

El Cuidado Infantil Importa: Programa de Pagos de Estabilización Ronda 2

(Child Care Counts: Stabilization Payment Program Round 2)

Guía de Solicitud

(Application Guide)

MARZO 2023



Wisconsin Department of
Children and Families

El Department of Children and Families es (Departamento de Niños y Familias) un empleador y proveedor de servicios de igualdad de oportunidades. Si tiene una discapacidad y necesita acceder a los servicios, recibir información en un formato alternativo o necesita información traducida a otro idioma, llame a the Division of Early Care and Education (La División de Atención y Educación Temprana) al 608-422-6002. Las personas sordas, con problemas de audición, sordociegos o con discapacidades del habla pueden usar el Servicio de Retransmisión de Wisconsin (WRS) gratuito - 711 para comunicarse con el departamento.

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Acercas de esta guía

Esta guía detalla de qué manera los proveedores deberán utilizar el Portal para proveedores de cuidado infantil (del DCF) para solicitar el programa *Child Care Counts: Stabilization Payment Program Round 2 (El cuidado infantil importa: Programa de pagos de estabilización)*, que se extenderá a partir del **22 de agosto de 2022**, y con una ventana de solicitud adicional cada mes hasta **abril de 2023**.

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

La solicitud del Programa de pagos se puede realizar mediante el [Child Care Provider Portal \(Portal para proveedores de cuidado infantil](#) o CCPP por sus siglas en inglés). Puede encontrar información sobre [cómo solicitar acceso al portal aquí](#). Si necesita ayuda para obtener acceso al CCPP (Portal para proveedores de cuidado infantil), vea este breve [video instructivo](#) que le ayudara obtener acceso. Si aún necesita ayuda, envíe un correo electrónico a DCFPLicBECRCBU@wisconsin.gov.

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

AVISO IMPORTANTE

Los programas 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** (grants) según lo definido en la 45 CFR 75 y en las regulaciones federales relacionadas y el uso de la palabra “subvención” es incidental.



Centro de Llamadas del Cuidado Infantil Importa (Child Care Counts)

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.

Notas del sistema



El Portal de Proveedores de Cuidado Infantil se cierra después de 20 minutos de inactividad, lo que obliga a los usuarios a volver a iniciar sesión.



Si ve el icono junto  a un campo y no está seguro de qué introducir, haga clic en el icono para obtener más información sobre lo que se le pide que introduzca.

Child Care Provider Portal
Welcome, Laura

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

Grantee Details

Payment Month * October 2021

Grantee First Name * Lisa

Grantee Middle Initial *

Grantee Last Name * Licensed

Grantee Email * Lisa@Licensecenter.com

Grantee Phone * (221) 212-1212

Tell us about the children at your facility

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

Did your facility serve any child who has an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) and receives special education services and/or supports?

Did your facility serve any children who speak

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

Was your facility open on 10/08/2021? * Yes No

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



Debido a la ventana de solicitud mensual en curso, cada vez que inicie sesión para solicitar, verá diferentes fechas en la columna **¿Cuándo puedo solicitar?/Actualizaciones**. Estas fechas también diferirán para cada semana de solicitud/actualización semanal para ingresar niños/información de personal y carga de documentos.

Child Care Provider Portal
Welcome, Laura

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	
October 2021	October 18 - November 05	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied	<input type="button" value="Apply"/> ▶
October 2021	October 18 - November 05	Funding Staff Recruitment And Retention Efforts	Not Applied	<input type="button" value="Apply"/> ▶

Number of Children attended * 4 ⓘ

Enter the number of children who attended at least one day between 9/26/2021 and 10/9/2021 at this location.

Notas Importantes

El Cuidado Infantil Importa: Programa de Pago de Estabilización es un programa de pagos mensuales para apoyar a la comunidad de cuidado y educación temprana de Wisconsin.

- Los proveedores envían una solicitud (ya sea en la apertura inicial de la solicitud en agosto o en cualquier mes durante la semana de solicitud).
- Mientras el proveedor siga siendo elegible y cumpla con los términos y condiciones, los pagos continuarán automáticamente cada mes.
- Los proveedores deben cargar los documentos de verificación en la solicitud inicial y cuando se les solicite durante las próximas semanas de actualización.
- Los solicitantes aprobados deben actualizar la información del personal y del niño cada mes en la solicitud en el Portal de Proveedores de Cuidado Infantil durante la Semana de Actualización mensual.
- Los fondos deben gastarse en un plazo de 120 días a partir de la fecha de pago.

RECORDATORIO: Las fechas que se muestran en esta guía pueden ser diferentes de las que aparecen en la aplicación. Las fechas se actualizarán en su Solicitud del Portal de Proveedores de Cuidado Infantil para reflejar las Semanas de Solicitud/Actualización actuales y las Semanas de Recuento.

Lista de verificación de documentos previa a la solicitud

Esta nueva ronda del Cuidado Infantil Importa: Programa de pagos de estabilización) requiere que carga documentos de verificación al momento de enviar su solicitud inicial y cuando se le solicite durante las futuras semanas de actualización mensual.

Asegúrese de tener los siguientes documentos disponibles cuando presente su Solicitud del Cuidado Infantil Importa:

- Registros de asistencia de los niños
- Registros de empleo del personal



**Upload
Verification
Document**

**Documentos de
verificación**

**Estos son necesarios
durante su solicitud
inicial y también se
pueden solicitar en
futuras semanas de
actualización
mensuales.**

Esto incluye:
Registros de asistencia
de los niños

Registros de empleo del
personal

Consulte nuestro guía, Child Care Counts: [Provider Portal Upload Guide](#) para obtener más información y consejos sobre cómo subir sus documentos.

Cómo enviar una solicitud

Child Care Provider Portal

Login

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

User ID:

Password:

Show Password

Remember Me

Enable Keyboard Accessibility Features

Enable Screen Reader Features

[...Hide Options](#)

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

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

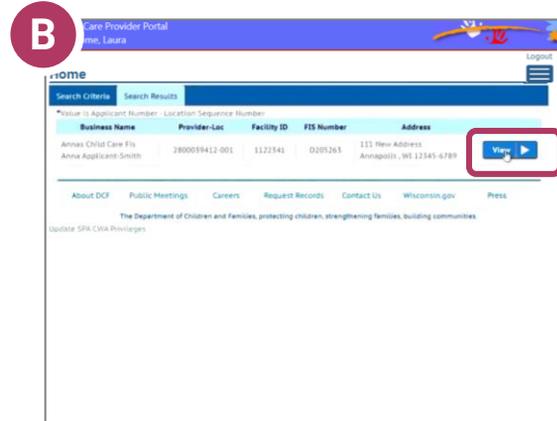
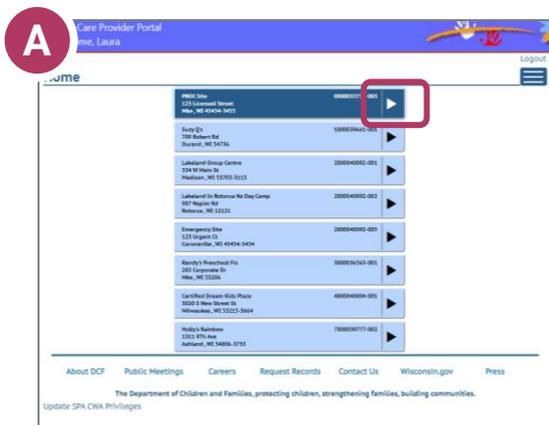
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1. Pantalla de inicio de sesión

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

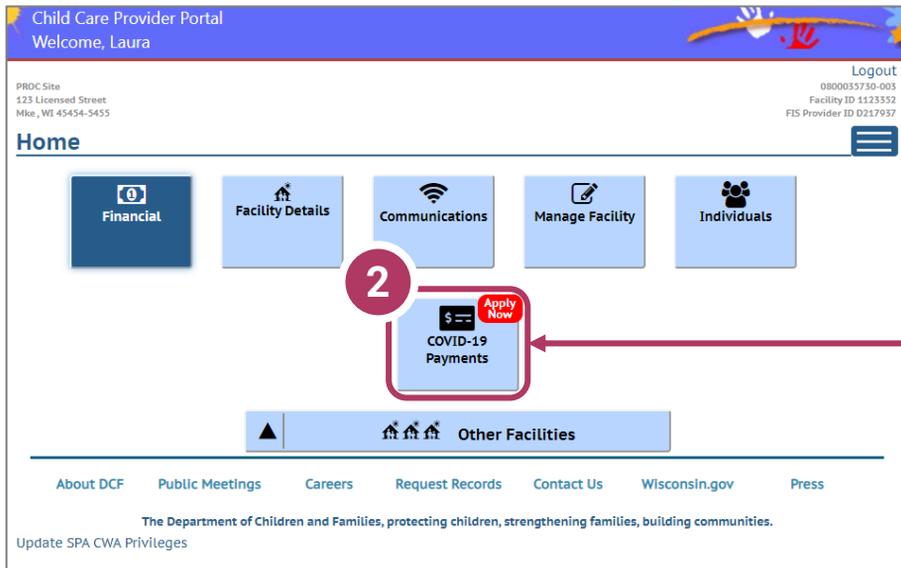
Ingrese su **User ID** (Identificación de usuario) y **Password** (Contraseña) en los campos correspondientes. Haga clic en el botón **Login** (Iniciar sesión) para continuar.



Dependiendo de si tiene una o más ubicaciones, su pantalla de inicio puede verse como la opción A - múltiples ubicaciones, o la opción B - una sola ubicación.

Haga clic en la ubicación para la que desea realizar la solicitud.

Cómo enviar una solicitud



2. Seleccione el botón de COVID-19 Payments (Pagos COVID-19)

Haga clic en el botón de **COVID-19 Payments** (Pagos COVID-19) para proceder a la página de solicitud.

Iniciando la solicitud

Lista de solicitudes de pago COVID-19

Child Care Provider Portal
Welcome, Somasundaram

PROC Site
123 Licensed Street
Mke, WI 45454-5455

Logout
0800035730-003
Facility ID 1123352
FIS Provider ID D217937

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	
August 2022	August 01 - August 19	Increasing Access To High-Quality Care	Not Applied	<input type="button" value="Apply"/> ▶ 3
August 2022	August 01 - August 19	Funding Workforce Recruitment And Retention	Not Applied	<input type="button" value="Apply"/> ▶

Hay dos programas del Cuidado Infantil Importa pago de estabilización que puede solicitar un proveedor.

- **Payment Program A:** Prestación de oportunidades de cuidado infantil seguras, saludables y de alta calidad
- **Payment Program B:** Fondos de contratación y retención de la fuerza laboral

3. Iniciar solicitud

Para solicitar un programa específico, haga clic en el botón azul junto al Programa A o Programa B.



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](#).

Página de resumen del programa de pago

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

4

Payment Program Summary

Payment Month	When Can I Apply?/Update	Payment Program	Status	
August 2022	August 01 - August 19	Increasing Access To High-Quality Care	Not Applied	Apply ▶
August 2022	August 01 - August 19	Funding Workforce Recruitment And Retention	Not Applied	Apply ▶

Junto al título del Programa de pago, también verá el estado de su solicitud.

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

Incompleto Si ha iniciado una solicitud para el programa, pero su solicitud no se ha completado o si fue aprobado para el mes anterior de la Ronda de Estabilización 1, y aún no ha enviado su solicitud inicial para la Ronda 2, el estado de su solicitud se mostrará como Incompleto. Haga clic en **Detalles** para completar la solicitud.

Revisión necesaria Si fue aprobado para el mes anterior de la Ronda 2, su estado aparecerá como Revisión necesaria al principio de cada semana de actualización/solicitud. Debe revisar y volver a enviar sus solicitudes durante la Semana de actualización. Haga clic en Revisar para comenzar la revisión y volver a enviar la solicitud.

Puede realizar correcciones a su solicitud hasta el final del periodo de solicitud. Una vez que se cierra el periodo para presentar la solicitud, no se pueden realizar correcciones.



Asegúrese de que el estado de su solicitud sea Enviado (Submitted) después de su solicitud inicial y actualizaciones mensuales.



Pagos COVID-19

Preguntas de Comentario

Preguntas de comentario acerca del programa de pagos COVID-19

Nuevo en esta ronda del Cuidado Infantil Importa es una serie de Preguntas de Comentario. Solo tendrá que completar estas preguntas una vez en su solicitud inicial para el nuevo Programa de Pago A o Programa B.

-  **La información que proporcione será utilizada por DCF para comprender las experiencias de los proveedores con el programa El Cuidado Infantil Importa. Esta es también una oportunidad para que usted proporcione retroalimentación para ayudar a informar posibles futuros programas de DCF y tal como podemos dar el apoyo a los proveedores de cuidado infantil a estabilizar y fortalecer sus programas de cuidado infantil.**
-  **Esta información no se utilizará para fines de auditorías.**
-  **Estas preguntas consultarán sobre los montos aproximados y no se compararán con ninguna documentación real que solicitarle que presente en caso de una auditoría.**
-  **Por favor estime el monto que utilizó. No hay necesidad de recolectar documentación para llenar este formulario.**
-  **Los resultados de los comentarios no se publicarán junto con el nombre de su centro ni con ninguna información que pueda identificar a su programa de cuidado infantil.**

Visite [la página web del Cuidado Infantil Importa](#) para obtener más información sobre estas preguntas de comentarios.

Preguntas de comentario acerca del programa de pagos COVID-19

Usted notará que la cantidad que recibió para el Programa de Pago A está contenida en la pregunta como recordatorio. Nuestro ejemplo muestra que recibió **\$700 a través del Programa A, “Aumento del Acceso a Atención de Alta Calidad”**.

En el **ejemplo pregunta 1. ¿Gastó o está planeando gastar alguno de esos fondos para...** puede ver dónde hemos notado nuestras respuestas.

• Feedback results will not be published with your facility name, nor with any identifying information related to your child care program.

Please visit the [Child Care Counts webpage](#) for more information about these feedback questions.

Q1. In the last round of the Child Care Counts Stabilization Payment Program, from November 2021 to July 2022, you received \$700 via Program A, “Increasing Access to High-Quality Care.”

Did you spend, or are you planning to spend any of that funding for...

- ... physical operating expenses such as mortgage, rent, or utilities? Yes No
- ... building maintenance or upgrades, such as building repairs, or appliance maintenance? Yes No
- ... covering payroll and benefits? Yes No
- ... reducing COVID-19 risk, such as providing personal protective equipment (PPE) or cleaning supplies? Yes No
- ... providing materials or supplies for enhancing program environment and curriculum, such as classroom supplies and equipment? Yes No
- ... providing social and emotional development supports or mental health services for staff? Yes No
- ... providing social and emotional development supports or mental health services for children? Yes No

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Cuando esté listo para pasar a la siguiente serie de preguntas, haga clic en el botón **Siguiente**.

Preguntas de comentario acerca del programa de pagos COVID-19

Pregunta 2. ¿Gastó o está planeando gastar alguno de esos fondos para... y luego continúa con cuatro preguntas adicionales. Marque **Sí** o **No** en las respuestas.

También hay un cuadro de comentarios donde hacemos la pregunta, “Algo más?” **Nota: el cuadro de texto tiene un espacio limitado de 1,500 caracteres.**

Puede ingresar una respuesta en sus propias palabras que describa cualquier otra información sobre cómo se gastaron o se planea gastar los fondos.

Please visit the Child Care Counts webpage for more information about these feedback questions.

Q2. Continue thinking about the last round of the Child Care Counts Stabilization Payment Program, from November 2021 to July 2022, from which you received \$700. via Program A, “Increasing Access to High-Quality Care.”

Did you spend, or are you planning to spend any of that funding for...

- ... providing credit-based training for professional development and continuing education, such as scholarships, tuition for university or technical college courses, or certificate completion? Yes No
- ... providing other non-credit-based professional development training or education? Yes No
- ... providing family engagement activities, such as family meeting materials and supplies or events? Yes No
- ... providing financial assistance for families, such as covering fees, copayments, or tuition reduction? Yes No

... something else? Please tell us:

Enter your feedback here.

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Cuando esté listo para pasar a la siguiente serie de preguntas, haga clic en el botón **SIGUIENTE**.

Preguntas de comentario acerca del programa de pagos COVID-19

Pregunta 3. Indique a cerca de cuánto de esa [Cantidad] ha gastado, o gastará en cada artículo que aparece a continuación. El total debe sumar [Cantidad]. Aquí debe ingresar las cantidades aproximadas gastadas en cada una de las categorías.

Tenga en cuenta que el total debe sumar la cantidad que se le otorgó. Si su cantidad otorgada fue de **\$700** como en nuestro ejemplo, sus cantidades combinadas deben coincidir con la cantidad otorgada de **\$700** en el espacio indicando **Total Gastado**.

Please visit the [Child Care Counts webpage](#) for more information about these feedback questions.

Q3. About how much of that \$700 have you spent, or will you spend, on each item below?

The total should add up to \$700

... physical operating expenses such as mortgage, rent, or utilities?	<input type="text" value="\$150.00"/>
... covering payroll and benefits?	<input type="text" value="\$150.00"/>
... reducing COVID-19 risk, such as providing personal protective equipment (PPE) or cleaning supplies?	<input type="text" value="\$100.00"/>
... providing materials or supplies for enhancing program environment and curriculum, such as classroom supplies and equipment?	<input type="text" value="\$75.00"/>
... providing social and emotional development supports or mental health services for children?	<input type="text" value="\$25.00"/>
... providing family engagement activities, such as family meeting materials and supplies or events?	<input type="text" value="\$100.00"/>
... providing financial assistance for families, such as covering fees, copayments, or tuition reduction?	<input type="text" value="\$100.00"/>
Total Spent	<input type="text" value="\$700.00"/>

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Cuando esté listo para pasar a la siguiente serie de preguntas, haga clic en el botón **SIGUIENTE**.

Preguntas de comentario acerca del programa de pagos COVID-19

Si usted solicitó al **Programa B, “Financiamiento de Reclutamiento y Retención de la Fuerza Laboral”**, lea **cuidadosamente las preguntas** y luego marque **Sí** o **No**.

Usted notará que la cantidad que recibió por ese Programa de Pago está contenida en la pregunta como un recordatorio. **Nuestro ejemplo muestra \$2,000.**

En el ejemplo **Pregunta 4, ¿Gastó o planea gastar alguno de esos fondos para ...** puede ver dónde hemos notado nuestras respuestas.

Please visit the Child Care Counts webpage for more information about these feedback questions.

Q4. In the last round of Child Care Counts Stabilization Payment Program, from November 2021 to July 2022, you received \$ 2000 via Program B, "Funding Workforce Recruitment and Retention."

Did you spend, or are you planning to spend any of that funding for...

- ... efforts to recruit new staff, such as sign-on bonuses? Yes No
- ... bonuses or stipends for current staff? Yes No
- ... increased hourly wages or annual salary? Yes No
- ... new or increased paid time off, such as sick leave or vacation? Yes No
- ... new or increased benefits such as health or dental insurance, or retirement? Yes No
- ... providing credit-based training for professional development and continuing education, such as scholarships, tuition for university or technical college courses, or certificate completion? Yes No
- ... providing other non-credit-based professional development training or educations? Yes No
- ... something else? Please tell us:

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Cuando esté listo para pasar a la siguiente serie de preguntas, haga clic en el botón **SIGUIENTE**.

Pregunta 5. ¿Cuánto del monto \$2,000 ha gastado o gastará en cada uno de los artículos que aparecen a continuación? El total debe sumar hasta \$2000. Aquí debe ingresar las cantidades aproximadas gastadas en cada una de las categorías.

Tenga en cuenta que el total debe sumarse a la cantidad que se le otorgó. Por lo tanto, si su monto otorgado fue de **\$2,000** como en nuestro ejemplo, sus montos combinados deben coincidir con el monto otorgado de **\$2000** que vea el espacio indicando **el total de cuanto gastaron**.

Please visit the Child Care Counts webpage for more information about these feedback questions.

Q5. About how much of that \$ 2000. have you spent, or will you spend, on each item below?

The total should add up to \$ 2000.

... efforts to recruit new staff, such as sign-on bonuses?	\$750.00
... increased hourly wages or annual salary?	\$550.00
... new or increased paid time off, such as sick leave or vacation?	\$300.00
... new or increased benefits such as health or dental insurance, or retirement?	\$200.00
... providing other non-credit-based professional development training or educations?	\$200.00
Total Spent	\$2,000.00

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Cuando esté listo para pasar a la siguiente serie de preguntas, haga clic en el botón **SIGUIENTE**.

Preguntas de comentario acerca del programa de pagos COVID-19

Pregunta 6. ¿Qué impactos tuvo el financiamiento del Cuidado Infantil Importa: Programa de Pago de Estabilización en su programa? Ingrese una respuesta aquí que describa el impacto de los fondos en su programa.

Please visit the Child Care Counts webpage for more information about these feedback questions.

It would help us a great deal to learn your responses to a few more questions.

Q6: What impacts did the Child Care Counts Stabilization Payment Program funding have on your program?

Enter your feedback here.

Q7: Did you have any program needs you could not address with the funding from the Child Care Counts Stabilization Payment Program because of

Pregunta 7. ¿Tenía alguna necesidad del programa que no pudiera abordar con el financiamiento del Programa de Pago de Estabilización del Cuidado Infantil Importa debido a las limitaciones en cómo se podría usar el financiamiento?
Marque **Sí** o **No**

Q7: Did you have any program needs you could not address with the funding from the Child Care Counts Stabilization Payment Program because of constraints on how the funding could be used?

Yes

No

Pregunta 7A. Ingrese información adicional aquí.

Q7A: If Yes, Please tell us about the program needs you could not address because of constraints on how the funding from the Child Care Counts Stabilization Payment Program could be used.

Enter your feedback here.

Pregunta 8. Si pudiera tener un poder mágico, ¿qué cambios recomendaría al *Cuidado Infantil Importa: Programa de Pago de Estabilización*?

Q8: If you could wave a magic wand, what changes would you recommend to the Child Care Counts Stabilization Payment Program?

Enter your feedback here.

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Cuando haya terminado de escribir cualquier comentario, haga clic en **SIGUIENTE** para continuar. Se le llevará a la página Información del programa de pago donde podrá revisar los detalles del Programa de Pago seleccionado.

- ! Recuerde que **estas Preguntas de Comentario sólo tendrán que completar una vez en su solicitud inicial** al nuevo Programa de pagos A o B, independientemente de si es un nuevo solicitante o un solicitante recurrente.



**PARA SOLICITAR EL PROGRAMA DE PAGOS A
Prestación de oportunidades de
cuidado infantil seguras,
saludables y de alta calidad**

Comenzar su solicitud

1

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

Payment Month	When Can I Apply/Update	Payment Program	Status	
August 2022	August 01 - August 19	Increasing Access To High-Quality Care	Not Applied	Apply ▶
August 2022	August 01 - August 19	Funding Workforce Recruitment And Retention	Not Applied	Apply ▶

COVID-19 Payments - Feedback
Please fill out all the below questions before proceeding with application

Please answer the following questions about how you used your Child Care Counts Stabilization Payment Program funds. This information will be used by DCF to understand and explain the impact of the Child Care Counts program. This is also an opportunity for you to provide feedback to help inform potential future programs to support child care providers to stabilize and strengthen their child care programs.

- This information WILL NOT be used for audit purposes
- These questions will ask for APPROXIMATE amounts and will not be reviewed against any actual documentation that you may be asked to provide in the event of an audit.
- Please estimate how much you used. There is no need to gather documentation for this form.
- Feedback results will not be published with your facility name, nor with any identifying information related to your child care program.

Please visit the Child Care Counts webpage for more information about these feedback questions.

Q1. In the last round of the Child Care Counts Stabilization Payment Program, from November 2021 to July 2022, you received \$700.00 via Program A, "Increasing Access to High-Quality Care."

Did you spend, or are you planning to spend any of that funding for...

... physical operating expenses such as mortgage, rent, or utilities? Yes No

... building maintenance or upgrades, such as building repairs, or appliance maintenance? Yes No

... covering payroll and benefits? Yes No

1. Comenzar la solicitud

Una vez que haya seleccionado su Programa de Pago y haya completado las Preguntas de Comentarios, accederá a la página de Información de Pagos COVID-19. Aquí podrá revisar los detalles del programa específico que ha seleccionado. En este caso, hemos elegido Aumentar el acceso a la atención de alta calidad en el Resumen del programa de pagos.

2. Revisar la información del Programa de pagos

Después de contestar las preguntas de comentario,, verá una pantalla informativa que detalla lo siguiente:

- Resumen del programa de pagos 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)**.

Child Care Provider Portal
Welcome, Laura

PROC Site
129 Licensed Street
Milwaukee, WI 53244-5455

880052730-043
Facility ID: 1122852
FIS Provider ID: 0217937

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: Increasing Access To High-Quality Care?

This payment program is intended to ensure high-quality care is available across the state by supporting the costs to remain in regulatory compliance, enhance health and safety practices, and promote continuous quality improvement with engagement in the YoungStar Quality Rating and Improvement System. Full details about the program can be viewed on the [payment information page](#).

When Can I Apply?

You may apply for this payment anytime from 08/01/2022 - 08/19/2022. 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 gather to complete this application?

The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures
 - Note: you must be open at the time of the Count Week as identified in the application in order to be eligible for this program.
- Child attendance information

What information do I need to submit to complete this application?

- Child attendance records for 08/07/2022 - 08/20/2022

Child attendance records must be uploaded with your initial application (and in future months when requested) in order to be eligible for ongoing monthly payments.

What happens after I submit my application?

After the Application Week has closed, 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 letter. Please note that receiving a check will take longer than direct deposit through FIS.

This is a nine-month payment program that runs November 2021 through July 2022. If approved for payments, you must update your child attendance information every month during the Monthly Update Week.

Continue

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Update SPA CWA Privileges

Agregar detalles de su ubicación a la solicitud

4. Agregar detalles de la persona beneficiaria

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

Asegúrese de ingresar si o no a las preguntas marcados con un asterisco rojo *

Si ingresa detalles inexactos podría retrasar su solicitud.

5 ¿Desea compartir en la Red de Servicios Compartidos de Educación Temprana de W ¿Desea unirse a la Red de Servicios Compartidos de Educación Temprana de Wisconsin (WEESSN).

Si usted está interesado en unirse a Wisconsin Early Education Shared Services Netwrk (WEESSN) o obtener más informacion, seleccione 'Sí' aquí. Alguien de WECA se pondrá en contacto con usted para el seguimiento. El nivel 1 es gratuito.

6. Indíquenos si su programa está abierto o cerrado durante la semana de recuento

¿Estaba abierto su centro durante la semana de recuento?

Marque **Sí** si su programa estuvo abierto y la atención se brindó al menos un día durante la Semana de Recuento.

Marque **No** si su programa estuvo cerrado durante toda la Semana de Recuento.



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

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

Payment Program: Increasing Access To High-Quality Care

Number of Children attended * ⓘ

Comments:

Add

7. Cuéntenos sobre los niños inscritos en su programa

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

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

Payment Program: Increasing Access To High-Quality Care

Number of Children attended * ⓘ

Enter the number of children who attended at least one day between 8/7/2022 and 8/20/2022 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 durante el **COUNT WEEK (SEMANA DE RECUESTO)**.

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

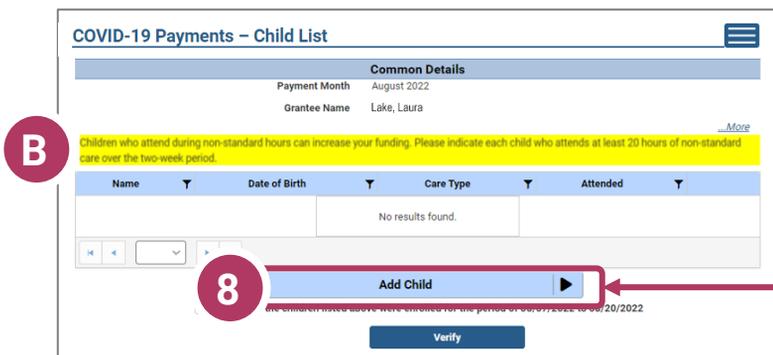
NOTA: Si ve el icono junto a un campo y no está seguro de qué información ingresar, haga clic en el icono ⓘ para obtener más información sobre los datos que se están pidiendo que ingrese.

Agregar detalles sobre los niños

8. Agregar niños a la solicitud

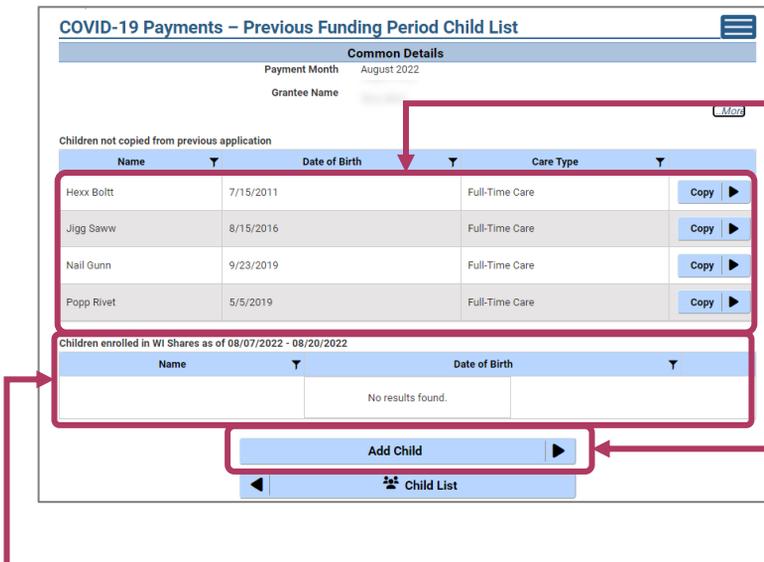
Se le pedirá que agregue a *todos* los niños que asistieron a su programa al menos un día durante el **Count Week (Semana de Recuento)**. La cantidad de niños agregados en esta sección debe ser igual a la cantidad de niños que indicó que asistieron en la primera página de la solicitud: *Add Application Details (Agregar detalles a la solicitud)*.

Verá un aviso en la parte superior de su página de lista de niños que indica si está regulado por horas no estándar: **A** o **B**.



Haga clic en el botón **Add (Agregar)** para agregar niños a su solicitud.

Aquí puede agregar niños de solicitudes anteriores. Haga clic en el botón **Copy (Copiar)** para agregar los niños a su solicitud. También puede agregar nuevos niños a esta solicitud.



Puede también ver los niños que estaban inscritos en Wisconsin Shares durante el **Count Week (Semana de Recuento)**.

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

Lista de niños incluidos en la solicitud de pago anterior

9. 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)*.

Name	Date of Birth	Care Type	
Hexx Boltt	7/15/2011	Full-Time Care	Copy ▶ 9

COVID-19 Payments – Add Child

Common Details

Payment Month: August 2022
Grantee Name: Lake, Laura

Child Details

First Name: Hexx
Middle Initial:
Last Name: Boltt
Date of Birth: 7/15/2011
Care Type: Full-time Care Part-time Care

Does this child have an Individualized Education Program (IEP) and receive special education services and/or supports? Yes No

Does this child have an Individualized Family Service Plan (IFSP)? Yes No

Does the child receive Birth to 3 Services? Yes No

Speaks language other than English? Yes No

Experiencing homelessness? Yes No

Living in tribal community? Yes No

WI Shares recipient during 08/07/2022 – 08/20/2022? Yes No

Attend during 08/07/2022 – 08/20/2022? Yes, Child Attended No, Child Did Not Attend No, Child Did Not Attend Due To Exposure To Covid-19

Did this child attend at least 20 hours of care during non-standard hours between 08/07/2022 – 08/20/2022? 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 durante el **Count Week (Semana de Recuento)**.

Nota: Si marca 'No, el niño no asistió debido a la exposición a COVID', asegúrese de que estén incluidos en el recuento total de "Número de niños"

Las horas no estándar se definen como cualquier cuidado infantil proporcionada entre las horas de 6 p.m. y 6 a.m. de lunes a viernes y cualquier hora de cuidado infantil proporcionada los sábados o domingos. Marque esta casilla si el niño asistió al menos 20 horas de cuidado infantil durante horas no estándar como se definió anteriormente. Si usted no está regulado por horas no estándar, no va a ser posible marcar 'sí' a esas preguntas.

Haga clic en el botón Agregar(Add) para pasar a la página siguiente

Página de lista de niños

10. Horas no estándar

Verá un aviso en la parte superior de su página de lista de niños que indica si está regulado por horas no estándar.

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COVID-19 Payments – Child List

Common Details

Payment Month	August 2022
Grantee Name	Lake, Laura

[...More](#)

You are not open during non-standard hours. Additional funding is available to providers who extend their hours of care.

Los proveedores regulados durante horas no estándar verán este mensaje:

Children who attend during non-standard hours can increase your funding. Please indicate each child who attends at least 20 hours of non-standard care over the two-week period.

Los proveedores no regulados durante horas no estándar verán este mensaje:

You are not open during non-standard hours. Additional funding is available to providers who extend their hours of care.



Nota de horas no estándar: La semana de recuento es un período de dos semanas. Un niño necesita asistir al menos 20 horas totales de cuidado durante las horas no estándar durante esas dos semanas para ser elegible para el complemento. Las horas no necesitan ser todas en una semana.

Did this child attend at least 20 hours of care during non-standard hours between 08/07/2022 – 08/20/2022? *

Yes No

Si no está regulado para horas no estándar, no va a ser posible marcar "sí" a esa pregunta.

Hay fondos adicionales disponibles para los proveedores que extienden su horario de cuidado infantil. Para obtener más información, visite la página del Cuidado Infantil Importa.

Adición de detalles de los niños

11. Agregar niños a la solicitud

Si tiene niños de una aplicación anterior, se importarán automáticamente. Debe verificar y actualizar los detalles de estos niños, si es necesario. Si los niños no asistieron o ya no están inscritos, puede eliminarlos de esta lista. También puede ver a los niños inscritos en Wisconsin Shares durante la Semana de recuento.

11 COVID-19 Payments – Child List

Common Details
Payment Month August 2022
Grantee Name Lake, Laura

Children who attend during non-standard hours can increase your funding. Please indicate each child who attends at least 20 hours of non-standard care over the two-week period.

Name	Date of Birth	Care Type	Attended	
Hexx Boltt	7/15/2011	Full-Time Care	Yes	Details ▶
Nail Gunn	9/23/2019	Full-Time Care	Yes	Details ▶
Popp Rivet	5/5/2019	Full-Time Care	Yes	Details ▶
Jigg Saww	8/15/2016	Full-Time Care	Yes	Details ▶

COVID-19 Payments – Child Details

Common Details
Payment Month August 2022
Grantee Name Rory, Mick

Child Details for COVID-19 Payments
First Name Hexx
Middle Initial
Last Name Boltt
Date of Birth 7/15/2011

Child List

Modify Child ▶

Si necesita actualizar o revisar la información sobre un niño específico, haga clic en el botón Detalles para acceder al registro de ese niño. Haga clic en el botón Más para llegar al botón Modificar Niño.

Si ha agregado un niño por error a la aplicación, puede quitarlo marcando la casilla ¿Eliminar este niño de la solicitud? en la pantalla Modificar niño.

Remove this child from the grant?

Save

Haga clic en Guardar en la página Modificar detalles si ha cambiado alguna información. Puede continuar agregando niños, según sea necesario, o comprobar la verificación haciendo clic en el botón Verificar.

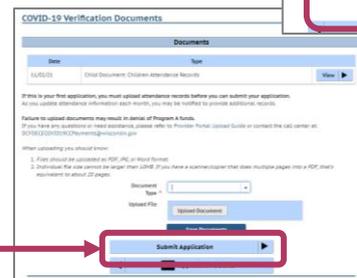
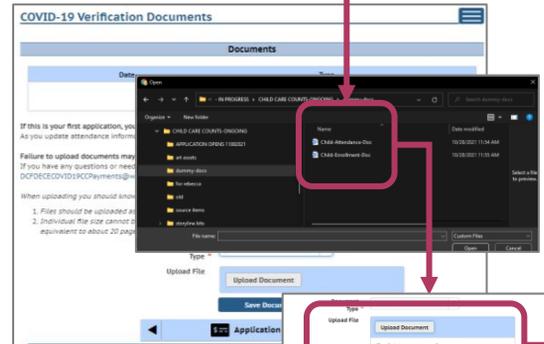
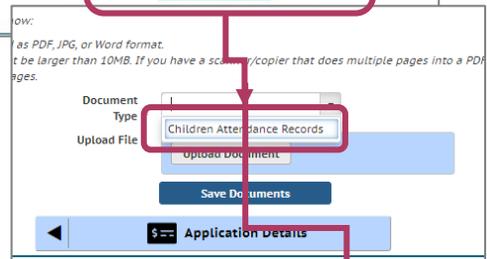
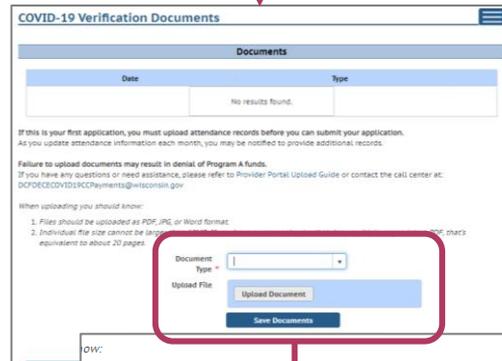
Cargue Documentación de Respaldo

12. Una vez que haya agregado todos los niños, haga clic en la casilla de verificación y haga clic en el botón **Verify (Verificar)**.

Se le llevará a la página **Verification Documents** (Documentos de verificación). Aquí, cargará documentación que muestre evidencia de que los niños ingresados en esta solicitud están inscritos y asisten a esta instalación.

Por ejemplo:

- A. Seleccione el tipo de archivo, en el menú desplegable: estamos eligiendo Registros de asistencia de niños.
- B. Haga clic en **UPLOAD (Cargar)** para seleccionar el archivo de su computadora.
- C. Elija **SAVE DOCUMENTS (Guardar Documentos)**.
- D. El documento se agregará a su lista. Cuando haya cargado los documentos apropiados, haga clic en el botón **Submit Application (Enviar solicitud)**.



Finalizar Su Solicitud

COVID-19 Payments - Submit Application

Common Details	
Payment Month	October 2021
Grantee Name	Rory, Mick

Payment Program Details for Increasing Access To High-Quality Care	
Payment Program	Increasing Access To High-Quality Care
Grant Application ID	P000000350
Number of Children attended	4
Grant Status	Incomplete

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 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 the 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 ineligible 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 608-335-3650 or DCF@CECOVID19CFPayments@wisconsin.gov.
- I understand that I must upload child attendance records and staff employment records with my initial application and when requested 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

If I receive funding for Program A - Increasing Access To High-Quality Care I agree to the following:

- I will use the funds to support necessary and reasonable costs of maintaining or enhancing high-quality care.
- I will use the funds for the following purposes:
 - Operating expenses, necessary to remain open, including but not limited to mortgage, rent/space costs, utilities, insurance, business-related taxes, and payroll/benefits
 - Expenses related to mitigating the risk of COVID-19, including but not limited to personal protective equipment (PPE) and supplies for cleaning and sanitation
 - Materials/supplies for enhancing the program environment and curriculum, and social and emotional development supports
 - Professional development and/or continuing education
 - Additional costs to ensure high-quality programming
 - Mental health services for children and employees
 - Relief from copayments and tuition payments for families
 - Families can be relieved of out-of-pocket costs, such as tuition or co-pays paid for child care. Wisconsin Shares payments to families cannot be reimbursed.
 - Providers are encouraged to offer relief from copayments and tuition payments, if financially possible, prioritizing families most in need of financial relief.

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 are 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 records and supporting documentation related to costs incurred and how program funding was spent, including, but not limited to:
 - Mortgage/rent/space cost statements
 - Utility statements
 - Payroll and benefits records
 - Documentation of relief of tuition or payment for families
 - Expenditures for mental health supports for families and staff
 - Original invoices and/or receipts for purchases of materials/supplies including, but not limited to:
 - PPE, cleaning and sanitation supplies, and all other materials and services related to mitigating the risk of COVID-19
 - Materials and supplies for enhancing the program environment and/or curriculum, and social and emotional development supports
 - 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 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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13. Revisar la solicitud que está por enviar

Debe corregir cualquier entrada con texto rojo. Le dan detalles específicos sobre un desajuste u otro problema con la entrada.

13

- **Confirmation and Acceptance of Funds:** You must accept the Confirmation and Acceptance of Funds terms before submit.
- **Qualifications:** You must accept the Qualifications terms before submitting.
- **Allowable Use of Funds:** You must accept the Allowable Use of Funds terms before submitting.
- **Documentation:** You must accept the Documentation terms before submitting.

Cualquier texto en rojo indica que hay un error que necesita corrección. 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.

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

Finalizar Su Solicitud

14.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.

14. Enviar su solicitud

Una vez que haya leído los **Términos y Condiciones** sera requerido a marcar varias Casillas aceptando los términos. Una vez haya aceptado a todos haga clic en el botón **Submit (Enviar)** para enviar su solicitud para el programa.

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J-19 Payments - Submit Application

Common Details	
Payment Month	October 2021
Grantee Name	Rory Mick

Payment Program Details for Increasing Access To High-Quality Care	
Payment Program	Increasing Access To High-Quality Care
Grant Application ID	P000000390
Number of Children attended	4
Grant Status	Incomplete

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 (pay 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 the 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 ineligible 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 change 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 608-535-3650 or DCFCOUNTS@DCF.WISCONSIN.GOV.
- I understand that I must upload child attendance records and staff employment records with my initial application and when requested 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

If I receive funding for Program A - Increasing Access To High-Quality Care I agree to the following:

- I will use the funds to support necessary and reasonable costs of maintaining or enhancing high-quality care.
- I will use the funds for the following purposes:
 - Operating expenses necessary to remain open, including but not limited to mortgage, rent/space costs, utilities, insurance, business-related taxes, and payroll/benefits
 - Expenses related to mitigating the risk of COVID-19, including but not limited to personal protective equipment (PPE) and supplies for cleaning and sanitation
 - Materials/supplies for enhancing the program environment and curriculum, and social and emotional development supports
 - Professional development and/or continuing education
 - Additional costs to ensure high-quality programming
 - Mental health services for children and employees
 - Relief from copayments and tuition payments for families
 - Families can be relieved of out-of-pocket costs, such as tuition or co-pays paid for child care. Wisconsin Shares payments to families cannot be reimbursed.
 - Providers are encouraged to offer relief from copayments and tuition payments, if financially possible, prioritizing families most in need of financial relief.

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 records and supporting documentation related to costs incurred and how program funding was spent, including, but not limited to:
 - Mortgage/rent/space cost statements
 - Utility statements
 - Payroll and benefits records
 - Documentation of relief of tuition or copayment for families
 - Expenditures for mental health supports for families and staff
 - Original invoices and/or receipts for purchases of materials/supplies including, but not limited to: PPE, cleaning and sanitation supplies and all other materials and services related to mitigating the risk of COVID-19
 - Materials and supplies for enhancing the program environment and/or curriculum, and social and emotional development supports
 - 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 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 funding source.

I agree to above Documentation terms

Submit 14

Application Details

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Update SPA CWA Privileges

Realizar Modificaciones Después del Envío

15

15. 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

Common Details

Grantee First Name	Laura
Grantee Middle Initial	
Grantee Last Name	Lake
Grantee Email	laura@lakeand.com
Grantee Phone	(121) 212-1212
Do you want to join Wisconsin Early Education Shared Services Network (WEESN)?	No
Payment Month	August 2022
Was your facility open during Count Week 08/07/2022-08/20/2022?	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	P00001170
Number of Children attended	4
Grant Status	Submitted (view Terms and Conditions)

Modify Application Details

Temporary Closure **Children** **Upload Verification Document** **Payment Documents** **Program Integrity Documents** **Evaluation**

Payment Program Summary

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

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.

Actualizar o verificar cierres temporales de la ubicación

16. 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, 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.

Common Details				
Payment Month	August 2022			
Grantee Name	Rory, Mick			

Verify Temporary Closure				
From	To	Closure Reason	Comments	
08/08/22	08/10/22	COVID-19 Exposure of Child(ren) to COVID-19	2 kids had covid	Edit

I verify that the closures listed above are accurate and complete for the period of 8/7/2022 to 8/20/2022.

[Verify](#)

Ingrese las fechas de cierre y seleccione la razón del cierre que corresponde de la lista del menú.

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.

I verify that the closures listed above are accurate and complete for the period of 8/7/2022 to 8/20/2022.

[Verify](#)



Una vez que haya ingresado todos los cierres temporales, marque la casilla y seleccione **Verificar** para continuar la aplicación.

I verify that the closures listed above are accurate and complete for the period of 9/26/2021 to 10/9/2021.

[Verify](#)

Verifico que los cierres enumerados anteriormente sean precisos y completos para el período del 9/26/2021 al 9/10/2021



PARA SOLICITAR EL PROGRAMA DE PAGO B **Fondos de contratación y retención de la fuerza laboral**

Comenzar su solicitud

1

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

Payment Month	When Can I Apply/Update	Payment Program	Status	
August 2022	August 01 - August 19	Increasing Access To High-Quality Care	Not Applied	Apply ▶
August 2022	August 01 - August 19	Funding Workforce Recruitment And Retention	Not Applied	Apply ▶

COVID-19 Payments - Feedback
Please fill out all the below questions before proceeding with application

Please answer the following questions about how you used your Child Care Counts Stabilization Payment Program funds. This information will be used by DCF to understand and explain the impact of the Child Care Counts program. This is also an opportunity for you to provide feedback to help inform potential future programs to support child care providers to stabilize and strengthen their child care programs.

- This information WILL NOT be used for audit purposes
- These questions will ask for APPROXIMATE amounts and will not be reviewed against any actual documentation that you may be asked to provide in the event of an audit.
- Please estimate how much you used. There is no need to gather documentation for this form.
- Feedback results will not be published with your facility name, nor with any identifying information related to your child care program.

Please visit the Child Care Counts webpage for more information about these feedback questions.

Q1. In the last round of the Child Care Counts Stabilization Payment Program, from November 2021 to July 2022, you received \$700.00 via Program A, "Increasing Access to High-Quality Care."

Did you spend, or are you planning to spend any of that funding for...

- ... physical operating expenses such as mortgage, rent, or utilities? Yes No
- ... building maintenance or upgrades, such as building repairs, or appliance maintenance? Yes No
- ... covering payroll and benefits? Yes No

1. Comenzar la solicitud

Seleccione el programa de pago Financiamiento para reclutamiento y retención de la fuerza laboral haciendo clic en Aplicar. Si ya ha solicitado Aumentar el acceso a la atención de alta calidad, habrá completado las Preguntas de comentarios. Si no solicitó este programa, lo completará ahora antes de que lo lleven a la Información del Programa de Pago.

2. Revisar la información del Programa de pagos

Después de contestar las preguntas de comentario,, verá una pantalla informativa que detalla lo siguiente:

- Resumen del programa de pagos 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)**.

Child Care Provider Portal
Welcome, Laura

PROC Site
129 Licensed Street
Milwaukee, WI 53244-5455

880052730-043
Facility ID 1122552
FIS Provider ID 0217937

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: Increasing Access To High-Quality Care?

This payment program is intended to ensure high-quality care is available across the state by supporting the costs to remain in regulatory compliance, enhance health and safety practices, and promote continuous quality improvement with engagement in the YoungStar Quality Rating and Improvement System. Full details about the program can be viewed on the [payment information page](#).

When Can I Apply?

You may apply for this payment anytime from 08/01/2022 - 08/19/2022. 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 gather to complete this application?

The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures
 - Note: you must be open at the time of the Count Week as identified in the application in order to be eligible for this program.
- Child attendance information

What information do I need to submit to complete this application?

- Child attendance records for 08/07/2022 - 08/20/2022

Child attendance records must be uploaded with your initial application (and in future months when requested) in order to be eligible for ongoing monthly payments.

What happens after I submit my application?

After the Application Week has closed, 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 letter. Please note that receiving a check will take longer than direct deposit through FIS.

This is a nine-month payment program that runs November 2021 through July 2022. If approved for payments, you must update your child attendance information every month during the Monthly Update Week.

Continue

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Update SPA CWA Privileges

2

3

Agregar detalles de su ubicación a la solicitud

4. Agregar detalles de la persona beneficiaria

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

Asegúrese de ingresar si o no a las preguntas marcados con un asterisco rojo.

Si ingresa detalles inexactos podría retrasar su solicitud.

5 ¿Desea compartir en la Red de Servicios Compartidos de Educación Temprana de W ¿Desea unirse a la Red de Servicios Compartidos de Educación Temprana de Wisconsin (WEESN).

Si usted está interesado en unirse a Wisconsin Early Education Shared Services Network (WEESN) o obtener más información, seleccione 'Sí' aquí. Alguien de WECA se pondrá en contacto con usted para el seguimiento. El nivel 1 es gratuito.

6. Indíquenos si su programa está abierto o cerrado durante la semana de recuento

¿Estaba abierto su centro durante la semana de recuento?

Marque **Sí** si su programa estuvo abierto y la atención se brindó al menos un día durante la Semana de Recuento.

Marque **No** si su programa estuvo cerrado durante toda la Semana de Recuento.



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

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

Payment Program: Increasing Access To High-Quality Care

Number of Children attended * ⓘ

Comments:

Add

7. Cuéntenos sobre los niños inscritos en su programa

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

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

Payment Program: Increasing Access To High-Quality Care

Number of Children attended * ⓘ

Enter the number of children who attended at least one day between 8/7/2022 and 8/20/2022 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 durante el **COUNT WEEK (SEMANA DE RECUESTO)**.

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

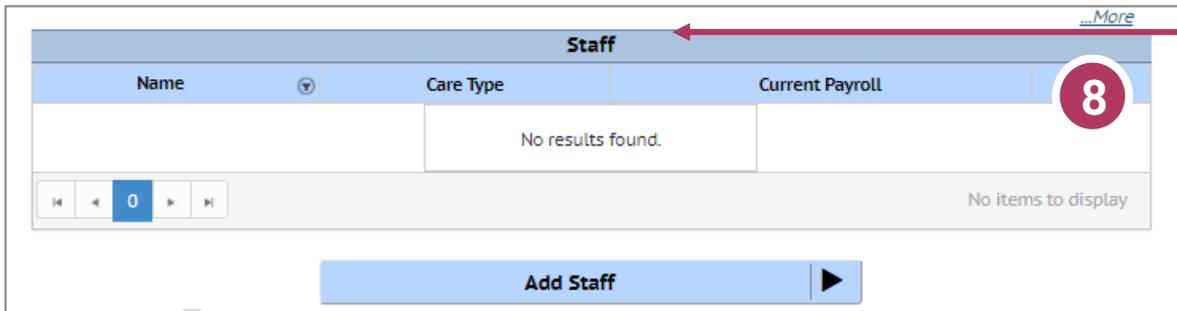


NOTA: Si ve el icono junto a un campo y no está seguro de qué información ingresar, haga clic en el icono ⓘ para obtener más información sobre los datos que se están pidiendo que ingrese.

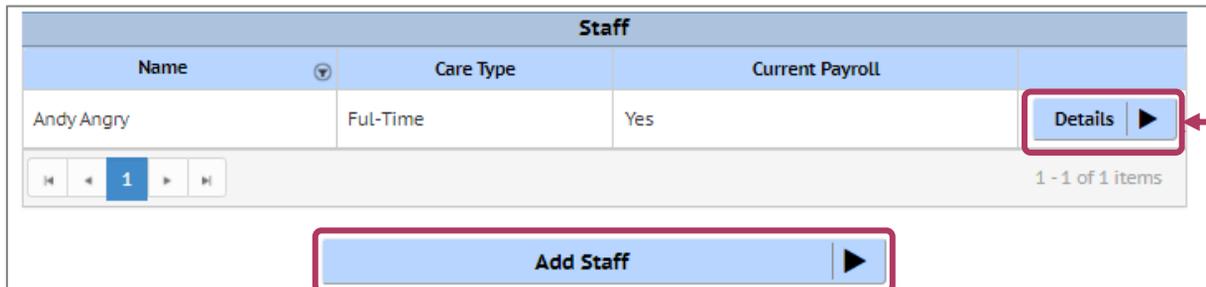
Agregar Personal al Programa

8. 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 usted no aplico anteriormente, puede ser que inicialmente la pagina indique 'No results found' (No se encontraron resultados), en ese caso, haga clic en **Add Staff (Agregar personal)**.



Aquí usted puede ver y agregar personal. Para agregar personal, haga clic en el botón **Add Staff (Agregar Staff)**.



Haga clic aquí para agregar personal

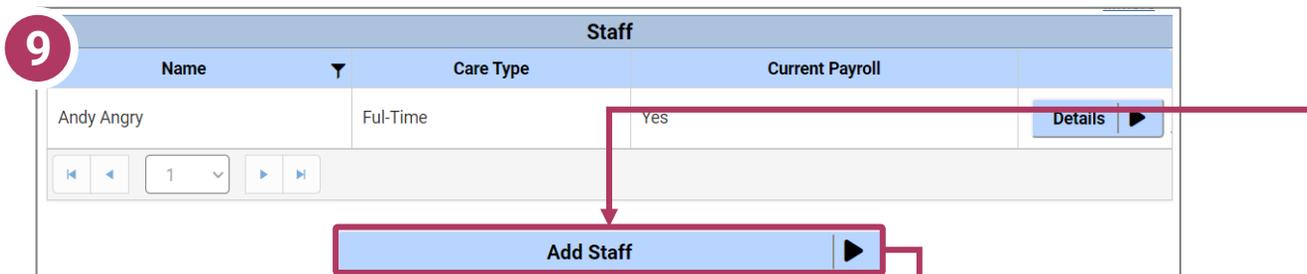
Haga clic aquí para ver los detalles del personal



Si es un proveedor familiar y es el único empleado en su ubicación, solo tendrá que agregar sus datos.

Agregar Personal al Programa

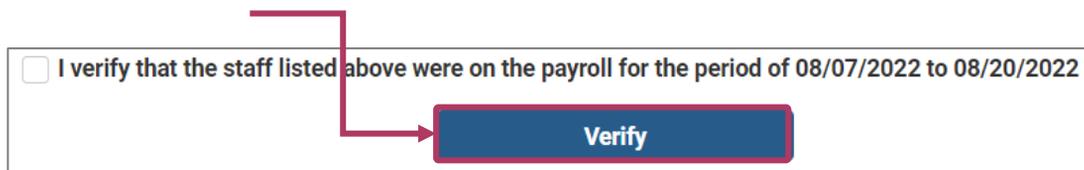
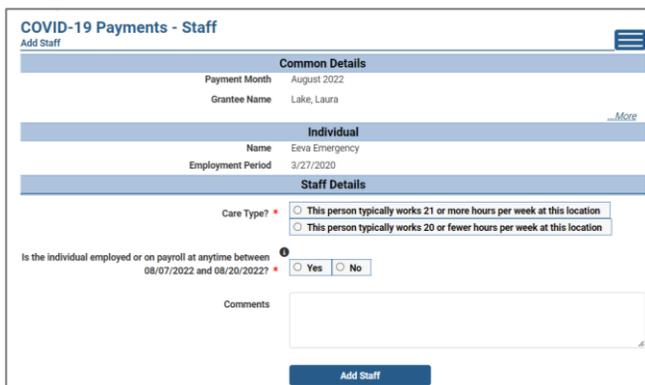
9. Agregue personal para ser considerado para la financiación. Luego se lo lleva a la página Personal para revisar a todas las personas adjuntas a la solicitud.



Para agregar un miembro del personal para ser considerado para la financiación del programa, use el botón **Select (Seleccionar)** para completar los detalles del nivel del personal.



Una vez que haya terminado de agregar todas las personas a la aplicación, compruebe la verificación al hacer clic en el botón Verificar (Verify).



Nota: Personas con el símbolo rojo  al lado de su nombre, necesita una verificación de antecedentes. **Solo las personas en cumplimiento con las verificaciones de antecedentes, son elegibles para los pagos del Cuidado Infantil Importa.**

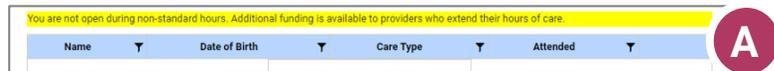
Individual	
Name	 Erik Emergency
Employment Period	4/1/2020

Agregar detalles sobre los niños

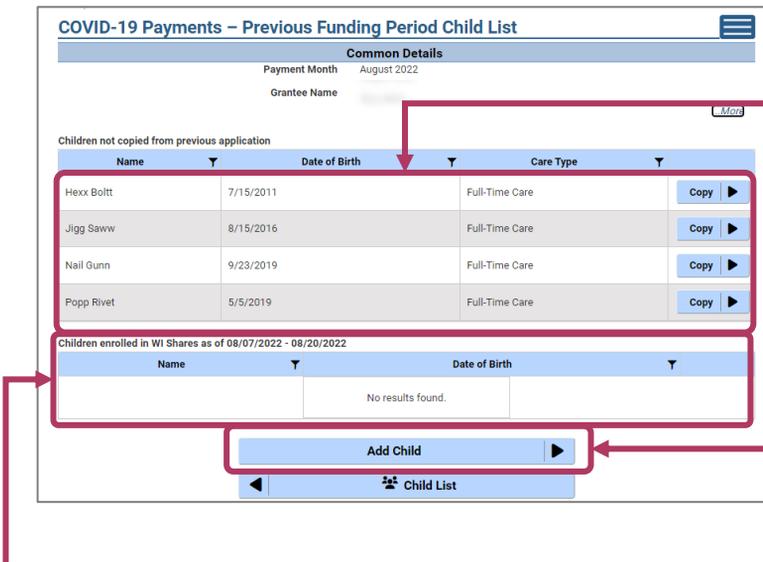
10. Agregar niños a la solicitud

Se le pedirá que agregue a *todos* los niños que asistieron a su programa al menos un día durante el **Count Week (Semana de Recuento)**. 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)*.

Verá un aviso en la parte superior de su página de lista de niños que indica si está regulado por horas no estándar: **A** o **B**.



Haga clic en el botón **Add (Agregar)** para agregar niños a su solicitud.



Aquí puede agregar niños de solicitudes anteriores. Haga clic en el botón **Copy (Copiar)** para agregar los niños a su solicitud. También puede agregar nuevos niños a esta solicitud.

Puede también ver los niños que estaban inscritos en Wisconsin Shares durante el **Count Week (Semana de Recuento)**.

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

Children not copied from previous application			
Name	Date of Birth	Care Type	
Hexx Boltt	7/15/2011	Full-Time Care	Copy  11

COVID-19 Payments – Add Child

Common Details

Payment Month: August 2022
Grantee Name: Lake, Laura

Child Details

First Name: Hexx
Middle Initial:
Last Name: Boltt
Date of Birth: 7/15/2011
Care Type: Full-time Care Part-time Care

Does this child have an Individualized Education Program (IEP) and receive special education services and/or supports? Yes No

Does this child have an Individualized Family Service Plan (IFSP)? Yes No

Does the child receive Birth to 3 Services? Yes No

Speaks language other than English? Yes No

Experiencing homelessness? Yes No

Living in tribal community? Yes No

WI Shares recipient during 08/07/2022 – 08/20/2022? Yes No

Attend during 08/07/2022 – 08/20/2022? Yes, Child Attended No, Child Did Not Attend No, Child Did Not Attend Due To Exposure To Covid-19

Did this child attend at least 20 hours of care during non-standard hours between 08/07/2022 – 08/20/2022? 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 durante el **Count Week (Semana de Recuento)**.

Nota: Si marca 'No, el niño no asistió debido a la exposición a COVID', asegúrese de que estén incluidos en el recuento total de "Número de niños."

Las horas no estándar se definen como cualquier cuidado infantil proporcionada entre las horas de 6 p.m. y 6 a.m. de lunes a viernes y cualquier hora de cuidado infantil proporcionada los sábados o domingos. Marque esta casilla si el niño asistió al menos 20 horas de cuidado infantil durante horas no estándar como se definió anteriormente. Si usted no está regulado por horas no estándar, no podrá marcar 'sí' a esas preguntas.

Haga clic en el botón Agregar (Add) para pasar a la página

Página de lista de niños

12. Horas no estándar

Verá un aviso en la parte superior de su página de lista de niños que indica si está regulado por horas no estándar.

12

COVID-19 Payments – Child List

Common Details

Payment Month	August 2022
Grantee Name	Lake, Laura

[...More](#)

You are not open during non-standard hours. Additional funding is available to providers who extend their hours of care.

Los proveedores regulados durante horas no estándar verán este mensaje:

Children who attend during non-standard hours can increase your funding. Please indicate each child who attends at least 20 hours of non-standard care over the two-week period.

Los proveedores no regulados durante horas no estándar verán este mensaje:

You are not open during non-standard hours. Additional funding is available to providers who extend their hours of care.



Nota de horas no estándar: La semana de recuento es un período de dos semanas. Un niño necesita asistir al menos 20 horas totales de cuidado durante las horas no estándar durante esas dos semanas para ser elegible para el complemento. Las horas no necesitan ser todas en una semana.

Did this child attend at least 20 hours of care during non-standard hours between 08/07/2022 – 08/20/2022? *

Yes No

Si no está regulado para horas no estándar, no va a ser posible marcar "sí" a esa pregunta.

Hay fondos adicionales disponibles para los proveedores que extienden su horario de cuidado infantil. Para obtener más información, visite la página El Cuidado Infantil Importa.

Agregar detalles de niños

13. Agregar hijos a la aplicación

Si tiene niños en una aplicación anterior, se importarán automáticamente. Debe verificar y actualizar los detalles de estos niños, si es necesario. Si los niños no asistieron o ya no están inscritos, puede eliminarlos de esta lista. También puede ver a los niños que fueron inscritos en Wisconsin Shares durante la Semana de recuento.

13 COVID-19 Payments – Child List

Common Details
Payment Month August 2022
Grantee Name Lake, Laura

Children who attend during non-standard hours can increase your funding. Please indicate each child who attends at least 20 hours of non-standard care over the two-week period.

Name	Date of Birth	Care Type	Attended	
Hexx Boltt	7/15/2011	Full-Time Care	Yes	Details ▶
Nail Gunn	9/23/2019	Full-Time Care	Yes	Details ▶
Popp Rivet	5/5/2019	Full-Time Care	Yes	Details ▶
Jigg Saww	8/15/2016	Full-Time Care	Yes	Details ▶

Si necesita actualizar o revisar la información sobre un niño específico, haga clic en el botón Detalles para acceder al registro de ese niño.

Haga clic en el botón Más para llegar al botón Modificar hijo.

COVID-19 Payments – Child Details

Common Details
Payment Month August 2022
Grantee Name Rory, Mick

Child Details for COVID-19 Payments
First Name Hexx
Middle Initial
Last Name Boltt
Date of Birth 7/15/2011

Child List

Modify Child ▶

Si ha agregado un niño por error a la aplicación, puede eliminarlo marcando la casilla ¿Quitar este niño de la solicitud? en la pantalla Modificar hijo.

Remove this child from the grant?

Save

Haga clic en Guardar en la página Modificar detalles del niño si ha cambiado alguna información. Puede continuar agregando niños, según sea necesario, o verificar por hacer clic en el botón Verificar.

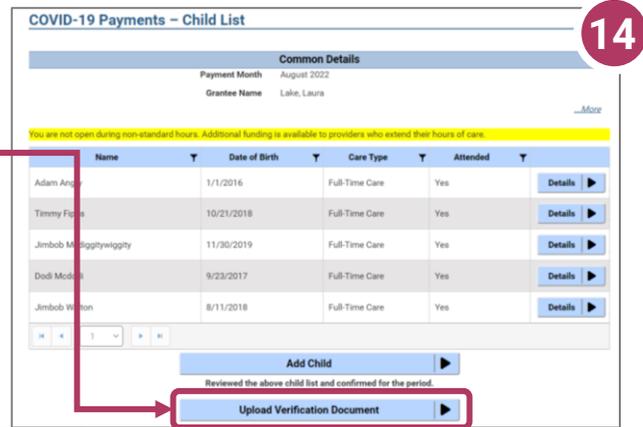
Cargar Documentos de Verificación

14. Una vez que haya agregado todos los niños, haga clic en la casilla de verificación y haga clic en el botón **Verify (Verificar)**.

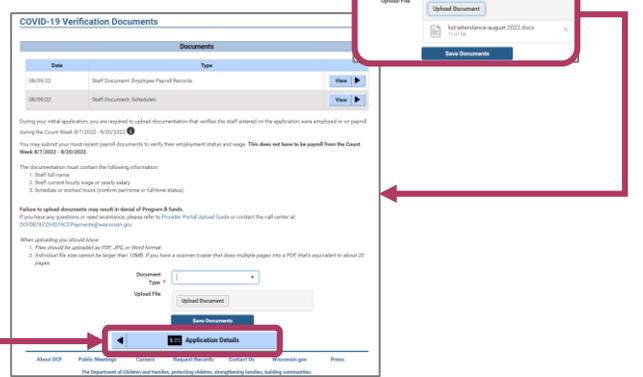
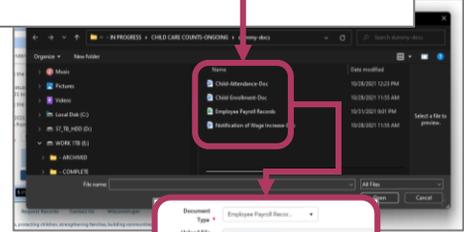
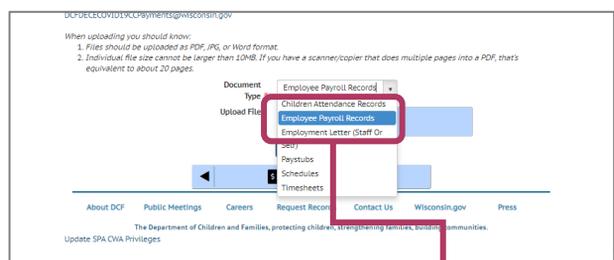
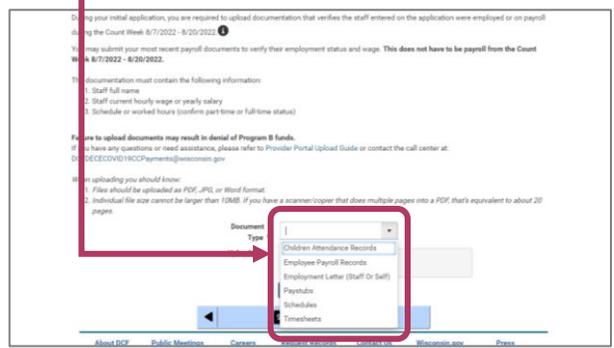
Se le dirigirá a la página **Verification Documents** (Documentos de verificación). Aquí, cargará documentación que muestre evidencia de que el personal ingresado en esta solicitud está en la nómina de esta instalación.

Por ejemplo:

- A. Seleccione el tipo de archivo, en el menú desplegable: estamos eligiendo **Registros de nómina de empleados**.
- B. Haga clic en **Upload (Cargar)** para seleccionar el archivo de su computadora.
- C. Elija **Save Documents (Guardar Documentos)**.
- D. El documento se agregará a su lista. Cuando haya cargado los documentos apropiados, haga clic en el botón **Submit Application (Enviar solicitud)**.



14



Finalizar Su Solicitud

COVID-19 Payments - Submit Application

Common Details

Payment Month	August 2022
Grantee Name	Lata, Laura

Payment Program Details for Funding Workforce Recruitment And Retention

Payment Program	Funding Workforce Recruitment And Retention
Grant Application ID	R00001173
Number of Children attended	4
Grant Status	Incomplete

Terms and Conditions

Definition of terms

Application Week: The time frame during which providers can enter or re-enter the Child Care Courts Stabilization Payment Program

Court Week: The period in which the child and staff information is collected for payment allocations

Monthly Update Week: This time frame during which providers report any changes or confirm child attendance and staffing from the previous Court Week.

Payment Review Days: The days when DCF reviews applications and updates to ensure the provider remains eligible for payments

Payment Program A Increasing Access to High-Quality Care includes:

- Per-Child Amount:** Program A payment amount for each child entered in the application for the Court Week.
- Wisconsin Shares Add-On Amount:** Program A payment amount given in addition to the Per-Child Amount for each child included in the application who has a Wisconsin Shares Authorization during the Court Week.
- Inclusive Birth to 3 Pilot Add-on Amount:** Program A payment amount given in addition to the Per-Child Amount for each child included in the application who is participating in the Inclusive Birth to 3 Child Care Pilot.
- Non-Standard Hours Add-On Amount:** Program A payment amount given in addition to the Per-Child Amount for each child included in the application who attended 20 or more hours of care during non-standard hours during the Court Week.
- Non-Standard Hours:** For the purposes of Child Care Courts, there are four types of non-standard care:
 - Satisfying Care: Care provided between the hours of 5 a.m. and 8 a.m.
 - Evening Care: Care provided between the hours of 5 p.m. and 10 p.m.
 - Overnight Care: Care provided between the hours of 10 p.m. and 3 a.m.
 - Weekend Care: Care provided anytime on Saturday or Sunday.

Payment Program B Funding Workforce Recruitment And Retention includes:

- 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 rating for each eligible full-time/part-time staff listed in the application.

Requirements Applicable to Program A and B:

- By accepting Child Care Courts Stabilization Payment Program funds I agree to all requirements, understandings, and conditions included in these Terms and Conditions.
- I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Court Week identified for each month.
 - If I have a temporary closure for the entire initial court weeks (August 2022) I will not be eligible and must apply during the next month's Application Week. This applies to closures for COVID or other reasons.
 - If I received payment in the previous month but have a temporary closure due to COVID exposure for the duration of a subsequent Court Week, I must plan to reopen within 14 days of the date of the closure in order to receive funding.
 - If I have a temporary closure for non-COVID reasons during the duration of a subsequent Court Week, I will not be eligible for payments that month.
 - If my program will not be able to reopen within 14 days of the temporary closure, I must notify the Child Care Courts call center at 608-255-0040 or CCCS@dnr.wisconsin.gov.
- My program must be regulated and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
- I will, at minimum, maintain existing compensation (wages, bonuses, or benefits) for each staff person included in that month's application 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 Courts 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 the 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 must upload child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.
- I must provide monthly updates to the number of children attending and staff employed during the Court Week.
 - 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 will keep all original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of my last payment.
 - Program records and supporting documentation related to my application include:
 - Documentation to verify attendance of children entered on my application and during each Court Week.
 - Documentation to verify staff employment at time of application and during each Court Week.
 - Required program records for spending are described later under each Program.

I agree to above Confirmation and Acceptance of Funds terms.

Understandings for Acceptance of Funds from Program A and/or Program B

- I understand and agree that this is a nine-month payment program that runs August 2022 through April 2023.
- 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 ineligible 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 that fluctuates 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 recalculate the monthly amount as stated in my Payment Letter.
- I understand that I must meet the following qualifications to be eligible for payments:
 - My program must be regulated and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
 - My program must be in compliance with background check requirements.
 - My program must be 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.
 - If my program has an outstanding Wisconsin Shares of Child Care overpayment, I must be in compliance with any DCF Financial Repayment Agreement. If there is no Agreement, I must be making regular monthly payments toward the debt.
- I understand that DCF may require repayment of funds disbursed to me if the terms and conditions are not met, and I agree to repay the funds in full.
- I understand that by applying for funds that I am certifying that all information provided in my application is true and correct to the best of my knowledge.
- I understand that the Department of Children and Families may monitor and review my application and use of program funds at any time.
- I understand that DCF is required to conduct audits to ensure accuracy of applications and the proper use of funds issued. If I am subject to an audit, I will be required to submit supporting documentation.
- 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 provide supporting 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. Costs must have been incurred between April 1, 2022 and 180 days from the date of the payment letter.
- I understand that expenses cannot have already been funded by a prior DCF program or reimbursed by another state or federal fund source.

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 will receive a Quality Incentive Per-Staff amount. These amounts will be included in the monthly Payment Letter. Program B funds must be used to support necessary and reasonable costs associated with recruiting and retaining high-quality staff.

- If I receive funding for Program B - Funding Workforce Recruitment And Retention, I agree to the following:
 - I will not use the Base Per-Staff amount to pay for:
 - Staff or other personnel who are not on staff and actively caring for children.
 - High-level administrative staff for group providers who 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 liaisons.
 - Certified Positions:
 - In accordance with DCF 22.09(1)(b) providers must also be approved by the certification unit prior to working in the program.
 - As a certified position, I agree that all staff based on my application have been approved by the certification unit prior to working in the program.

I agree to above Allowable Use of Funds terms.

Documentation

- I will keep, and submit to DCF upon request, all original, supporting documentation related to this application and how this funding was spent for at least five (5) years from the date of my last payment.
- Program records and supporting documentation related to my application include:
 - Documentation to verify attendance of children entered on my application and during each Court Week.
 - Documentation to verify staff employment at time of application and during each Court Week.
- Expenditure records 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 compensation (wages, bonuses, benefits).
 - Compensation/information to employees of personnel policies regarding compensation, including any changes during the period of this program.
 - Receipts for ongoing support for staff retention, including training, professional development, scholarships, or continuing education.
 - Documentation to verify use of funds for recruitment efforts for hiring new staff.

I agree to above Documentation terms.

I agree to above Documentation terms.

I agree to above Documentation terms.

Submit

Application Details

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Update: 09/14/2022

15. Revisar la solicitud que está por enviar. Debe corregir cualquier entrada con texto rojo. Le dan detalles específicos sobre un desajuste u otro problema con la entrada.

15

- Confirmation and Acceptance of Funds:** You must accept the Confirmation and Acceptance of Funds terms before submitting.
- Qualifications:** You must accept the Qualifications terms before submitting.
- Allowable Use of Funds:** You must accept the Allowable Use of Funds terms before submitting.
- Documentation:** You must accept the Documentation terms before submitting.

Cualquier texto en rojo indica que hay un error que necesita corrección. 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.

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

Finalizar su solicitud

16. 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.

17. Enviar su solicitud

Una vez que haya leído los **Términos y condiciones** será requerido a marcar varias casillas aceptando los términos. Una vez haya aceptado a todos haga clic en el botón **Submit (Enviar)** para enviar su solicitud para el programa.

Common Details	
Payment Month	August 2022
Grantee Name	Lila, Laura

Payment Program Details for Funding Workforce Recruitment And Retention	
Payment Program	Funding Workforce Recruitment And Retention
Grant Application ID	R00001173
Number of Children attended	4
Grant Status	Incomplete

Terms and Conditions

Definition of terms
Application Week: The time frame during which providers can enter or renew the Child Care Courts Stabilization Payment Program
Court Week: The point in time for which child and staff information is collected for payment calculations
Monthly Update Week: The time frame during which providers report any changes or confirm child attendance and staffing from the previous Court Week

Payment Review Days: The days when DCF reviews applications and updates to ensure the provider remains eligible for payments
Payment Program A: Increasing Access To High-Quality Care includes:
Per-Child Amount: Program A payment amount for each child included in the application for the Court Week
Wisconsin Shares Add-On Amount: Program A payment amount given in addition to the Per-Child Amount for each child included in the application who had a Wisconsin Shares Authorization during the Court Week
Inclusive Birth to 3-File Add-on Amount: Program A payment amount given in addition to the Per-Child Amount for each child included in the application who is participating in the Inclusive Birth to 3 Child Care Pilot
Non-Standard Hours Add-on Amount: Program A payment amount given in addition to the Per-Child Amount for each child included in the application who attended 20 or more hours of care during non-standard hours during the Court Week
Non-Standard Hours: For the purposes of Child Care Courts, there are four types of non-standard care:
• Early-morning Care: Care provided between the hours of 5 a.m. and 8 a.m.
• Evening Care: Care provided between the hours of 5 p.m. and 10 p.m.
• Overnight Care: Care provided between the hours of 10 p.m. and 5 a.m.
• Weekend Care: Care provided anytime on Saturday or Sunday

Payment Program B: Funding Workforce Recruitment And Retention includes:
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 YoungFives rating for each eligible full-time/part-time staff listed in the application

- Requirements Applicable to Program A and B:**
- By accepting Child Care Courts Stabilization Payment Program funds, I agree to all requirements, understandings, and conditions included in these Terms and Conditions.
 - I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Court Week identified for each month.
 - If I have a temporary closure for the entire initial court weeks (August 2022) I will not be eligible and must apply during the next month's Application Week. This applies to closures for COVID-19 or other reasons.
 - If I received payment in the previous month but have a temporary closure due to COVID-19 exposure for the duration of a subsequent Court Week, I must plan to reopen within 14 days of the date of the closure in order to receive funding.
 - If I have a temporary closure for non-COVID-19 reasons during the duration of a subsequent Court Week, I will not be eligible for payments that month.
 - If my program will not be able to reopen within 14 days of the temporary closure, I must notify the Child Care Courts call center at 800-555-5450 or CCCF@DCF.wisconsin.gov.
 - My program must be registered and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
 - I will, at minimum, maintain existing compensation (wages, bonuses, or benefits) for each staff person included in that month's application for the duration of the payment month for which I receive funding.
 - I will not involuntarily fire/stop (lay off without pay) staff who appear on my center's application, Child Care Courts Stabilization Payment Program funds for staff may be halted only upon 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 the 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 must upload child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.
 - I must provide monthly updates to the number of children attending and staff employed during the Court Week.
 - 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 will keep all original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of my last payment.
 - Program records and supporting documentation related to my application include:
 - Documentation to verify attendance of children entered on my application and during each Court Week.
 - Documentation to verify staff employed at time of application and during each Court Week.

I agree to above Confirmation and Acceptance of Funds terms.

- Understandings for Acceptance of Funds from Program A and/or Program B**
- I understand and agree that this is a nine-month payment program that runs August 2022 through April 2023.
 - I can opt out of the program by withdrawing my application before the end of the monthly Application Week.
 - If I am not open during the month, I am not eligible for funding for that month, and 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 included in my Payment Letter. DCF will recalculate the monthly amount as indicated in my Payment Letter.
 - I understand that I must meet the following qualifications to be eligible for payments:
 - My program must be registered and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
 - My program must be in compliance with background check requirements.
 - My program must be 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.
 - If my program has an outstanding Wisconsin Shares or Child Care Courts overpayment, I must be in compliance with any DCF Finance Requirement Agreement. If there is no Agreement, I must be making regular monthly payments toward the debt.
 - I understand that DCF may require repayment of funds disbursed to me if the terms and conditions are not met, and I agree to repay the funds as required.
 - I understand that by applying for funds that I am certifying that all information provided in my application is true and correct to the best of my knowledge.
 - I understand that the Department of Children and Families may monitor and review my application and use of program funds at any time.
 - I understand that DCF is required to conduct audits to ensure accuracy of applications and the proper use of funds issued. If I am subject to an audit, I will be required to submit supporting documentation.
 - 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. Funds must have been incurred between April 1, 2022 and 120 days from the date of the payment letter.

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 YoungFives will receive a Quality Incentive Per-Staff amount. These amounts will be included in the monthly Payment Letter. Program funds must be used to support necessary and reasonable costs associated with recruiting and retaining high-quality staff.
- If I receive funding for Program B - Funding Workforce Recruitment And Retention, I agree to the following:
 - I will, at minimum, maintain existing compensation (wages, bonuses, or benefits) for each staff person included in that month's Court Week only at least the Base Per-Staff amount.
 - If my program is participating in YoungFives, I will use the awarded Quality Incentive Per-Staff amount towards one or more of the following: wages, bonuses, benefits, recruiting, professional development, and staff trainings, scholarships, or other secondary education activities.
 - Recruitment:**
 - I will not use the funds to pay volunteer.
 - I will not use the funds to pay individuals who are not on staff and actively caring for children.
 - Include an administrative staff (group providers) who receive no more than 10% of their per-staff amount. Base per-staff amount plus Quality Incentive (per-staff amount), as included in the Payment Letter, may use administrative staff as individuals responsible for management of the child care center. These roles include, but are not limited to center directors, center administrators, and coordinators.
 - Certified Providers:**
 - In accordance with DCF 202.08(1m)(ii), all providers must also be approved by the certification unit prior to working in the program.
 - If a certified provider agrees that all staff listed on my application have been approved by the certification unit prior to working in the program.

I agree to above Allowable Use of Funds terms.

- Documentation**
- I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of my last payment.
 - Program records and supporting documentation related to my application include:
 - Documentation to verify attendance of children entered on my application and during each Court Week.
 - Documentation to verify staff employed at time of application and during each Court Week.
 - Expense/income records 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 documentation of compensation (wages, bonuses, benefits).
 - Compensation/information to employees of any other policies, employee compensation, including any changes during the period of the program.
 - Receipts for required support for staff retention, including training, professional development, scholarships, or continuing education.

I agree to above Documentation terms.

I agree to above Documentation terms.

Submit 17

Application Details

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Realizar Modificaciones Después del Envío

18. 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

Common Details

Grantee First Name	Laura
Grantee Middle Initial	
Grantee Last Name	Lake
Grantee Email	laura@lakeland.com
Grantee Phone	(121) 212-1212
Do you want to join Wisconsin Early Education Shared Services Network (WEESN)?	No
Payment Month	August 2022
Was your facility open during Count Week 08/07/2022-08/20/2022?	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 Funding Workforce Recruitment And Retention

Payment Program	Funding Workforce Recruitment And Retention
Grant Application ID	R00001173
Number of Children attended	4
Grant Status	Submitted (view Terms and Conditions)

Modify Application Details

Temporary Closure | Staff | Children | Upload Verification Document | Payment Documents | Program Integrity Documents

Feedback

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.

Actualizar o Verificar Cierres Temporales de la Ubicación

19. 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 (CCPP), 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.

Common Details				
Payment Month	August 2022			
Grantee Name	Rory, Mic			

Verify Temporary Closure				
From	To	Closure Reason	Comments	
08/08/22	08/10/22	COVID-19 Exposure of Child(ren) to COVID-19	2 kids had covid	Edit ▶

I verify that the closures listed above are accurate and complete for the period of 8/7/2022 to 8/20/2022.

Verify

Ingrese las fechas de cierre y seleccione la razón del cierre que corresponde de la lista del menú.

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.

Verify Temporary Closure	
From Date	8/11/2022
To Date	8/15/2022

Closure Reason: COVID-19 Business decision

Comments: COVID-19 Exposure of Child(ren) to COVID-19

COVID-19 Business decision

COVID-19 Lack of families

COVID-19 Lack of staff

COVID-19 Lack of supplies

COVID-19 Other

Add

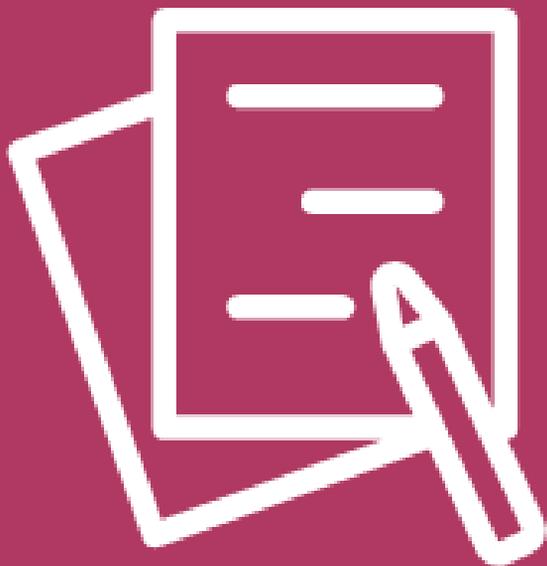


Una vez que haya ingresado todos los cierres temporales, marque la casilla y seleccione Verificar para continuar la aplicación.

I verify that the closures listed above are accurate and complete for the period of 9/26/2021 to 10/9/2021.

Verify

Verifico que los cierres enumerados anteriormente sean precisos y completos para el período del 9/26/2021 al 9/10/2021



Apéndice

APÉNDICE

Agregar personas al CCPP (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 iniciar el proceso 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

Payment Month August 2022
Grantee Name Lake, Laura

Individuals

Name	Role(s)	Employment Period	
Erik Emergency	Director	04/01/20	Select

1 - 1 of 1 items

Indicates an individual who needs a fingerprint-based background check. Only individuals in compliance with background check laws are eligible for Child Care Counts staff payments

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 tengan elegibilidad preliminar de una verificación de antecedentes en el archivo.

Siga el enlace a continuación para descargar la guía mas reciente del **Child Care Provider Portal (CCPP) User Guide**.

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