

Child Care Counts (El Cuidado infantil importa): COVID-19

Supplementary Payment Program (Programa de pago suplementario en respuesta al COVID-19)

10/28/2020



Wisconsin Department of
Children and Families

El State of Wisconsin es un proveedor de igualdad de oportunidades de servicio. Si necesita este documento en un formato diferente debido a una discapacidad o si necesita este documento traducido o explicado en su propio idioma, llame al 608-422-6002. Por favor use el numero 711(WRS) si necesita servicio de llamada.

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saludables y de alta calidad

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Financiamiento de esfuerzos de contratación y retención de
personal

Solicitantes Elegibles

Proveedores de cuidado infantil regulados: Proveedores de cuidado infantil con licencia o certificado que actualmente están brindando o continuarán brindando cuidado infantil.

- Estar abierto o en condiciones de poder reabrir antes del 12/14/2020 y cuidar de menores de 0 a 12 años (o de menos de 18 años en el caso de menores con discapacidades)
- Seguir las pautas de salud y seguridad para proveedores de cuidado infantil establecidas por el DCF Debe contar con licencia o certificación vigente
- Centros de cuidado infantil grupal con licencia, campamentos de día con licencia y programas de escuelas públicas: del 10/11/20 al 10/17/20 con al menos 1/3 de los menores inscritos de 5 años o menos.
- Proveedores de cuidado infantil familiar regulado: del 10/11/20 al 10/17/20 con al menos 1 menor inscrito de 5 años o menos.
- Utilizar los fondos para el pago de un incentivo o una bonificación de inicio laboral a empleados actuales o futuros que hayan pasado la verificación de antecedentes.
- El programa debe aceptar los Términos y condiciones del programa de pagos



Servicio al cliente de Child Care Counts (El cuidado infantil importa)

Si necesita ayuda, envíe un correo electrónico a:

DCFDECECOVID19CCPayments@wisconsin.gov.

O llame y deje sus preguntas detalladas en:

608-535-3650

Acerca de esta guía

Esta guía detalla cómo los proveedores deberán usar el DCF's Provider Portal (Portal para Proveedores del DCF) para solicitar el *Child Care Counts: COVID-19 Supplemental Payment Program (El Cuidado infantil importa: Programa de pago suplementario en respuesta al COVID-19)* durante el período de solicitud: **26 de octubre.- 6 de noviembre**

La solicitud del Programa de pagos se encuentra disponible en el sistema [Child Care Provider Portal \(Portal para proveedores de cuidado infantil\)](#). Puede encontrar información sobre [cómo solicitar acceso al Portal aquí](#). Si necesita ayuda para acceder al Child Care Provider Portal (Portal para Proveedores de cuidado infantil), envíe un correo electrónico a DCFPLICBECRCBU@wisconsin.gov.

Si no puede acceder al Provider Portal (Portal para proveedores), o elige no hacerlo, puede comunicarse con el Servicio de atención al cliente del Programa de pagos para obtener ayuda sobre cómo completar su solicitud por teléfono.

Nota del sistema: la sesión en el Child Care Provider Portal (Portal para Proveedores de cuidado infantil) expirará después de **20 minutos de inactividad**, lo cual obligará a los usuarios a iniciar sesión nuevamente.

AVISO IMPORTANTE

Los programas Child Care Counts (El Cuidado infantil importa) son programas por tiempo limitado diseñados para entregar asistencia a los proveedores de cuidado infantil en respuesta a la emergencia de salud pública generada por el COVID-19. **Estos fondos no son subvenciones**, ya que ese término se define en la 45 CFR72 y en las reglamentaciones federales relacionadas, y el uso de la palabra "subvención" es incidental.



Servicio al cliente de Child Care Counts (El cuidado infantil importa)

Si necesita ayuda, envíe un correo electrónico a:

DCFDECECOVID19CCPayments@wisconsin.gov.

O llame y deje sus preguntas detalladas en:

608-535-3650

Cómo presentar una solicitud

Child Care Provider Portal

Login

Existing CCPI Users can log in with the **1** Username and password that you used for CCPI

User ID

Password

☐ Show Password

☐ Remember Me

☐ Enable Keyboard Accessibility Features

☐ Enable Screen Reader Features

[...Hide Options](#)

Login

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

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

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

1. Pantalla de inicio de sesión

Vaya a <https://mywchildcareproviders.wisconsin.gov/>

Ingresa su **User ID** (Identificación de usuario) y **Password** (Contraseña) en el campo correspondiente.

Haga clic en el botón **Login** (Iniciar sesión) para continuar.



RECORDATORIO IMPORTANTE: Pantalla de inicio predeterminada

Child Care Provider Portal
Welcome, Logout

My Facilities

Lakeland Group Centre 123 Main St Anytown, WI 45454	2800040092-001	▶
Randy's Preschool 205 Corporate Dr Madison, WI 53714-2408	3800036363-001	▶
Randy's Group Care Inc 444 School Age Rd Milwaukee, WI 45445	3800036363-002	▶
Randy's Daycamp 123 New Address Smalltown, WI 52121	3800036363-003	▶
Fifth Location 345 Tenth St Milwaukee, WI 45454	3800036363-005	▶
Johnson Early Care Lcnc 1 236 W Main Milwaukee, WI 53335	3800036815-001	▶
Watts Valley Day Care 2702 Monroe St Milwaukee, WI 53305	4800039704-001	▶
Nordic Wonderland 123 Modified Address Rd Northwoods, WI 45454	9800039909-001	▶

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Después de iniciar sesión, la pantalla de inicio predeterminada se muestra solo si tiene acceso a una sola instalación/lugar.

Si tiene acceso a varios sitios, se muestra una lista de instalaciones como en el ejemplo a la izquierda.

Cómo presentar una solicitud

Debido a la pandemia de COVID-19, el DCF y sus socios quieren ayudar a las familias de personal esencial de Wisconsin a satisfacer sus necesidades urgentes de cuidado infantil para que puedan seguir sirviendo a las necesidades de nuestras comunidades.

Por favor, tómese el tiempo para asegurarse de completar la página a continuación antes de iniciar su solicitud. El tiempo que tome para hacer esto ayudará a los trabajadores de la salud y otros trabajadores esenciales a encontrar cuidado infantil durante la emergencia COVID-19.



COVID-19 Emergency Information
Due to the COVID-19 pandemic, please complete the following and keep it up-to-date so that DCF and its partners can help Healthcare workers and others performing critical functions fill urgent child care needs. Press "Save" once you have completed filling out or updating the information.

If you update the closure status below, please also contact your licensor or certifier.

Address: 2414 E Calvary Dr
Dane, WI 53214-4144

Is this location currently open? ☐ Yes ☒ No

Are you able to provide care for more children with special needs? ☒ Yes ☐ No

Enter the number of open slots you have available at this location below:

For children under 2 years? 2

For 2 and 3 year-olds? 0

For 4 and 5 year-olds? 0

For 6 year-olds and older? 0

Enter the total number of open slots (i.e., available slots) you have available at this location below:

Total available slots: 0

Last updated on: [blank]

Save

Home

Financial Facility Details Communications Manage Facility Individuals

COVID-19 Payments

Other Facilities

About DCF Public Meetings Careers Request Records Contact Us Wisconsin.gov Press

Actualice sus cupos abiertos

Antes de comenzar su solicitud, revise los cupos abiertos que tiene disponibles, incluidos los cupos para los diferentes rangos de edades y el total de cupos disponibles. Esto asegurará que las vacantes disponibles en su centro se muestren con precisión en el [Available Child Care Map](#). (Mapa de cuidado infantil disponible).

Haga clic en **Save** (Guardar) cuando su información esté actualizada.

Cómo presentar una solicitud

COVID-19 Emergency Information
Due to the COVID-19 pandemic, please complete the following and keep it up-to-date so that DCF and its partners can help Healthcare workers and others performing critical functions fill urgent child care needs. Press "Save" once you have completed filling out or updating the information.

Address 2414 E Cakery Dr
Dane, WI 53214-4144

Is this location currently open? ☐ Yes ☒ No

Are you able to provide care for more children with special needs? ☒ Yes ☐ No

Enter the number of open slots you have available at this location below.

For children under 2 years? 2

For 2 and 3 year-olds? 0

For 4 and 5 year-olds? 0

For 6 year-olds and older? 0

Enter the total number of open slots (i.e., available slots) you have available at this location below.

Total available slots 0

Number of staff needed to increase or meet capacity 0

List here all essential emergency supplies you need

Last updated on 04/16/2020 04:51 PM

Save

Home

Financial Facility Details Communications Manage Facility Individuals

2

COVID-19 Payments

COVID-19 Payments

Apply Now

2. Botón de Programa de pagos COVID-19

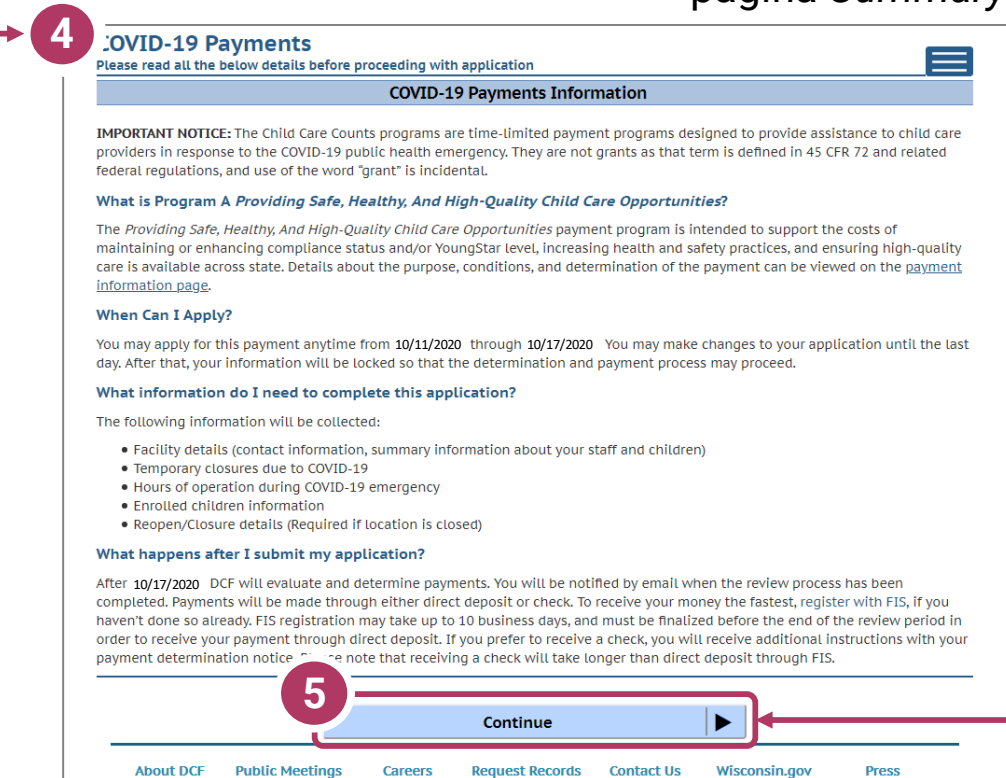
Haga clic en el botón **COVID-19 Payments** (Programa de pagos COVID-19) en la parte inferior de la página de *Información sobre la emergencia por COVID-19*.

Cómo comenzar su solicitud



3. Iniciar la solicitud

Para solicitar un programa específico, seleccione el botón **Apply** (Solicitar) en la página *Summary* (Resumen).



4. Cómo revisar la información del Programa de pagos

Después de seleccionar un programa de pagos, verá una pantalla informativa que detalla lo siguiente:

- Resumen del programa de pago seleccionado
- Cuándo puede solicitar el proveedor
- Qué información se recopilará en el proceso de solicitud
- Qué sucede después de presentar la solicitud

5. Continuar

Haga clic en **Continue** (Continuar) para ir a la página *Payment Application Details* (Detalles de la solicitud del programa de pagos).

Página de resumen de los programas de pagos

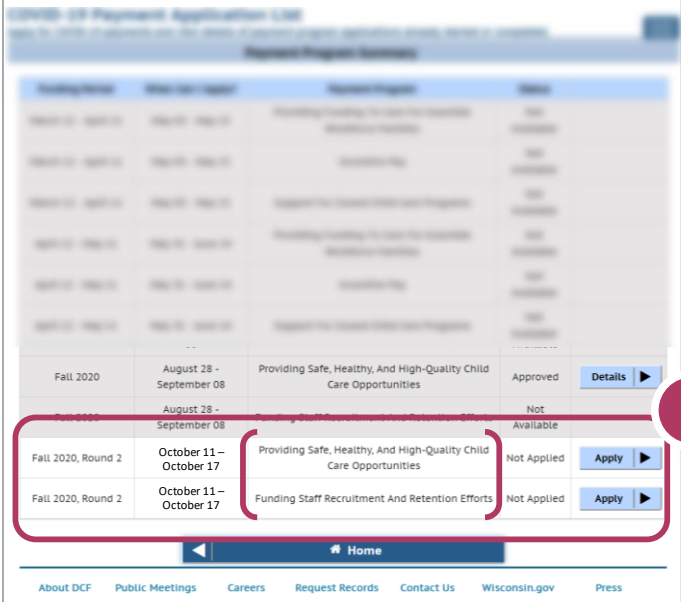
6. Lista de Solicitud de Programas de Pagos COVID-19

Solo hay un período de solicitud.

Desde el 26 octubre – 6 de noviembre.

Hay dos programas de pago que puede solicitar un proveedor.

- A. Otorgamiento de oportunidades de cuidado infantil seguras, saludables y de alta calidad
- B. Financiamiento de esfuerzos de contratación y retención de personal



Application Period	Eligibility Period	Program Name	Status	Action
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 Applied	Apply
Fall 2020, Round 2	October 11 - October 17	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied	Apply
Fall 2020, Round 2	October 11 - October 17	Funding Staff Recruitment And Retention Efforts	Not Applied	Apply

! Los proveedores regulados pueden solicitar **AMBOS** programas de pago. Revise los detalles de Elegibilidad y Requisitos en la [Payment Program web page](#) (Página web del Programa de Pagos).

Además del nombre del Programa de pagos, también verá el **Status** (Estado) de su solicitud.

Incomplete (Incompleto) indica que ha iniciado una solicitud para el programa, pero no se ha completado. Haga clic en **Details** (Detalles) para regresar a su solicitud.

Not Applied (No solicitado) significa que no ha solicitado este programa. Haga clic en **Apply** (Solicitar) para comenzar su solicitud.

Puede realizar correcciones a su solicitud hasta el fin del período de solicitud – 11:59 p.m. del viernes 6 de noviembre. Una vez que finaliza el período de solicitud, las solicitudes no pueden ser modificadas.



**CÓMO SOLICITAR EL PAYMENT PROGRAM A
(PROGRAMA DE PAGOS A)**

**Otorgamiento de
oportunidades de
cuidado infantil
seguras, saludables
y de alta calidad**

Cómo comenzar su solicitud

1

Application Period	Application Dates	Program Name	Status	Action
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	
Fall 2020, Round 2	October 11 - October 17	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied	Apply
Fall 2020, Round 2	October 11 - October 17	Funding Staff Recruitment And Retention Efforts	Not Applied	Apply

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1. Comience la solicitud

Para solicitar un programa específico, seleccione el botón **Apply** (Solicitar) en la página **Summary** (Resumen).

2. Revise la información del programa de pagos

Después de seleccionar un programa de pago, verá una pantalla informativa que detalla lo siguiente:

- Resumen del programa de pago seleccionado
- Cuándo puede solicitar el proveedor
- Qué información se recopilará en el proceso de solicitud
- Qué sucede después de presentar la solicitud

COVID-19 Payments

Please read all the below details before proceeding with application

COVID-19 Payments Information

IMPORTANT NOTICE: The Child Care Counts programs are time-limited payment programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. They are not grants as that term is defined in 45 CFR 72 and related federal regulations, and use of the word "grant" is incidental.

What is Program A: Providing Safe, Healthy, And High-Quality Child Care Opportunities?

The Providing Safe, Healthy, And High-Quality Child Care Opportunities payment program is intended to support the costs of maintaining or enhancing compliance status and/or YoungStar level, increasing health and safety practices, and ensuring high-quality care is available across state. Details about the purpose, conditions, and determination of the payment can be viewed on the [payment information page](#).

When Can I Apply?

You may apply for this payment anytime from 10/11/2020 through 10/17/2020. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

What information do I need to complete this application?

The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures due to COVID-19
- Hours of operation during COVID-19 emergency
- Enrolled children information
- Reopen/Closure details (Required if location is closed)

What happens after I submit my application?

After 10/17/2020 DCF will evaluate and determine payments. You will be notified by email when the review process has been completed. Payments will be made through either direct deposit or check. To receive your money the fastest, register with FIS, if you haven't done so already. FIS registration may take up to 10 business days, and must be finalized before the end of the review period in order to receive your payment through direct deposit. If you prefer to receive a check, you will receive additional instructions with your payment determination notice. Please note that receiving a check will take longer than direct deposit through FIS.

Continue

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2

3

3. Continúe

Haga clic en **Continue** (Continuar) para ir a la página **Application Details** (Detalles de la solicitud).

Agregar detalles de su programa en la solicitud

COVID-19 Payments - Add Application Details
Add common and payment program details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Grantee Details

Funding Period: Fall 2020, Round 2

Grantee First Name: Lisa

Grantee Middle Initial:

Grantee Last Name: Licensed

Grantee Email: Lisa@Licensedcenter.Com

Grantee Phone: (212) 212-1212

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

Was your facility open on 10/16/2020? ☐ Yes ☐ No

Tell us about the children at your facility

Did your facility serve any children with disabilities? ☐ Yes ☐ No

Did your facility serve any children who speak languages other than English? ☐ Yes ☐ No

Did your facility serve any children who are experiencing homelessness? ☐ Yes ☐ No

Did your facility serve any children from tribal communities? ☐ Yes ☐ No

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 Opportunities

Number of Children Enrolled:

Comments:

Add

4. Agregue detalles del beneficiario del programa

Hay un solo período de financiamiento para esta solicitud.

Asegúrese de ingresar la información marcada con una estrella roja. *

Si se ingresa información errónea, su solicitud se podría retrasar.

5. Informe las aperturas/cierres de su programa

¿Estuvo abierto su Centro el 10/16/2020?

6. Información sobre los niños que atiende su programa

En esta sección, puede hacer clic en el  icono para obtener mayor información sobre la pregunta.

Haga clic en **Add (Agregar)** para pasar a la página siguiente.

NOTA sobre 5.

Marque **Yes** (Sí) si su programa se encuentra Abierto (en lugar de Cerrado temporalmente), incluso si ese día estuvo cerrado por vacaciones o una razón similar.

Marque **No** (No) si ese día su programa se encontraba Cerrado o Cerrado temporalmente.



NOTA: Si anteriormente solicitó fondos a través del Child Care Counts Payment program (Programa de pago El Cuidado infantil importa) original, muchos de los campos de la solicitud se completarán automáticamente. Revise todos los campos que se completaron para asegurarse de que aún estén correctos y actualícelos según sea necesario.

Actualizar o verificar cierres temporales del programa

7. Cierres temporales

Se le pedirá que verifique cualquier cierre temporal durante el período de fondos. Si los cierres ya estaban ingresados en el Portal para proveedores, se mostrará esa información aquí. Si necesita agregar un período de cierre temporal, seleccione el botón **Add Temporary Closure** (Agregar cierre temporal) y será dirigido a la sección **Closure Schedule** (Calendario de cierres) que se muestra a continuación.

COVID-19 Payments - Temporary Closure

Common Details

Funding Period	Fall 2020, Round 2
Grantee Name	Licensed, Lisa

[More](#)

Verify Temporary Closure

From	To	Closure Reason	Comments
		No closures	.

The closure periods should reflect any periods of time your facility was closed during the funding period (10/11/2020 - 10/17/2020). You must verify the closure periods above by checking the box below and selecting Verify. If you need to add a new closure period, select the 'Add' button.

☐ The closures listed above are accurate and complete for the period of 10/11/2020 to 10/17/2020. If you were not closed during the funding period, check the box to verify that there were no closure periods during the funding period.

Add Temporary Closure

Verify

7

Después de incluir todos los cierres temporales, haga clic en la casilla de verificación para indicar que ha registrado y verificado con precisión los cierres temporales de su programa.

COVID-19 Payments - Add Closure Schedule

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

Common Details

Funding Period	Fall 2020, Round 2
Grantee Name	Licensed, Lisa

[More](#)

Verify Temporary Closure

From Date: 10/13/2020

To Date: 10/13/2020

COVID - 19 Closure Reason: COVID-19 Other

Comments:

Add

Temporary Closure



Si no tuvo ningún cierre temporal durante el período de fondos, marque la casilla de verificación y seleccione **Verify** (Verificar) para continuar con la solicitud.

☐ The closures listed above are accurate and complete for the period of 10/11/2020 to 10/17/2020. 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

Actualizar o verificar las horas de funcionamiento

COVID-19 Payments - Operational Hours

Add Operational Hours

8

Common Details

Funding Period

Fall 2020, Round 2

Grantee Name

Licensed, Lisa

More

Operational Hours

Specify your Operating Hours during
10/11/2020– 10/17/2020

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

☐ Sunday

☒ Monday

8am-6pm

☒ Tuesday

8am-6pm

☒ Wednesday

8am-6pm

☒ Thursday

8am-6pm

☒ Friday

8am-6pm

☐ Saturday

Open some hours between 6 am and 6 pm ? *

☐ Yes ☐ No

Open some hours before 6 am or after 6 pm ? *

☐ Yes ☐ No

Comments

Add

◀ Operational Hours Details

8. Horas de funcionamiento

En la siguiente sección, informe las horas de funcionamiento de su programa entre el **10/11/20** y el **10/17/20**. Las horas de funcionamiento se completarán automáticamente en base a su licencia o certificación. Si realizó algún cambio en sus horas de funcionamiento para ampliar el horario de atención durante el período de financiamiento, deberá actualizar la información para todos los días que difieran del horario regular de su licencia o certificación. Seleccione el botón **Add** (Agregar) para guardar su información y continuar a la sección **Individuals** (Personas), donde informará el personal del programa durante la Emergencia por COVID-19.

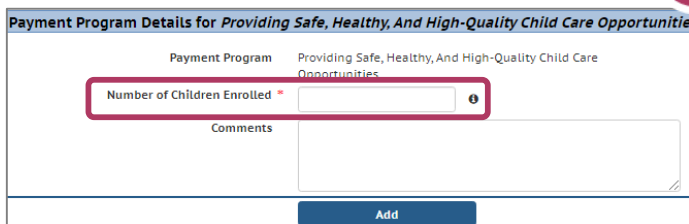
Agregar información de los menores

9. Agregar menores a la solicitud

Se le solicitará agregar a *todos* los menores de su programa que estaban inscritos el **10/16/20**.

NOTA: La cantidad de menores agregados en esta sección debe ser igual a la cantidad de menores que indicó que estaban inscritos en la primera página de la solicitud: *Add*

Application Details (Cómo agregar detalles en la solicitud).



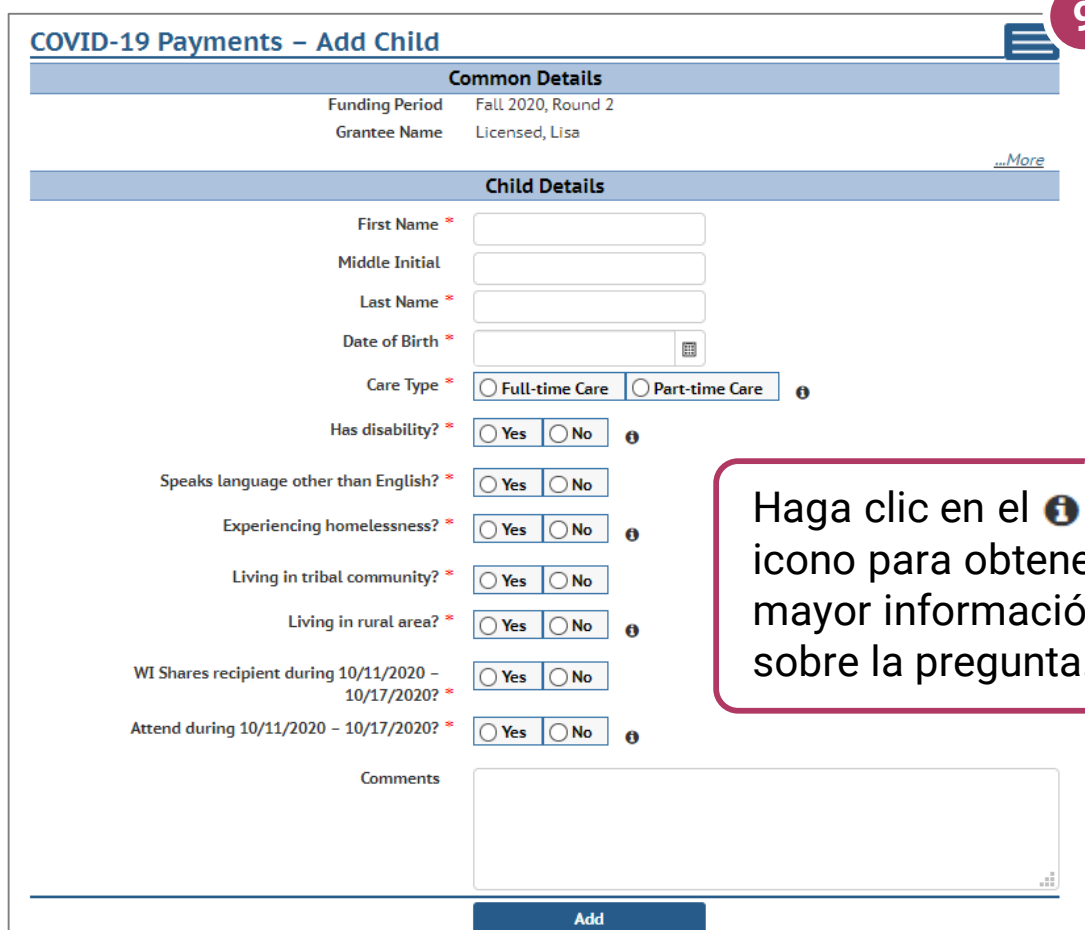
Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Payment Program Providing Safe, Healthy, And High-Quality Child Care Opportunities

Number of Children Enrolled *

Comments

Add



COVID-19 Payments – Add Child

Common Details

Funding Period Fall 2020, Round 2

Grantee Name Licensed, Lisa

Child Details

First Name *

Middle Initial

Last Name *

Date of Birth *

Care Type * ☐ Full-time Care ☐ Part-time Care

Has disability? * ☐ Yes ☐ No

Speaks language other than English? * ☐ Yes ☐ No

Experiencing homelessness? * ☐ Yes ☐ No

Living in tribal community? * ☐ Yes ☐ No

Living in rural area? * ☐ Yes ☐ No

WI Shares recipient during 10/11/2020 – 10/17/2020? * ☐ Yes ☐ No

Attend during 10/11/2020 – 10/17/2020? * ☐ Yes ☐ No

Comments

Add

Haga clic en el icono para obtener mayor información sobre la pregunta.

Haga clic en el botón **Add** (Agregar) una vez que haya completado toda la información en la página.

Lista previa de menores con subvenciones

10. Verificar la lista previa de menores

Si anteriormente solicitó fondos de Child Care Counts (El Cuidado infantil importa), los menores agregados a su solicitud previa aparecerán aquí y se pueden copiar en su solicitud actual. Haga clic en **COPY** (COPIAR) para agregar menores a su solicitud. Esto le llevará a la página **Child Details** (Detalles del menor).

COVID-19 Payments – Previous Funding Period Child List

Common Details

Funding Period: Fall 2020, Round 2
Grantee Name: Licensed, Lisa

[...More](#)

Name	Date of Birth	Care Type
Claus Cloud	1/1/2019	Full-Time Care
Teen Child	1/1/2005	Part-Time Care

10

[Copy](#) [▶](#)

[Copy](#) [▶](#)

[Add Child](#) [▶](#)

[◀](#) [Child List](#)

Child Details

[...More](#)

First Name * Claus
Middle Initial *
Last Name * Cloud
Date of Birth * 1/1/2019
Care Type * ☒ Full-time Care ☐ Part-time Care ⓘ
Has disability? * ☒ Yes ☐ No ⓘ
Speaks language other than English? * ☒ Yes ☐ No ⓘ
Experiencing homelessness? * ☒ Yes ☐ No ⓘ
Living in tribal community? * ☒ Yes ☐ No ⓘ
Living in rural area? * ☒ Yes ☐ No ⓘ
WI Shares recipient during 10/11/2020 – 10/17/2020? * ☒ Yes ☐ No ⓘ
Attend during 10/11/2020 – 10/17/2020? * ☒ Yes ☐ No ⓘ
Comments
Enter any comments here if applicable
[Add](#)

Verifique los detalles del menor que se copiaron e indique si el menor asistió al menos un día entre el 10/11/20 y el 10/17/20. Haga clic en el ⓘ icono para obtener mayor información sobre las preguntas.

Haga clic en el botón **Add** (Agregar) una vez que haya completado toda la información en la página.

Agregar información de los menores

11. Agregar menores a la solicitud

Después de agregar un menor a la solicitud, será dirigido a la sección *Child List* (Lista de menores) que le mostrará los menores agregados a su solicitud. Haga clic en el botón **Add Child** (Agregar menor) para continuar agregando menores a su solicitud. Recuerde, la cantidad de niños que se muestra en esta lista debe coincidir con la cantidad de niños inscritos que indicó en la sección *Grant Details* (detalles de la subvención).

11 **OVID-19 Payments – Child List**

Common Details
Funding Period: Fall 2020, Round 2
Grantee Name: Licensed, Lisa

Child List

Name	Date of Birth	Care Type	Details
Claus Cloud	1/1/2019	Full-Time Care	Details
Teen Child	1/1/2005	Full-Time Care	Details

Add Child

COVID-19 Payments – Child Details

Common Details
Funding Period: Fall 2020, Round 2
Grantee Name: Licensed, Lisa

Child Details for COVID-19 Payments
First Name: Claus
Middle Initial:
Last Name: Cloud
Date of Birth: 1/1/2019

Child List

Si necesita actualizar o revisar la información de un niño específico, haga clic en el botón **Details** (detalles) para acceder al registro de ese niño. Haga clic en el botón **...More** (...Más) para acceder al botón **Modify Child** (Modificar detalles del menor).

Si agregó un menor por error a la solicitud, puede eliminarlo marcando la casilla **Remove this child from the grant?** (¿Eliminar este menor de la subvención?)

Comments

Remove this child from the grant? ☐

Save

Haga clic en **Save** (guardar) en la página *Modify Child Details* (modificar detalles del niño) si ha cambiado alguna información y volverá a *Child List* (lista de niños). Puede continuar agregando niños según sea necesario, o bien, proceda a enviar su solicitud.

Finalizar su solicitud

12

VID-19 Payments – Child List

Common Details

Funding Period Fall 2020, Round 2
Grantee Name Licensed, Lisa

...More

Name	Date of Birth	Care Type	
Claus Cloud	1/1/2019	Full-Time Care	Details ▶
Teen Child	1/1/2005	Full-Time Care	Details ▶
Jim Eam	8/14/2014	Full-Time Care	Details ▶

Add Child ▶

Submit Application ▶

Application details

12. Revise el envío de su solicitud

Haga clic en **Submit Application** (Enviar solicitud) para finalizar su solicitud.

Será dirigido a la página **Submit Application** (enviar solicitud). En la parte superior de la página se comparará la información que ingresó en la sección **Application Details** (detalles de la solicitud) con la información que ingresó para cada niño. El texto en rojo indica que hay información que no coincide entre la página **Application Details** (Detalles de la solicitud) y los detalles de cada menor.

La información inconsistente o incorrecta retrasará y/o posiblemente no permitirá que su solicitud sea procesada. Es imprescindible que corrija la información indicada en color rojo. Si tiene problemas para corregir y/o modificar su solicitud, envíe un correo electrónico o llame para solicitar asistencia.

COVID-19 Payments – Application Details

Continue to Child List ▶

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 Fall 2020, Round 2
Was your facility open on 10/16/2020? Yes
Did your facility serve any children with disabilities? Yes
Did your facility serve any children who speak languages other than English? Yes
Did your facility serve any children who are experiencing homelessness? Yes
Did your facility serve any children from tribal communities? Yes
Did your facility serve any children living in rural areas? Yes

Modify Common Details ▶

Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Payment Program Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID P000000247
Number of Children Enrolled 3
Grant Status Incomplete (view Terms and Conditions)

Modify Application Details ▶

Temporary Closure Operational Hours Children Payment Documents Program Integrity Documents Submit Application

Payment Program Summary

Finalizar su solicitud

COVID-19 Payments - Submit Application

Common Details	
Funding Period	Fall 2020, Round 2
Grantee Name	Licensed, Lisa

[...More](#)

Payment Program Details for <i>Providing Safe, Healthy, And High-Quality Child Care Opportunities</i>	
Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID	P000000247
Number of Children Enrolled	3
Grant Status	Incomplete

Children enrolled for the facility does not match the number of children entered in the application. Number entered: 3

Terms and Conditions

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I certify that my program is currently open, or that I plan to reopen by 12/14/2020.
- I understand that in order to be eligible for this program I must have had:
 - Licensed Group Centers, Licensed Day Camps & Public School Programs: During 10/11/2020 - 10/17/2020, at least 1/3 of enrolled children are age 5 or under.
 - Regulated Family Providers: During 10/11/2020 - 10/17/2020, at least 1 enrolled child age 5 or under.
- I understand that the Department of Children and Families may monitor and review my use of program funds.

If I receive funding for **Program A - Providing Safe, Healthy, And High-Quality Child Care Opportunities** I agree to the following:

- I will use the funds to support the costs of maintaining or enhancing high-quality care.
- I will follow the health and safety administrative rules for child care providers as outlined by DCF Child Care regulation and meet the requirements of any local orders.
- I will use the funds for the following purposes:
 - Mortgage/rent
 - Utilities
 - Personal Protective Equipment (PPE)
 - Materials/supplies for cleaning and sanitation
 - Materials/supplies for enhancing the program environment, curriculum and family engagement activities
 - Professional development and/or continuing education
 - Structural changes/modifications to meet compliance guidelines or enhance the program environment
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
 - Mortgage/rent statements
 - Utility statements
 - Original invoices and/or receipts for purchases of materials/supplies including but not limited to:
 - PPE, cleaning and sanitation materials, supplies, and services
 - Materials and supplies for enhancing the program environment, curriculum and family engagement activities
 - Materials, supplies, and labor for structural changes and modifications
 - Educational supplies and learning materials
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to promptly supply this documentation upon request.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds if I fail to meet the terms and conditions of the program.

☐ I accept the Terms and Conditions above.

Submit

Application Details

Revise su envío

Debe corregir cualquier entrada con texto rojo, lo que indica que hay una discrepancia u otro problema con la información ingresada.

El texto en rojo indica que hay información que no coincide entre la página **Application Details** (Detalles de la solicitud) y los detalles de cada menor que usted reportó. La información inconsistente o incorrecta retrasará y posiblemente no permitirá que su solicitud sea procesada. Es imprescindible que corrija la información indicada en color rojo. Si tiene problemas para corregir/modificar su solicitud, envíe un correo electrónico o llame para solicitar asistencia.

Haga clic en **Application Details** (Detalles de la solicitud) para regresar a la solicitud y corregir según sea necesario.

Finalizar su solicitud

13. Revise los Términos y condiciones

Después de revisar su información, lea los **Términos y condiciones** del programa. **Tenga en cuenta** que se recomienda encarecidamente imprimir y/o guardar en un lugar seguro los **Términos y condiciones** y todos los respaldos de gastos relacionados al financiamiento.

Common Details	
Funding Period	Fall 2020, Round 2
Grantee Name	Licensed, Lisa
...More	

Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities	
Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID	P000000247
Number of Children Enrolled	3
Grant Status	Incomplete

Terms and Conditions

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I certify that my program is currently open, or that I plan to reopen by 12/14/2020.
- I understand that in order to be eligible for this program I must have had:
 - Licensed Group Centers, Licensed Day Camps & Public School Programs: During 10/11/2020 - 10/17/2020, at least 1/3 of enrolled children are age 5 or under.
 - Regulated Family Providers: During 10/11/2020 - 10/17/2020, at least 1 enrolled child age 5 or under.
- I understand that the Department of Children and Families may monitor and review my use of program funds.

If I receive funding for **Program A – Providing Safe, Healthy, And High-Quality Child Care Opportunities** I agree to the following:

- I will use the funds to support the costs of maintaining or enhancing high-quality care.
- I will follow the health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
- I will use the funds for the following purposes:
 - Mortgage/rent
 - Utilities
 - Personal Protective Equipment (PPE)
 - Materials/supplies for cleaning and sanitation
 - Materials/supplies for enhancing the program environment, curriculum and family engagement activities
 - Professional development and/or continuing education
 - Structural changes/modifications to meet compliance guidelines or enhance the program environment
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
 - Mortgage/rent statements
 - Utility statements
 - Original invoices and/or receipts for purchases of materials/supplies including but not limited to:
 - PPE, cleaning and sanitation materials, supplies, and services
 - Materials and supplies for enhancing the program environment, curriculum and family engagement activities
 - Materials, supplies, and labor for structural changes and modifications
 - Educational supplies and learning materials
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to promptly supply this documentation upon request.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds if I fail to meet the terms and conditions of the program.

13

☒ I accept the Terms and Conditions above.

14

Submit

14. Envíe su solicitud

Una vez que haya leído los **Términos y condiciones**, haga clic en la casilla de verificación “I accept the Terms and Conditions above” (Acepto los Términos y condiciones indicados anteriormente) y haga clic en **Submit** (Enviar) para enviar su solicitud.

Enviar su solicitud

Mensaje de error

Si tiene muy pocos niños menores de 6 años registrados en su solicitud, no podrá enviar su solicitud porque no cumple con las pautas de elegibilidad. Revise los [requisitos de la solicitud](#).

COVID-19 Payments - Submit Application

You may not submit this application because there are too few children under age 6. Review the application requirements.

Common Details	
Funding Period	Fall 2020, Round 2
Grantee Name	Licensed, Lisa

[...More](#)

Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities	
Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID	P000000247
Number of Children Enrolled	3
Grant Status	Incomplete

Terms and Conditions

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I certify that my program is currently open, or that I plan to reopen by 12/14/2020.
- I understand that in order to be eligible for this program I must have had:
 - Licensed Group Centers, Licensed Day Camps & Public School Programs: During 10/11/2020 - 10/17/2020, at least 1/3 of enrolled children are age 5 or under.
 - Regulated Family Providers: During 10/11/2020 - 10/17/2020, at least 1 enrolled child age 5 or under.
- I understand that the Department of Children and Families may monitor and review my use of program funds.

If I receive funding for **Program A – Providing Safe, Healthy, And High-Quality Child Care Opportunities** I agree to the following:

- I will use the funds to support the costs of maintaining or enhancing high-quality care.
- I will follow the health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
- I will use the funds for the following purposes:
 - Mortgage/rent
 - Utilities
 - Personal Protective Equipment (PPE)
 - Materials/supplies for cleaning and sanitation
 - Materials/supplies for enhancing the program environment, curriculum and family engagement activities
 - Professional development and/or continuing education
 - Structural changes/modifications to meet compliance guidelines or enhance the program environment
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
 - Mortgage/rent statements
 - Utility statements
 - Original invoices and/or receipts for purchases of materials/supplies including but not limited to:
 - PPE, cleaning and sanitation materials, supplies, and services
 - Materials and supplies for enhancing the program environment, curriculum and family engagement activities
 - Materials, supplies, and labor for structural changes and modifications
 - Educational supplies and learning materials
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to promptly supply this documentation upon request.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds if I fail to meet the terms and conditions of the program.

☒ I accept the Terms and Conditions above.

Submit

15



**CÓMO SOLICITAR EL PAYMENT PROGRAM B
(PROGRAMA DE PAGOS B)**

Fondos para esfuerzos de contratación y retención de personal

Comenzar su solicitud

1

Round	Dates	Program Name	Status	Apply
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	
Fall 2020, Round 2	October 11 - October 17	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied	Apply ▶
Fall 2020, Round 2	October 11 - October 17	Funding Staff Recruitment And Retention Efforts	Not Applied	Apply ▶

1. Comience la solicitud

Para solicitar un programa específico, seleccione el botón **Apply** (Solicitar) en la página **Summary** (Resumen).

2. Revise la información del programa de pagos

Después de seleccionar un programa de pago, verá una pantalla informativa que detalla lo siguiente:

- Resumen del programa de pago seleccionado
- Cuándo puede solicitar el proveedor
- Qué información se recopilará en el proceso de solicitud
- Qué sucede después de presentar la solicitud

3. Continúe

Haga clic en **Continue** (Continuar) para ir a la página **Application Details** (Detalles de la solicitud).

COVID-19 Payments

Please read all the below details before proceeding with application

COVID-19 Payments Information

IMPORTANT NOTICE: The Child Care Counts programs are time-limited payment programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. They are not grants as that term is defined in 45 CFR 72 and related federal regulations, and use of the word "grant" is incidental.

What is Program B Funding Staff Recruitment And Retention Efforts?

The *Funding Staff Recruitment And Retention Efforts* payment program is intended to support the costs associated with recruiting and retaining high-quality staff. Details about the purpose, conditions, and determination of the payment can be viewed on the [payment information page](#).

When Can I Apply?

You may apply for this payment anytime from 10/11/2020 through 10/17/2020. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

What information do I need to complete this application?

The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures due to COVID-19
- Hours of operation during COVID-19 emergency
- Staff Information
- Enrolled children information
- Reopen/Closure details (Required if location is closed)

What happens after I submit my application?

After 10/17/2020 DCF will evaluate and determine payments. You will be notified by email when the review process has been completed. Payments will be made through either direct deposit or check. To receive your money the fastest, register with FIS, if you haven't done so already. FIS registration may take up to 10 business days, and must be finalized before the end of the review period in order to receive your payment through direct deposit. If you prefer to receive a check, you will receive additional instructions with your payment determination notice. Please note that receiving a check will take longer than direct deposit through FIS.

Continue ▶

3

Agregar detalles de su programa en la solicitud

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

Grantee Details

Funding Period: Fall 2020, Round 2

Grantee First Name *: Lisa

Grantee Middle Initial:

Grantee Last Name *: Licensed

Grantee Email *: Lisa@Licensedcenter.Com

Grantee Phone *: (121) 212-1212

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

Was your facility open on 10/16/2020? *: ☒ Yes ☐ No

Tell us about the children at your facility

Did your facility serve any children with disabilities? *: ☒ Yes ☐ No ⓘ

Did your facility serve any children who speak languages other than English? *: ☒ Yes ☐ No

Did your facility serve any children who are experiencing homelessness? *: ☒ Yes ☐ No ⓘ

Did your facility serve any children from tribal communities? *: ☒ Yes ☐ No

Did your facility serve any children living in rural areas? *: ☒ Yes ☐ No ⓘ

Payment Program Details for Funding Staff Recruitment And Retention Efforts

Payment Program: Funding Staff Recruitment And Retention Efforts

Number of Children Enrolled *: ⓘ **6**

Comments:

Add

4. Agregue detalles del beneficiario del programa

Hay un solo período de financiamiento para esta solicitud.

Asegúrese de ingresar la información marcada con una estrella roja. ❌

Si se ingresa información errónea, su solicitud se podría retrasar.

5. Informe las aperturas/cierres de su programa

¿Estuvo abierto su Centro el 10/16/2020?

6. Información sobre los menores que atiende su programa

En esta sección, puede hacer clic en el ⓘ cono para obtener mayor información sobre la pregunta.

Haga clic en **Add (Agregar)** para pasar a la página siguiente.



NOTA: Si anteriormente solicitó fondos a través del Child Care Counts Payment program (Programa de pagos El Cuidado infantil importa) original, muchos de los campos de la solicitud se completarán automáticamente. Revise todos los campos que se completaron para asegurarse de que aún estén correctos y actualícelos según sea necesario.

Actualizar o verificar cierres temporales del programa

7. Cierres temporales

Se le pedirá que verifique cualquier cierre temporal durante el período de financiamiento. Si los cierres ya estaban ingresados en el Portal para proveedores, se mostrará esa información aquí. Si necesita agregar un período de cierre temporal, seleccione el botón **Add Temporary Closure** (Agregar cierre temporal) y será dirigido a la sección **Closure Schedule** (Calendario de cierres) que se muestra a continuación.

COVID-19 Payments - Temporary Closure

Common Details

Funding Period: Fall 2020, Round 2
Grantee Name: Licensed, Lisa

[More](#)

Verify Temporary Closure

From	To	Closure Reason	Comments
No closures			

The closure periods should reflect any periods of time your facility was closed during the funding period (10/11/2020 - 10/17/2020). You must verify the closure periods above by checking the box below and selecting Verify. If you need to add a new closure period, select the 'Add' button.

Add Temporary Closure

☐ The closures listed above are accurate and complete for the period of 10/11/2020 to 10/17/2020. 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

Después de incluir todos los cierres temporales, haga clic en la casilla de verificación para indicar que ha registrado y verificado con precisión los cierres temporales de su programa.

COVID-19 Payments - Add Closure Schedule

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

Common Details

Funding Period: Fall 2020, Round 2
Grantee Name: Licensed, Lisa

[More](#)

Verify Temporary Closure

From Date: 10/15/2020

To Date: 10/15/2020

COVID - 19 Closure Reason: COVID-19 Other

Comments:

Add

Temporary Closure



Si no tuvo ningún cierre temporal durante el período de financiamiento, marque la casilla de verificación y seleccione **Verify (Verificar)** para continuar con la solicitud.

☐ The closures listed above are accurate and complete for the period of 10/11/2020 to 10/17/2020. 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

Actualizar o verificar las horas de funcionamiento

COVID-19 Payments - Operational Hours

Add Operational Hours

8

Common Details

Funding Period

Fall 2020, Round 2

Grantee Name

Licensed, Lisa

More

Operational Hours

Specify your Operating Hours during
10/11/2020 – 10/17/2020

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

☐ Sunday

☒ Monday
8am-6pm

☒ Tuesday
8am-6pm

☒ Wednesday
8am-6pm

☒ Thursday
8am-6pm

☒ Friday
8am-6pm

☐ Saturday

Open some hours between 6 am and 6 pm ? *

☒ Yes ☐ No

Open some hours before 6 am or after 6 pm ? *

☐ Yes ☒ No

Comments

Add

◀

Operational Hours Details

8. Horas de funcionamiento

En la siguiente sección, informe las horas de funcionamiento de su programa durante el período de los fondos. Las horas de funcionamiento se completarán automáticamente en base a su licencia o certificación. Si realizó algún cambio en sus horas de funcionamiento para ampliar el horario de atención durante el período de financiamiento, deberá actualizar la información para todos los días que difieran del horario regular de su licencia o certificación. Seleccione el botón **Add** (Agregar) para guardar su información y continuar a la sección **Individuals** (Personas), donde informará el personal del programa durante la Emergencia por COVID-19.

Añadir personal al programa

9. Revisar el personal asociado al programa

Se le pedirá que verifique a cada miembro del personal que trabajó en su programa durante el período de financiamiento. En esta página se mostrarán todas las personas añadidas a su programa.

Si no ve a un miembro del personal que trabajó durante el período de financiamiento, debe agregarlo en la sección *Individual Module* (módulo de personas) si desea que se le considere para el financiamiento. Solo podrá añadir personal que tenga a lo menos cursada la solicitud de verificación de antecedentes en el sistema. Consulte el **Appendix I** (apéndice I) para obtener información sobre cómo agregar a una persona.

COVID-19 Payments - Staff
Staff Attached to COVID-19 Payments Request

Common Details

Funding Period: Fall 2020, Round 2
Grantee Name: Licensed, Lisa

[...More](#)

Staff		
Name	Care Type	Current Payroll
Linda Tester	Ful-Time	Yes

Add Staff

Details

Haga clic aquí para agregar personal.

Haga clic aquí para ver los detalles del personal.

Si es un proveedor familiar y es el único empleado en su programa, solo tendrá que agregar su información.

Agregar un miembro al personal

The screenshot shows two parts of a web application. The top part is the 'Individuals' form, which includes sections for 'Common Details' (Funding Period: Fall 2020, Round 2; Grantee Name: Licensed, Lisa) and a table of 'Individuals'. The table has columns for Name, Role(s), and Employment Period. One entry is 'Ace Hardware' with role 'Applicant/Licensee' and employment period '02/18/13'. A red box highlights the 'Select' button at the end of this row. The bottom part of the screenshot shows a detailed view of an individual, 'Linda Tester', with sections for 'Individual' details and 'Staff Details'. At the bottom of this section, there is a red box around the 'Add Staff' button. A red arrow points from the 'Add Staff' button to the 'Select' button in the top screenshot.

Common Details		
Funding Period	Fall 2020, Round 2	
Grantee Name	Licensed, Lisa	
...More		
Individuals		
Name	Role(s)	Employment Period
Ace Hardware	Applicant/Licensee	02/18/13
Select		

Common Details	
Funding Period	Fall 2020, Round 2
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 10/11/2020 and 12/14/2020?	☒ Yes ☐ No
Comments	
Remove this staff from the grant? ☐	
Add Staff	
Staff List	

10. Agregar personal para ser considerado en el financiamiento

Para agregar un miembro al personal para que sea considerado en el financiamiento, use el botón **Select** (Seleccionar) para completar información de la persona.

Haga clic en el botón **Add Staff** (agregar personal) para guardar la información de la persona. Será dirigido a la página *Staff Summary* (resumen del personal) para revisar las personas añadidas a la solicitud. Para agregar más personal desde la sección *Staff Summary* (Resumen del personal), haga clic en el botón **Add Staff** (Agregar personal) para volver a la lista de *Individuals* (Personas) y seleccionar otro empleado.

The screenshot shows the 'COVID-19 Payments - Staff' form. It includes a section for 'Common Details' (Funding Period: Fall 2020; Grantee Name: Ware, Ace H) and a table of 'Staff'. The table has columns for Name, Care Type, and Current Payroll. One entry is 'Ace Hardware' with care type 'Full-Time' and current payroll 'Yes'. A red box highlights the 'Add Staff' button at the bottom of the form.

Common Details		
Funding Period	Fall 2020	
Grantee Name	Ware, Ace H	
...More		
Staff		
Name	Care Type	Current Payroll
Ace Hardware	Full-Time	Yes
Details		
Add Staff		

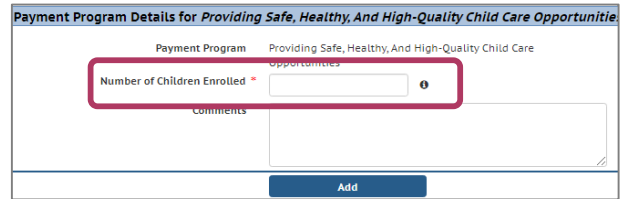
Una vez que haya terminado de agregar a todas las personas a la aplicación, seleccione el botón **Add Child** (agregar menor) para continuar con la solicitud.

Agregar información de los menores

11. Agregue menores a la solicitud

Se le solicitará agregar a *todos* los menores inscritos en su programa que se inscribieron el **10/16/20**.

NOTA: La cantidad de menores agregados en esta sección debe ser igual a la cantidad de menores que indicó que estaban inscritos en la primera página de la solicitud: *Add Application Details* (Agregar detalles en la solicitud).



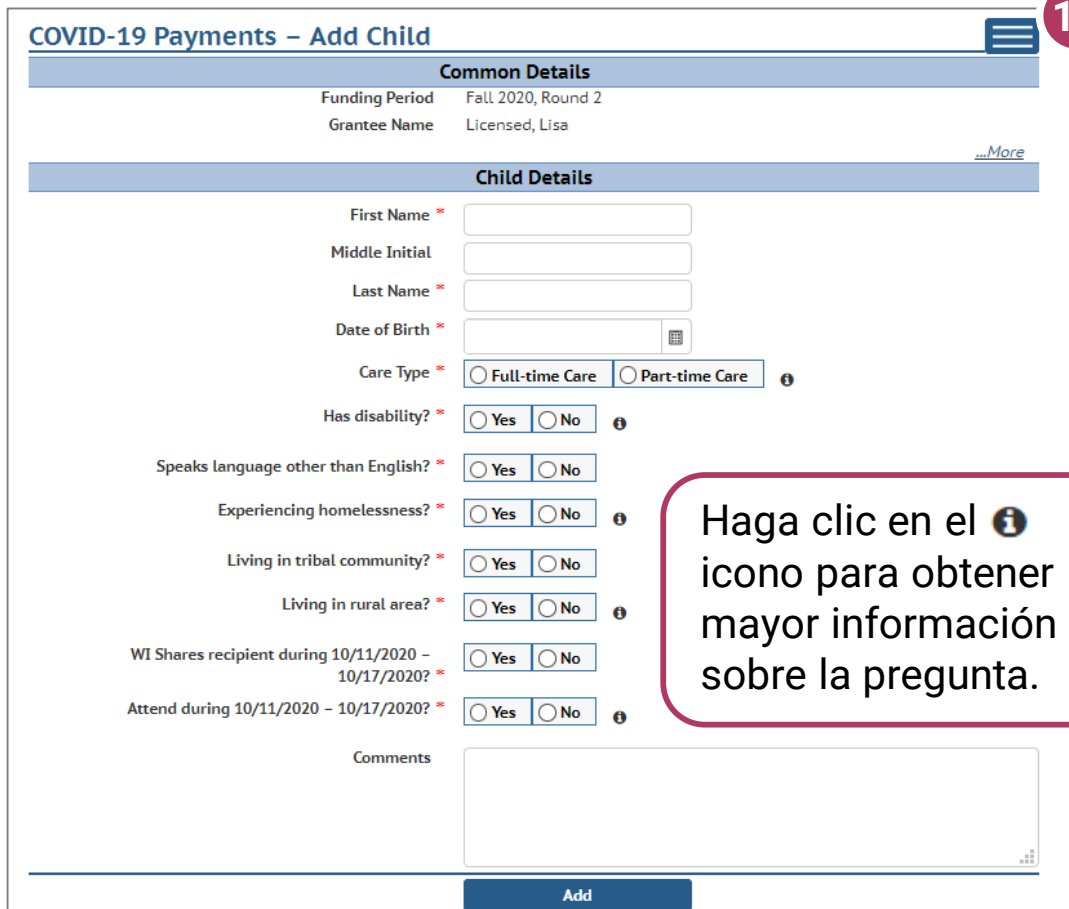
Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Payment Program: Providing Safe, Healthy, And High-Quality Child Care Opportunities

Number of Children Enrolled *

Comments

Add



COVID-19 Payments – Add Child

Common Details

Funding Period: Fall 2020, Round 2

Grantee Name: Licensed, Lisa

Child Details

First Name *

Middle Initial

Last Name *

Date of Birth *

Care Type * ☐ Full-time Care ☐ Part-time Care

Has disability? * ☐ Yes ☐ No

Speaks language other than English? * ☐ Yes ☐ No

Experiencing homelessness? * ☐ Yes ☐ No

Living in tribal community? * ☐ Yes ☐ No

Living in rural area? * ☐ Yes ☐ No

WI Shares recipient during 10/11/2020 – 10/17/2020? * ☐ Yes ☐ No

Attend during 10/11/2020 – 10/17/2020? * ☐ Yes ☐ No

Comments

Add

Haga clic en el botón **Add** (Agregar) una vez que haya completado toda la información en la página.

Lista de menores de subvenciones anteriores

12. Verificar lista anteriores de menores

Si anteriormente solicitó fondos de Child Care Counts (El Cuidado infantil importa), los menores agregados a su solicitud previa aparecerán aquí y se pueden copiar en su solicitud actual. Haga clic en **COPY** (COPIAR) para agregar menores a su solicitud. Esto le llevará a la página **Child Details** (Detalles del menor).

COVID-19 Payments – Previous Funding Period Child List

Common Details

Funding Period: Fall 2020, Round 2
Grantee Name: Licensed, Lisa

[...More](#)

Name	Date of Birth	Care Type	
Claus Cloud	1/1/2019	Full-Time Care	12 Copy ▶
Teen Child	1/1/2005	Part-Time Care	Copy ▶

Add Child ▶

◀ **Child List**

Child Details

First Name * Claus
Middle Initial
Last Name * Cloud
Date of Birth * 1/1/2019
Care Type * ☒ Full-time Care ☐ Part-time Care ⓘ

Has disability? * ☒ Yes ☐ No ⓘ

Speaks language other than English? * ☒ Yes ☐ No ⓘ

Experiencing homelessness? * ☒ Yes ☐ No ⓘ

Living in tribal community? * ☒ Yes ☐ No ⓘ

Living in rural area? * ☒ Yes ☐ No ⓘ

WI Shares recipient during 10/11/2020 – 10/17/2020? * ☒ Yes ☐ No ⓘ

Attend during 10/11/2020 – 10/17/2020? * ☐ Yes ☐ No ⓘ

Comments
Enter any comments here if applicable

Add

Verifique los detalles del menor que se copiaron e indique si el menor asistió al menos un día entre el 10/11/20 y el 10/17/20. Haga clic en el ⓘ icono para obtener mayor información sobre las preguntas.

Haga clic en el botón **Add** (Agregar) una vez que haya completado toda la información en la página.

Agregar información de los menores

13. Agregue menores a la solicitud

Después de agregar un niño a la aplicación, será dirigido a la sección *Child List* (lista de niños) que le mostrará los niños agregados a su solicitud. Haga clic en el botón **Add Child** (agregar niño) para continuar agregando niños a su solicitud. Recuerde, la cantidad de niños que se muestra en esta lista debe coincidir con la cantidad de niños inscritos que indicó en la sección *Grant Details* (detalles de la subvención).

13 COVID-19 Payments – Child List

Common Details

Funding Period: Fall 2020, Round 2
Grantee Name: Licensed, Lisa

...More

Name	Date of Birth	Care Type	
Claus Cloud	1/1/2019	Full-Time Care	Details ▶
Teen Child	1/1/2005	Full-Time Care	Details ▶

Add Child ▶

COVID-19 Payments – Child Details

Common Details

Funding Period: Fall 2020, Round 2
Grantee Name: Licensed, Lisa

...More

Child Details for COVID-19 Payments

First Name: Claus
Middle Initial:
Last Name: Cloud
Date of Birth: 1/1/2019

...More

◀ Child List

Si necesita actualizar o revisar la información de un niño específico, haga clic en el botón **Details** (detalles) para acceder al registro de ese niño. Haga clic en el botón **...More** (...Más) para acceder al botón **Modify Child** (Modificar detalles del menor).

Si agregó un menor por error a la solicitud, puede eliminarlo marcando la casilla **Remove this child from the grant?** (¿Eliminar este menor de la subvención?)

Comments

Remove this child from the grant? ☐

Save

Haga clic en **Save** (guardar) en la página *Modify Child Details* (modificar detalles del niño) si ha cambiado alguna información y volverá a *Child List* (lista de niños). Puede continuar agregando niños según sea necesario, o bien, proceda a enviar su solicitud.

Finalizar su solicitud

14

COVID-19 Payments – Child List

Common Details			
Funding Period	Fall 2020, Round 2		
Grantee Name	Licensed, Lisa		
Name	Date of Birth	Care Type	
Claus Cloud	1/1/2019	Full-Time Care	Details ▶
Teen Child	1/1/2005	Full-Time Care	Details ▶
Jim Sam	8/14/2014	Full-Time Care	Details ▶
Add Child ▶			
Submit Application ▶			
Application details			

14. Revise el envío de su solicitud

Haga clic en **Submit Application** (Enviar solicitud) para finalizar su solicitud.

Será dirigido a la página **Submit Application** (enviar solicitud). En la parte superior de la página se comparará la información que ingresó en la sección **Application Details** (detalles de la solicitud) con la información que ingresó para cada niño. El texto en rojo indica que hay información que no coincide entre la página **Application Details** (Detalles de la solicitud) y los detalles de cada menor.

La información inconsistente o incorrecta retrasará, y/o posiblemente no permitirá que su solicitud sea procesada. Es imprescindible que corrija la información indicada en color rojo. Si tiene problemas para corregir y/o modificar su solicitud, envíe un correo electrónico o llame para solicitar asistencia.

COVID-19 Payments – Application Details

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	Fall 2020, Round 2
Was your facility open on 10/16/2020?	Yes
Did your facility serve any children with disabilities?	Yes
Did your facility serve any children who speak languages other than English?	Yes
Did your facility serve any children who are experiencing homelessness?	Yes
Did your facility serve any children from tribal communities?	Yes
Did your facility serve any children living in rural areas?	Yes
Modify Common Details ▶	

Payment Program Details for Funding Staff Recruitment And Retention Efforts	
Payment Program	Funding Staff Recruitment And Retention Efforts
Grant Application ID	R000000253
Number of Children Enrolled	3
Grant Status	Submitted (View Terms and Conditions)
Modify Application Details ▶	

Temporary Closure

Operational Hours

Staff

Children

Payment Documents

Program Integrity Documents

[Payment Program Summary](#)

Finalizar su solicitud

15. Revise los Términos y condiciones

Después de revisar su información, lea los **Términos y condiciones** del programa. **Tenga en cuenta** que recomendamos encarecidamente imprimir y/o guardar en un lugar seguro los Términos y condiciones y todos los respaldos de gastos relacionados al financiamiento.

COVID-19 Payments - Submit Application

Common Details	
Funding Period	Fall 2020, Round 2
Grantee Name	Licensed, Lisa

More

Payment Program Details for Funding Staff Recruitment And Retention Efforts	
Payment Program	Funding Staff Recruitment And Retention Efforts
Grant Application ID	R000000253
Number of Children Enrolled	3
Grant Status	Incomplete

Terms and Conditions

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I certify that my program is currently open, or that I plan to reopen by 12/14/2020.
- I understand that in order to be eligible for this program I must have had:
 - Licensed Group Centers, Licensed Day Camps & Public School Programs: During 10/11/2020 - 10/17/2020, at least 1/3 of enrolled children are age 5 or under.
 - Regulated Family Providers: During 10/11/2020 - 10/17/2020, at least 1 enrolled child age 5 or under.
- I understand that the Department of Children and Families may monitor and review my use of program funds.

If I receive funding for **Program B – Funding Staff Recruitment And Retention Efforts** I agree to the following:

- I will use the funds to support the costs associated with recruiting and retaining high-quality staff by providing incentive pay or sign-on bonuses to current or future employees with approved background checks.
- I will follow the health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
- I understand that the payment is comprised of a base amount and a per-staff amount, and I will use the funds as follows:
 - I will use the awarded per-staff funds to increase pay (in form of a bonus or wage increase) for all individuals (employees or myself as a family provider) that were listed on the application.
 - I will use the awarded base amount funds towards staff recruitment or ongoing support for staff.
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
 - Employee payroll registers or other payroll system substantiation of pay rate increase
 - Communications/notification to employees of wage increase or personnel policy explaining wage increase
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to promptly supply this documentation upon request.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds if I fail to meet the terms and conditions of the program.

15

☐ I accept the Terms and Conditions above.

Submit

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Application Details

16. Envíe su solicitud

Una vez que haya leído los **Términos y condiciones**, haga clic en la casilla de verificación “I accept the Terms and Conditions above” (Acepto los Términos y condiciones indicados anteriormente) y haga clic en **Submit** (Enviar) para enviar su solicitud.

Modificaciones después del envío

17

17. Actualice información después del envío

Podrá actualizar información después de enviar su solicitud, hasta la medianoche del último día del plazo para solicitar. Deberá modificar cada sección y el detalle de información.

- Para modificar información en *Common Details* (detalles generales), haga clic en **Modify Common Details** (modificar detalles generales).

- Para modificar información en *Application Details* (detalles de la solicitud), específicamente el número de niños inscritos durante el período de financiamiento, haga clic en **Modify Application Details** (modificar detalles de la solicitud). Recuerde, cualquier cambio en la cantidad de menores afectará la cantidad de menores que debe ingresar en el módulo *Add Children* (Agregar menores).

PRDC Site
1325 Loomis Street
Haw., WI 49434-5455

COVID-19 Payments – Application Details

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 Fall 2020, Round 2

Was your facility open on 10/16/2020? Yes

Did your facility serve any children with disabilities? Yes

Did your facility serve any children who speak languages other than English? Yes

Did your facility serve any children who are experiencing homelessness? Yes

Did your facility serve any children from tribal communities? Yes

Did your facility serve any children living in rural areas? Yes

Modify Common Details

Payment Program Details for Funding Staff Recruitment And Retention Efforts

Payment Program Funding Staff Recruitment And Retention Efforts
Grant Application ID R000000253
Number of Children Enrolled 3
Grant Status Submitted (view Terms and Conditions)

Modify Application Details

Temporary Closure Operational Hours Staff Children Payment Documents Program Integrity Documents

Payment Program Summary

Puede usar los botones **Temporary Closure** (Cierre temporal), **Operational Hours** (Horas de funcionamiento), **Staff** (Personal) y **Children** (Menores) para actualizar esas secciones de la solicitud. Consulte las instrucciones específicas para cada sección indicada anteriormente.



APÉNDICE

APÉNDICE I

Agregar personas al Child Care Provider Portal (Portal para proveedores de cuidado infantil)

El *Individuals Module* (Módulo de personas) permite a los proveedores de cuidado infantil ingresar a los empleados actuales y futuros y a los miembros del hogar para fines de verificación de antecedentes.

Individuals
Select Staff to Attach to COVID-19 Payments Request 

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

Common Details			
Funding Period	Fall 2020, Round 2		
Grantee Name	Licensed, Lisa		
...More			
Individuals			
Name	Role(s)	Employment Period	
Ace Hardware	Applicant/Licensee	02/18/13	Select 

Si no ve a un miembro del personal que trabajó durante el período de financiamiento, debe agregarlo en esta sección si desea que sea considerado para el financiamiento.

Sólo podrá añadir personal que tenga a lo menos cursada la solicitud de verificación de antecedentes en el sistema.

Siga el enlace a continuación para descargar la Guía del usuario del <Child Care Provider Portal (CCPP, Portal para proveedores de cuidado infantil) más reciente.



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