

Child Care Counts: COVID-19 Response and Relief Payment (El cuidado infantil importa: Programas de pagos de ayuda y respuesta al COVID-19)

Guía para presentar una solicitud

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

04/22/2021



Wisconsin Department of
Children and Families

Índice

Acerca de esta guía	2
Cómo enviar una solicitud	4
Página de resumen del pago	5
SOLICITUD DEL PROGRAMA DE PAGO A	8
Prestación de oportunidades de un cuidado infantil seguro, saludable y de alta calidad	
SOLICITUD DEL PROGRAMA DE PAGO B	21
Financiamiento de los esfuerzos de contratación y retención de personal	
APÉNDICE.....	35

Acerca de esta guía

Esta guía detalla de qué manera los proveedores deberán utilizar el Portal para proveedores del DCF para solicitar la ayuda del **Child Care Counts: COVID-19 Response and Relief Payment (El cuidado infantil importa: Programas de pagos de ayuda y respuesta al COVID-19)** durante el periodo de solicitud del **04/19/2021 al 04/30/2021**.

Antes de enviar su solicitud, revise todos los detalles del programa de pago, los requisitos de elegibilidad y los términos y condiciones en nuestra [página web](#).

La solicitud del Programa de pago se puede realizar mediante el [Child Care Provider Portal \(Portal para proveedores de cuidado infantil\)](#). Puede encontrar información sobre [cómo solicitar acceso al portal aquí](#). Si necesita ayuda para obtener acceso al Child Care Provider Portal (Portal para proveedores de cuidado infantil), envíe un correo electrónico a DCFPlcBECRCBU@wisconsin.gov.

Si no puede acceder al Portal para proveedores del DCF, o elige no hacer la solicitud mediante esta vía, puede comunicarse con el Centro de Llamadas de los programa de pago a fin de obtener ayuda para completar su solicitud por teléfono.

Nota sobre el sistema: el Child Care Provider Portal (Portal para proveedores de cuidado infantil) expirará después de **20 minutos de inactividad**, lo que obligará a los usuarios a volver a iniciar sesión.

AVISO IMPORTANTE

Los programas de **Child Care Counts (El cuidado infantil importa)** son programas de tiempo limitado diseñados para entregar asistencia a los proveedores de cuidado infantil en respuesta a la emergencia de salud pública del COVID-19. **Los programas no son subvenciones** según lo definido en la 45 CFR72 y en las regulaciones federales relacionadas y el uso de la palabra “subvención” es incidental.



Centro de Llamadas de Child Care Counts (El cuidado infantil importa)

Si necesita ayuda, envíe un correo electrónico a:
DCFDECECOVID19CCPayments@wisconsin.gov.

Si no es posible enviar un correo electrónico, puede llamar y dejar sus preguntas de manera detallada al: 608-535-3650.

Tenga en cuenta – se recomienda la comunicación mediante correo electrónico para una respuesta más rápida.

Cómo enviar una solicitud

Child Care Provider Portal

Login

Existing CCPI Users can log in with:

1. Enter your ID and password that you used for CCPI.

User ID: lauralake

Password: *****

☐ Show Password

☐ Remember Me

☐ Enable Keyboard Accessibility Features

☐ Enable Screen Reader Features

[Hide Options](#)

Login

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

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

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1. Pantalla de inicio de sesión

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

Ingresa su **User ID** (Identificación de usuario) y **Password** (Contraseña) en los campos correspondientes.
Haga clic en el botón **Login** (Iniciar sesión) para continuar.

AVISO IMPORTANTE:

Actualice sus cupos disponibles
Antes de comenzar su solicitud, revise los cupos abiertos que tiene disponibles, incluya los cupos por rangos de edad y el total de cupos disponibles. Esto asegurará que se muestren con precisión los cupos disponibles de su centro en el [Mapa de disponibilidad de cuidado infantil](#).

Haga clic en **Save** (Guardar) cuando actualice la información de sus cupos disponibles.

Child Care Provider Portal

Welcome, Laura

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: 123 Licensed Street, Milwaukee, WI 53233

Is this location currently open? ☒ Yes ☐ No

Are you able to provide care for more children with disability? ☒ 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? 3

For 4 and 5 year-olds? 3

For 6 year-olds and older? 2

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

Total available slots: 10

Last updated on: 10/22/2020 08:56 AM

Save

Home

Financial Facility Details Communications Manage Facility Individuals

COVID-19 Payment

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Update SPA CWA Privileges

Cómo enviar una solicitud

The screenshot shows the 'Child Care Provider Portal' with a welcome message to 'Laura'. The main section is titled 'COVID-19 Emergency Information' and contains a form for providers to update their information. The form includes fields for address, current status, and available slots. A red box highlights the 'COVID-19 Payments' button, which is located in the bottom right corner of the page. A red arrow points from the 'COVID-19 Payments' button to the 'COVID-19 Emergency Information' form, indicating the next step in the process.

Child Care Provider Portal
Welcome, Laura

Logout
0800035730-003

PROC Site
123 Licensed Street
Mike, WI 45454-5455

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 workers and others performing critical functions fill urgent child care needs. Press "Save" once you have completed filling out the information.

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

Address 123 Licensed Street
Mike, WI 45454-5455

Is this location currently open? ☒ Yes ☐ No

Are you able to provide care for more children with disability? ☒ 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? 3

For 4 and 5 year-olds? 3

For 6 year-olds and older? 2

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

Total available slots 10

Last updated on 10/22/2020 08:56 AM

Save

Home

Financial Facility Details Communications Manage Facility Individuals

COVID-19 Payments

Other Facilities

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Update SPA CWA Privileges

2. Botón de programas de pago en respuesta al COVID-19

En la página *COVID-19 Emergency Information* (Información sobre la emergencia de COVID-19), desplácese hasta la parte inferior de la página y haga clic en el botón **COVID-19 Payments** (Pagos COVID-19).

Comenzar su solicitud

3	Funding Period	When Can I Apply?	Payment Program	Status	
	Spring 2021	March 29 - April 09	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied	Apply ▶
	Spring 2021	March 29 - April 09	Funding Staff Recruitment And Retention Efforts	Not Applied	Apply ▶

3. Iniciar la solicitud

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

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 03/29/2021 through 04/09/2021. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

What information do I need to 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 04/09/2021, 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.

5 **Continue** ▶

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Update SPA CWA Privileges

4. Revisar la información del Programa de pago

Después de hacer clic para solicitar un programa de pago, verá una pantalla informativa que detalla lo siguiente:

- Resumen del programa de pago específico
- Cuándo puede solicitar el proveedor
- Información que se recopilará en la 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 de pago)*.

Página de resumen del pago

6. Lista de solicitud del Programa de pago en respuesta al COVID-19

Se ha determinado un periodo único de solicitud.

04/19/2021 – 04/30/2021.

Hay dos programas de pago que puede solicitar un proveedor.

- A. Providing Safe, Healthy, and High-Quality Child Care Opportunities (Prestación de oportunidades de un cuidado infantil seguro, saludable y de alta calidad)
- B. Funding staff Recruitment and Retention Efforts (Financiamiento de los esfuerzos de contratación y retención de personal)

Funding Period	When Can I Apply?	Payment Program	Status	Buttons
Spring 2021	March 29 - April 09	Providing Safe, Healthy, and High-Quality Child Care Opportunities	Not Applied	Apply
Spring 2021	March 29 - April 09	Funding Staff Recruitment And Retention Efforts	Not Applied	Apply
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	

! Los proveedores regulados pueden solicitar AMBOS programas de pago. Revise los detalles sobre la elegibilidad y los requisitos en la [página web del Programa de pagos](#).

Al lado del título Payment Program (Programa de pago), también verá la sección **Status (Estado)** donde se muestra el estado de su solicitud. **Incomplete (Incompleta)** indica que ha iniciado una solicitud para el programa, pero no la ha completado. Haga clic en **Details (Detalles)** para ingresar a su solicitud.

Not Applied (No solicitada) significa que no ha ingresado una solicitud para el pago que se indica. Haga clic en **Apply (Solicitar)** para comenzar su solicitud.

Puede realizar correcciones a su solicitud hasta el final del periodo de solicitud - 11:59 p.m. 04/30/2021. Una vez que se cierra el periodo para presentar la solicitud, no se puede realizar correcciones.



PARA SOLICITAR EL PROGRAMA DE PAGO A

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

Comenzar su solicitud

1

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

Funding Period	When Can I Apply?	Payment Program	Status	
Spring 2021	March 29 - April 09	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied	Apply
Spring 2021	March 29 - April 09	Funding Staff Recruitment And Retention Efforts	Not Applied	Apply
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	March 02 - March 15	Providing Funding To Care For Essential	Approved	Details

1. Comenzar la solicitud

En la página *Summary* (Resumen) del programa de pago, solicite un programa específico haciendo clic en el botón **Apply (Solicitar)** que corresponda. En este ejemplo, haremos clic en el botón **Apply (Solicitar)** que se encuentra junto al Programa *Providing Safe, Healthy, And High-Quality Child Care Opportunities* (Prestación de oportunidades de un cuidado infantil seguro, saludable y de alta calidad).

2. Revisar la información del Programa de pago

Después de hacer clic para solicitar un programa de pago, verá una pantalla informativa que detalla lo siguiente:

- Resumen del programa de pago específico
- Cuándo puede solicitar el proveedor
- Información que se recopilará en la solicitud
- Qué sucede después de presentar la solicitud

3. Continuar

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.

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When Can I Apply?

You may apply for this payment anytime from 03/29/2021 through 04/09/2021. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

What information do I need to 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 04/09/2021, 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.

Continue

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2

3

Agregar detalles de su ubicación a 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

4

Funding Period: Spring 2021

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 program is opened or closed due to COVID-19

5 → Was your facility open on 03/12/2021? * ☐ Yes ☐ No

Tell us about the children at your facility

Did your facility serve any children with disabilities? * ☒ Yes ☐ No 0

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 ☐ No 0

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 attended: *

4. Agregar detalles de la persona beneficiaria

Se ha determinado un periodo de financiamiento único para esta solicitud.

Asegúrese de ingresar los detalles marcados con un asterisco rojo. *

Si ingresa detalles inexactos podría retrasar su solicitud.

5. Cuéntenos sobre la apertura/cierre del programa

¿Su instalación estaba operativa el **03/12/2021**?

Tenga en cuenta que debe marcar **Yes (Sí)** si su programa estaba en estado operativo (a diferencia de Cerrado temporalmente), incluso si ese día estuvo cerrado por vacaciones o por un motivo similar. Marque **No** si su programa estaba Cerrado o Cerrado temporalmente en esta fecha.



NOTA: Si solicitó financiamiento anterior mediante el *Programa Child Care Counts Payment (Pago de El cuidado infantil importa)* original, muchos de los campos de la solicitud se completarán de manera automática. Revise todos los campos que se completan de manera automática para asegurarse de que la información sea correcta y actualice los datos según sea necesario.

Agregar detalles de su ubicación a la solicitud

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 attended * ⓘ

Comments

6. Cuéntenos sobre los niños inscritos en su programa

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

Number of Children attended * ⓘ

Enter the number of children who attended at least one day between 3/7/2021 and 3/13/2021 at this location.

En este caso, al hacer clic en el icono para obtener más información, se le indicará que debe agregar la cantidad de niños que asistieron a su ubicación **AL MENOS** un día entre el **03/07/2021** y el **03/13/2021**.

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



NOTA: Si ve el icono junto a un campo y no está seguro de qué información ingresar, haga clic en el icono ⓘ para obtener más información sobre los datos que se están pidiendo que ingrese.

Actualizar o verificar cierres temporales de la ubicación

7. Cierres temporales

Se le pedirá que verifique si hubo cierres temporales durante el periodo de financiamiento. Si la información sobre los cierres ya se actualizó en el Portal para proveedores del DCF, esos detalles se mostrarán aquí. Si necesita agregar un periodo de cierre temporal, seleccione el botón **Add Temporary Closure (Agregar cierre temporal)**, será dirigido a la pantalla **Closure Schedule (Programación de cierres)** que se muestra a continuación.

COVID-19 Payments - Temporary Closure

Common Details

Funding Period: Spring 2021
Grantee Name: Rory, Mick

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 (3/7/2021 - 3/13/2021). You must verify the closure periods above by checking the box below and selecting Verify. If you need to add a new closure period, select the 'Add' button.

☐ The closures listed above are accurate and complete for the period of 3/7/2021 to 3/13/2021. If you were not closed during the funding period, check the box to verify that there were no closure periods during the funding period.

Add Temporary Closure

Verify

Después de incluir todos los cierres temporales que correspondan, haga clic en la casilla de verificación que indica que ha registrado y verificado con precisión todos los cierres temporales de su ubicación.

COVID-19 Payments - Add Closure Schedule

Common Details

Funding Period: Spring 2021
Grantee Name: Rory, Mick

Verify Temporary Closure

From Date: 03/10/2021
To Date:
COVID-19 Closure Reason: COVID-19 Lack of families
Comments: not enough kids

Add

Temporary Closure

Si no tuvo cierres temporales durante el periodo de financiamiento, marque la casilla para verificar que no tuvo cierres temporales y seleccione **Verify (Verificar)** para continuar con la solicitud.

☐ The closures listed above are accurate and complete for the period of 3/7/2021 to 3/13/2021. 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

Actualizar o verificar el horario de funcionamiento

COVID-19 Payments - Operational Hours
Add Operational Hours

Common Details

Funding Period: Spring 2021
Grantee Name: Rory, Mick

Operational Hours

Specify your Operating Hours during 3/7/2021 - 3/13/2021

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

☒ Sunday
6:00 AM - 6:00 PM

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ 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

8. Horario de funcionamiento

Si su ubicación estuvo operativa menos horas de lo normal durante el periodo del **03/07/2021 al 03/13/2021** debido al COVID-19, ajuste su horario en esta sección.

El horario de funcionamiento se completará de manera automática según su licencia o las horas de certificación.

Seleccione el botón **Add (Agregar)** para guardar su información y continuar a la sección **Reopen/Closure Details (Detalles de reapertura/cierre)**, donde proveerá información sobre sus planes de reapertura si su ubicación ha estado cerrada.

Agregar detalles sobre los niños

10. Agregar niños a la solicitud

Se le pedirá que agregue a *todos* los niños que asistieron a su programa al menos un día entre el **03/07/21** y el **03/13/21**.



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

Payment Program Details for Funding Staff Recruitment And Retention Efforts

Payment Program: Funding Staff Recruitment And Retention Efforts

Grant Application ID: 000000301

Number of Children attended * 6 ⓘ

Grant Status * Incomplete

Comments

Add

COVID-19 Payments – Add Child

Common Details

Funding Period: Spring 2021

Grantee Name: Rory, Mick

More

Child Details

First Name * Saw

Middle Initial

Last Name * Yer

Date of Birth * 7/11/2007

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 03/07/2021 – 03/13/2021? * ☐ Yes ☒ No ⓘ

Attend during 03/07/2021 – 03/13/2021? * ☒ Yes ☐ No ⓘ

Did the child attend at least one day between 3/7/2021 and 3/13/2021?

Comments

Add

10

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

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

Lista de niños incluidos en la solicitud de pago anterior

11. Verificar la lista de niños incluidos en una solicitud anterior

Si solicitó fondos del *Child Care Counts* (*El cuidado infantil importa*) antes, los niños que agregó en su solicitud anterior aparecerán en esta sección y se podrían copiar en su solicitud actual.

Haga clic en **COPY (COPIAR)** para agregar los niños a su solicitud. Esto lo llevará a la página de *Child Details* (*Detalles de los niños*).

COVID-19 Payments – Child List

Common Details

Funding Period: Spring 2021
Grantee Name: Rory, Mick [...More](#)

Name	Date of Birth	Care Type	
Hexx Boltt	7/15/2011	Full-Time Care	11 Copy ▶
Jigg Saww	8/15/2016	Full-Time Care	Copy ▶
Nail Gunn	9/23/2019	Full-Time Care	Copy ▶

Add Child ▶

◀ Child List

Child Details

First Name * Jigg

Middle Initial

Last Name * Saww

Date of Birth * 8/15/2016

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 03/07/2021 – 03/13/2021? * ☐ Yes ☒ No ⓘ

Attend during 03/07/2021 – 03/13/2021? * ☒ Yes ☐ No ⓘ

Verifique los detalles de cada niño que figura en la lista que se copió e indique si el niño asistió al menos un día entre el **03/07/2021** y el **03/13/2021**. Haga clic en el icono ⓘ para obtener más información sobre las preguntas.

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

Agregar detalles sobre los niños

12. Agregar niños a la solicitud

Después de agregar un niño a la solicitud, será direccionado a la *Child List (Lista de niños)* donde se muestran todos 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 muestran en esta sección debe coincidir con la cantidad de niños que figuran como inscritos en la sección *Grant Details (Detalles de la subvención)*.

12 COVID-19 Payments – Child List

Common Details

Funding Period Spring 2021
Grantee Name Rory, Mick

...More

Name	Date of Birth	Care Type	
Hexx Boltz	7/15/2011	Full-Time Care	Details ▶
Jigg Saww	8/15/2016	Full-Time Care	Details ▶
Nail Gunn	9/23/2019	Full-Time Care	Details ▶

Add Child ▶

COVID-19 Payments – Child Details

Common Details

Funding Period Spring 2021
Grantee Name Rory, Mick

...More

Child Details for COVID-19 Payments

First Name Nail
Middle Initial
Last Name Gunn
Date of Birth 9/23/2019

◀ Child List

...More

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

Si agregó un niño a la solicitud por error, puede eliminarlo marcando la casilla **Remove this child from the grant? (¿Eliminar a este niño 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; debería ser dirigido a la sección *Child List (Lista de niños)*. Puede continuar agregando niños, según sea necesario o proceder a enviar su solicitud.

Finalizar su solicitud

13

ID-19 Payments – Child List

Common Details

Funding Period Spring 2021
Grantee Name Rory, Mick [More](#)

Name	Date of Birth	Care Type	
Hexor Boltz	7/15/2011	Full-Time Care	Details
Jigg Saww	8/15/2016	Full-Time Care	Details
Nail Gunn	9/23/2019	Full-Time Care	Details

[Add Child](#)

[Submit Application](#)

[Application details](#)

13. Revisar la solicitud que está por enviar

Haga clic en el botón **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 mostrará la revisión y comparación de la información ingresada en la página **Application Details (Detalles de la solicitud)** con la información ingresada sobre cada niño. El texto en rojo indica que hubo una discrepancia entre lo informado en la página **Application Details (Detalles de la solicitud)** y la información de cada niño.

La información inconsistente y/o incorrecta retrasará el proceso y/o podría impedir que su solicitud sea procesada. Es imperativo que regrese y corrija los problemas señalados en color rojo. Si tiene problemas para corregir y/o modificar su solicitud, envíe un correo electrónico o llame para obtener ayuda.

COVID-19 Payments – Application Details

[Continue to Child List](#)

Common Details

Grantee First Name Mick
Grantee Middle Initial
Grantee Last Name Rory
Grantee Email mickr@suzys.com
Grantee Phone (608) 555-5555
Funding Period Spring 2021
Was your facility open on 03/12/2021? 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 P000000300
Number of Children attended 14
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	Spring 2021
Grantee Name	Rory, Mick

[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	P000000000
Number of Children Enrolled	14

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

Grant Status: Incomplete

Children attended for the facility does not match the number of children entered in the application. Number entered: 8

No children with disabilities were entered.

No children with other language were entered.

No children experiencing homelessness were entered

No children from tribal communities were entered

No children from rural areas were entered

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 03/17/2021.

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 03/07/2021 - 03/11/2021, at least 1/3 of enrolled children are age 5 or under.
- Regulated Family Providers: During 03/07/2021 - 03/13/2021, 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

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[Update SPA, CWA Privileges](#)

14. Revisar la solicitud que está por enviar

Debe corregir cualquier entrada con texto en color rojo. El texto rojo le entrega detalles específicos sobre la discrepancia u otro problema que se haya identificado con esa entrada.

El texto en rojo indica que hubo una discrepancia entre lo informado en la página **Application Details (Detalles de la solicitud)** y la información de cada niño. La información inconsistente y/o incorrecta retrasará el proceso y podría impedir que su solicitud sea procesada. Es imperativo que regrese y corrija los problemas señalados en color rojo. Si tiene problemas para corregir/modificar su solicitud, envíe un correo electrónico o llame para obtener asistencia.

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

Finalizar su solicitud

15. Revisar los Términos y Condiciones

Después de revisar su información, lea los **Terms and Conditions (Términos y condiciones)** del programa. **Tenga en cuenta** que recomendamos encarecidamente imprimir y/o guardar estos Términos y condiciones y archivar todos los documentos de gastos relacionados en un lugar seguro.

Common Details	
Funding Period	Spring 2021
Grantee Name	Rory, Mick

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	P000000300
Number of Children Enrolled	14
Grant Status	Incomplete

15 Terms and Conditions

☒ I accept the Terms and Conditions above

16 Submit

16. Enviar 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 arriba descritos) y haga clic en el botón **Submit (Enviar)** para enviar su solicitud para el programa.

Realizar modificaciones después del envío

17. Realizar actualizaciones después de enviar la solicitud

Después de haber enviado su solicitud tendrá la posibilidad de actualizar la información **hasta la medianoche de la fecha tope del periodo de solicitud**. Deberá modificar cada sección y el detalle de la información.

- Para modificar los *detalles comunes*, haga clic en el botón **Modify Common Details (Modificar detalles comunes)**

- Para modificar los *detalles de la solicitud*, en específico el número de niños inscritos durante el periodo de financiamiento, seleccione el botón **Modify Application Details (Modificar detalles de la solicitud)**. Recuerde, cualquier cambio en el número de niños afectará el número de niños que se deben ingresar en el módulo *Add Children (Agregar niños)*.

COVID-19 Payments – Application Details

[Continue to Child List](#)

Common Details

Grantee First Name	Mick
Grantee Middle Initial	
Grantee Last Name	Test
Grantee Email	test@gmail.com
Grantee Phone	(665) 646-5546
Funding Period	Spring 2021
Was your facility open on 03/12/2021?	Yes
Did your facility serve any children with disabilities?	No
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	R000000301
Number of Children attended	6
Grant Status	Submitted (view Terms and Conditions)

[Modify Application Details](#)

[Temporary Closure](#) [Operational Hours](#) [Staff](#) [Children](#) [Closure/Re-Open Details](#) [Payment Documents](#)

[Program Integrity Documents](#)

[Payment Program Summary](#)

Puede utilizar los botones **Temporary Closure (Cierre temporal)**, **Operational Hours (Horario de funcionamiento)**, **Staff (Personal)**, **Children (Niños)**, **Closure/Reopen (Cierre/reapertura)** para actualizar esas secciones específicas de la solicitud. Consulte las instrucciones previas de esta guía para obtener información específica.



PARA SOLICITAR EL PROGRAMA DE PAGO B

Financiamiento de los esfuerzos de contratación y retención de personal

Comenzar su solicitud

1

COVID-19 Payment Application List

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

Payment Program Summary

Funding Period	When Can I Apply?	Payment Program	Status	
Spring 2021	March 29 - April 09	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied	Apply
Spring 2021	March 29 - April 09	Funding Staff Recruitment And Retention Efforts	Not Applied	Apply
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	March 02 - May 15	Providing Funding To Care For Essential	Approved	Details

2. Revisar la información del Programa de pago

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

- Resumen del programa de pago específico
- Cuándo puede solicitar el proveedor
- Información que se recopilará en la solicitud
- Qué sucede después de presentar la solicitud

3. Continuar

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

1. Comenzar la solicitud

En la página *Payment Program Summary* (Resumen del programa de pago), solicite un programa específico haciendo clic en el botón **Apply** (Solicitar) que corresponda. En este caso, debería hacer clic en el botón **Apply** (Solicitar) junto al programa **Funding Staff Recruitment and Retention Efforts** program (Financiamiento de los esfuerzos de contratación y retención de personal).

2

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 03/29/2021 through 04/16/2021. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

What information do I need to 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 04/16/2021, 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.

Continue

3

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Agregar detalles de su ubicación a 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: Spring 2021

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 program is opened or closed due to COVID-19

Was your facility open on 03/12/2021? *: ☒ Yes ☐ No

Tell us about the children at your facility

Did your facility serve any children with disabilities? *: ☒ Yes ☐ No 0

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 ☐ No 0

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 attended *:

4. Agregar detalles de la persona beneficiaria

Se ha determinado un periodo de financiamiento único para esta solicitud.

Asegúrese de ingresar los detalles marcados con un asterisco rojo. *

Si ingresa detalles inexactos podría retrasar su solicitud.

5. Cuéntenos sobre la apertura/cierre el programa ¿Su instalación estaba operativa el 03/12/2021?

Tenga en cuenta que debe marcar **Yes (Sí)** si su programa estaba en estado operativo (a diferencia de Cerrado temporalmente), incluso si ese día estuvo cerrado por vacaciones o por un motivo similar. Marque **No** si su programa estaba Cerrado o Cerrado temporalmente en esta fecha



NOTA: Si solicitó financiamiento anterior mediante el *Programa Child Care Counts Payment (Pago de El cuidado infantil importa)* original, muchos de los campos de la solicitud se completarán de manera automática. Revise todos los campos que se completan de manera automática para asegurarse de que la información sea correcta y actualice los datos según sea necesario.

Agregar detalles de su ubicación a la solicitud

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 attended * ⓘ

Comments

Add

6. Cuéntenos sobre los niños inscritos en su programa

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

Number of Children attended * ⓘ

Enter the number of children who attended at least one day between 3/7/2021 and 3/13/2021 at this location.

En este caso, al hacer clic en el icono para obtener más información, se le indicará que debe agregar la cantidad de niños que asistieron a su ubicación **AL MENOS** un día entre el **03/07/2021** y el **03/13/2021**.

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



NOTA: Si ve el icono junto a un campo y no está seguro de qué información ingresar, haga clic en el icono ⓘ para obtener más información sobre los datos que se están pidiendo que ingrese.

Actualizar o verificar cierres temporales de la ubicación

7. Cierres temporales

Se le pedirá que verifique si hubo cierres temporales durante el periodo de financiamiento. Si la información sobre los cierres ya se actualizó en el Portal para proveedores del DCF, esos detalles se mostrarán aquí. Si necesita agregar un periodo de cierre temporal, seleccione el botón **Add Temporary Closure (Agregar cierre temporal)**, será dirigido a la pantalla **Closure Schedule (Programación de cierres)** que se muestra a continuación.

COVID-19 Payments - Temporary Closure

Common Details

Funding Period: Spring 2021
Grantee Name: Test, Mick

Verify Temporary Closure

From	To	Closure Reason	Comments	
3/8/2021		COVID-19 Lack of staff	i am was also out of many essential supplies, such as cleaning products, baby food, and wipes.	Edit ▶

The closure periods should reflect any periods of time your facility was closed during the funding period (3/7/2021 - 3/13/2021). You must verify the closure periods above by checking the box below and selecting Verify. If you need to add a new closure period, select the 'Add' button.

☐ Add Temporary Closure ▶

☐ The closures listed above are accurate and complete for the period of 3/7/2021 to 3/13/2021. 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

Después de incluir todos los cierres temporales que correspondan, haga clic en la casilla de verificación que indica que ha registrado y verificado con precisión todos los cierres temporales de su ubicación.

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: Spring 2021
Grantee Name: Test, Mick

Verify Temporary Closure

From Date: 03/10/2021

To Date:

COVID-19 Closure Reason: COVID-19 Lack of families

Comments: not enough kids

Add

Temporary Closure



Si no tuvo cierres temporales durante el periodo de financiamiento, marque la casilla para verificar que no tuvo cierres temporales y seleccione **Verify (Verificar)** para continuar con la solicitud.

☐ The closures listed above are accurate and complete for the period of 3/7/2021 to 3/13/2021. 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

Actualizar o verificar el horario de funcionamiento

COVID-19 Payments - Operational Hours
Add Operational Hours

Common Details

Funding Period: Spring 2021
Grantee Name: Rory, Mick

Operational Hours

Specify your Operating Hours during 3/7/2021 - 3/13/2021

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

☒ Sunday
6:00 AM - 6:00 PM

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ 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

8. Horario de funcionamiento

Si su ubicación estuvo operativa menos horas de lo normal durante el periodo del **03/07/2021 al 03/13/2021** debido al COVID-19, ajuste su horario en esta sección.

El horario de funcionamiento se completará de manera automática según su licencia o las horas de certificación.

Seleccione el botón **Add (Agregar)** para guardar su información y continuar a la sección **Reopen/Closure Details (Detalles de reapertura/cierre)**, donde proveerá información sobre sus planes de reapertura si su ubicación ha estado cerrada.

Agregar personal al programa

9. Revisar el personal vinculado a la ubicación

Se le pedirá que verifique a todos los miembros del personal que trabajaron en su ubicación durante el periodo de financiamiento. Todas las personas vinculadas a su ubicación se mostrarán en esta página.



Si en la lista no figura una persona que haya trabajado en el programa durante el periodo de financiamiento, debe agregarla mediante el **Individual Module (Módulo Individual)** si desea que dicha persona sea considerada para el financiamiento. Las personas no podrán ser agregadas hasta que cuenten con una solicitud de verificación de antecedentes en el archivo. Consulte el **Apéndice I** para obtener información sobre cómo agregar a una persona.

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 ubicación, solo tendrá que agregar sus datos.

Agregar personal de forma individual

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

Common Details
Funding Period: Spring 2021
Grantee Name: Test, Mick

Staff

Name	Care Type	Current Payroll	Details
Carrot Cake	Full-Time	Yes	Details

Individual

Name: Carrot Cake
Employment Period: 8/28/2019

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 03/07/2021 and 05/17/2021? *
☒ Yes ☐ No

Comments

Add Staff

10. Agregar personal para ser considerado en el financiamiento

Para agregar un miembro del personal para que sea considerado en el financiamiento del programa, use el botón **Select (Seleccionar)** para completar los detalles del personal.

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

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

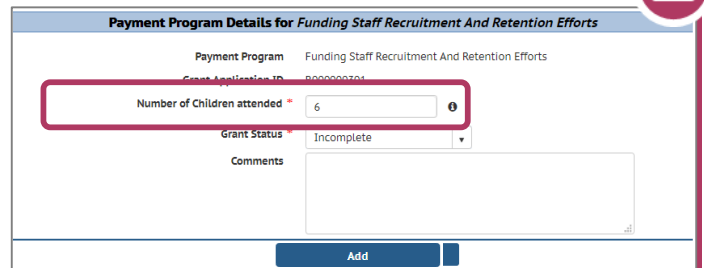
Cuando haya terminado de agregar todas las personas a la solicitud, seleccione el botón **Add Child (Agregar niño)** para continuar con la solicitud.

Agregar detalles sobre los niños

11. Agregar niños a la solicitud

Se le pedirá que agregue a *todos* los niños que asistieron a su programa al menos un día entre el **03/07/21** y el **03/13/21**.

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



Payment Program Details for Funding Staff Recruitment And Retention Efforts

Payment Program: Funding Staff Recruitment And Retention Efforts

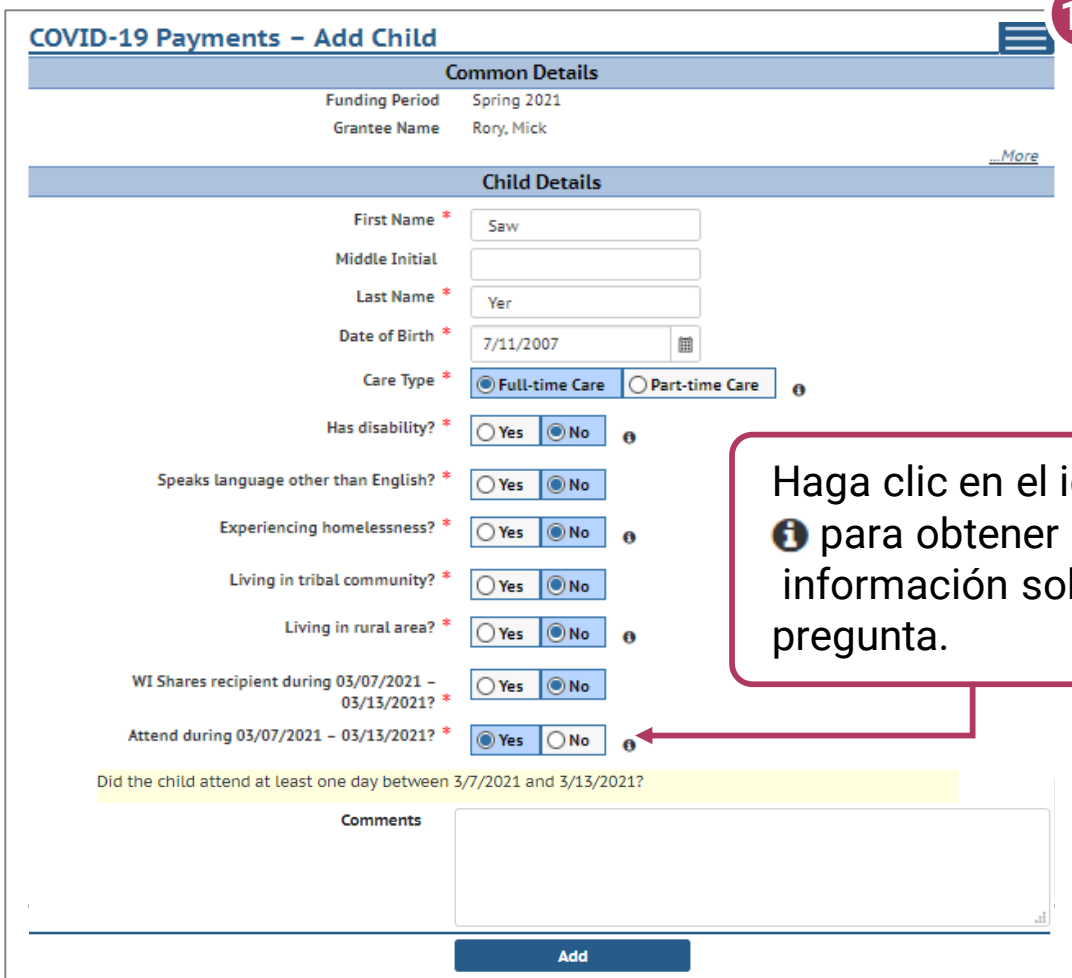
Grant Application ID: 0000000000

Number of Children attended: 6

Grant Status: Incomplete

Comments:

Add



COVID-19 Payments - Add Child

Common Details

Funding Period: Spring 2021

Grantee Name: Rory, Mick

Child Details

First Name: Saw

Middle Initial:

Last Name: Yer

Date of Birth: 7/11/2007

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 03/07/2021 - 03/13/2021?: ☐ Yes ☒ No

Attend during 03/07/2021 - 03/13/2021?: ☒ Yes ☐ No

Did the child attend at least one day between 3/7/2021 and 3/13/2021?

Comments:

Add

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

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

Lista de niños incluidos en la subvención anterior

12. Verificar la lista de niños incluidos en una solicitud anterior

Si solicitó fondos del *Child Care Counts* (*El cuidado infantil importa*) antes, los niños que agregó en su solicitud anterior aparecerán en esta sección y se podrían copiar en su solicitud actual.

Haga clic en **COPY (COPIAR)** para agregar los niños a su solicitud. Esto lo llevará a la página de *Child Details* (*Detalles de los niños*).

COVID-19 Payments – Previous Grant Child List

Common Details

Funding Period Spring 2021
Grantee Name Test, Mick

[More](#)

Name	Date of Birth	Care Type	
Dina Saur	7/13/2019	Full-Time Care	12 Copy ▶
Ray Palmer	8/12/2016	Full-Time Care	Copy ▶
Laurel Lance	6/23/2020	Full-Time Care	Copy ▶

Add Child ▶

◀ Child List

Child Details

First Name * Dina

Middle Initial

Last Name * Saur

Date of Birth * 7/13/2019

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 03/07/2021 – 03/13/2021? * ☒ Yes ☐ No ⓘ

Attend during 03/07/2021 – 03/13/2021? * ☐ Yes ☒ No ⓘ

Verifique los detalles de cada niño que figura en la lista que se copió e indique si el niño asistió al menos un día entre el **03/07/2021 y el 03/13/2021**. Haga clic en el icono ⓘ para obtener más información sobre las preguntas.

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

Agregar detalles sobre los niños

13. Agregar niños a la solicitud

Después de agregar un niño a la solicitud, será direccionado a la *Child List (Lista de niños)* donde se muestran todos 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 muestran en esta sección debe coincidir con la cantidad de niños que figuran como inscritos en la sección *Grant Details (Detalles de la subvención)*.

13 COVID-19 Payments – Child List

Common Details

Funding Period Spring 2021
Grantee Name Test, Mick [...More](#)

Name	Date of Birth	Care Type	
Dina Saur	7/13/2019	Full-Time Care	Details
Ray Palmer	8/12/2016	Full-Time Care	Details
Laurel Lance	6/23/2020	Full-Time Care	Details
Mick Rory	2/5/2015	Part-Time Care	Details
John Doe	1/10/2016	Full-Time Care	Details

[Add Child](#)

COVID-19 Payments – Child Details

Common Details

Funding Period Spring 2021
Grantee Name Test, Mick [...More](#)

Child Details for COVID-19 Payments

First Name Dina
Middle Initial
Last Name Saur
Date of Birth 7/13/2019

[Child List](#)

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

Si agregó un niño a la solicitud por error, puede eliminarlo marcando la casilla **Remove this child from the grant? (¿Eliminar a este niño 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; debería ser dirigido a la sección *Child List (Lista de niños)*. Puede continuar agregando niños, según sea necesario o proceder a enviar su solicitud.

Finalizar su solicitud

14

COVID-19 Payments – Child List

Common Details			
Funding Period	Spring 2021		
Grantee Name	Test, Mick		
Name	Date of Birth	Care Type	
Dina Saur	7/13/2019	Full-Time Care	Details
Ray Palmer	8/12/2016	Full-Time Care	Details
Laurel Lance	6/23/2020	Full-Time Care	Details
Mick Rory	2/5/2015	Part-Time Care	Details
John Doe	1/10/2016	Full-Time Care	Details
Add Child			
Submit Application			
Application details			

14. Revisar la solicitud que está por enviar. Haga clic en el botón **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 mostrará la revisión y comparación de la información ingresada en la página **Application Details (Detalles de la solicitud)** con la información ingresada sobre cada niño. El texto en rojo indica que hubo una discrepancia entre lo informado en la página **Application Details (Detalles de la solicitud)** y la información de cada niño.

La información inconsistente y/o incorrecta retrasará el proceso y/o podría impedir que su solicitud sea procesada. **Es imperativo que regrese y corrija los problemas señalados en color rojo.**

Si tiene problemas para corregir y/o modificar su solicitud, envíe un correo electrónico o llame para obtener ayuda.

COVID-19 Payments - Submit Application	
Common Details	
Funding Period	Spring 2021
Grantee Name	Test, Mick
Payment Program Details for Funding Staff Recruitment And Retention Efforts	
Payment Program	Funding Staff Recruitment And Retention Efforts
Grant Application ID	R000000301
Number of Children Enrolled	6
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
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 05/17/2021. - 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 03/07/2021 - 03/13/2021, at least 1/3 of enrolled children are age 5 or under. - Regulated Family Providers: During 03/07/2021 - 03/13/2021, 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.	
☐ I accept the Terms and Conditions above.	
Submit	

Finalizar su solicitud

15. Revisar los Términos y Condiciones

Después de revisar su información, lea los **Terms and Conditions (Términos y condiciones)** del programa. **Tenga en cuenta** que recomendamos encarecidamente imprimir y/o guardar estos Términos y condiciones y archivar todos los documentos de gastos relacionados en un lugar seguro.

Common Details	
Funding Period	Spring 2021
Grantee Name	Rory, Mick

[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	P000000300
Number of Children Enrolled	14
Grant Status	Incomplete

15 Terms and Conditions

☒ I accept the Terms and Conditions above

16 Submit

16. Enviar 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 arriba descritos) y haga clic en el botón **Submit (Enviar)** para enviar su solicitud para el programa.

Realizar modificaciones después del envío

17. Realizar actualizaciones después de enviar la solicitud

Después de haber enviado su solicitud tendrá la posibilidad de actualizar la información hasta la medianoche de la fecha tope del periodo de solicitud. Deberá modificar cada sección y el detalle de la información.

- Para modificar los *detalles comunes*, haga clic en el botón **Modify Common Details** (Modificar detalles comunes).

- Para modificar los *detalles de la solicitud*, en específico el número de niños inscritos durante el periodo de financiamiento, seleccione el botón **Modify Application Details** (Modificar detalles de la solicitud). Recuerde, cualquier cambio en el número de niños afectará el número de niños que se deben ingresar en el módulo *Add Children* (Agregar niños).

COVID-19 Payments – Application Details

[Continue to Child List](#)

Common Details

Grantee First Name	Mick
Grantee Middle Initial	
Grantee Last Name	Test
Grantee Email	test@gmail.com
Grantee Phone	(665) 646-5546
Funding Period	Spring 2021
Was your facility open on 03/12/2021?	Yes
Did your facility serve any children with disabilities?	No
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 lands?	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	R000000301
Number of Children attended	
Grant Status	Submitted (view Terms and Conditions)

[Modify Application Details](#)

[Temporary Closure](#)[Operational Hours](#)[Staff](#)[Children](#)[Closure/Re-Open Details](#)[Payment Documents](#)

[Program Integrity Documents](#)

[Payment Program Summary](#)

Puede utilizar los botones **Temporary Closure (Cierre temporal)**, **Operational Hours (Horario de funcionamiento)**, **Staff (Personal)**, **Children (Niños)**, **Closure/Reopen (Cierre/reapertura)** para actualizar esas secciones específicas de la solicitud. Consulte las instrucciones previas de esta guía para obtener información específica.



APÉNDICE

APÉNDICE I

Agregar personas al Child care provider portal del DCF (Portal para proveedores de cuidado infantil)

Este módulo permite a los proveedores de cuidado infantil ingresar empleados actuales y potenciales y 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

Spring 2021

Grantee Name

Test, Mick

...More

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 ▶
Mia Gg	Facilities Staff	02/03/20	Select ▶
Marble C Mixture	Teacher - Lead, Teacher - Assistant	07/01/18	Select ▶
Maribel C Oso	Teacher - Lead	08/29/18	Select ▶

◀

Staff List

Si en la lista no figura una persona que haya trabajado en el programa durante el periodo de financiamiento, debe agregarla mediante este módulo si desea que dicha persona sea considerada para el financiamiento.

Las personas no podrán ser agregadas hasta que cuenten con una solicitud de verificación de antecedentes en el archivo.

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



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