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

JUNE 2021





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# **About This Guide**

This guide details how providers will use DCF's Provider Portal to apply for the *Child Care Counts:* COVID-19 Response and Relief Payment Program during the application period 06/01/2021 – 06/11/2021

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

The Payment Program application is available in the <u>Child Care Provider</u> <u>Portal</u> system. Information about <u>applying for access can be found here</u>. If you need help gaining access to the Child Care Provider Portal, please email <u>DCFPlicBECRCBU@wisconsin.gov</u>.

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

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

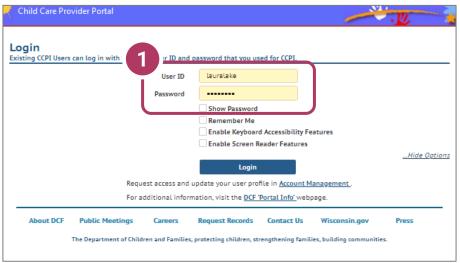
#### **IMPORTANT NOTICE**

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

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

If you need any assistance, please send an email to: <u>DCFDECECOVID19CCPayments@wisconsin.gov</u>. If you are unable to email, you may call and leave your detailed questions at: 608-535-3650. **Please note – email is recommended for a faster response.** 

# How to Submit an Application



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

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

Child Care Provider Portal Welcome, Laura	
PROC Site 123 Licensed Street Min, W145484-5455	រា
	) owing and keep it up-to-date so that DCF and its partners can he ent child care needs. Press "Save" once you have completed filling
Address	123 Licensed Street Mke, WI 45454-5455
Are you able to provide care for children with disabilities?	Yes  No
Enter the number of ope	in slots you have available at this location below.
For children under 2 years?	2
For 2 and 3 year-olds?	3
For 4 and 5 year-olds?	3
For 6 year-olds and older?	3
Enter the total number of open slots	(i.e., available slots) you have available at this location below.
Total available slots	11
Last updated on	05/25/2021 11:15 AM
	Save
Home	
Financial Facility Details	Communications Manage Facility Individuals
	COVID-19 Payments
	អំពាំណ៍ Othe Facilities
About DCF Public Meetings Careers	Request Records Contact Us Wisconsin.gov

### **IMPORTANT NOTE:** Update Your Open Slots

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

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

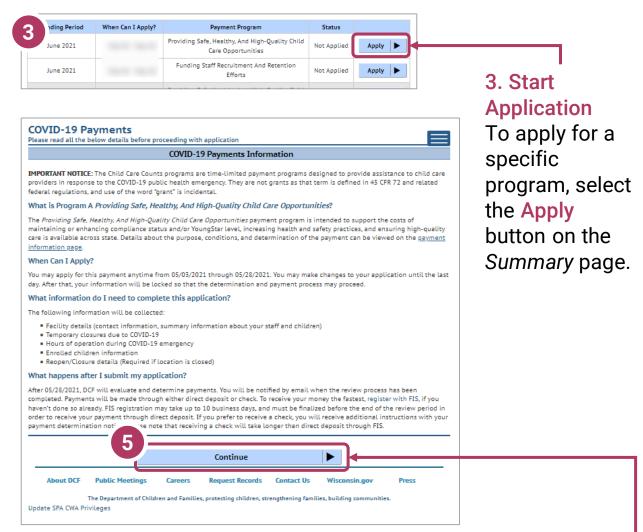
# How to Submit an Application

Child Care Provider Portal Welcome, Laura	······································
PROC Site 123 Licensed Street Mite, VII 45454-5455	Logout 0800035730-005 Facility ID 1123552
	wing and keep it up-to-date so that DCF and its partners c nt child care needs. Press "Save" once you have c mpleted
Address	123 Licensed Street Mke, WI 45454-5455 Payments
Are you able to provide care for children with disabilities?	
Enter the number of oper	n slots you have available at this loc tion below.
For children under 2 years?	2
For 2 and 3 year-olds?	3
For 4 and 5 year-olds?	3
For 6 year-olds and older?	3
Enter the total number of open slots (	i.e., available slots) you have available at this location below.
Total available slots	11
Last updated on	05/25/2021 11:15 AM
	Saved Successfully
	Save
Home	
<b>D</b> Financial Facility Details	Communications Manage acility Individuals
	COVID-19 Payments
	៣៍ ៣៍ ៣៍ Other Facilities
About DCF Public Meetings Careers	Request Records Contact Us Wisconsin.gov Press
The Department of Children and Families, Update SPA CWA Privileges	protecting children, strengthening families, building communities.

### 2. COVID-19 Payments Button

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

# Beginning Your Application



### 4. Review Payment Program Information

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

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

#### 5. Continue

Click Continue to go to the Payment Application Details page.

# **Payment Summary Page**

6. COVID-19 Payment Application List

There is only one application period. 06/01/2021 – 06/11/2021

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

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

Ucensed Street , WI 45454-5455 OVID-19 Paym	ent Applicatio	on List payment program applications already started or	completed	Facility FIS Provider
in corro 17 pagin		Payment Program Summary	compreted.	
Funding Period	When Can I Apply?	Payment Program	Status	
June 2021		Providing Safe, Healthy, And High-Quality Child Care Opportunities	lot Applied	Apply
June 2021		Funding Staff Recruitment And Retention Efforts	lot Applied	Apply
Spring 2021	March 29 - April 26	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Incomplete	Details
Spring 2021	March 29 - April 26	Funding Staff Recruitment And Retention Efforts	Incomplete	Details
Fall 2020, Round 2	October 14 - October 31	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Approved	Details
Fall 2020, Round 2	October 14 - October 31	Funding Staff Recruitment And Retention Efforts	Approved	Details
Fall 2020	August 28 - September 08	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Approved	Details
Fall 2020	August 28 - September 08	Funding Staff Recruitment And Retention Efforts	Not Available	
May 12 - June 11 2020	June 29 - September 08	Providing Funding To Care For Essential Workforce Families	Not Available	
May 12 - June 11 2020	June 29 - September 08	Incentive Pay	Not Available	
May 12 - June 11 2020	June 29 - September 08	Support For Closed Child Care Programs	Not Available	
April 12 - May 11 2020	May 31 - June 14	Providing Funding To Care For Essential Workforce Families	Not Available	
April 12 - May 11 2020	May 31 - June 14	Incentive Pay	Not Available	
April 12 - May 11 2020	May 31 - June 14	Support For Closed Child Care Programs	Not Available	
March 12 - April 11 2020	May 03 - May 15	Providing Funding To Care For Essential Workforce Families	Approved	Details
March 12 - April 11 2020	May 03 - May 15	Incentive Pay	Approved	Details
March 12 - April 11 2020	May 03 - May 15	Support For Closed Child Care Programs	Not Available	
		# Home		

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

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

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

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

You may make corrections to your application until the end of the application period – 11:59 p.m. 06/11/2021. Applications cannot be modified after the application closes.



# APPLYING FOR PAYMENT PROGRAM A **Providing Safe, Healthy, And High- Quality Child Care Opportunities**

# **Beginning Your Application**

D-19 Payment Application List r COVID-19 payments and view details of payment program applications already started or completed.						
	I	Payment Progran	n Summary			
Funding Period When Can I Apply? Payment Program Status						
June 2021			athy, And High-Quality Child Opportunities	Not Applied	Apply	
June 2021		Funding Staff B	ruitment And Retention Efforts	Not Applied	Apply	
Spring 2021	March 29 - April 26		thy, And High-Quality Child Opportunities	Incomplete	Details	
Spring 2021	March 29 - April 26	Funding Staff R	cruitment And Retention Efforts	Incomplete	Details	
all 2020, Round 2	October 14 - October 31		thy, And High-Quality Child Opportunities	Approved	Details	
all 2020, Round 2	October 14 - October 31	Funding Staff R	cruitment And Retention Efforts	Approved	Details	
Fall 2020	August 28 - September 08		thy, And High-Quality Child Opportunities	Approved	Details	
Fall 2020	August 28 - September 08	Funding Staff R	cruitment And Retention Efforts	Not Available		
May 12 - June 11 2020	June 29 - September 08		ng To Care For Essential orce Families	Not Available		
May 12 - June 11 2020	June 29 - September 08	Ir	entive Pay	Not Available		
May 12 - June 11 2020	June 29 - September 08	Support For Clo	ed Child Care Programs	Not Available		
April 12 - May 11 2020	May 31 - June 14		ng To Care For Essential orce Families	Not Available		

### 1. Begin Application

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

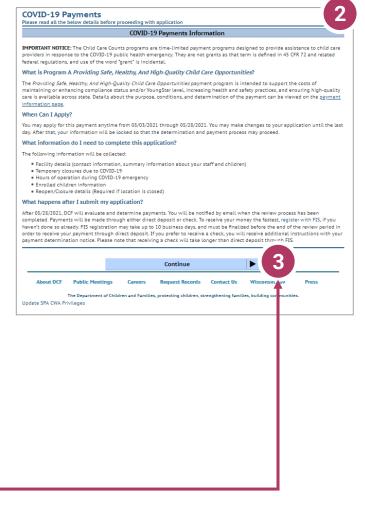
# 2. Review Payment Program Information

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**

(	Grantee Details
Funding Period	Spring 2021 4
Grantee First Name *	Lisa
Grantee Middle Initial	
Grantee Last Name *	Licensed
Grantee Email *	Lisa@Licensedcenter.Com
Grantee Phone *	(121) 212-1212
Tell us if your progra	m is opened or closed due to COVID-19
Was your facility open on 05/14/2021? *	Yes     No
Tell us abo	ut the children at your facility
Did your facility serve any children with disabilities? *	
Did your facility serve any children who speak languages other than English? *	Yes      No
Did your facility serve any children who are experiencing homelessness? *	Yes No 0
Did your facility serve any children from tribal communities? *	Yes     No
Did your facility serve any children living in rural areas? *	Yes ONo
Payment Program Details for Providing	g Safe, Healthy, And High-Quality Child Care Opportunition
Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities

### 4. Add Grantee Details

There is a single funding period for this application.

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

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

### 5. Tell Us About Program Open/Closures Was your facility open on 05/14/2021?

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

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

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

Tell us abo	It the children at your facility	
Did your facility serve any children with disabilities? *	Yes ○No     O	
Did your facility serve any children who speak languages other than English? *	Yes     No	
Did your facility serve any children who are experiencing homelessness? *	● Yes ◯ No 👩	
Did your facility serve any children from tribal communities? *	Yes     No	
Did your facility serve any children living in rural areas? *	●Yes ○No ●	
Payment Program Details for Providing	Safe, Healthy, And High-Quality Child Care Opportunities	
Payment Program	Providing Safe, Healthy, And High-Quality Child Care	
Number of Children attended *		
Comments		
	Add	
. Tell Us About t	he Children in Your Progra	am
	u can click on the 🚯 icon	

Information about what the question is asking.

Enter the number of children who attended at least one day between 5/9/2021 and 5/15/2021 at this location.

In this case, clicking the more information icon tells you that you need to add the number of children who attended your location **AT LEAST** one day between **05/09/2021** and **05/15/2021**.

Click Add to move on to the next page.

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

# **Update or Verify Location Temporary Closures**

### 7. Temporary Closures

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

						6	7
COVID-19 Payments - Temporary Closure							
			Common D	etails			
		Funding Period	June 2021				
		Grantee Name	Licensed, Lis	58			
						More	
		Vei	ify Tempora	ry Closure			
From	То		Closure lea	son	Comments		
		COV/ID 10 5	Children and C	01/20 4.0	- 45- 4-54	5 45 B	
		COVID-19 Exposure of	Child(ren) to C	010-19	<ul> <li>adfadsfd</li> </ul>	Edit 🕨	
	closure periods a				nding period (5/9/2021 - 5/1 need to add a new closure		
The closu		are accurate and comple		od of 5/9/2021 to 5/15	72021. If you were not close during the funding period.	ed during the	1
				Verify	COVID-19 Payments -	Add Closure Sc	hedule 🗖
						y, please help DCF unders	stand when you are closed and open. If you are closing, please
							mon Details
۸ <b>۲</b> ۰		المعاد ال				Funding Period June Grantee Name Licer	≥2021 nsed, Lisa
Atter	inciu	ding all				Verify Te	
	_					From	mporary closure

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

	Common Details
Funding Period	June 2021
Grantee Name	Licensed, Lisa
	<u>M</u>
Veri	ify Temporary Closure
From	
Date *	
To Date	
	<b></b>
COVID - 19 Closure	COVID-19 Lack of families
Reason *	
Comments *	
	Add

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 5/9/2021 to 5/15/2021. If you were not closed during the funding period, check the box to verify that there were no closure periods during the funding period.

Verify

### **Update or Verify Hours of Operation**

D-19 Payments - Operational rational Hours	l Hours	E
	Common Details	
Funding Period	June 2021 Licensed, Lisa	
Grantee Name	Licensed, Lisa	More
	Operational Hours	
Specify your Operating Hours during 5/9/2021- 5/15/2021		
Enter open times for each day you are open	✓ Sunday	
(e.g., 7 am – 6 pm)	7:00 PM - 11:59 PM	
	Monday	
	_ ronally	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
Open some hours between 6 am and 6 pm ? *	Ves No	
Open some hours before 6 am or after 6 pm ? *	Ves No	
Comments		
	Add	
۵	Operational Hours Details	
out DCF Public Meetings Careers	Request Records Contact Us Wisconsin.gov Pre	
-		-
The Department of Children and Families	, protecting children, strengthening families, building communities.	

8. Hours of Operation If your location was open fewer hours than normal during the period 05/09/2021 – 05/15/2021 due to COIVD-19, please adjust your hours here.

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

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

# **Adding Children Detail**

### 10. Add Children to the Application

You will be asked to add *every* child who attended at least one day between **05/09/2021** – **05/15/2021**.

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

Payment Program Details for /	Funding Staff Recruitment And Retention Efforts
Payment Program	Funding Staff Recruitment And Retention Efforts
Grant Application ID	8000000201
Number of Children attended *	6 0
Grant Status *	Incomplete 🗸
Comments	
	Add

Application Details.

COVID-19 Payments – Add Child			
Ca	ommon Details		
Funding Period	June 2021		
Grantee Name	Licensed, Lisa		
	Child Details		<u>More</u>
First Name *			
First Name	Joe		
Middle Initial			
Last Name *	Soap		
Date of Birth *	7/11/2014		
Care Type *	Full-time Care	O Part-time	e Care 👩
Has disability? *	Yes No	0	Click the <b>A</b> icon
Speaks language other than English? *	OYes  ⓐNo		Click the <b>1</b> icon
Experiencing homelessness? *	OYes  ●No	0	for more information
Living in tribal community? *	OYes  ●No		about what the
Living in rural area? *	OYes  ●No	0	question is asking.
WI Shares recipient during 05/09/2021 – 05/15/2021? *	Yes No		
Attend during 05/09/2021 - 05/15/2021? *	Yes     No	8	
Comments			]
			.4
	Add		

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

# **Previous Payment Child List**

### 11. Verify Previous Child List

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

<b>COVID-19 Payments</b>	– Chi	ld List					
		(	Common Det	ails			
		ding Period antee Name	June 2021 Licensed, Lis	a		More	
Name	•	Da	ate of Birth	•	Care Type	$\odot$	
Joe Soap		7/11/2014			Full-Time Care	Сору	
Severus Snape		8/15/2016			Full-Time Care	11 Copy	
Albus Dumbledore		7/11/2016			Full-Time Care	Сору	
			Add Child				
			管 Chil	ld List			
	Child De	tails					- (
First Name *	Severus				سأجل ملمناط	dataila that wa	4
Middle Initial Last Name *	Snape					details that we	re
Date of Birth *	8/15/2016		ñ l		•	ndicate if the	
Care Type *	Full-tim	e Care O Part-1	time Care 🚯	ch	ild attende	ed at least one	
Has disability? *	OYes 0	No 👩		da	v between	05/09/2021 -	-
Speaks language other than English? *	OYes 🧯	) No			5		
Experiencing homelessness? *	OYes 🤇	No 🚯				Click the 🚯	
Living in tribal community? *	O Yes	No		ico	on for mor	e information	
Living in rural area? *	⊖Yes (	No 🚯		ab	out what t	he questions	
WI Shares recipient during 05/09/2021 - 05/15/2021? *	O Yes	) No		are	e asking.		
Attend during 05/09/2021 - 05/15/2021? *	Yes	)No 🚯			2		

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

# **Adding Children Detail**

### 12. Add Children to the Application

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

		Co	mmon Details			
	Fund	ling Period	June 2021			
	Gran	ntee Name	Licensed, Lisa			
						<u>More</u>
Name	•	Date	e of Birth G	) Care Type	• 🐨	
Joe Soap	7	7/11/2014		Full-Time Care		Details 🕨
Severus Snape	٤	B/15/2016		Full-Time Care		Details 🕨
Albus Dumbledore	1	7/11/2016		Full-Time Care		Details 🕨
			Add Child			
				1 ° )		
						_
COVID-19 Paymen	ıts – Chi	ld Detai	ls		F	
COVID-19 Paymen	its – Chi		ls ommon Details		Ţ	
COVID-19 Paymen					Ţ	
COVID-19 Paymen	Fun	c	ommon Details		<b>F</b>	
COVID-19 Paymen	Fun	C ding Period	ommon Details June 2021		Ţ	
COVID-19 Paymen	Fun	C ding Period antee Name Child Det	ommon Details June 2021	ayments	Ţ	
COVID-19 Paymen	Fun	C ding Period antee Name	ommon Details June 2021 Licensed, Lisa	ayments	<b>F</b>	
COVID-19 Paymen	Fun Gra	C ding Period antee Name Child Det	ommon Details June 2021 Licensed, Lisa ails for COVID-19 F	ayments	<b>F</b>	
COVID-19 Paymen	Fun Gra	C ding Period antee Name Child Det First Name	ommon Details June 2021 Licensed, Lisa ails for COVID-19 F	ayments	F	
COVID-19 Paymen	Fun Gra M	C ding Period antee Name Child Det First Name iddle Initial	ommon Details June 2021 Licensed, Lisa ails for COVID-19 F Albus	ayments		

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

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

Comments		
Remove this child from the grant?		
	Save	

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

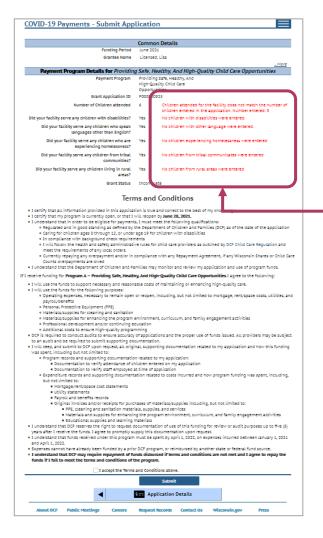
ID-19 Payments	- Ch						
		Cor	nmon Details	5			
	Fur	nding Period	lune 2021				
	Gr	antee Name	Licensed, Lisa				
							<u>Mo</u> .
Name	•	Date	of Birth	T	Care Type	•	
Joe Soap		7/11/2014			Full-Time Care		Details 🕨
Severus Snape		8/15/2016			Full-Time Care		Details 🕨
Albus Dumbledore		7/11/2016			Full-Time Care		Details 🕨
			Add Child				
		Subr	nit Applicatio	n			

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

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

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

Continuo	to Add Operational Hours
Continue	
	Common Details
Grantee First Name	Lisa
Grantee Middle Initial	
Grantee Last Name	Licensed
Grantee Email	lisa@licensedcenter.com
Grantee Phone	(121) 212-1212
Funding Period	June 2021
Was your facility open on 05/14/2021?	Yes
Did your facility serve any children with disabilities?	Yes
Did your facility serve any children who speak	Yes
languages other than English?	Yes
Did your facility serve any children who are experiencing homelessness?	Tes .
Did your facility serve any children from tribal	Yes
communities?	
Did your facility serve any children living in rural areas?	Yes
Payment Program Details for Providin	g Safe, Healthy, And High-Quality Child Care Opportunities
	g sure, neutrig, nut ringin quality enna cure opportainties
Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID	P000000325
Grant Application ID Number of Children attended	P00000325 6
Grant Application ID	P00000325 6 Incomplete
Grant Application ID Number of Children attended	P000000325 6
Grant Application ID Number of Children attended Grant Status	P00000325 6 Incomplete (view Terms and Conditions)
Grant Application ID Number of Children attended Grant Status	P00000325 6 Incomplete
Grant Application ID Number of Children attended Grant Status Modit	P00000325 6 Incomplete (view Terms and Conditions)
Grant Application ID Number of Children attended Grant Status	P00000325 6 Incomplete (view Terms and Conditions)
Grant Application ID Number of Children attended Grant Status Modil Temporary Operational Chil	P000000325 6 Incomplete (View Terms and Conditions) fy Application Details
Grant Application ID Number of Children attended Grant Status Modit	P000000325 6 Incomplete (view Terms and Conditions) fy Application Details
Grant Application ID Number of Children attended Grant Status Modil Temporary Operational Chil	P000000325 6 Incomplete (view Terms and Conditions) fy Application Details Fy Application Details Fy Application Details Frogram Documents Integrity Submit Application
Grant Application ID Number of Children attended Grant Status Modil Temporary Operational Chil	P000000325 6 Incomplete (view Terms and Conditions) fy Application Details Fy Application Details Fy Application Details Frogram Documents Integrity Submit Application



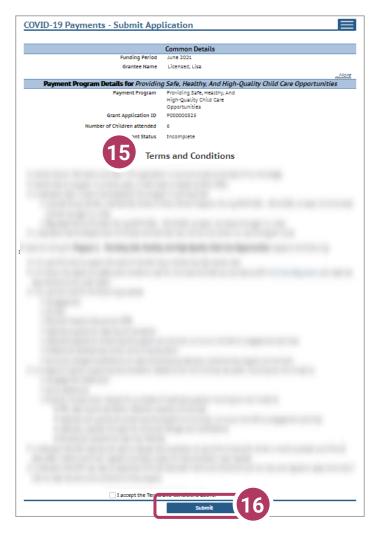
**14. Review Your Submission** You must correct any entries with red text. They give you specific details about a mismatch or other problem with the entry.

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

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

15. Review the Terms and Conditions

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



### 16. Submit Your Application

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

# **Modifying After Submission**

#### 17. Updating After COVID-19 Payments – Application Details Common Details Submitting Grantee First Name Lisa Grantee Middle Initial You will have the ability Grantee Last Name Licensed Grantee Email lisa@licensedcenter.com (121) 212-1212 Grantee Phone to update your Funding Period June 2021 Was your facility open on 05/14/2021? Yes application after Did your facility serve any children with disabilities? No Did your facility serve any children who speak No languages other than English? submission, until the Did your facility serve any children who are No experiencing homelessness? application period ends Did your facility serve any children from tribal No communities? children living in rura at midnight. You will areas? Modify Common Details ► need to modify each section and its detail Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities Providing Safe, Healthy, And High-Ouality Child Care Opportunities Payment Program level information. Grant Application ID P000000325 Number of Children attended Grant Status Submitted (view Terms and Conditions) - To modify the Modify Application Details ► Common Details, Θ **\*** Children È È Operational Hours Payment Document Program Integrity click the Modify Temporary Closure Document **Common Details** \$ == Payment Program Summary button. About DCF Public Meetings Contact Us Career est Records Wisco nsin.aov Press thening families, building Upo te SPA CWA Pri eges - 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, any change in the number of children will affect the number of children who need to be entered in the Add Children module.

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

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



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

# **Beginning Your Application**

D-19 Payn r COVID-19 paym	nent Application	on List 'payment program	applications already started or	completed.	
	I	Payment Progra	im Summary		
Funding Period	g Period When Can I Apply? Payment Program		Status		
June 2021	May 03 - May 28		ealthy, And High-Quality Child e Opportunities	Not Applied	Apply
June 2021	June 2021 May 05 - May 28 Funding Staff Recruitment And Reten Efforts			Not Applied	Apply
Spring 2021	March 29 - April 26		Lthy, And High-Quality Child Opportunities	Incomplete	Details
Spring 2021	March 29 - April 26	Funding Staff	ecruitment And Retention Efforts	Incomplete	Details
Fall 2020, Round 2	October 14 - October 31		atthy, And High-Quality Child Opportunities	Approved	Details
Fall 2020, Round 2	October 14 - October 31	Funding Staff	ecruitment And Retention Efforts	Approved	Details
Fall 2020	August 28 - September 08		atthy, And High-Quality Child Opportunities	Approved	Details
Fall 2020	August 28 - September 08	Funding Staff	ecruitment And Retention Efforts	Not Available	
May 12 - June 11 2020	June 29 - September 08		ting To Care For Essential dorce Families	Not Available	
May 12 - June 11 2020	June 29 - September 08		ocentive Pay	Not Available	
May 12 - June 11 2020	June 29 - September 08	Support For C	osed Child Care Programs	Not Available	
April 12 - May 11 2020	May 31 - June 14		ting To Care For Essential cforce Families	Not Available	

### 1. Begin Application

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

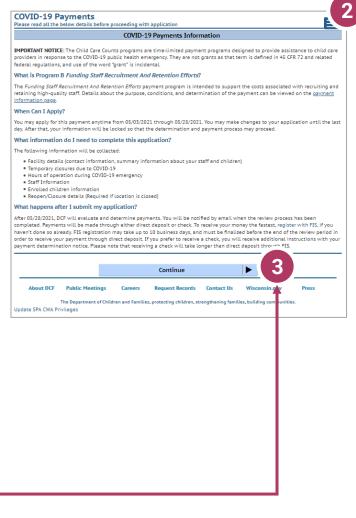
# 2. Review Payment Program Information

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

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

### 3. Continue

Click Continue to go to the Application Details page.



# **Add Application Details for Your Location**

0	irantee Details
Funding Period	June 2021 4.
Grantee First Name *	Lisa
Grantee Middle Initial	
Grantee Last Name *	Licensed
Grantee Email *	Lisa@Licensedcenter.Com
Grantee Phone *	(121) 212,1212
, , , ,	m is opened or closed due to COVID-19
Tell us if your progra	m is opened or closed due to COVID-19
Was your facility open on 05/14/2021? *	Yes  No
Tell us abou	It the children at your facility
Did your facility serve any children with disabilities? *	● Yes ○No
id your facility serve any children who speak languages other than English? *	OYes  ⓐNo
Did your facility serve any children who are experiencing homelessness? *	● Yes ◯ No 👩
id your facility serve any children from tribal communities? *	OYes  ●No
your facility serve any children living in rural areas? *	
Payment Program Details for	Funding Staff Recruitment And Retention Effe
	Funding Staff Branciscont And Branching 577
Payment Program	Funding Staff Recruitment And Retention Efforts
Number of Children attended *	

### 4. Add Grantee Details

There is a single funding period for this application.

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

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

### 5. Tell Us About Program Open/Closures Was your facility open on 05/14/2021?

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

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

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

	Tes INU			
_				
Tell us about t	he children at your facility			
Did your facility serve any children with disabilities? *	Yes No			
Did your facility serve any children who speak anguages other than English? *	Yes  No			
Did your facility serve any children who are experiencing homelessness? *	Yes No 0			
Did your facility serve any children from tribal communities? *	Yes No			
Did your facility serve any children living in rural areas? *	Yes No			
Payment Program Details for Fur	nding Staff Recruitment And Retention E	fforts		
Payment Program Fu	unding Staff Recruitment And Retention Efforts			
Number of Children attended *	0	( 6 ) <del>(</del>	1	
Comments				
	Add			
6. Tell Us About th	e Children in V		am	
		•		
In this section, you	can click on th	e 🚯 icon	for more	
information about	what the quest	ion is ask	kina	
Number of Childre	en attended *		0	

Enter the number of children who attended at least one day between 5/9/2021 and 5/15/2021 at this location.

In this case clicking the more information icon tells you that you need to add the number of children who attended your location **AT LEAST** one day between **05/09/2021** and **05/15/2021**.

Click Add to move on to the next page.

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

# **Update or Verify Location Temporary Closures**

### 7. Temporary Closures

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

COVID	-19	Payments - Temporar	y Closure			7
			•			
			Common Details			
		Funding Perio				
		Grantee Nan	ne Licensed, Lisa		Moi	78
			Verify Temporary Closure			
From	То	Closure Reason	Com	ments		
05/12/21		COVID-19 Exposure of Child(ren) to COVID-19	I am/was out of manny essenti products, baby food, and wipes	al supplies, such as cleaning	Edit 🕨	
_ The	closur	Active accurate and confunding period, check the box to ve		riods during the funding period.	Add Closure	Schedule
۷ TT						Common Details
AIL	er	including all			Funding Period Grantee Name	June 2021 Licensed, Lisa
anr	۱r	priate temp	orary		Verif	fy Temporary Closure
		• •			From Date *	5/12/2021
clo	su	res, click the	e checkbox		To Date	<b></b>
ind	ica	ating that yo	u have	CO	/ID - 19 Closure Reason *	COVID-19 Lack of families
		•			Comments *	not enough kids
acc	<b>u</b>	ately record	ed 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 5/9/2021 to 5/15/2021. If you were not closed during the funding period, check the box to verify that there were no closure periods during the funding period.

Verify

### **Update or Verify Hours of Operation**

Funding Period	Common Details	
Grantee Name	Licensed, Lisa	
		More
	Operational Hours	
Specify your Operating Hours during 5/9/2021- 5/15/2021		
Enter open times for each day you are open	√ Sunday	
(e.g., 7 am - 6 pm)	7:00 PM - 11:59 PM	
	Monday	
	monday	
	Tuesday	
	Wednesday	
	Thursday	
		.:
	Friday	
	Saturday	
	Secondary	
Open some hours between 6 am and 6 pm ? *	Ves No	
Open some hours before 6 am or after 6 pm ? *	Ves No	
Comments		
	Add	
<	Operational Hours Details	
out DCF Public Meetings Careers	Request Records Contact Us Wisconsin.gov Pre	

8. Hours of Operation

If your location was open fewer hours than normal during the period **05/09/2021 – 05/15/2021** due to COVID-19, please adjust your hours here.

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

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

### **Attaching Staff to the Program**

### 9. Review Staff Associated with Location

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

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

		C	iommon De	tails		
	Fund	ling Period	June 2021			
	Gra	ntee Name	Licensed, Li	sa		
						More
			Staf	f		
Name	$\odot$	Care Ty	pe		Current Payroll	
inda Tester	Ful-	Time		Yes		Details 🕨
			Add Staf	f		
			4			

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**

### 10. Add Staff to Be Considered for Funding

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

		Common I	Details	
	Fund	ling Period June 202	1	
	Gra	ntee Name Licensed	, Lisa	
				<u>More</u>
		St	a m	
Name	$\odot$	Care Type	Current Payroll	
da Tester	Ful-	Time	Yes	Details 🕨
		Add St	aff 🕨 🕨	

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

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

G	ommon Details
Funding Period	June 2021
Grantee Name	Licensed, Lisa
	More
	Individual
Name	Linda Tester
Employment Period	9/1/2018
	Staff Details
Care Type? *	This person typically works 21 or more hours per week at this location
	This person typically works 20 or fewer hours per week at this location
Is the individual on payroll at anytime between $05/09/2021$ and $06/28/2021?$ *	Ves No
Comments	
Remove this staff from the grant?	
	Modify
<	Staff Details

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

Add Child

# **Adding Children Detail**

### 11. Add Children to the Application

You will be asked to add *every* child who attended at least one day between **05/09/2021** – **05/15/2021**.

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

	Payment Program	Funding Staff Recru	itment And Retention Effo	orts
	Grant Application ID	R000000327		
Num	ber of Children attended *	6	0	
	Grant Status	Incomplete	*	
	Comments			

Ca	ommon Details			
Funding Period	June 2021			
Grantee Name	Licensed, Lisa		More	
	Child Details			
First Name *	Hermione			
Middle Initial				
Last Name *	Granger			
Date of Birth *	03/17/19			
Care Type *		Part-time	e Care 👩	
Has disability? *	OYes <b>●</b> No <b>@</b>	)		_
Speaks language other than English? *	OYes  ⓐNo		Click the 🚯 icon	
Experiencing homelessness? *	OYes  ⓐNo ④		for more information	)ľ
Living in tribal community? *	Yes No		about what the	
Living in rural area? *	OYes  ●No ●		question is asking.	
WI Shares recipient during 05/09/2021 - 05/15/2021? *	OYes  ⓐNo			
Attend during 05/09/2021 - 05/15/2021?*	Yes  No  0			
Comments				

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

## **Previous Grant Child List**

### 12. Verify Previous Child List

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

COVID-19 Payments	s – Previous Gr	ant Child Li	ist				
	Co	ommon Details					
	Funding Period Grantee Name	June 2021 Licensed, Lisa			More		
Name 🕞	Date of Birt	th 🕤	Care Type	<u> </u>			
Dina Saur	7/13/2019		Full-Time Care	12 сору			
Ray Palmer	8/12/2016		Full-Time Care	Сору	▶ .		
Laurel Lance	6/23/2020		Full-Time Care	Сору			
		Add Child			1		
	Child List						
Middle Last Date of	Name * Saur ?Birth * 7/13/2019 e Type * • Full-time Care C billity? * • Yes • No • glish? * • Yes • No • unity? * • Yes • No •	)Part-time Care 0	were co if the ch least on 05/09/2 05/15/2 Click the		icate at en		
WI Shares recipient during 03/07/2021 – 03/13/ Attend during 03/07/2021 – 03/13/	*		what the asking.	e questions a	are		

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

# **Adding Children Detail**

### 13. Add Children to the Application

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

		Common Det	ails			
	Funding Grante	Period June 2021 e Name Licensed, Lis	a			More
Name	$\odot$	Date of Birth	۲	Care Type	•	
oe Soap	7/1	1/2014	1	Full-Time Care		Details 🕨
Severus Snape	8/1	5/2016	1	Full-Time Care		Details 🕨
Albus Dumbledore	7/1	1/2016	I	Full-Time Care		Details 🕨
fom Riddle	9/2	3/2015	1	Full-Time Care		Details 🕨
OVID-19 Payment	s – Child				F	
		Common Det	ails			
	Funding	Period June 2021				
	Grante	e Name Licensed, Lis	a			More
	C	hild Details for COV	ID-19 Payn	nents		
	First	t Name Severus				
	Middl	e Initial				
		e Initial t Name Snape				
	Las					More

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

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

Comments		
Remove this child from the grant?		
	Save	

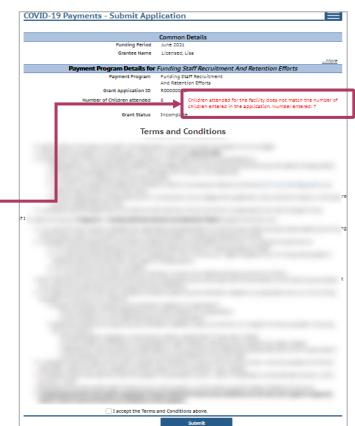
Click **Save** on the *Modify Child Details* page if you have changed any information; you should be taken back to the *Child List*. You can continue adding children, as needed, or proceed to submit your application.

		G	ommon Detail	s		
		ding Period	June 2021			
	Gra	intee Name	Licensed, Lisa			
Name	•	Dat	e of Birth		Care Type	
Joe Soap		7/11/2014			Full-Time Care	Details
Severus Snape		8/15/2016			Full-Time Care	Details
Albus Dumbledore		7/11/2016			Full-Time Care	Details
Tom Riddle		9/23/2015			Full-Time Care	Details
Draco Malfoy		5/26/2019			Full-Time Care	Details
Lord Voldermort		6/6/2016			Full-Time Care	Details
Ginny Weasley		2/5/2017			Full-Time Care	Details
Hermione Granger		3/17/2019			Full-Time Care	Details
			Add Child			

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

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

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



15. Review the Terms and Conditions

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

COVID-19 Payments - Submit App	lication
	Common Details
Funding Period	June 2021
Grantee Name	Licensed, Lisa
Payment Program Details for	Funding Staff Recruitment And Retention Efforts
Payment Program	Funding Staff Recruitment
Grant Application ID	And Retention Efforts R000000327
Number of Children attended	6 Children attended for the facility does not match the number of children entered in the application. Number entered: 7
Grant Status	Incomplete
15 Terr	ns and Conditions
	the second s
	statement in the second s
	the set of
	the second se
I accept the Terms	and Conditions above.
	<u></u> 16

#### **16. Submit Your Application**

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

# **Modifying After Submission**

### 17. Updating After Submitting

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

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

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

COVID-19 Payments - Application Details Common Details Grantee First Name Lisa Grantee Middle Initial Grantee Last Name Licensed Grantee Email Lisa@Licensedcenter.com (121) 212-1212 Grantee Phone Funding Period June 2021 Was your facility open on 05/14/2021? Yes Did your facility serve any children with disabilities? No Did your facility serve any children who speak No languages other than English? Did your facility serve any children who are experiencing homelessness? Did your facility serve any children from tribal No communities? areas? Modify Common Details ► Payment Program Details for Funding Staff Recruitment And Retention Efforts Payment Program Funding Staff Recruitment And Retention Efforts Grant Application ID R000000327 mber of Children attended Grant Status Submitted (view Terms and Conditions) Modify Application Details Operational Payme 8 Children Ten porary Closure Program Integrity ◄ \$== Payment Program Summary You can use the **Temporary Closure**, **Operational Hours**, Staff, **Children**, Closure/Reopen buttons to update those specific sections of the

application. Refer to the previous instructions in this guide for specifics.



# **APPENDIX**

# Adding Individuals to the Child Care Provider Portal

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

our Individual list.		Common	Details	
	Fun	ding Period June 2021	Details	
		antee Name Licensed, I	Lisa	
		Individ	luals	<u></u>
Name	$\odot$	Role(s)	Employm	ent Period
Cheese Z Cake	Kitchen Sta	aff, Teacher - Assistant	08/28/19	Select 🕨
Ice Cream Cake	Applicant/	Licensee, Administrator		Select 🕨
Pound C Cake	Teacher - A	Teacher - Assistant, Kitchen Staff		Select
Chocolate Cakes	Applicant/	Licensee	04/28/16	Select 🕨
German Chocolate	Director			Select
Suzy Cupcakes	Teacher - A	ssistant	09/16/19	Select 🕨
Devil Food	Kitchen Sta	Kitchen Staff, Teacher - Assistant		Select 🕨
Mia Gg	Facilities S	taff	02/03/20	Select
Marble C Mixture	Teacher - L	ead, Teacher - Assistant	07/01/18	Select
Maribel C Oso	Teacher - L	ead	08/29/18	Select 🕨

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

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

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

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