

Child Care Counts: Stabilization Payment Program Update Week Guide

JANUARY 2022



Wisconsin Department of
Children and Families

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About This Guide

This guide serves as a reminder that there are several tasks you must perform during the Update Week.

Please review all payment program details, eligibility requirements, and terms and conditions on our [webpage](#) before submitting your application.

The Payment Program application is available in the [Child Care Provider Portal](#). Information about [applying for access can be found here](#). For help gaining access to the Child Care Provider Portal, please view the [short instructional video](#) that will help you gain access. If you continue to have questions, please email DCFPLICBECRCBU@wisconsin.gov.

If you are unable to access the Provider Portal, you can contact the Payment Program Call Center for assistance filling out your application over the phone.

IMPORTANT NOTICE

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



Child Care Counts Call Center

If you need any assistance, please send an email to:
DCFDECECOVID19CCPayments@wisconsin.gov.

If you are unable to email, you may call and leave your detailed questions at: 608-535-3650.


Please note – email is recommended for a faster response.

System Reminders



The Child Care Provider Portal will time out after 20 minutes of inactivity, which forces users to log back in.



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

The screenshot shows the 'COVID-19 Payments - Add Application Details' page. A red box highlights the question 'Did your facility serve any children with disabilities?' with radio buttons for 'Yes' and 'No'. A red arrow points from this question to an information icon (i) next to the 'No' button. Another information icon is visible next to the 'No' button for the question 'Did your facility serve any children who speak...'. The form also includes fields for Grantee Name, Email, and Phone, and a section for COVID-19 status.



Because of the ongoing monthly application window, each time you log in to apply, you will see different dates in the **When Can I Apply?/Updates** column. These dates will also differ for every Monthly Application/Update week for entering child/staff information and document uploads.

		RETENTION		
December 2021	December 13 - January 07	Increasing Access To High-Quality Care	Review Needed	Review ▶
December 2021	December 13 - January 07	Funding Workforce Recruitment And Retention	Review Needed	Review ▶
November 2021	November 08 - December 11	Increasing Access To High-Quality Care	Approved	Details ▶
November 2021	November 08 - December 11	Funding Workforce Recruitment And Retention	Approved	Details ▶
October 2021	October 18 - November 16	Increasing Access To High-Quality Care	Approved	Details ▶
October 2021	October 18 - November 16	Funding Workforce Recruitment And Retention	Approved	Details ▶

Update Week Document Checklist

The *Child Care Counts: Stabilization Payment Program* requires you to upload **Verification Documents** when submitting your initial application, and when requested during future Monthly Update Weeks.



Update any Common Details for your application that may have changed.

Was your location open for the Count Week?

Verify that the children listed in your Child List were enrolled for the Count Week.

Verify that the staff listed in the Staff List were on the payroll for the Count Week.

Upload updated documentation from the Count Week. This includes attendance information and payroll documents.

Check out our Child Care Counts: [Provider Portal Upload Guide](#) for more information and tips on how to upload your documents.

Getting Started

Child Care Provider Portal

Login

Existing CCPI Users can log in with their User ID and password that you used for SPA.

1

User ID: lauratake

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.

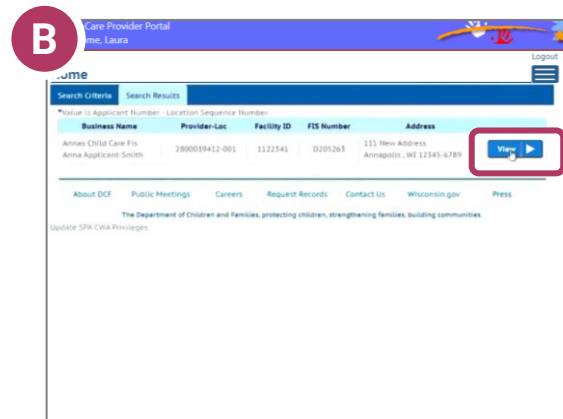
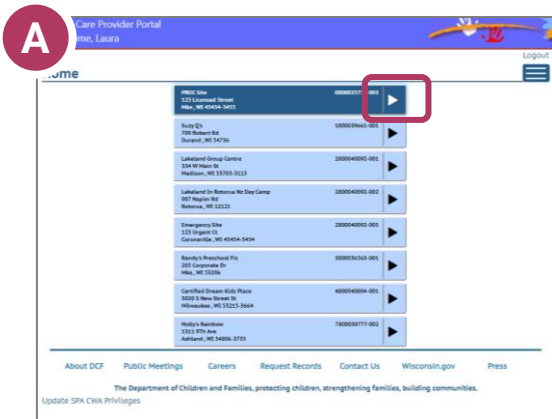
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1. Login Screen

Go to <https://mywchildcareproviders.wisconsin.gov/>

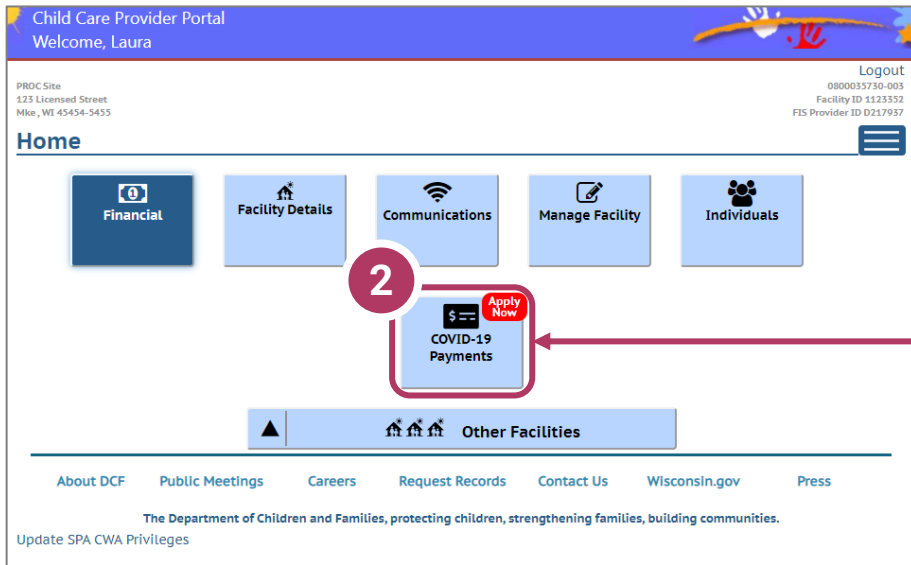
Type your **User ID** and **Password** into the appropriate fields. Click the **Login** button to continue.



If you have one or more locations, your **Home** screen may look like option A – multiple locations, or option B – a single location.

Click the location you want to review.

How to Begin Your Review



2. Select COVID-19 Payments

To proceed to the application list page, click the **COVID-19 Payments** button.

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

Payment Program Summary

Payment Month	When Can I Apply?/Update	Payment Program	Status	
January 2022	January 10 - January 14	Increasing Access To High-Quality Care	Not Available	
January 2022	January 10 - January 14	Funding Workforce Recruitment And Retention	Not Available	
December 2021	December 13 - January 07	Increasing Access To High-Quality Care	Review Needed	Review ▶
December 2021	December 13 - January 07	Funding Workforce Recruitment And Retention	Review Needed	Review ▶
November 2021	November 08 - December 11	Increasing Access To High-Quality Care	Approved	Details ▶
November 2021	November 08 - December 11	Funding Workforce Recruitment And Retention	Approved	Details ▶

3. Click the Review button where indicated.

In the above example, review is needed in both Program A & B. Click the **Review button** to begin reviewing that Program.

Update Common Details

Update any Common Details for your application that may have changed.

COVID-19 Payments – Application Details

Review the Common Details for your application. Ensure all required information is accurate and up-to-date for the Count Week.

Review Needed : Modify 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
Payment Month	December 2021
Was your facility open during Count Week 12/05/2021-12/11/2021?	Yes
Did your facility serve any children with disabilities?	No
Did your facility serve any children who speak languages other than English?	No
Did your facility serve any children who are experiencing homelessness?	No
Did your facility serve any children from tribal communities?	No

Modify Common Details

Payment Program Details for *Increasing Access To High-Quality Care*

Payment Program	Increasing Access To High-Quality Care
Grant Application ID	P000000552
Number of Children attended	6
Grant Status	Review Needed (view Terms and Conditions)

Modify Application Details

Temporary Closure

Children

Upload Verification Document

Payment Documents

Program Integrity Documents

Submit Application

Payment Program Summary

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Modify Common Details

Update any Common Details for your application that may have changed.

COVID-19 Payments – Modify Common Details

Grantee Details

Payment Month: December 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 open or closed during the Count Week

Was your facility open during Count Week 12/05/2021-12/11/2021? *: 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

Modify

Application Details

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In the **Modify Common Details** screen, make any updates including Grantee Details, if your program was open or closed during the Count Week, or if there were changes to the listed questions regarding the children at your facility.

Click the **Modify button** when you are done reviewing and have made any changes.

Verify Your Child List

After reviewing and modifying Common Details for your application, you will be brought to the Modify Application details screen.

COVID-19 Payments – Modify Application Details

Common Details

Payment Month: December 2021
Grantee Name: Licensed, Lisa [...More](#)

Payment Program Details for Increasing Access To High-Quality Care

Payment Program: Increasing Access To High-Quality Care
Grant Application ID: P000000552

Number of Children attended *

Did the number of children in attendance change? In this field you should enter the number of children who attended at least one day during the Count Week at this location.

When you have made any updates here, click the **Modify button** and you will be taken to the **Child List** screen where you can make any needed updates and verify that the children in the list were enrolled for the period of the Count Week.

COVID-19 Payments – Child List

Common Details

Payment Month: December 2021
Grantee Name: Licensed, Lisa

I verify that the children listed above were enrolled for the period of 12/05/2021 to 12/11/2021

Verify

Children Copied From Previous Application

If there are changes in child's attendance, care type, or WI Shares information, please update the details for those children. You may add new children, or remove children that are no longer enrolled.

Name	Date of Birth	Care Type	Attended	
Johnny B Goode	10/21/2018	Full-Time Care	Yes	Details
Draco Malfoy	5/26/2019	Full-Time Care	Yes	Details
Tom Riddle	9/23/2015	Full-Time Care	Yes	Details
Severus Snape	8/15/2016	Full-Time Care	Yes	Details
Lord Voldemort	6/6/2016	Full-Time Care	Yes	Details

1 - 5 of 5 items

Add Child

I verify that the children listed above were enrolled for the period of 12/05/2021 to 12/11/2021

Verify

Was Your Location Open?

Was your location open for the Count Week?

If your location was open, you can leave the response as **Yes**. If your facility was closed and you need to change your Count Week open status, click **Modify Common Details**.

COVID-19 Payments – Application Details

Review the Common Details for your application. Ensure all required information is accurate and up-to-date for the Count Week.

Review Needed : Modify 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
Payment Month	December 2021

Was your facility open during Count Week 12/05/2021-12/11/2021? Yes

Did your facility serve any children with disabilities? No

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

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

Did your facility serve any children from tribal communities? No

Modify Common Details

Change your Count Week open status by clicking **Yes** or **No** in answer to the question.

Tell us if your program is open or closed during the Count Week

Was your facility open during Count Week 12/05/2021-12/11/2021? * Yes No ⓘ

Eligibility requires that care is provided at least one day during the identified Count Week. See FAQ for additional COVID guidance.

Tell us about the children at your facility



Eligibility requires that care is provided at least one day during the identified Count Week.

Verify Your Staff List

Verify that the staff listed in the Staff List were on the payroll for the Count Week.

Review your staff list and confirm that each staff member was employed or on payroll, and the care type provided for the Count Week. You can modify by clicking the **Details button**.

You may add new staff or remove staff who are no longer employed.

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

Common Details

Payment Month: December 2021
Grantee Name: Randall, Randy

[...More](#)

Staff Copied From Previous Application

Review the staff list below and confirm that each member of staff was employed or on payroll, and the care type provided for the Count Week. You may add staff or remove staff who are no longer employed. ⓘ
If this is your initial application, click Add Staff to add staff to your application.

Name	Care Type	Current Payroll	
Randy Randall	Ful-Time	Yes	Details
Ritva Randall	Ful-Time	Yes	Details
Cracker Jacks	Ful-Time	Yes	Details

1 - 3 of 3 items

[Add Staff](#)

I verify that the staff listed above were on the payroll for the period of 12/05/2021 to 12/11/2021

[Verify](#)

[Modify Common Details](#)

[Application Details](#)

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When you have completed your review/update, check the 'I verify...' checkbox and click the **Verify button**.

Count Week Documentation

Upload updated documentation from the Count Week. This includes attendance information and payroll documents.

COVID-19 Payments – Application Details
Review the Common Details for your application. Ensure all required information is accurate and up-to-date for the Count Week.

Review Needed : Submit Application

Common Details

Grantee First Name	Lisa
Grantee Middle Initial	
Grantee Last Name	Licensed
Grantee Email	lisa@licensedcenter.com
Grantee Phone	(121) 212-1212
Payment Month	December 2021

Was your facility open during Count Week 12/05/2021-12/11/2021? Yes

Did your facility serve any children with disabilities? No

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

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

Did your facility serve any children from tribal communities? No

Modify Common Details

Payment Program Details for Increasing Access To High-Quality Care

Payment Program	Increasing Access To High-Quality Care
Grant Application ID	P00000552
Number of Children attended	6
Grant Status	Review Needed (view Terms and Conditions)

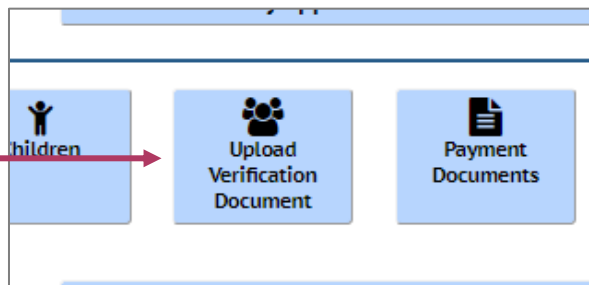
Modify Application Details

Temporary Closure | Children | **Upload Verification Document** | Documents | Integrity Documents | Application

Payment Program Summary

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Depending on the Payment Programs you applied for, you may be required to upload any updated files related to children in attendance and staff payroll documentation.

If this is your initial application, you must upload child attendance and staff payroll records from the Count Week **before** you can submit your application. As you update child attendance or staff payroll information each month, you may be required to provide additional records.

If this is NOT your initial application and there are significant changes in child/staff information, you will be taken to the **Document Upload** page, and you must upload verification documents for the Count Week.

Submit Update

When you have completed your review/updates, you will be invited to review the Terms and Conditions of your application.

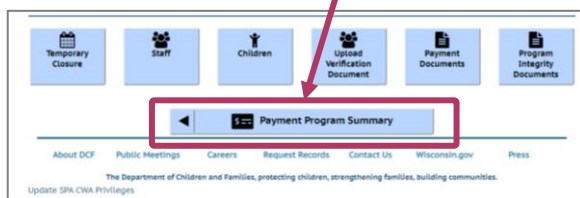
Once you have completed your update/review, you will have to agree to the **Terms and Conditions** for the Payment Program you have reviewed and updated.

Scroll down through the Terms and Conditions and where prompted, check the 'I agree...' checkboxes.

Once this is done, click **Submit** to complete your Update Week Review.

You will then be taken back to the **Application Details** page.

To verify that everything is complete, click the **Payment Program Summary** button.



COVID-19 Payments - Submit Application

Common Details	
Payment Month	December 2021
Grantee Name	Randall, Randy

Payment Program Details for Funding Workforce Recruitment and Retention

Payment Program	Funding Workforce Recruitment and Retention
Grant Application ID	800000518
Number of Children attended	0
Grant Status	Review Needed

Terms and Conditions

Confirmation and Acceptance of Funds

Definition of terms included in these Terms and Conditions

Application Week: The timeframe during which providers can enter or re-enter the Child Care Counts Stabilization Payment Program

Count Week: The point in time for which child and staff information is collected for payment calculations

Monthly Update Week: The timeframe during which providers report any changes or confirm child attendance and staffing from the previous Count Week.

Base Per-Staff Amount: Program B payment amount for each eligible full-time/part-time staff listed in the application

Quality Incentive Per-Staff Amount: Program B additional payment amount based on YoungStar star level for each eligible full-time/part-time staff listed in the application

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- By accepting Child Care Counts Stabilization Payment Program funds, I agree to all items included in these Terms and Conditions.
- I will pay at least the same amount in staff weekly wages and maintain the same benefits for the duration of the payment program for which I receive funding.
- I will not involuntarily furlough (lay off without pay) staff who appear on my center's application. Child Care Counts Stabilization Payment Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
- I understand that this program will require monthly updates to number of children attending and staff employed during the Count Week.
- I understand and agree that this is a nine-month payment program that runs November 2021 through July 2022.
 - I can opt out of the program by withdrawing my application before the end of the monthly application week.
 - If at any time during the program, I am found to be in violation or not adhering to the terms and conditions, my payments will be discontinued. When eligibility issues are resolved, I may reapply during a future Application Week.
 - If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following: changes in enrollment or staffing reported as required by the program Terms and Conditions, available funding, and adjustments DCF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. DCF will reserve funds for the nine-month amount as indicated in my Payment Letter.
- 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 agree to above Confirmation and Acceptance of Funds terms.

Qualifications

- I certify that my program is currently regulated and in good standing during the Count Week and as of the last date of the Application Week and subsequent Monthly Update Weeks.
- I must be open and caring for children ages 0 through 12 or under age 19 for children with disabilities, during the Count Week identified for each month.
 - If I have a temporary closure due to COVID exposure, I must plan to reopen within 14 days of the date of closure in order to receive funding for the following month. If my program will not be able to reopen within 14 days of the COVID exposure related closure, I must notify the Child Care Counts call center at 608-333-3650 or DCFS@wisconsin.gov.
- I understand that I must upload child attendance records and staff employment records with my initial application and request during Future Monthly Update Weeks.
- I understand that I must update child and staff information every month following my initial application.
 - Failure to update child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.
- I understand that in order to be eligible for payments, I must meet the following qualifications:
 - Regulated and in good standing as defined by the Department of Children and Families (DCF) as of the last date of Application Week and each subsequent Monthly Update Week.
 - In compliance with background check requirements.
 - In compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
 - Currently repaying any overpayment and/or in compliance with any Repayment Agreement, if any Wisconsin Shares or Child Care Counts overpayments are owed.
- I understand that the Department of Children and Families may monitor and review my application and use of program funds.

I agree to above Qualifications terms.

Allowable Use of Funds

Under Program B - Funding Workforce Recruitment and Retention, all programs will receive a Base Per-Staff amount. Programs participating in YoungStar also will receive a Quality Incentive Per-Staff amount. These amounts will be included in the monthly Payment Letter.

If I receive funding for Program B - Funding Workforce Recruitment and Retention I agree to the following:

- I will use the funds to support necessary and reasonable costs associated with recruiting and retaining high-quality staff by providing wage increases, bonuses, and/or benefits to current or future employees with approved background checks.
- I will increase compensation through wages, bonuses, or benefits for each staff person included in that month's Count Week by at least the Base Per-Staff amount.
 - For programs participating in YoungStar, I will use the awarded Quality Incentive Per-Staff amount towards one or more of the following: wage increases; bonuses; benefits; professional development; and staff training, socialization, or other continuing education expenses.
 - I will not use the funds to pay volunteers.
 - I will not use the funds to pay household members who are not on staff and actively caring for children.
 - High-level administration staff for group providers may receive no more than two (2) times their per-staff amount (Base per-staff amount plus Quality Incentive per-staff amount, as indicated in the Payment Letter. High-level administrative staff are individuals responsible for management of the child care center. These roles include, but are not limited to center directors, center administrators, and licenses.
- For certified providers in accordance with DCF 302.08(3m) all providers must also be approved by the certification worker prior to working in the program.
 - As a certified provider, I agree that all staff listed on my application have been approved by the certification worker prior to working in the program.

I agree to above Allowable Use of Funds terms.

Documentation

- DCF is required to conduct audits to ensure accuracy of applications and the proper use of funds issued. All providers may be subject to an audit and be required to submit supporting documentation.
- I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent, including but not limited to:
 - Program records and supporting documentation related to my application:
 - Documentation to verify attendance of children entered on my application and during each Count Week.
 - Documentation to verify staff employed at time of application and during each Count Week.
 - Expenditure reports and supporting documentation related to costs incurred and how program funding was spent, including, but not limited to:
 - Employee payroll registers or other payroll system substantiation of employee wage increase.
 - Communications/notification to employees of wage increase or personnel policy explaining wage increase.
 - Receipts for ongoing support for staff retention, including training, professional development, and continuing education.
 - Documentation to verify use of funds for recruitment efforts for hiring new staff.
- 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 supply this documentation upon request.
- I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month.
- Expenses cannot have already been funded by a prior DCF program or reimbursed by another state or federal fund source.

I agree to above Documentation terms

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Update Submitted

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

Payment Program Summary

Payment Month	When Can I Apply?/Update	Payment Program	Status	
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January 2022	January 10 - January 14	Funding Workforce Recruitment And Retention	Not Available	
December 2021	December 13 - January 07	Increasing Access To High-Quality Care	Review Needed	Review ▶
December 2021	December 13 - January 07	Funding Workforce Recruitment And Retention	Submitted	Details ▶
November 2021	November 08 - December 11	Increasing Access To High-Quality Care	Approved	Details ▶
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Back on the **Payment Application List** page, you will now see that the **Review Needed** status has changed to Submitted. If you have applied for both Programs A & B, you can now update/review the one that still has **Review Needed** next to it.