**Child Care (CC) Subsidy Agency Review Questionnaire**

**Use of form:** This form is completed by the Child Care (CC) Subsidy Agency and the DCF Bureau of Regional Operations (BRO) reviewer as part of the CC subsidy review process and then used by the BRO reviewer to determine whether subsidy agencies are in compliance with statutes and administrative codes, are meeting the requirements of their contract agreements with DCF, and are implementing effective policies and procedures.

**Instructions – Subsidy agency staff:** Complete the non-shaded sections and return the completed form electronically to the BRO CC Coordinator by the date requested. Do NOT write in the shaded “REVIEWER” areas—those areas are completed by BRO staff.

**Instructions – BRO staff:** Once the completed form has been received from the subsidy agency, use the form during your discussion(s) with the subsidy agency representative(s) to gather further information, assess compliance, and / or identify areas for additional technical assistance.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1 – REVIEW INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | |
| A. | AGENCY / CONSORTIUM INFORMATION | | | | | | | | | | | | | | | | | | | | | | |
|  | Name | | | | | | | | | | | | | | | | | | | | | | |
|  | Address (City, State, Zip Code) | | | | | | | | | | | | | | | | | | | | | | |
| B. | REVIEWER | | | | | | | | | | | | | | | | | | | | | | |
|  | Review Date (mm/dd/yyyy)  mm/dd/yyyy | | | | | | | | | | Date of Last Review (mm/dd/yyyy)  mm/dd/yyyy | | | | | | | | | | | | |
|  | DCF Reviewer | | | | | | | | | | | | | | | | | | | | | | |
|  | Name | | | | | | | | | | Title / Region | | | | | | | | | | | | |
|  | Email | | | | | | | | | | | | | | | | | | | Direct Telephone Number | | | |
| C. | AGENCY PARTICIPANTS IN REVIEW | | | | | | | | | | | | | | | | | | | | | | |
|  | CC Subsidy Agency Lead Representative | | | | | | | | | | | | | | | | | | | | | | |
|  | Name | | | | | | | | | | Title | | | | | | | | | | | | |
|  | Email | | | | | | | | | | | | | | | | | | | Direct Telephone Number | | | |
|  | Other Agency Person(s) Attending Interview | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | Name | | | | | | | | | | Title | | | | | | | | | | | |
|  |  | Email | | | | | | | | | | | | | | | | | | Direct Telephone Number | | | |
|  | 2. | Name | | | | | | | | | | Title | | | | | | | | | | | |
|  |  | Email | | | | | | | | | | | | | | | | | | Direct Telephone Number | | | |
|  | 3. | Name | | | | | | | | | | Title | | | | | | | | | | | |
|  |  | Email | | | | | | | | | | | | | | | | | | Direct Telephone Number | | | |
|  | 4. | Name | | | | | | | | | | Title | | | | | | | | | | | |
|  |  | Email | | | | | | | | | | | | | | | | | | Direct Telephone Number | | | |
|  | 5. | Name | | | | | | | | | | Title | | | | | | | | | | | |
|  |  | Email | | | | | | | | | | | | | | | | | | Direct Telephone Number | | | |
| **State and County / Tribal Contract Reference:** County and tribal agencies (local agencies) contract with DCF to deliver CC program services to families that qualify for Wisconsin Shares CC subsidy.  Pursuant to County Inter-Governmental Contract Agreement Section XIII.A. and Tribal Cross-Governmental Contract Agreement Section 13., DCF will monitor, on a periodic basis, the local agency’s general compliance with and adherence to the terms and provisions of the contract, Exhibit 1: Scope of Services, and Exhibit 2: Subrecipient Performance Monitoring Plan. DCF reserves the right to monitor all aspects of the contract / scope of services, including adherence to the terms and conditions of the contract / scope of services, adherence to state and federal laws, achievement of program performance standards, adherence to fiscal reporting and cost allocation requirements, adherence to DCF IT security and confidentiality requirements, customer satisfaction and quality of service provided, and sub-recipient monitoring requirements.  CC contracts, scopes of services, and performance monitoring plans may be found in the [Wisconsin Shares Child Care Subsidy Administration SharePoint](https://share.dcf.wisconsin.gov/cca/SiteAssets/home.aspx), at <https://share.dcf.wisconsin.gov/cca/SiteAssets/home.aspx>. | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 2 – AGENCY PROFILE** | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewer Notes for Consortium: | | | | | | | | | | | | | | | | | | | | | | | |
| A. | AGENCY CC SUBSIDY STAFF | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | How many Full-Time Equivalent (FTE) employees process CC eligibility and authorizations? | | | | | | | | | | | | | | | | | | | | | |
|  |  | Number of FTEs Who Process CC Eligibility: | | | | | | | | | | Number of FTEs Who Process CC Authorizations: | | | | | | | | | | | |
|  | 2. | Yes  No Have all agency staff who process CC eligibility and / or authorizations completed DCF‑approved *Wisconsin Shares CC Subsidy New Worker Training* within six months of assumption of these tasks, as required by DCF? ***(contract requirement; see county and tribal Scope of Services Section 9. Training)*** | | | | | | | | | | | | | | | | | | | | | |
|  |  | If no, what training was provided? | | | | | | | | | | | | | | | | | | | | | |
|  |  | If no, what is the agency’s supervision of workers who have not yet completed *Wisconsin Shares New Worker Training*? | | | | | | | | | | | | | | | | | | | | | |
|  | 3. | Complete the table with numbers of CC staff by years of experience. | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Number of CC Staff by Years of Experience** | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Type of CC Staff** | | | | **Less than 1** | | | **1 or more, but less than 3** | | | | | | **3 or more, but less than 5** | | **5 or more, but less than 10** | | | | **10 or more, but less than 20** | | **20 or more** |
|  |  | **Supervisor/Lead/Management** | | | |  | | |  | | | | | |  | |  | | | |  | |  |
|  |  | **Line Staff** | | | |  | | |  | | | | | |  | |  | | | |  | |  |
|  |  | **Other:** | | | |  | | |  | | | | | |  | |  | | | |  | |  |
|  |  | Agency comments on table, if any: | | | | | | | | | | | | | | | | | | | | | |
|  | 4. | Discuss recruitment and retention of CC staff. | | | | | | | | | | | | | | | | | | | | | |
|  | REVIEWER | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes  No Is agency in compliance? | | | | | | | | | | | | | | | | | | | | | | |
|  | If no, include explanation of any violations related to this section and their corresponding requirement(s) in administrative code, statute, or contract / scope of services: | | | | | | | | | | | | | | | | | | | | | | |
|  | Recommendations: | | | | | | | | | | | | | | | | | | | | | | |
|  | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | | | | | | | |
|  | General Comments: | | | | | | | | | | | | | | | | | | | | | | |
| B. | AGENCY CC CASELOAD INFORMATION (Complete by Reviewer <https://dcf.wisconsin.gov/wishares/stats>) | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | What is the total population in the area served by the agency? | | | | | | | | | | | | | | | | | | | | | |
|  |  | **County / Consortium** population per U.S. Census Bureau (<http://www.census.gov/quickfacts/>; enter county / counties, and use “Population estimates, July 1” for the most recent year with data available): | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Tribal** population per Wisconsin First Nations (<https://wisconsinfirstnations.org/current-tribal-lands-map-native-nations-facts/>; click on “Current Tribal Lands Map and Facts”): | | | | | | | | | | | | | | | | | | | | | |
|  | 2. | What is the number of households with children in the area served by the agency? | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Instructions:**  Go to the [Civil Rights Compliance (CRC) Census Data Dashboard](https://dcf.wisconsin.gov/dashboard/civilrights/crc); click on “Programs Serving Families with Children” (<https://dcf.wisconsin.gov/dashboard/civilrights/crc>).  In the “County” drop-down menu toward the top right of the page, click in the “(All)” box to de-select it; select the county or counties.  **Consortia:** Select all the counties within the consortium.  **Tribes:** Select all the counties in the agency’s service area. Use a map on the [Wisconsin First Nations website](https://wisconsinfirstnations.org/current-tribal-lands-map-native-nations-facts/) (<https://wisconsinfirstnations.org/current-tribal-lands-map-native-nations-facts/>), if you wish.  Click “Apply” at the bottom of the drop-down list. | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | **Number of Households with Children Under Age 18** | | | | | | | | | | | | | |
|  |  | **Counties / Consortia or Tribes** | | | | | | | | **All Income Levels** | | | | | | | | **Income Below Poverty Level** | | | | | |
|  |  | **Counties / Consortia:** Enter the numbers from the top row of the dashboard (“Total Potentially Eligible Populations”): | | | | | | | |  | | | | | | | |  | | | | | |
|  |  | **Tribes:** Enter the numbers from the dashboard’s “American Indian or Alaska Native” row: | | | | | | | |  | | | | | | | |  | | | | | |
|  |  | Note: The above numbers were obtained from U.S. Census Bureau, 2015-2019 American Community Survey (ACS) 5‑Year Estimates, *B17010(A-G,I): Poverty Status in the Past 12 Months of Families by Family Type by Presence of Related Children under 18 Years by Age of Related Children*. These populations (households with children under 18 years old) are not an exact match to the populations potentially eligible for Wisconsin Shares, but these data are the closest available through the census. | | | | | | | | | | | | | | | | | | | | | |
|  | 3. | What are the numbers of families and children served by Wisconsin Shares in the agency’s geographic area? Note: Wisconsin Shares Statistical Reports (<https://dcf.wisconsin.gov/wishares/stats>) defines “served” as “any family or child who has a transaction (i.e., EBT payment for CC) within a given month.” | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Current Review** | | | | | | | | | | | | | | | | | | | | | |
|  |  | a. | | Number of [**Families** Served](https://dcf.wisconsin.gov/files/wishares/stats/families-servedbycounty.pdf) by WI Shares | | | | | | | | | | | | | | | | | | | |
|  |  |  | | Number of families served | | | | | | | | | | Month and year served | | | | | | | | | |
|  |  | b. | | Number of [**Children** Served](https://dcf.wisconsin.gov/files/wishares/stats/children-servedbycounty.pdf) by WI Shares | | | | | | | | | | | | | | | | | | | |
|  |  |  | | Number of children served | | | | | | | | | | Month and year served | | | | | | | | | |
|  |  | **Last Review** | | | | | | | | | | | | | | | | | | | | | |
|  |  | a. | | Number of **Families** Served by WI Shares | | | | | | | | | |  | | | | | | | | | |
|  |  |  | | Number of families served | | | | | | | | | | Month and year served | | | | | | | | | |
|  |  | b. | | Number of **Children** Served by WI Shares | | | | | | | | | |  | | | | | | | | | |
|  |  |  | | Number of children served | | | | | | | | | | Month and year served | | | | | | | | | |
|  | REVIEWER | | | | | | | | | | | | | | | | | | | | | | |
|  | Recommendations: | | | | | | | | | | | | | | | | | | | | | | |
|  | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | | | | | | | |
|  | General Comments (including comments on trends and impacts): | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 3 – ASSISTING PARENTS AND PROVIDERS** | | | | | | | | | | | | | | | | | | | | | | | |
| A. | CC SELECTION ASSISTANCE | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | Yes  No Does your agency promote awareness of the Wisconsin Shares CC Subsidy Program? (examples: bus billboards, flyers, attendance at school events)? | | | | | | | | | | | | | | | | | | | | | |
|  |  | If yes, describe. | | | | | | | | | | | | | | | | | | | | | |
|  |  | If yes, how does your agency pay for your outreach / marketing efforts?  CC administration allocation  Other. If “Other,” describe: | | | | | | | | | | | | | | | | | | | | | |
|  | 2. | How would receiving funds for outreach / marketing affect your agency’s promotion of the Wisconsin Shares CC Subsidy Program?  We would do more outreach / marketing.  We would maintain our current level of outreach / marketing. | | | | | | | | | | | | | | | | | | | | | |
|  |  | Comments: | | | | | | | | | | | | | | | | | | | | | |
|  | Note: Under “Child Care Selection Assistance” in the county and tribal *Scope of Services*, it says the agency shall: “Assist individuals who are eligible for child care subsidies under this section to identify available child care providers and select appropriate child care arrangements through referrals to the local child care resource and referral agencies and promoting the use of childcarefinder.wisconsin.gov. Provide information about Wisconsin Shares and YoungStar resources available from DCF if requested by parents and other caregivers.” | | | | | | | | | | | | | | | | | | | | | | |
|  | 3. | Describe how your agency provides information about Wisconsin Shares and YoungStar resources available from DCF, if requested by parents and other caregivers. ***(contract requirement)*** | | | | | | | | | | | | | | | | | | | | | |
|  | 4. | Describe how your agency assists individuals who are eligible for CC subsidies identify available CC providers and select appropriate CC arrangements. | | | | | | | | | | | | | | | | | | | | | |
|  |  | a. | Through referrals to the [local CC resource & referral agency](https://supportingfamiliestogether.org/child-care-providers-3/find-ccrr/) (<https://supportingfamiliestogether.org/child-care-providers-3/find-ccrr/>) ***(contract requirement)*** | | | | | | | | | | | | | | | | | | | | |
|  |  | b. | By promoting the [Child Care Finder Tool](https://childcarefinder.wisconsin.gov/Search/Search.aspx) (<https://childcarefinder.wisconsin.gov/>) ***(contract requirement)*** | | | | | | | | | | | | | | | | | | | | |
|  | 5. | Yes  No Does your agency have other methods of assisting individuals who are eligible for CC subsidies identify available CC providers and select appropriate CC arrangements? | | | | | | | | | | | | | | | | | | | | | |
|  |  | If yes, describe. | | | | | | | | | | | | | | | | | | | | | |
|  | REVIEWER | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes  No Is agency in compliance? | | | | | | | | | | | | | | | | | | | | | | |
|  | If no, include explanation of any violations related to this section and their corresponding requirement(s) in administrative code, statute, or contract / scope of services: | | | | | | | | | | | | | | | | | | | | | | |
|  | Recommendations: | | | | | | | | | | | | | | | | | | | | | | |
|  | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | | | | | | | |
|  | General Comments: | | | | | | | | | | | | | | | | | | | | | | |
| B. | MyWIChildCare AND CC PROVIDER PORTALS ***(contract requirement)*** | | | | | | | | | | | | | | | | | | | | | | |
|  | Note: Under “Act as Parent/Provider Liaison” in the county and tribal *Scope of Services*, it says the agency shall: “Provide support and facilitate discussion with parents and providers about the use of the MyWIChildCare Parent and Child Care Provider Portals. Assist with troubleshooting parent and provider concerns, including referral to appropriate resources and identification of potential training needs.” | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | How does your agency provide support and facilitate discussion with parents on the use of the MyWIChildCare Parent Portal? | | | | | | | | | | | | | | | | | | | | | |
|  | 2. | How does your agency provide support and facilitate discussion with providers on the use of the Child Care Provider Portal? | | | | | | | | | | | | | | | | | | | | | |
|  | 3. | How does your agency assist with troubleshooting parent concerns, including referral to appropriate resources? | | | | | | | | | | | | | | | | | | | | | |
|  | 4. | How does your agency assist with troubleshooting provider concerns, including referral to appropriate resources and identification of potential training needs? | | | | | | | | | | | | | | | | | | | | | |
|  | REVIEWER | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes  No Is agency in compliance? | | | | | | | | | | | | | | | | | | | | | | |
|  | If no, include explanation of any violations related to this section and their corresponding requirement(s) in administrative code, statute, or contract / scope of services: | | | | | | | | | | | | | | | | | | | | | | |
|  | Recommendations: | | | | | | | | | | | | | | | | | | | | | | |
|  | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | | | | | | | |
|  | General Comments: | | | | | | | | | | | | | | | | | | | | | | |
| C. | INCLUSION OF CHILDREN WITH DISABILITIES ***(contract requirement)*** | | | | | | | | | | | | | | | | | | | | | | |
|  | Note: As defined in the contract / scope of services, Child Care Administration includes determining subsidy rate adjustments for children with disabilities on a case-by-case basis in accordance with the *Wisconsin Shares Handbook*, including utilization of the Wisconsin Shares Inclusion Rate Request form (DCF-F-2976). See also:  *[Wisconsin Shares Handbook](https://dcf.wisconsin.gov/manuals/wishares-cc-manual/)* (<https://dcf.wisconsin.gov/manuals/wishares-cc-manual/>) Section 4.3. Ages of Eligible Children, Section 16.4.1. Inclusion Rate, and the glossary definition of disability:  The emotional, behavioral, physical, or personal need that [requires a child to have] more than the usual amount of care and supervision for the child’s age, as documented by a physician, psychologist, special educator, or other qualified licensed professional.  [Wisconsin Shares Inclusion Rate Request form](https://dcf.wisconsin.gov/files/forms/doc/2976.docx" \t "_blank) (<https://dcf.wisconsin.gov/files/forms/doc/2976.docx>)  [YoungStar Early Childhood Inclusion – Home Page](https://dcf.wisconsin.gov/youngstar/eci) (<https://dcf.wisconsin.gov/youngstar/eci>) | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | Yes  No Do agency staff identify parents having children with documented disabilities, including parents with children 13 years of age or older, who may be eligible for Wisconsin Shares? | | | | | | | | | | | | | | | | | | | | | |
|  |  | If yes, how is this accomplished? | | | | | | | | | | | | | | | | | | | | | |
|  | 2. | Yes  No When a parent self-identifies as having a child with a documented disability, do agency staff provide information on the Wisconsin Shares Inclusion Rate? | | | | | | | | | | | | | | | | | | | | | |
|  |  | If yes, how is this accomplished? | | | | | | | | | | | | | | | | | | | | | |
|  | REVIEWER | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes  No Is agency in compliance? | | | | | | | | | | | | | | | | | | | | | | |
|  | If no, include explanation of any violations related to this section and their corresponding requirement(s) in administrative code, statute, or contract / scope of services: | | | | | | | | | | | | | | | | | | | | | | |
|  | Recommendations: | | | | | | | | | | | | | | | | | | | | | | |
|  | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | | | | | | | |
|  | General Comments: | | | | | | | | | | | | | | | | | | | | | | |
| D. | COLLABORATION WITH OTHER AGENCIES | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | Yes  No Does your agency collaborate with the local [Child Care Resource & Referral Agency](https://supportingfamiliestogether.org/child-care-providers-3/find-ccrr/) ([CCR&R](https://supportingfamiliestogether.org/child-care-providers-3/find-ccrr/), at <https://supportingfamiliestogether.org/child-care-providers-3/find-ccrr/>), in order to assist parents and providers? | | | | | | | | | | | | | | | | | | | | | |
|  |  | If yes, describe your collaboration with the CCR&R Agency and how this collaboration enhances the services delivered to parents and providers. | | | | | | | | | | | | | | | | | | | | | |
|  |  | If yes, how do referrals work? | | | | | | | | | | | | | | | | | | | | | |
|  | 2. | Does your agency collaborate with any of the following agencies, in order to assist parents? | | | | | | | | | | | | | | | | | | | | | |
|  |  | a. | Yes  No [Wisconsin Works (W-2) Agency](https://dcf.wisconsin.gov/w2/parents/find-an-agency) (<https://dcf.wisconsin.gov/w2/parents/find-an-agency>) | | | | | | | | | | | | | | | | | | | | |
|  |  |  | If yes, describe your collaboration with the W-2 Agency and how this collaboration enhances the services delivered to parents. | | | | | | | | | | | | | | | | | | | | |
|  |  | b. | Yes  No [Child Support Agency](https://dcf.wisconsin.gov/cs/agencylist) (<https://dcf.wisconsin.gov/cs/agencylist>) | | | | | | | | | | | | | | | | | | | | |
|  |  |  | If yes, describe your collaboration with the Child Support Agency and how this collaboration enhances the services delivered to parents. | | | | | | | | | | | | | | | | | | | | |
|  |  | c. | Yes  No [Foster Care Coordinator](https://dcf.wisconsin.gov/map/fostercare) (<https://dcf.wisconsin.gov/map/fostercare>) and / or [Kinship Care Coordinator](https://dcf.wisconsin.gov/map/kinship) (<https://dcf.wisconsin.gov/map/kinship>) | | | | | | | | | | | | | | | | | | | | |
|  |  |  | If yes, describe your collaboration with the Foster Care and / or Kinship Coordinator and how this collaboration enhances the services delivered to parents, foster care parents, and kinship care providers. | | | | | | | | | | | | | | | | | | | | |
|  | 3. | Yes  No Do you collaborate with other stakeholders? | | | | | | | | | | | | | | | | | | | | | |
|  |  | If yes, list the other stakeholder(s). | | | | | | | | | | | | | | | | | | | | | |
|  |  | If yes, describe your collaboration with the stakeholder(s) and how this collaboration enhances the services delivered to parents and / or providers. | | | | | | | | | | | | | | | | | | | | | |
|  | REVIEWER | | | | | | | | | | | | | | | | | | | | | | |
|  | Recommendations: | | | | | | | | | | | | | | | | | | | | | | |
|  | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | | | | | | | |
|  | General Comments: | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 4 – PROGRAM PERFORMANCE** | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewer Notes for Consortium: | | | | | | | | | | | | | | | | | | | | | | | |
| Performance Measure Chart *(Complete by Reviewer;* [Wisconsin Shares CC Subsidy Administration SharePoint](https://share.dcf.wisconsin.gov/cca/SiteAssets/home.aspx%20) and [WebI](https://dwdbiportal.wisconsin.gov/BOE/BI)*)* | | | | | | | | | | | | | | | | | | | | | | | |
| Note: This information is from Exhibit 2: Subrecipient Performance Monitoring Plan [CC Administrative Agency Responsibilities (Performance Standards)], as part of the base CC contract. | | | | | | | | | | | | | | | | | | | | | | | |
| **PERFORMANCE MEASURE 1: Verify Accuracy of Authorizations *(contract requirement)*** | | | | | | | | | | | | | | | | | | | **Accuracy Rate** | | | | |
| * **Data Source:** Targeted Case Reviews (TCRs) * **Performance Indicator / Data Collection:** DCF will conduct TCRs to ensure that local agency workers document and establish appropriate CC authorizations. DCF will compile TCR reports, as well as a consolidated annual report. | | | | | | | | | | | | | | | | | | | **Year to Date:**   * Month 2024:      % | | | | |
| **PERFORMANCE MEASURE 2: Conduct Site Visits for Certified CC Programs *(contract requirement)***  This performance measure is monitored and discussed on the *CC Certification Agency Review Questionnaire*. | | | | | | | | | | | | | | | | | | | | | | | |
| **PERFORMANCE MEASURE 3: Status of Authorizations *(contract requirement for counties)***  County agencies will provide monthly updates to DCF on the status of authorizations. This performance measure will be monitored through a separate process. | | | | | | | | | | | | | | | | | | | | | | | |
|  | REVIEWER | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes  No Is agency in compliance? | | | | | | | | | | | | | | | | | | | | | | |
|  | If no, include explanation of any violations related to this section and their corresponding requirement(s) in administrative code, statute, or contract / scope of services: | | | | | | | | | | | | | | | | | | | | | | |
|  | Recommendations: | | | | | | | | | | | | | | | | | | | | | | |
|  | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | | | | | | | |
|  | General Comments: | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 5 – INTERNAL QUALITY ASSURANCE** | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Describe how your agency ensures CC cases are documented correctly, detailed Case Comments are entered, and required information is scanned into ECF. [Note: See the [*Wisconsin Shares Handbook*](https://dcf.wisconsin.gov/manuals/wishares-cc-manual/) (<https://dcf.wisconsin.gov/manuals/wishares-cc-manual/>) Chapter 2.3. Confidentiality, Chapter 12.1. Eligibility Comments, and Chapter 12.2. Authorization Comments.] ***(contract requirement)*** | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Describe how your agency assures the timely processing of applications. | | | | | | | | | | | | | | | | | | | | | | |
| 3. | How does your agency utilize [WebI](https://dwdbiportal.wisconsin.gov/BOE/BI) reports, [Wisconsin Shares CC Subsidy Administration SharePoint](https://share.dcf.wisconsin.gov/cca/SiteAssets/home.aspx) reports, or other reports for quality assurance? | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Describe any other agency quality assurance activities related to CC program eligibility, authorization, or payment processing. | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Does your agency have a standardized process for transferring cases to other agencies? If so, please describe. | | | | | | | | | | | | | | | | | | | | | | |
|  | REVIEWER | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes  No Is agency in compliance? | | | | | | | | | | | | | | | | | | | | | | |
|  | If no, include explanation of any violations related to this section and their corresponding requirement(s) in administrative code, statute, or contract / scope of services: | | | | | | | | | | | | | | | | | | | | | | |
|  | Recommendations: | | | | | | | | | | | | | | | | | | | | | | |
|  | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | | | | | | | |
|  | General Comments: | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 6 – ADMINISTRATIVE COMPLAINTS AND LEGAL PROCEEDINGS** | | | | | | | | | | | | | | | | | | | | | | | |
| Note: An **administrative complaint** is an assertion by a Wisconsin Shares applicant or recipient that the CC subsidy agency violated, misinterpreted, or misapplied a rule, policy, or practice. (A **discrimination complaint** is an assertion by a Wisconsin Shares applicant or recipient that the CC subsidy agency treated the applicant/recipient differently because of a protected class status such as race, color, age, gender, political affiliation, disability, religion, etc. Discrimination complaints are NOT addressed in Section 6.) | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | How are Wisconsin Shares applicants and recipients informed of your agency’s administrative complaint process? | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Describe your agency’s procedures for receiving / processing administrative CC complaints, including the person(s) responsible for receiving / processing these complaints and the steps you use to resolve the issues identified in these complaints. | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Describe the administrative CC complaints received since your last subsidy agency review. | | | | | | | | | | | | | | | | | | | | | | |
|  | Note: Under “Legal Proceedings” in the county and tribal *Scope of Services*, it says the agency shall:   1. Provide corporation counsel legal representation at [Chapter 68](https://docs.legis.wisconsin.gov/statutes/statutes/68) and [Chapter 227](https://docs.legis.wisconsin.gov/statutes/statutes/227) hearings, and for agency actions taken under Wisconsin State Statutes § 49.155, 49.151(2), or DCF 201 or DCF 202, as needed. 2. Provide timely notice to DCF legal counsel if an individual is represented by legal counsel. 3. Provide timely notice to DCF legal counsel if a decision is appealed to circuit court or a higher court.   [Chapter 68: Municipal Administrative Procedure](https://docs.legis.wisconsin.gov/statutes/statutes/68) (<https://docs.legis.wisconsin.gov/statutes/statutes/68>)  [Chapter 227: Administrative Procedure and Review](https://docs.legis.wisconsin.gov/statutes/statutes/227) (<https://docs.legis.wisconsin.gov/statutes/statutes/227>) | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Yes  No Since your last CC subsidy agency review, has your agency been a party to any Chapter 68 or Chapter 227 hearings? (If no, skip to Section 7 – Civil Rights Postings and Interpretation Services.) | | | | | | | | | | | | | | | | | | | | | | |
|  | a. | Yes  No If yes to Question 4, did your agency provide corporation counsel legal representation? ***(contract requirement)*** | | | | | | | | | | | | | | | | | | | | | |
|  | b. | Yes  No  Not Applicable (the other party was NOT represented by legal counsel)  If yes to Question 4, and if the other party was represented by legal counsel, did your agency provide timely notice to DCF legal counsel? ***(contract requirement)*** | | | | | | | | | | | | | | | | | | | | | |
|  | c. | Yes  No  Not Applicable (the decision was NOT appealed)  If yes to Question 4, and if a decision was appealed to circuit court or a higher court, did your agency provide timely notice to DCF legal counsel? ***(contract requirement)*** | | | | | | | | | | | | | | | | | | | | | |
|  | d. | If your agency did provide timely notice to DCF legal counsel (in sub-questions b. and / or c.), whom at DCF did you contact? | | | | | | | | | | | | | | | | | | | | | |
|  | REVIEWER | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes  No Is agency in compliance? | | | | | | | | | | | | | | | | | | | | | | |
|  | If no, include explanation of any violations related to this section and their corresponding requirement(s) in administrative code, statute, or contract / scope of services: | | | | | | | | | | | | | | | | | | | | | | |
|  | Recommendations: | | | | | | | | | | | | | | | | | | | | | | |
|  | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | | | | | | | |
|  | General Comments: | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 7 – CIVIL RIGHTS POSTINGS AND INTERPRETATION SERVICES *(contract requirement)*** | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewer Notes for Consortium: | | | | | | | | | | | | | | | | | | | | | | | |
| **Civil Rights Compliance (CRC) Requirements** CRC requirements are described in the contract / scope of services; see also <https://dcf.wisconsin.gov/civilrights> and civil rights posting requirements for IM, WIC, and FoodShare Employment and Training (FSET) service sites: <https://www.dhs.wisconsin.gov/publications/p02343.pdf> | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Civil Rights PostingsService provider agencies must post civil rights compliance posters mandated by the federal and / or state government. Postings must be made in highly conspicuous and visible areas in the agency where customers are likely to be served, such as lobbies and waiting areas. This requirement may be verified virtually or with an on-site visit. | | | | | | | | | | | | | | | | | | | | | | |
|  | Civil Rights Posting | | | | | | | | | | | | Publication Number | | | Are required posters on display in agency lobby or waiting room? | | | | | | Are materials prominent and visible? | |
|  | [*Your Right to an Interpreter* poster](https://dcf.wisconsin.gov/files/publications/pdf/2839.pdf) *(*[*https://dcf.wisconsin.gov/files/publications/pdf/2839.pdf*](https://dcf.wisconsin.gov/files/publications/pdf/2839.pdf)*)*: Check that the poster is the **06/2023 version** and printed in an adequate size (**35” x 23”** or larger). If the poster displayed is an earlier version or an inadequate size, ensure the poster is replaced, but do NOT consider this a finding of non-compliance.  Ordering the *Your Right to an Interpreter* poster:  Agencies may order free posters from [DOA Document Sales](https://docsales.wi.gov/Home.aspx?content=HowToOrder) (<https://docsales.wi.gov/Home.aspx?content=HowToOrder>; search by “interpreter” or “2839”).  Printing the *Your Right to an Interpreter* poster:  The poster is formatted to be printed as a 35” x 23” poster, from <https://dcf.wisconsin.gov/files/publications/pdf/2839.pdf>.  Note: Agencies may use the [Language Identification and I Speak Cards](https://www.lep.gov/translation) (<https://www.lep.gov/translation>). However, even when using these cards, agencies must still post the [*Your Right to an Interpreter* poster](https://dcf.wisconsin.gov/files/publications/pdf/2839.pdf) in a highly conspicuous and visible area in the agency. | | | | | | | | | | | | DCF-P-2839  (06/2023 version) | | | Yes  No | | | | | | Yes  No | |
|  | Civil Rights Posting | | | | | | | | | | | | Publication Number | | | Are required posters on display in agency lobby or waiting room? | | | | | | Are materials prominent and visible? | |
|  | *Your Rights* posters, with name(s) / contact information for agency contact person(s), in three languages: <https://dcf.wisconsin.gov/civilrights/postings>  The most recent 02/2024 versions do not differ substantively from the 09/2019 versions. Check that the posters are of adequate size (these posters are formatted to be printed as **8.5” x 14”** posters). If the posters displayed are of inadequate size, ensure the posters are replaced, but do NOT consider this a finding of non-compliance.  All three posters must be printed and posted. | | | | | | | | | | | | | | | | | | | | | | |
|  | *Your Rights* – English: <https://dcf.wisconsin.gov/files/publications/doc/2496.docx> | | | | | | | | | | | | DCF-P-2496-E | | | Yes  No | | | | | | Yes  No | |
|  | *Your Rights* – Spanish: <https://dcf.wisconsin.gov/files/publications/doc/2496s.docx> | | | | | | | | | | | | DCF-P-2496-S | | | Yes  No | | | | | | Yes  No | |
|  | *Your Rights* – Hmong: <https://dcf.wisconsin.gov/files/publications/doc/2496h.docx> | | | | | | | | | | | | DCF-P-2496-H | | | Yes  No | | | | | | Yes  No | |
| 2. | Interpretation ServicesService providers must ensure that individuals with Limited English Proficiency (LEP) are afforded full and equal participation in all programs, services, and activities in a meaningful manner. | | | | | | | | | | | | | | | | | | | | | | |
|  | Describe how your agency provides interpretation services to customers with LEP. *(Complete by Agency).* | | | | | | | | | | | | | | | | | | | | | | |
|  | REVIEWER | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes  No Is agency in compliance? | | | | | | | | | | | | | | | | | | | | | | |
|  | If no, include explanation of any violations related to this section and their corresponding requirement(s) in administrative code, statute, or contract / scope of services: | | | | | | | | | | | | | | | | | | | | | | |
|  | Recommendations: | | | | | | | | | | | | | | | | | | | | | | |
|  | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | | | | | | | |
|  | General Comments: | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 8 – COMMUNICATION** | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | How are DCF child care program policy / system communications shared with agency staff? | | | | | | | | | | | | | | | | | | | | | | |
| Note: CC subsidy responsibilities are described in Chapter 2.1. Local Agency Requirements of the[*Wisconsin Shares Handbook*](https://dcf.wisconsin.gov/manuals/wishares-cc-manual/) (<https://dcf.wisconsin.gov/manuals/wishares-cc-manual/>) and outlined in *Wisconsin Shares CC Subsidy New Worker Training* and Authorization / Eligibility Refresher Trainings. Specific local agency requirements are defined in the local agency’s CC contract / scope of services. | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | In the table below, identify the person at your agency who completes each CC subsidy responsibility. | | | | | | | | | | | | | | | | | | | | | | |
|  | **Who Completes This Responsibility?** | | | | | | | **CC Subsidy Responsibility** | | | | | | | | | | | | | | | |
|  | Agency CC Coordinator  Other. If “Other,” describe: | | | | | | | Serve as the point of contact for DCF regarding Wisconsin Shares policy updates, CSAW enhancements, program integrity, and other information to be shared with other direct service staff. | | | | | | | | | | | | | | | |
|  | Agency CC Coordinator  Other. If “Other,” describe: | | | | | | | Possess the CC Coordinator additional security privileges within CSAW as assigned. | | | | | | | | | | | | | | | |
|  | Agency CC Coordinator  Other. If “Other,” describe: | | | | | | | Attend scheduled CCPC meetings, in person or virtually. | | | | | | | | | | | | | | | |
|  | REVIEWER | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes  No Is agency in compliance? | | | | | | | | | | | | | | | | | | | | | | |
|  | If no, include explanation of any violations related to this section and their corresponding requirement(s) in administrative code, statute, or contract / scope of services: | | | | | | | | | | | | | | | | | | | | | | |
|  | Recommendations: | | | | | | | | | | | | | | | | | | | | | | |
|  | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | | | | | | | |
|  | General Comments: | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 9 – CONFIDENTIALITY AND SECURITY** | | | | | | | | | | | | | | | | | | | | | | | |
| A. | AGENCY CONFIDENTIALITY SAFEGUARDS ***(contract requirement)*** | | | | | | | | | | | | | | | | | | | | | | |
|  | Note: The “Information Technology” section of the contract states the local agency will provide for information technology security in accordance with DCF’s policies and procedures. Also see the [DCF Security Request Process](https://dcf.wisconsin.gov/it/security) (<https://dcf.wisconsin.gov/it/security>) and Chapter 2.3. Confidentiality in the [*Wisconsin Shares Handbook*](https://dcf.wisconsin.gov/manuals/wishares-cc-manual/) (<https://dcf.wisconsin.gov/manuals/wishares-cc-manual/>). | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | Yes  No Does your agency have written confidentiality policies or procedures for staff? | | | | | | | | | | | | | | | | | | | | | |
|  |  | If no, please explain the reason(s) why you do not. | | | | | | | | | | | | | | | | | | | | | |
|  | 2. | How are CC workers trained to maintain confidentiality and restrictions for disclosing information? | | | | | | | | | | | | | | | | | | | | | |
|  | 3. | Describe agency procedures for processing confidential CWW CC cases. | | | | | | | | | | | | | | | | | | | | | |
|  | REVIEWER | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes  No Is agency in compliance? | | | | | | | | | | | | | | | | | | | | | | |
|  | If no, include explanation of any violations related to this section and their corresponding requirement(s) in administrative code, statute, or contract / scope of services: | | | | | | | | | | | | | | | | | | | | | | |
|  | Recommendations: | | | | | | | | | | | | | | | | | | | | | | |
|  | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | | | | | | | |
|  | General Comments: | | | | | | | | | | | | | | | | | | | | | | |
| B. | SECURITY AUTOMATION – CASE RECORDS AND RECORD RETENTION ***(contract requirement***; see the [*Security Access Guide for Child Care Agency Workers* webpage](https://dcf.wisconsin.gov/childcare/securityaccess), at <https://dcf.wisconsin.gov/childcare/securityaccess>.***)*** | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | Describe your agency’s processes for ensuring that new workers have security access to DCF and DHS automated systems. | | | | | | | | | | | | | | | | | | | | | |
|  | 2. | Describe your agency’s processes for ensuring that workers who leave employment or no longer require access have security access suspended from DCF and DHS automated systems. | | | | | | | | | | | | | | | | | | | | | |
|  | Note: The “Access to State Automated Systems and Data by Subcontractors or Others” section in the contract says that contract provisions apply to county / tribal staff, subcontractors, and other staff authorized by the county / tribe to carry out contract responsibilities. Prior to requesting system access for or providing data to subcontractors or other authorized staff, the county / tribe will prepare and submit to DCF properly executed data-sharing agreements or other appropriate confidentiality agreements. | | | | | | | | | | | | | | | | | | | | | | |
|  | 3. | Yes  No  Not Applicable Do your agency’s subcontractors have access to the state’s automated systems? | | | | | | | | | | | | | | | | | | | | | |
|  |  | If yes, describe the type of access subcontractors have to the state’s automated systems. | | | | | | | | | | | | | | | | | | | | | |
|  |  | If yes, describe security safeguards that apply to subcontractors, including how subcontractors get access and have access suspended. | | | | | | | | | | | | | | | | | | | | | |
|  |  | If yes, describe how your agency reviews subcontractor access. | | | | | | | | | | | | | | | | | | | | | |
|  | REVIEWER | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes  No Is agency in compliance? | | | | | | | | | | | | | | | | | | | | | | |
|  | If no, include explanation of any violations related to this section and their corresponding requirement(s) in administrative code, statute, or contract / scope of services: | | | | | | | | | | | | | | | | | | | | | | |
|  | Recommendations: | | | | | | | | | | | | | | | | | | | | | | |
|  | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | | | | | | | |
|  | General Comments: | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 10 – PURCHASED CC SERVICES *(Submission of subcontracting plan and monitoring plan are contract requirements.)*** | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Yes  No Does your agency purchase CC services for any of the following contract functions? If so, list the name(s) of the person(s) monitoring the subcontract(s). Note: The CC Certification contract function is monitored on the *CC Certification Agency Review Questionnaire*. | | | | | | | | | | | | | | | | | | | | | | |
|  | **CC Contract Function / Service** | | | | **Agency Purchased CC Services?** | | **If YES, Name of Person Monitoring the Subcontract** | | | | | | | | | | | | | | | | |
|  | CC Eligibility | | | | Yes  No | |  | | | | | | | | | | | | | | | | |
|  | CC Authorization | | | | Yes  No | |  | | | | | | | | | | | | | | | | |
|  | CC Fraud\* | | | | Yes  No | |  | | | | | | | | | | | | | | | | |
| \*Client / Provider front-end activities, investigations, overpayment calculations, etc. | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Describe your agency’s process for monitoring Wisconsin Shares CC Subsidy subcontracts. | | | | | | | | | | | | | | | | | | | | | | |
|  | REVIEWER | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes  No Is agency in compliance? | | | | | | | | | | | | | | | | | | | | | | |
|  | If no, include explanation of any violations related to this section and their corresponding requirement(s) in administrative code, statute, or contract / scope of services: | | | | | | | | | | | | | | | | | | | | | | |
|  | Recommendations: | | | | | | | | | | | | | | | | | | | | | | |
|  | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | | | | | | | |
|  | General Comments: | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 11 – DCF SUPPORT AND AGENCY INNOVATIVE PRACTICES** | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | How can DCF help you advance your Wisconsin Shares CC Subsidy program? | | | | | | | | | | | | | | | | | | | | | | |
| 2. | What can BRO do to assist your agency in administering the CC subsidy program? | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Yes  No Does your agency have innovative practices not shared elsewhere on this form? | | | | | | | | | | | | | | | | | | | | | | |
|  | If yes, describe these innovative practices. | | | | | | | | | | | | | | | | | | | | | | |
|  | REVIEWER | | | | | | | | | | | | | | | | | | | | | | |
|  | Recommendations: | | | | | | | | | | | | | | | | | | | | | | |
|  | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | | | | | | | |
|  | General Comments: | | | | | | | | | | | | | | | | | | | | | | |