20 minutes of inactivity**, which will force users to log back in.

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

How to Submit an Application

1. Login Screen
Go to https://mywichildcareproviders.wisconsin.gov/

Type your **User ID** and **Password** into the appropriate fields. Select **Remember Me** to save your login credentials for the next time you visit. Click the **Login** button to continue.

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

Payment Summary Page

3. COVID-19 Payment Application List

There are three application periods.

Each application period consists of three payment programs for which a provider can apply.

You may apply for *each* of the indicated periods under *Funding Period*.

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

Payment Program Summary

Funding Period	When Can I Apply?	Payment Program	Status	
March 12 - April 11	May 18 - May 29	Providing Funding To Care For Essential Workforce Families	Not Applied	Apply ▶
March 12 - April 11	May 18 - May 29	Incentive Pay	Submitted	
March 12 - April 11	May 18 - May 29	Support For Closed Child Care Programs	Not Applied	
April 12 - May 11	June 08 - June 19	Providing Funding To Care For Essential Workforce Families	Not Available	
April 12 - May 11	June 08 - June 19	Incentive Pay	Not Available	
April 12 - May 11	June 08 - June 19	Support For Closed Child Care Programs	Not Available	
May 12 - May 26	June 29 - July 10	Providing Funding To Care For Essential Workforce Families	Not Available	
May 12 - May 26	June 29 - July 10	Incentive Pay	Not Available	
May 12 - May 26	June 29 - July 10	Support For Closed Child Care Programs	Not Available	

1 - 9 of 9 items

Please note child care providers can apply for all three payment programs – amounts of funding will be prorated based on the amount of time the provider location was open during the funding period for Payment Programs #1 and #2; and the amount of time that the provider was temporarily closed for Payment Program #3: *Support for Closed Child Care Programs*.

If you are unsure which payment(s) you are eligible to apply for, please refer to the previous section of the document 'About COVID-19 Payment Programs'.

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.
- **Not Applied** means you haven't applied for this payment.
- **Not Available** means this payment application phase hasn't been activated yet.

APPLYING FOR PAYMENT PROGRAM 1

Funding to Care for Essential Worker Families

Beginning Your Application

(1)

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

Payment Program Summary

Funding Period	When Can I Apply?	Payment Program	Status	
March 12 - April 11	May 18 - May 29	Providing Funding To Care For Essential Workforce Families	Not Applied	Apply ▶
March 12 - April 11	May 18 - May 29	Incentive Pay	Submitted	Details ▶
March 12 - April 11	May 18 - May 29	Support For Closed Child Care Programs	Not Applied	Apply ▶

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

(2)

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

COVID-19 Payments Information

What is Program #1 *Providing Funding To Care For Essential Workforce Families?*

The *Providing Funding To Care For Essential Workforce Families* payment program is intended to support the costs of providing care for essential workforce families. Details about the purpose, conditions, and determination of the payment can be viewed on the payment information page.

When Can I Apply?

You may apply for this payment anytime from 05/03/2020 through 05/15/2020. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

What information do I need to complete this application?

The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Enrolled children information
- Temporary closures due to COVID-19
- Hours of operation during COVID-19 emergency
- Staff information

What happens after I submit my application?

After 05/15/2020, DCF will evaluate and determine payments. You will be notified by email when the review process has been completed. Payments will be made through either direct deposit or check. To receive your money the fastest, register with FIS, if you haven't done so already. FIS registration may take up to 10 business days, and must be finalized before the end of the review period in order to receive your payment through direct deposit. If you prefer to receive a check, you will receive additional instructions with your payment determination notice. Please note that receiving a check will take longer than direct deposit through FIS.

Continue ▶ **(3)**

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The Department of Children and Families, protecting children, strengthening families, building communities.

2. Review Payment Program Information
After selecting to apply for a payment program, you will see an informational screen that details the following:
- Overview of the specific payment program
- When the provider can apply
- Information that will be collected in the application
- What happens after the submission of the application

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

Add Application Details for Your Location

COVID-19 Payments – Add Application Details
Add common and payment program details for Providing Funding To Care For Essential Workforce Families

Grantee Details

Funding Period Begin Date	03/12/2020
Funding Period End Date	04/11/2020
Grantee First Name *	Test
Grantee Middle Initial	
Grantee Last Name *	Test
Grantee Email *	Test@Gmail.Com
Grantee Phone *	(545) 454-5454

④

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

Was your facility open on 04/11/2020? * ⦿ Yes ◯ No

Date your facility opened if after 03/12/2020?

Tell us about the children at your facility

Did your facility serve any children with disabilities? * ◯ Yes ⦿ No ❶

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 ❶

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

Did your facility serve any children living in rural areas? * ◯ Yes ⦿ No ❶

Did your facility serve any children with disabilities? * ⦿ Yes ◯ No ❶

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?

⑥

4. Add Grantee Details

The funding period start and end dates are shown here. These will differ for each of the three funding periods for which you can apply.

All questions on this screen pertain to these specific dates within the funding period.

5. Tell Us About Program Open/Closures

Was your facility open on **X/XX/2020**? – This question seeks to understand if your program was open as of the last day of the funding period.

Date your facility opened if after **X/XX/2020?** –This question seeks to understand if your program was **CLOSED** at the beginning of the funding period, and when it reopened again during the funding period.

6. Tell Us About the Children in Your Program

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

Add Application Details for Your Location - Continued

7. Other Funding Sources

In the *Other COVID-19 Funding* section, if you have received funds from multiple sources, list the total amount in the "amount of funds received" field, and then use the comment box to delineate the amount from each source.

Other COVID-19 funding from Sources Other than DCF or WI Shares	
Did you receive any funds for COVID-19 other than from DCF or WI Shares (e.g., SBA grant, Dane County CARES funding, etc)? *	◉ Yes ○ No
If yes, amount of funds received	4,500.00
If yes, describe the funding source	$2200 - SBA grant $2300 - Dane County Grant

8. Payment Program Details

Enter the number of children **enrolled** at your location during the funding period. This number should reflect *all* of the children who were enrolled, regardless of whether or not they attended the entire funding period. You will be asked specific questions about attendance for each child that you counted in a future section.

Payment Program Details for *Providing Funding To Care For Essential Workforce Families*	
Payment Program	Providing Funding To Care For Essential Workforce Families
Number of Children Enrolled *	
Capacity during COVID-19 emergency *	
If you receive a payment, do you plan on using any of these funds to reimburse families of essential workers? *	○ Yes ○ No
If you receive a payment, what percentage of the funds do you plan on paying for staff compensation? *	○ 1%-24% ○ 25%-49% ○ 50%-74% ○ 75%-100%
Comments	

(9) Add

> For the **Capacity during COVID-19 emergency** question: Enter your licensed capacity, not enrollment, during the funding period.

9. Add

Once you're done filling out the information for your location, select **Add** to save and proceed to verify any facility closures.

Update or Verify Location Temporary Closures

10. Temporary Closures

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

COVID-19 Payments - Temporary Closure

Common Details

| Funding Period | 03/12/2020 - 04/11/2020 |
| Grantee Name | Test, Test |

...More

Verify Temporary Closure

From	To	Closure Reason	Comments
		No closures	

The closure periods should reflect any periods of time your facility was closed during the grant period (3/12/2020 - 4/11/2020). You must verify the closure periods above by checking the box below and selecting Verify. If you need to add a new closure period, select the 'Add' button

Add Temporary Closure ▶

☐ The closures listed above are accurate and complete for the period of 3/12/2020 to 4/11/2020. If you were not closed during the grant period, check the box to verify that there were no closure per...

COVID-19 Payments – Add Closure Schedule

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

Common Details

| Funding Period | 03/12/2020 - 04/11/2020 |
| Grantee Name | Test, Test |

...More

Verify Temporary Closure

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

Add

◀ 📅 Temporary Closure

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

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

☑ The closures listed above are accurate and complete for the period of 3/12/2020 to 4/11/2020. If you were not closed during the grant period, check the box to verify that there were no closure periods during the grant period.

Verify

Update or Verify Hours of Operation

COVID-19 Payments - Operational Hours
Add Operational Hours

Common Details	
Funding Period	03/12/2020 - 04/11/2020
Grantee Name	Test, Test

...More

Operational Hours

Specify your Operating Hours during 3/12/2020 – 4/11/2020

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

☐ **Sunday**

☑ **Monday**
6:00 AM - 6:00 PM

☑ **Tuesday**
6:00 AM - 6:00 PM

☑ **Wednesday**
6:00 AM - 6:00 PM

☑ **Thursday**
6:00 AM - 6:00 PM

☑ **Friday**
6:00 AM - 6:00 PM

☐ **Saturday**

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

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

Comments

[Add]

◄ | ⊙ **Operational Hours Details**

11. Hours of Operation

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

Attaching Staff to the Program

12. Review Staff Associated with Location

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

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

Individuals
Select Staff to Attach to COVID-19 Payments Request

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

Common Details

Funding Period	03/12/2020 - 04/11/2020
Grantee Name	Provider, Test

...More

Individuals

Name	Role(s)	Employment Period	
Emma E Edge	Teacher - Substitute	08/01/19	Select ▶
Jimmy J Janitor	Driver	07/23/18	Select ▶
Marcia January	Employee	06/11/18	Select ▶
Mimi Michigan	Administrator	02/08/18	Select ▶
Oskar Oos	Director	02/01/18	Select ▶
Think Outofstate	Administrator		Select ▶
Peter Provider	Household Member	01/01/18	Select ▶
Sonja S Summer	Applicant/Licensee		Select ▶

◀ Staff List

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

13. Add Staff to Be Considered for Funding

To add a staff member, use the Select button to fill out the staff-level details.

Enter total hours worked for the entire funding period (not average per week).

Full Time = 30 hours or more per week
Part Time = 29 hours or less per week

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

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

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

Adding Children Detail

14. Add Children to the Application

Add *every* child enrolled at your program during the funding period.

COVID-19 Payments – Add Child

Common Details	
Funding Period	03/12/2020 - 04/11/2020
Grantee Name	Grant, Gretta

...More

Child Details

First Name *	
Middle Initial	
Last Name *	
Date of Birth *	
Parent's Work Type *	○ Health Care / ○ Other Essential Industries / ○ Parent is not an Essential Worker
Care Type *	○ Full-time Care ○ Part-time Care
Has disability? *	○ Yes ○ No ⓘ
Speaks language other than English? *	○ Yes ○ No
Experiencing homelessness? *	○ Yes ○ No ⓘ
Living in tribal community? *	○ Yes ○ No
Living in rural area? *	○ Yes ○ No ⓘ
WI Shares recipient during grant period? *	○ Yes ○ No
Attend during the funding period? *	○ Yes ○ No ⓘ

Did the child attend at least one day between 3/12/2020 and 4/11/2020?

Comments	

Add

> **Full Time** = 21 hours or more per week
> **Part Time** = 20 hours or less per week

> Click the ⓘ icon for more information.

> Check **Yes** or No if the child attended during the funding period. Click the ⓘ icon to see the dates of the funding period.

Other Essential Industries refers to the following: including, but not limited to military; long-term care; residential care; pharmacies; child care; child welfare; government operations; public safety and critical infrastructure such as sanitation, transportation, utilities, telecommunications; grocery and food services; supply chain operations; and other sectors as determined by the department.

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

Adding Children Detail

15. Add Children to the Application

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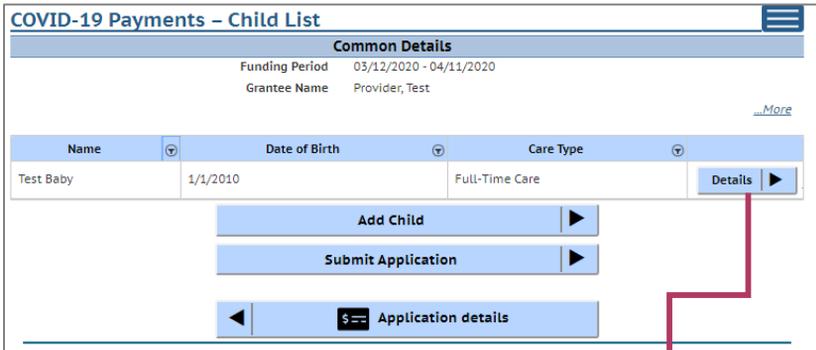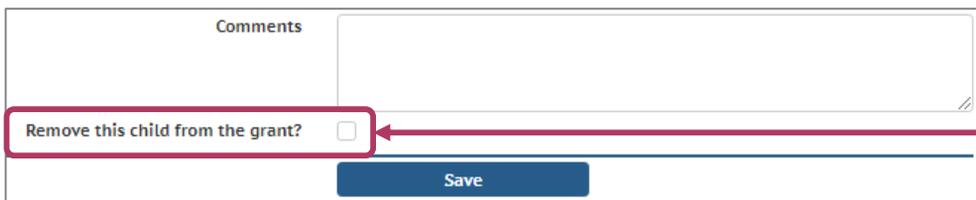

If you need to update or review the information about a specific child, click on the Details button to be taken to that child's record. Click on the ...More button to get to the Modify Child Button.

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

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

Finalizing Your Application

16. Review Your Submission
Click the **Submit Application** button to finalize your application.

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

If you wish to withdraw your application, use the dropdown for *Grant Status* to change to *Withdrawn*.

Finalizing Your Application

17. Review the Terms and Conditions

After reviewing your information, please read through the **Terms and Conditions** around applying 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.*

18. Submit Your Application

Once you have read through the **Terms and Conditions**, click the "I accept the Terms and Conditions above" checkbox, and click the **Submit** button to submit your application for the program.

Modifying After Submission

19. Updating After Submitting

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

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

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

COVID-19 Payments – Application Details

Common Details

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

Modify Common Details ▶

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

Payment Program	Providing Funding To Care For Essential Workforce Families
Grant Application ID	E000000057
Number of Children Enrolled	1
Capacity during COVID-19 emergency	50
If you receive a payment, what percentage of the funds do you plan on paying for staff compensation?	50%-74%
If you receive a payment, do you plan on using any of these funds to reimburse families of essential workers?	Yes
Grant Status	Submitted (view Terms and Conditions)

Modify Application Details ▶

📅 Temporary Closure	🕐 Operational Hours	👥 Staff	🧍 Children

◀ 💲 Payment Program Summary

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

Incentive Pay

Beginning Your Application

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

		Payment Program Summary		
Funding Period	**When Can I Apply?**	**Payment Program**	**Status**	
March 12 - April 11	May 18 - May 29	Providing Funding To Care For Essential Workforce Families	Not Applied	Apply ▶
March 12 - April 11	May 18 - May 29	Incentive Pay	Submitted	Apply ▶
March 12 - April 11	May 18 - May 29	Support For Closed Child Care Programs	Not Applied	Apply ▶

1. Initiate 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

What is Program #2 *Incentive Pay*?

The *Incentive Pay* payment program is intended to support the costs for providing incentive pay for child care providers and individual educators. Details about the purpose, conditions, and determination of the payment can be viewed on payment information page.

When Can I Apply?

You may apply for this payment anytime from 05/03/2020 through 05/15/2020. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

What information do I need to complete this application?

The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Enrolled children information
- Temporary closures due to COVID-19
- Hours of operation during COVID-19 emergency
- Staff information

What happens after I submit my application?

After 05/15/2020, DCF will evaluate and determine payments. You will be notified by email when the review process has been completed. Payments will be made through either direct deposit or check. To receive your money the fastest, register with FIS, if you haven't done so already. FIS registration may take up to 10 business days, and must be finalized before the end of the review period in order to receive your payment through direct deposit. If you prefer to receive a check, you will receive additional instructions with your payment determination notice. Please note that receiving a check will take longer than direct deposit through FIS.

Continue ▶

2. Review Payment Program Information
After selecting to apply for a payment program, you will see an informational screen that details the following:
- Overview of the specific payment program
- When the provider can apply
- Information that will be collected in the application
- What happens after the submission of the application

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

Add Application Details for Your Location

COVID-19 Payments – Add Application Details
Add common and payment program details for Providing Funding To Care For Essential Workforce Families

Grantee Details

Funding Period Begin Date	03/12/2020
Funding Period End Date	04/11/2020
Grantee First Name *	Test
Grantee Middle Initial	
Grantee Last Name *	Test
Grantee Email *	Test@Gmail.Com
Grantee Phone *	(545) 454-5454

(4)

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

Was your facility open on 04/11/2020? * ● Yes ○ No

Date your facility opened if after 03/12/2020?

Tell us about the children at your facility

Did your facility serve any children with disabilities? * ○ Yes ● No ❶

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 ❶

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

Did your facility serve any children living in rural areas? * ○ Yes ● No ❶

Did your facility serve any children with disabilities? * ● Yes ○ No ❶

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?

(6)

4. Add Grantee Details
The funding period start and end dates are shown here. These will differ for each of the three funding periods for which you can apply.
All questions on this screen pertain to these specific dates within the funding period.

5. Tell Us About Program Open/Closures
Was your facility open on **X/XX/2020**? – This question seeks to understand if your program was **OPEN** as of the last day of the funding period.

Date your facility opened if after **X/XX/2020?** –This question seeks to understand if your program was **CLOSED** at the beginning of the funding period, and when it reopened again during the funding period.

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

7. Other Funding Sources

In the *Other COVID-19 Funding s*ection, if you have received funds from multiple sources, list the total amount in the "amount of funds received" field and then use the comment box to delineate the amount from each source.

Other COVID-19 funding from Sources Other than DCF or WI Shares	
Did you receive any funds for COVID-19 other than from DCF or WI Shares (e.g., SBA grant, Dane County CARES funding, etc)? *	◉ Yes ○ No
If yes, amount of funds received	4,500.00
If yes, describe the funding source	$2200 - SBA grant $2300 - Dane County Grant

8. Payment Program Details

Enter the number of children enrolled at your location during the funding period. This number should reflect *all* of the children who were enrolled, regardless of whether or not they attended the entire funding period. You will be asked specific questions, in a future section, about each child that you count here.

Payment Program Details for *Incentive Pay*	
Payment Program	Incentive Pay
Number of Children Enrolled *	
If you receive a payment, what percentage of the funds do you plan on paying for staff compensation? *	○ 1%-24% ○ 25%-49% ○ 50%-74% ○ 75%-100%
Comments	
	Add

9. Add

Once you're done filling out the information for your location, select **Add** to save your information and proceed to verify any facility closures.

Update or Verify Location Temporary Closures

10. 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.

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

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

Update or Verify Hours of Operations

COVID-19 Payments - Operational Hours
Add Operational Hours

Common Details	
Funding Period	03/12/2020 - 04/11/2020
Grantee Name	Test, Test
	...More

Operational Hours

Specify your Operating Hours during 3/12/2020 – 4/11/2020

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

☐ Sunday

☑ Monday
6:00 AM - 6:00 PM

☑ Tuesday
6:00 AM - 6:00 PM

☑ Wednesday
6:00 AM - 6:00 PM

☑ Thursday
6:00 AM - 6:00 PM

☑ Friday
6:00 AM - 6:00 PM

☐ Saturday

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

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

Comments

Add

◄ | ⊘ Operational Hours Details

11. Hours of Operation

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

Attaching Staff to the Program

12. Review Staff Associated with Location

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

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

Individuals
Select Staff to Attach to COVID-19 Payments Request

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

Common Details

Funding Period	03/12/2020 - 04/11/2020
Grantee Name	Provider, Test

...More

Individuals

Name	Role(s)	Employment Period	
Emma E Edge	Teacher - Substitute	08/01/19	Select ▶
Jimmy J Janitor	Driver	07/23/18	Select ▶
Marcia January	Employee	06/11/18	Select ▶
Mimi Michigan	Administrator	02/08/18	Select ▶
Oskar Oos	Director	02/01/18	Select ▶
Think Outofstate	Administrator		Select ▶
Peter Provider	Household Member	01/01/18	Select ▶
Sonja S Summer	Applicant/Licensee		Select ▶

◀	Staff List

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

13. Add Staff to Be Considered for Funding
To add a staff member, use the Select button to fill out the staff-level details.
Full Time = 30 hours or more per week.
Part Time = 29 hours or less per week

Enter total hours worked for the entire funding period.

Click the Add Staff button to save the individual's information. You will be taken to the *Staff Summary* page to review all of the individuals attached to the application.
To add more staff to the application from the Staff Summary page, click the Add Staff button to return to the *Individuals* list to select another employee.

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

Finalizing Your Application

14. Review Your Application Submission
Click the **Submit Application** button to finalize your application.

COVID-19 Payments – Child List

Common Details	
Funding Period	03/12/2020 - 04/11/2020
Grantee Name	Test, Test

...More

Name		Date of Birth		Care Type	
Test Baby		1/1/2018		Full-Time Care		Details ▶

Add Child ▶

Submit Application ▶

◀ $ Application details

You will be taken to the *Submit Application* page. The top of the page will review and compare the information that you entered on the *Grant Details p*age to the information that you entered for each child. Any text in red indicates that there was a mismatch in what you reported in the *Grant Details* page with what you reported for each child. Inconsistent and/or incorrect information will delay, and could possibly prevent your application from being processed. It is imperative you go back and fix and any issues noted in red. If you are having trouble fixing/modifying your application please email or call for assistance.

...More

Grant Details for *Incentive Pay*

Grant Type	Incentive Pay	
Grant Application ID	H000000050	
Number of Children Enrolled	1	
Did your facility serve any children with disabilities?	No	One or more children with disabilities were entered
Did your facility serve any children who are experiencing homelessness?	No	One or more children experiencing homelessness were entered
Did your facility serve any children living in rural areas?	No	One or more children from rural areas were entered
Grant Status	Incomplete	
Grant Status Comment		

Finalizing Your Application

15. Review the Terms and Conditions

After reviewing your information, please read through the Terms and Conditions around applying 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.

Terms and Conditions

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

If I receive funding for **Program 2 – Incentive Pay** I agree to the following:

- I have prioritized and provided care for essential workforce families related to the State of Emergency.
- I was open and providing care for essential workforce families during the period in which I am applying.
- I will follow the health and safety guidelines for child care providers as outlined by DCF.
- I will use the funds to increase pay during the State of Emergency for current employees, myself as an individual educator, or myself as a family provider.
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
  - Employee payroll registers or other payroll system substantiation of pay rate increase
  - Communications/notification to employees of wage increase or personnel policy explaining wage increase
  - Documentation of how I determined the amount of the wage increase I paid to for all employees
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to three (3) years after I receive the funds.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met.

☐ I accept the Terms and Conditions above.

Submit

◀ $= Application Details

16. Submit Your Application

Once you have read through the Terms and Conditions, click the "I accept the Terms and Conditions above" checkbox, and click the Submit button to submit your application for the program.

Grant Details for *Incentive Pay*

Grant Type	Incentive Pay
Grant Application ID	H000000050
Number of Children Enrolled	1
Grant Status	Submitted (view Terms and Conditions)

Modify Grant Application Details ▶

Modifying After Submission

COVID-19 Payments – Application Details

Common Details

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

Modify Common Details ▶

Payment Program Details for *Incentive Pay*

Payment Program	Incentive Pay
Grant Application ID	H000000058
Number of Children Enrolled	1
If you receive a payment, what percentage of the funds do you plan on paying for staff compensation?	25%-49%
Grant Status	Submitted (view Terms and Conditions)

Modify Application Details ▶

Temporary Closure	Operational Hours	Staff	Children

◀ 🖩 Payment Program Summary

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

17. Updating After Submitting

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

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

To modify the *Application Details*, specifically the number of children enrolled during the funding period, select the **Modify Application Details** button.

Remember, any change in the number of children will affect the number of children who need to be entered in the *Add Children Module*.

APPLYING FOR PAYMENT PROGRAM 3

Support for Temporarily Closed Child Care Programs

Beginning Your Application

1

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

		Payment Program Summary		
Funding Period	**When Can I Apply?**	**Payment Program**	**Status**	
March 12 - April 11	May 18 - May 29	Providing Funding To Care For Essential Workforce Families	Not Applied	Apply ▶
March 12 - April 11	May 18 - May 29	Incentive Pay	Submitted	Details ▶
March 12 - April 11	May 18 - May 29	Support For Closed Child Care Programs	Not Applied	Apply ▶

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

2

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

COVID-19 Payments Information

What is Program #3 *Support For Closed Child Care Programs?*

The *Support For Closed Child Care Programs* payment program is intended to support the costs of retaining staff and reopening child care programs as Wisconsin's workforce returns to work after the Safer at Home emergency order is lifted. Details about the purpose, conditions, and determination of the payment can be viewed on the payment information page.

When Can I Apply?

You may apply for this payment anytime from 05/03/2020 through 05/15/2020. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

What information do I need to complete this application?

The following information will be collected:

- Facility Details (contact details, summary information about your staff and children)
- Temporary closures due to COVID-19
- Staff Information
- Reopen/Closure details

What happens after I submit my application?

After 05/15/2020, DCF will evaluate and determine payments. You will be notified by email when the review process has been completed. Payments will be made through either direct deposit or check. To receive your money the fastest, register with FIS, if you haven't done so already. FIS registration may take up to 10 business days, and must be finalized before the end of the review period in order to receive your payment through direct deposit. If you prefer to receive a check, you will receive additional instructions with your payment determination notice. Please note that receiving a check will take longer than direct deposit through FIS.

Continue ▶

3

2. Review Payment Program Information
After selecting to apply for a payment program, you will see an informational screen that details the following:
- Overview of the specific payment program
- When the provider can apply
- Information that will be collected in the application
- What happens after the submission of the application

3. Continue
Click **Continue** to go to the *Payment Applications* page.

Add Application Details for Your Location

COVID-19 Payments – Add Application Details
Add common and payment program details for Providing Funding To Care For Essential Workforce Families

Grantee Details

Funding Period Begin Date	03/12/2020
Funding Period End Date	04/11/2020
Grantee First Name *	Test
Grantee Middle Initial	
Grantee Last Name *	Test
Grantee Email *	Test@Gmail.Com
Grantee Phone *	(545) 454-5454

(4)

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

Was your facility open on 04/11/2020? * ● Yes ○ No

Date your facility opened if after 03/12/2020? [   ] 📅

Tell us about the children at your facility

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

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

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

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

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

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?

(6)

4. Add Grantee Details

The funding period start and end dates are shown here. These will differ for each of the three funding periods for which you can apply.
All questions on this screen pertain to these specific dates within the funding period.

5. Tell Us About Program Open/Closures

Was your facility open on **X/XX/2020**? – This question seeks to understand if your program was **OPEN** as of the last day of the funding period.

Date your facility opened if after **X/XX/2020?** – This question seeks to understand if your program was **CLOSED** at the beginning of the funding period, and when it reopened again during the funding period.

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.

7. Other Funding Sources

In the *Other COVID-19 Funding* section, if you have received funds from multiple sources, list the total amount in the "amount of funds received" field and then use the comment box to delineate the amount from each source.

Other COVID-19 funding from Sources Other than DCF or WI Shares	
Did you receive any funds for COVID-19 other than from DCF or WI Shares (e.g., SBA grant, Dane County CARES funding, etc)? *	◉ Yes ○ No
If yes, amount of funds received	4,500.00
If yes, describe the funding source	$2200 - SBA grant $2300 - Dane County Grant

8. Payment Program Details

Enter the number of children enrolled at your location during the funding period. This number should reflect *all* of the children who were enrolled, regardless of whether or not they attended the entire funding period. You will be asked specific questions about each child that you count here in a future section.

Payment Program Details for *Incentive Pay*	
Payment Program	Incentive Pay
Number of Children Enrolled *	
If you receive a payment, what percentage of the funds do you plan on paying for staff compensation? *	○ 1%-24% ○ 25%-49% ○ 50%-74% ○ 75%-100%
Comments	
	Add

9. Add

Once you're done filling out the information for your location, select **Add** to save your information and proceed to verify any facility closures.

Update or Verify Location Temporary Closures

10. Temporary Closures

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

COVID-19 Payments - Temporary Closure

Common Details	
Funding Period	03/12/2020 - 04/11/2020
Grantee Name	Test, Test

...More

Verify Temporary Closure

From	To	Closure Reason	Comments
		No closures	

The closure periods should reflect any periods of time your facility was closed during the grant period (3/12/2020 - 4/11/2020). You must verify the closure periods above by checking the box below and selecting Verify. If you need to add a new closure period, select the 'Add' button

Add Temporary Closure 🗓️ →

☐ The closures listed above are accurate and complete for the period of 3/12/2020 to 4/11/2020. If you were not closed during the grant period, check the box to verify that there were no closure periods during the grant period.

Verify

COVID-19 Payments – Add Closure Schedule

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

Common Details	
Funding Period	03/12/2020 - 04/11/2020
Grantee Name	Test, Test

...More

Verify Temporary Closure

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

Add

◀ 🗓️ Temporary Closure

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

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

☑ The closures listed above are accurate and complete for the period of 3/12/2020 to 4/11/2020. If you were not closed during the grant period, check the box to verify that there were no closure periods during the grant period.

Verify

Update or Verify Hours of Operations

COVID-19 Payments - Operational Hours
Add Operational Hours

Common Details	
Funding Period	03/12/2020 - 04/11/2020
Grantee Name	Test, Test

...More

Operational Hours

Specify your Operating Hours during 3/12/2020 – 4/11/2020

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

☐ Sunday

☑ Monday
6:00 AM - 6:00 PM

☑ Tuesday
6:00 AM - 6:00 PM

☑ Wednesday
6:00 AM - 6:00 PM

☑ Thursday
6:00 AM - 6:00 PM

☑ Friday
6:00 AM - 6:00 PM

☐ Saturday

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

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

Comments

Add

◀ ⊙ **Operational Hours Details**

11. Hours of Operation

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

Attaching Staff to the Program

12. Review Staff Associated with Location

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

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

Individuals
Select Staff to Attach to COVID-19 Payments Request

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

Common Details

Funding Period	03/12/2020 - 04/11/2020
Grantee Name	Provider, Test

...More

Individuals

Name	Role(s)	Employment Period	
Emma E Edge	Teacher - Substitute	08/01/19	Select ▶
Jimmy J Janitor	Driver	07/23/18	Select ▶
Marcia January	Employee	06/11/18	Select ▶
Mimi Michigan	Administrator	02/08/18	Select ▶
Oskar Oos	Director	02/01/18	Select ▶
Think Outofstate	Administrator		Select ▶
Peter Provider	Household Member	01/01/18	Select ▶
Sonja S Summer	Applicant/Licensee		Select ▶

◀ **Staff List**

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

Adding Individual Staff

13. Add Staff to Be Considered for Funding

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

If you were closed so the staff was unable to work any hours, just add 1 hour into the Total Hours Worked.

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

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

Adding Reopen/Closure Details

14. Add Reopen/Closure Details

From the *Staff* page, click the **Add Reopen/Closure** button to tell us about your plans to reopen or detail how you reopened if your location has already done so.

Add Reopen/Closure Details

Reopen/Closure	
What date do you plan to reopen your facility? *	[ ] 📅
When you reopen, what do you expect your child enrollment count to be? *	[ ]
How many staff were on the payroll prior to the closure of the facility? *	[ ]
How many staff do you expect to be on the payroll when you reopen? *	[ ]
Is the facility paying staff during the closure? *	○ Yes ○ No
Comments	[ ]

☐ I plan to reopen within 30 days of receiving funding or within 30 days of the ending of Safer at Home order, whichever is later. If I am unable to open within 30 days as stated above, I will send an email to dcfmbcovid19@wisconsin.gov for further instructions.

Add

Once you have filled out all of the information on the page, make sure to check the checkbox on the bottom of the page that you plan to reopen within 30 days or contact DCF for instructions. **If do you not select this checkbox, you will not be allowed to submit an application.**

Once you have filled out and checked the checkbox, click the **Add** button to proceed to submit your application.

Finalizing Your Application

15. Review the Terms and Conditions

After reviewing your information, please read through the **Terms and Conditions** around applying for the program.

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

16. Submit Your Application

Once you have read through the **Terms and Conditions**, click the "I accept the Terms and Conditions above" checkbox and click the **Submit** button to your submit your application for the program.

Modifying After Submission

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

Modify Common Details ▶

Payment Program Details for *Support For Closed Child Care Programs*	
Payment Program	Support For Closed Child Care Programs
Grant Application ID	S000000059
Expected Number of Children Enrolled When Reopened	1
If you receive a payment, what percentage of the funds do you plan on paying for staff compensation?	1%-24%
Grant Status	Submitted (view Terms and Conditions)

Modify Application Details ▶

📅 Temporary Closure   👥 Staff   🏛️✏️ Closure/Re-Open Details

◀ 💲 Payment Program Summary

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

17. Updating After Submitting

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

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

To modify the *Application Details*, specifically the number of children enrolled during the funding period, select the **Modify Application Details** button.

APPENDIX

APPENDIX I

Adding Individuals to the Child Care Provider Portal

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

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