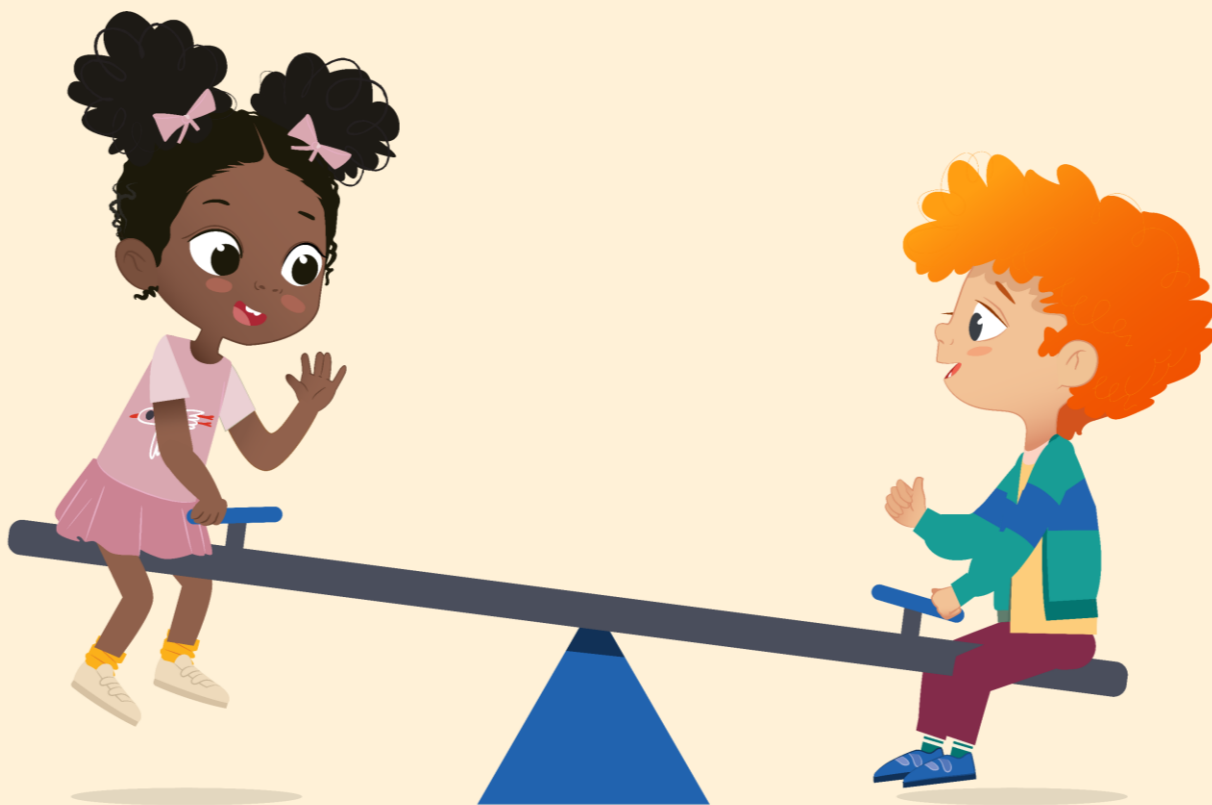


Child Care Counts: Stabilization Payment Program Round 2

Application Guide

MARCH 2023



Wisconsin Department of
Children and Families

The Department of Children and Families is an equal opportunity employer and service provider. If you have a disability and need to access services, receive information in an alternate format, or need information translated to another language, please call the Division of Early Care and Education at 608-422-6002. Individuals who are deaf, hard of hearing, deaf-blind or speech disabled can use the free Wisconsin Relay Service (WRS) – 711 to contact the department.

Table of Contents

About this Guide	4
System Notes.....	5
Important Notes.....	6
Pre-Application Document Checklist.....	7
How to Submit an Application	8
Beginning Your Application.....	10
Payment Program Summary Page.....	11
Feedback Questions.....	12
Applying For Payment Program A	22
Increasing Access to High-Quality Care	
Applying For Payment Program B.....	35
Funding Workforce Recruitment and Retention	
Appendix.....	50

About This Guide

This guide details how providers will use DCF's Child Care Provider Portal (CCPP) to apply for the ***Child Care Counts: Stabilization Payment Program Round 2***, which has an application opening date of **August 22, 2022**, with an additional application window every month through **April 2023**.

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

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

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

IMPORTANT NOTICE

Child Care Counts programs are time-limited programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. They are not subawards as that term is defined in 45 CFR 75 and related federal regulations. Use of the word "grant" is incidental.



Child Care Counts Call Center

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

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

Please note – email is recommended for a faster response.

System Notes



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



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

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@Licensedcenter.Com

Grantee Phone: (221) 212-1212

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

Was your facility open on 10/06/2021? ☐ Yes ☐ No

Tell us about the children at your facility

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

Did your facility serve any child who has an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) and receives special education services and/or supports? ☐ Yes ☒ No

Did your facility serve any children who speak ☐ Yes ☒ No



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

Child Care Provider Portal
Welcome, Laura

Lakeland Group Centre
324 W Main St
Madison, WI 53703-3115

Logout
2800040092-001
Facility ID 1123290
FIS Provider ID D217957

COVID-19 Payment Application List
Apply for 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 ▶
July 2022	July 25 - July 29	Increasing Access To High-Quality Care	Not Available	

Number of Children attended *

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

Important Notes

The *Child Care Counts: Stabilization Payment Program* is a monthly payment program to support Wisconsin's early care and education community.

- Providers submit one application (either at initial application opening in August, or in any month during the Application Week).
- As long as provider remains eligible and adheres to terms and conditions, payments will continue automatically every month.
- Providers must upload verification documents at initial application and when requested during future Update Weeks.
- Approved applicants must update staff and child information every month in the application in the Child Care Provider Portal during the monthly Update Week.
- Funds must be spent within 120 days of the payment date.

REMINDER: The dates displayed in this guide may be different than what appears in your application. The dates will be updated in your Child Care Provider Portal Application to reflect the current Application/Update Weeks, and Count Weeks.

Pre-Application Document Checklist

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

Be sure to have the following documents available when submitting your *Child Care Counts* Application:

- ☐ Child Attendance Records
- ☐ Staff Employment Records



Verification Documents

These are required during your initial application and may also be requested in future monthly Update Weeks.

This includes:

Child Attendance Records

Staff Employment Records

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

How to Submit an Application

Child Care Provider Portal

Login
Existing CCPI Users can log in with their

1

User ID: lauratake
Password: *****

☐ Show Password
☒ Remember Me
☐ Enable Keyboard Accessibility Features
☐ Enable Screen Reader Features

[Hide Options](#)

Login

Request access and update your user profile in [Account Management](#).
For additional information, visit the [DCF Portal Info](#) webpage.

[About DCF](#) [Public Meetings](#) [Careers](#) [Request Records](#) [Contact Us](#) [Wisconsin.gov](#) [Press](#)

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

1. Login Screen

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

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

Child Care Provider Portal
Home, Laura

Home

Update SPA CWA Privileges

Business Name	Provider-Loc	Facility ID	FIS Number	Address
Annie's Child Care Etc	2800099412-001	1122841	0205263	113 New Address Annapolis, WI 53545-6789
Public Meetings				
Careers				
Request Records				
Contact Us				
Wisconsin.gov				
Press				

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

Child Care Provider Portal
Home, Laura

Home

Update SPA CWA Privileges

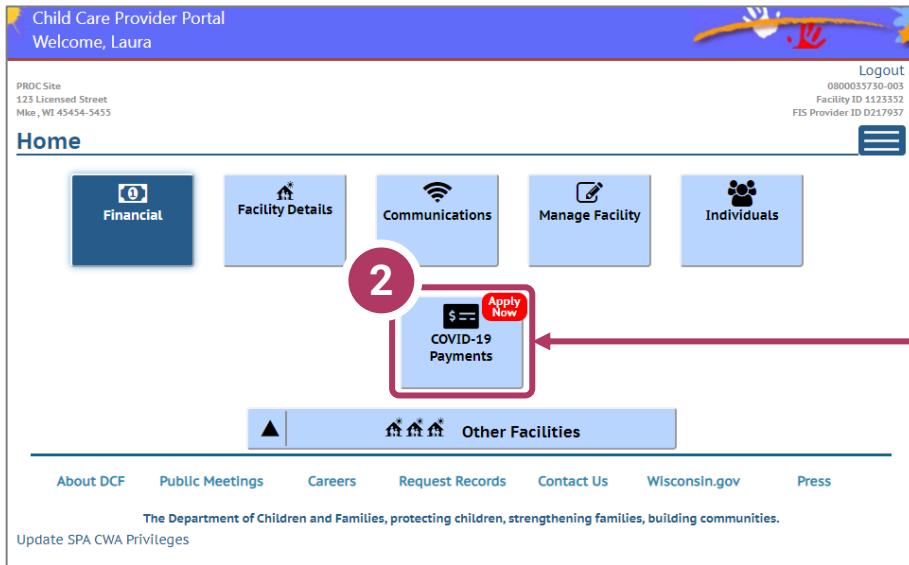
Business Name	Provider-Loc	Facility ID	FIS Number	Address
Annie's Child Care Etc	2800099412-001	1122841	0205263	113 New Address Annapolis, WI 53545-6789
Public Meetings				
Careers				
Request Records				
Contact Us				
Wisconsin.gov				
Press				

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

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

Click the location you want to make your application for.

How to Submit an Application



2. Select COVID-19 payments

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

Beginning Your Application

COVID-19 Payment Application List

Child Care Provider Portal
Welcome, Somasundaram

Logout
0800035730-003
Facility ID 1123352
FIS Provider ID D217937

PROC Site
123 Licensed Street
Mike, WI 45454-5455

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	Apply ▶ 3
August 2022	August 01 - August 19	Funding Workforce Recruitment And Retention	Not Applied	Apply ▶

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

- **Payment Program A:** Increasing Access to High-Quality Care
- **Payment Program B:** Funding Workforce Recruitment and Retention

3. Start Application

To apply for a specific program, click the blue button next to either Program A or Program B.



Regulated providers may be able to apply for BOTH payment programs each month. Please review Eligibility and Requirements details on the [Payment Program web page](#).

Payment Program Summary Page

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	Apply ▶
August 2022	August 01 - August 19	Funding Workforce Recruitment And Retention	Not Applied	Apply ▶

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

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

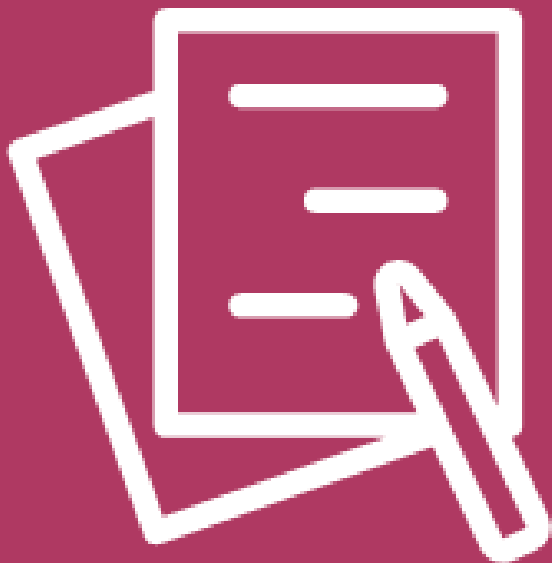
Incomplete If you have started an application for the program, but your application has not been completed or if you were approved for the previous month of the Stabilization Round 1, and have not yet submitted your initial application for Round 2, your application status will display as **Incomplete**. Click **Details** to complete your application.

Review Needed if you were approved for the previous month of Round 2, your status will show as Review Needed at the beginning of each Update/Application Week. You must review and re-submit your applications during Update Week. Click **Review** to begin your review and re-submit your application.

You may make corrections to your application until the end of the application period each month. Applications cannot be modified after the application closes.



Be sure your application status is **Submitted after your initial application and monthly updates**








COVID-19 PAYMENTS

Feedback Questions

COVID-19 Payments Feedback Questions

New to this round of *Child Care Counts* is a set of Feedback Questions. You will only need to complete these questions once at your initial application to the new Payment Program A or Program B.

-  The information you provide will be used by DCF to understand providers' experiences with the *Child Care Counts* program. This is also an opportunity for you to provide feedback to help inform potential future DCF 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 or with any identifying information related to your child care program.

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

COVID-19 Payments Feedback Questions

The Feedback Questions section requires you to **carefully read the question** and then check **Yes** or **No** for the responses. You will also be invited to leave feedback in other questions. If you didn't receive any funding answer **No** to all questions.

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?

... building maintenance or upgrades, such as building repairs, or appliance maintenance?

... covering payroll and benefits?

... reducing COVID-19 risk, such as providing personal protective equipment (PPE) or cleaning supplies?

... providing materials or supplies for enhancing program environment and curriculum, such as classroom supplies and equipment?

... providing social and emotional development supports or mental health services for staff?

... providing social and emotional development supports or mental health services for children?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Previous

Next

[About DCF](#) [Public Meetings](#) [Careers](#) [Request Records](#) [Contact Us](#) [Wisconsin.gov](#) [Press](#)

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

[Update SPA CWA Privileges](#)

After responding appropriately, click next to advance through the questionnaire to get into the main application.



If you click **Next** without checking **Yes** or **No** to the questions, you will get the following error, and a prompt to make the required selections.

✖ One or more question is unanswered. Please make a selection.

COVID-19 Payments Feedback Questions

You will note that the amount you received for Payment Program A is contained in the question as a reminder. Our example shows you received **\$700 via Program A, “Increasing Access to High-Quality Care”**.

In the example **Question 1. Did you spend or are you planning to spend any of that funding for...** you can see where we have checked our responses.

• 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

[Previous](#) [Next](#)

[About DCF](#) [Public Meetings](#) [Careers](#) [Request Records](#) [Contact Us](#) [Wisconsin.gov](#) [Press](#)

When you are ready to move on to the next set of questions, click the **Next** button.

COVID-19 Payments Feedback Questions

Question 2. Did you spend or are you planning to spend any of that funding for... continues with four additional questions. Check **Yes** or **No** in the responses.

There is also a comments box where we ask the question **'...something else?'** **Note: the text box has a maximum character length of 1500 characters.**

You can enter a response in your own words outlining any other information about how funds were spent or are planned to be spent.

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?
- ... providing other non-credit-based professional development training or education?
- ... providing family engagement activities, such as family meeting materials and supplies or events?
- ... providing financial assistance for families, such as covering fees, copayments, or tuition reduction?

... something else? Please tell us:

Enter your feedback here.

☐ Yes ☒ No

☐ Yes ☒ No

☒ Yes ☐ No

☒ Yes ☐ No

[About DCF](#) [Public Meetings](#) [Careers](#) [Request Records](#) [Contact Us](#) [Wisconsin.gov](#) [Press](#)

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

When you are ready to move on to the next set of questions, click the next button.

COVID-19 Payments Feedback Questions

Question 3. About how much of that [Amount] have you spent, or will you spend on each item below. The total should add up to [Amount]. Here you should enter the approximate amounts spent on each of the categories.

Note that the total should add up to the amount you were awarded. If your amount awarded was **\$700** as in our example, your amounts combined should match the amount awarded of **\$700** in the **Total Spent** box.

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

[Previous](#) [Next](#)

[About DCF](#) [Public Meetings](#) [Careers](#) [Request Records](#) [Contact Us](#) [Wisconsin.gov](#) [Press](#)

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

When you are ready to move on to the next set of questions, click the next button.

COVID-19 Payments Feedback Questions

If you applied to **Program B, 'Funding Workforce Recruitment and Retention,'** **Carefully read the questions** and then check **Yes** or **No**.

You will note that the amount you received for that Payment Program is contained in the question as a reminder. Our example shows \$2,000.

In the example **Question 4, Did you spend, or are you planning to spend any of that funding for...** you can see where we have checked our responses.

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:

[Previous](#) [Next](#)

[About DCF](#) [Public Meetings](#) [Careers](#) [Request Records](#) [Contact Us](#) [Wisconsin.gov](#) [Press](#)

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

When you are ready to move on to the next set of questions, click the next button.

COVID-19 Payments Feedback Questions

Question 5. About how much of that \$2,000 have you spent, or will you spend on each item below? The total should add up to \$2000. Here you should enter the approximate amounts spent on each of the categories.

Note that the total should add up to the amount you were awarded. So, if your amount awarded was **\$2,000** as in our example, your amounts combined should match the amount awarded of **\$2,000** in the **Total Spent** box.

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

[Previous](#) [Next](#)

[About DCF](#) [Public Meetings](#) [Careers](#) [Request Records](#) [Contact Us](#) [Wisconsin.gov](#) [Press](#)

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

When you are ready to move on to the next set of questions, click the next button.

COVID-19 Payments Feedback Questions

Question 6. What impacts did the *Child Care Counts Stabilization Payment Program* funding have on your program?
Enter a response here outlining the impact of the funding on your program.

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

Question 7. Did you have any program needs that 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?
Check **Yes** or **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

Question 7A. Enter additional information here.

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.

COVID-19 Payments Feedback Questions


Question 8. If you could wave a magic wand, what changes would you recommend to the *Child Care Counts Stabilization Payment Program*?

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.

 **Previous** **Next** 

When you are finished entering any feedback, click **Next** to continue. You will be taken to the Payment Program Information page where you can review the details for your selected Payment Program.

 Remember, **these Feedback Questions will only need to be completed once at your initial application** to the new Payment Program A or Program B, irrespective of whether you are a brand-new applicant, or a returning applicant.



APPLYING FOR PAYMENT PROGRAM A

Increasing Access to High-Quality Care

Beginning Your Application

1

COVID-19 Payment Application List
or 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	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. Begin Application

Once you have selected your Payment Program and completed the **Feedback Questions**, you will be taken to the COVID-19 Payments Information page. Here you will review the details of the specific program you have selected. In this case, we have chosen *Increasing Access to High-Quality Care* in the Payment Program Summary.

2. Review Payment Program Information

After the Feedback Questions you will come to this screen. It details the following:

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

3. Continue

Click **Continue** to go to the **Application Details** page.

Child Care Provider Portal
Welcome, Laura

PRDC Site
123 Licensed Street
Milw., WI 45454-5455

8800382739-009
Facility ID 1123852
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

About DCF Public Meetings Careers Request Records Contact Us Wis. Press

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

Update SPA CWA Privileges

Add Application Details for Your Location

COVID-19 Payments – Add Application Details
Add common and payment program details for Promoting Inclusive Spaces

Grantee Details

Funding Period Begin Date 02/05/2023

Funding Period End Date 02/18/2023

Grantee First Name * Lisa

Grantee Middle Initial

Grantee Last Name * Licensed

Grantee Email * Jayamaheshwari1.Prabakaran...

Confirm Grantee Email *

Grantee Phone * (121) 212-1212

Do you want to join Wisconsin Early Education Shared Services Network (WEESN)? * ☒ Yes ☐ No

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

Was your facility open during Count Week 02/05/2023-02/18/2023? * ☒ Yes ☐ No

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

4. Add Grantee Details

There is a single funding period for this application. Be sure to check **Yes** or **No** to the questions marked with a red star. ✖

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

5. Do you want to join Wisconsin Early Education Shared Services Network (WEESN)

If you are interested in joining Wisconsin Early Education Shared Services Network (WEESN) or finding out more, select 'Yes' here. Someone from WECA will contact you to follow up. Tier 1 is free.

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

Was your facility open during Count Week?

Check **Yes** if your program was open and care was provided at least one day during the identified Count Week.

Check **No** if your program was closed during the entire count week.



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

Add Application Details for Your Location

Tell us 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 * 4 ⓘ

Comments

Add

7. Enter the Number of Children Attended

In this section, you can click on the ⓘ icon for more information about what the question is asking.

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

Payment Program Increasing Access To High-Quality Care

Number of Children attended * 4 ⓘ

Enter the number of children who attended at least one day between 8/7/2022 and 8/20/2022 at this location.

In this case, clicking the more information icon tells you to **enter the number of children who attended your location AT LEAST one day during the Count Week.**

Click the **Add** button to move on to the next page.



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

Adding Children Detail

8. Add Children to the Application

You will be asked to add *every child who attended at least one day* during the **Count Week**. The number of children added in this section must equal the number of children that you indicated were in attendance on the first page of the application: *Add Application Details*.

You will see a notice at the top of your Child List Page indicating if you are regulated for non-standard hours – **A** or **B**.

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

Name	Date of Birth	Care Type	Attended
------	---------------	-----------	----------

A

B

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
No results found.			

8

Add Child

Verify

Click the **Add Child** button to get started adding children to your application.

Here you can add children from a previous application. Click **Copy** to add them to your application.

COVID-19 Payments – Previous Funding Period Child List

Common Details

Payment Month: August 2022

Grantee Name:

Children not copied from previous application

Name	Date of Birth	Care Type	
Hexx Bolt	7/15/2011	Full-Time Care	Copy
Jigg Saww	8/15/2016	Full-Time Care	Copy
Nail Gunn	9/23/2019	Full-Time Care	Copy
Popp Rivet	5/5/2019	Full-Time Care	Copy

Children enrolled in WI Shares as of 08/07/2022 - 08/20/2022

Name	Date of Birth
No results found.	

Add Child

Child List

You can also add new children to this application.

You can also view children who were enrolled in Wisconsin Shares during the **Count Week**.

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

Previous Payment Child List

9. Verify Previous Child List

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

Children not copied from previous application			
Name	Date of Birth	Care Type	
Hexx Bolt	7/15/2011	Full-Time Care	<div>Copy ▶</div>

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: Bolt
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

Verify child details. You must indicate if the child attended at least one day during the **Count Week**.

Note: If marking 'No, child did not attend due to exposure to COVID' be sure they are included in the total count of "Number of children attended"

Non-standard hours are defined as any care provided between the hours of 6 p.m. and 6 a.m. Monday through Friday and any hours of care provided on Saturday or Sunday. Check this box if the child **attended at least 20 hours of care during non-standard hours** as defined above. If you are **not regulated** for non-standard hours, you will be **unable to mark 'yes'** to that questions.

Click the **Add** button to move on to the next page

Child List Page

10. Non-Standard Hours

You will see a notice at the top of your Child List Page indicating if you are regulated for non-standard hours.

COVID-19 Payments – Child List

10

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.

Providers **regulated for non-standard hours** will see this message:

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.

Providers **not regulated for non-standard hours** will see this message:

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



Non-Standard Hours Note: The Count Week is a two-week period. A child needs to attend at least **20 total hours** of care during **non-standard hours** during those two weeks to be eligible for the add-on. **The hours do not need to be all in one week.**

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

☐ Yes ☐ No

If you are not regulated for non-standard hours, you will be unable to mark 'yes' to that question.

Additional funding is available to providers who extend their hours of care. For more information, visit [Child Care Counts page](#).

Adding Children Detail

11. Add Children to the Application

If you have children from a previous application, they will automatically be imported. You should verify and update the details for these children, if needed. If children were not in attendance or are no longer enrolled, you can remove them from this list. You can also view children who were enrolled in Wisconsin Shares **during the Count Week**.

11 COVID-19 Payments – Child List

Common Details				
Payment Month	August 2022			
Grantee Name	Lake, Laura			
...More				

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 Bolt	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

1

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

COVID-19 Payments – Child Details

Common Details	
Payment Month	August 2022
Grantee Name	Rory, Mick
...More	

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

[Child List](#)

Click on the **...More** button to get to the **Modify Child** Button.

[Modify Child](#)

If you have added a child in error to the application, you can remove the child by checking the box **Remove this child from the grant?** in the *Modify Child* screen.

☐ Remove this child from the grant?

[Save](#)

Click **Save** on the *Modify Child Details* page if you have changed any information. You can continue adding children, as needed, or check the I verify... checkbox and click the **Verify** button.

Upload Verification Documents

12

12. When you are done adding children, click the I verify... checkbox and click the **Verify** button.

Add Child

☒ I verify that the children listed above were enrolled for the period of 08/07/2022 to 08/20/2022

Verify

You will be taken to the **Verification Documents** page. Here, you will upload documentation that shows evidence that the children entered in this application are enrolled and in attendance for this facility.

For example:

- Select the file type, from the drop-down – we are choosing Children Attendance Records.
- Click **Upload** to select the file from your computer.
- Then choose **Save Documents**.
- The document will be added to your list. When you have uploaded the appropriate documents, click the **Submit Application** button.

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	Details
Hexx Bolt	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
Jagg Steen	8/15/2016	Full-Time Care	Yes	Details

Add Child

Upload Verification Document

Application details

COVID-19 Verification Documents

Documents

Date	Type
No results found.	

If this is your initial application, you must upload attendance records from the Court Week 8/7/2022 - 8/20/2022 before you can submit your application. As you update attendance information each month, you may be required to provide additional records.

If this is NOT your initial application and you have entered a change of more than 4 children for family providers, or more than 12 children for group providers, you must upload attendance records from the current Court Week 8/7/2022 - 8/20/2022 before you can submit your application.

Failure to upload documents may result in denial of Program A funds.

If you have any questions or need assistance, please refer to Provider Portal Upload Guide or contact the call center at: 800.655.0246/800.655.0246@wiscourts.gov

When uploading you should know:

- Files should be uploaded as PDF, JPG, or Word format.
- Individual file size cannot be larger than 10MB. If you have a scanner/copier that does multiple pages into a PDF that's equivalent to about 20 pages.

Document Type

Upload File

Upload Document

Save Documents

Application details

Document Type

Upload File

Upload Document

Save Documents

Application details

COVID-19 Verification Documents

Documents

Document Type

Upload File

Upload Document

Save Documents

COVID-19 Verification Documents

Documents

Submit Application

Finalizing Your Application

13. Review Your Submission

You must correct any entries with red text. The system gives you specific details about a mismatch or other problem with the entry.

COVID-19 Payments - Submit Application

Common Details	
Payment Month	August 2022
Grantee Name	Rory, Mick

[More](#)

Payment Program Details for Increasing Access To High-Quality Care	
Payment Program	Increasing Access To High-Quality Care
Grant Application ID	P000001170
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 Counts Stabilization Payment Program

Court Week: The point in time during 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 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 had a Wisconsin Shares Authorization during the Court Week

Inclusive Births to 3 Plus 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 Births 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 Counts, 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 8 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 Youngstar rating for each eligible full-time/part-time staff listed in the application

Requirements Applicable to Program A and B:

- I, by accepting Child Care Counts 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.
- I will 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 and 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 Counts call center at 608-935-1650 or CCCP@DCF.WISCONSIN.GOV.
- My program must be required 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 Counts Stabilization Payment Program funds for staff may be halted until 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 update 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.
 - 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 may fluctuate based on the following changes in enrollment or staffing reported as required by the program Terms and Conditions, available funding, and Wisconsin DCF makes in 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 I must be required 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 Counts overpayment, I must be in compliance with any DCF Finance Recoupment 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 requires a random audit to ensure accuracy of applications and the proper use of funds received. 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. Costs must have been incurred between April 1, 2022 and 120 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 Qualification 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 maintain, repair, including but not limited to mortgage, rent/lease 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
 - Materials/supplies for enhancing the program environment and curriculum, and social and emotional development supports
 - Professional development and continuing education
 - Additional costs to ensure high-quality programming
 - Mental health services for children and employees
 - Relief from copayments and tuition payments for families
 - You are encouraged to prioritize families most in need of financial relief.
 - Wisconsin Shares payments to families cannot be reimbursed.

☐ 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/expense records and supporting documentation related to costs incurred and how program funding was spent, including, but not limited to:
 - Mortgage/rent/lease cost statements
 - Utility statements
 - Payroll and benefits records
 - Documentation of rental of location or co-payment for families
 - Expenses 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 agree to above Documentation terms.

Submit

Application Details

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

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

Update SPS Child Privileges

COVID-19 Payments - Submit Application

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.

Common Details	
Payment Month	August 2022
Grantee Name	Lake, Laura

[More](#)

Payment Program Details for Increasing Access To High-Quality Care	
Payment Program	Increasing Access To High-Quality Care
Grant Application ID	P000001170
Number of Children attended	4
Grant Status	Incomplete

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

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

Finalizing Your Application

14. Review the Terms and Conditions

After ensuring that your application is accurate and complete, you will review the **Terms and Conditions** for the program.

14

COVID-19 Payments - Submit Application

Common Details	
Payment Month	August 2022
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	P00001170
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 Counts 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 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 Counts, 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 6 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 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 Counts 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 and have a temporary closure due to COVID exposure for the duration of a subsequent Court Week, I must place 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 Counts call center at 800-555-5959 or DCFChildCareCounts@dcf.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 the monthly 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 Counts Stabilization Payment Program funds for staff may be halted upon staff 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 codes, 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 update 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.

Please 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.

<https://www.dcf.wisconsin.gov/child-care/child-care-counts-stabilization-payment-program>

I agree to allow Confirmation and Acceptance of Funds terms.

Confirmations and Acceptance of Funds terms

Understandings of 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 start 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, and I will be required to repay any funds received during the 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 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 or Child Care Counts installment, I must be in compliance with any DCF Finance Payment 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 may have been incurred between April 1, 2022 and 120 days from the date of the payment letter.

Funds may be funded by a prior DCF program or reimbursed by another state or federal fund source.

I agree to allow Qualification terms.

Qualification 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 various uses, including but not limited to mortgage, rent/lease 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

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

You are encouraged to prioritize families most in need of financial relief.

I agree to allow Allowable Use of Funds terms.

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.

Expenditure records and supporting documentation related to costs incurred and how program funding was spent, including but not limited to:

Mortgage/rent lease 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

Digital 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

Business-related accounting expenses

I agree to allow Documentation terms.

Documentation terms

Submit

14

Submit

Submit

Submit

Submit

Submit

Submit

Modifying After Submission

15

15. Updating After Submitting

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

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

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

COVID-19 Payments – Application Details

Common Details	
Grantee First Name	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 Increasing Access To High-Quality Care	
Payment Program	Increasing Access To High-Quality Care
Grant Application ID	P000001170
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

You can use the **Temporary Closure, Children, Upload Verification Documents, Payment Documents, and Program Integrity Documents** buttons to update those specific sections of the application. Refer to the previous instructions in this guide for specifics.

Update or verify Temporary Closure

16. Temporary Closures

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

COVID-19 Payments - Temporary Closure

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

The closure periods should reflect any periods of time your facility was closed during the funding period (8/7/2022 - 8/20/2022). You must verify the closure periods above by checking the box below and selecting Verify. If you need to add a new closure period, select the 'Add' button.

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

Add Temporary Closure

Verify

COVID-19 Payments - Add Closure Schedule

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

Common Details

Payment Month: August 2022
Grantee Name: Rory, Mick

Verify Temporary Closure

From Date: 8/11/2022
To Date: 8/19/2022

Closure Reason

- COVID-19 Business decision
- COVID-19 Exposure of staff to COVID-19
- 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

Comments

Add

Temporary Closure

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

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

Enter the closure dates and select the appropriate reason for the closure from the drop-down menu.

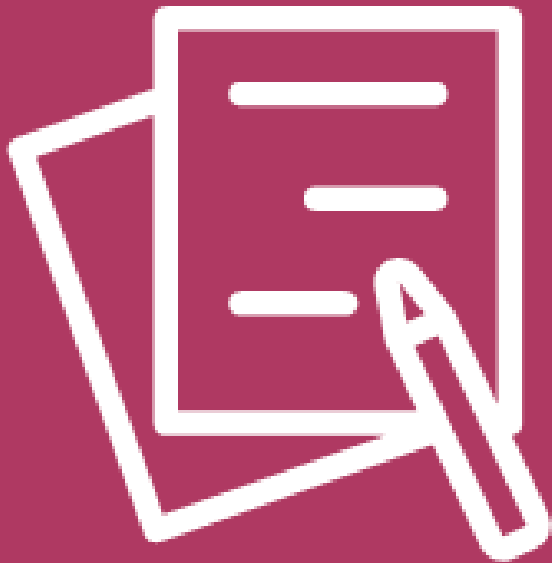
Enter your comments in the **Comments** box. After including all temporary closures, click the checkbox indicating that you have accurately recorded and verified the temporary closures for your location.



Once you have entered all Temporary Closures, check the box and select **Verify** to continue through the application.

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

Verify



APPLYING FOR PAYMENT PROGRAM B

Funding Workforce Recruitment and Retention

Beginning Your Application

1 **Payment Application List**
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	Submitted	Details ▶
August 2022	August 01 - August 19	Funding Workforce Recruitment And Retention	Not Applied	Apply ▶
July 2022	July 25 - July 29	Increasing Access To High-Quality Care	Not Available	

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. Begin Application

Select the Funding Workforce Recruitment and Retention payment program by clicking Apply. If you have already applied for Increasing Access to High-Quality Care, you will have completed the **Feedback Questions**. If you did not apply for this program, you will complete it now before you are taken to the Payment Program Information.

2. Review Payment Program Information

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

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

3. Continue

Click **Continue** to go to the **Application Details** page.

2 **COVID-19 Payments**
Please read all the below details before proceeding with application

COVID-19 Payments Information

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

What is Program B: Funding Workforce Recruitment And Retention?

This payment program is intended to support the costs associated with recruiting and retaining high-quality early care and education staff through funding to increase compensation and provide professional development opportunities. 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 during the Count Week identified in this application in order to be eligible for this program.
- Staff information (employment status, part/full-time status and current wages/rate of pay)
- Child attendance information (if only applying for Program B)

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

- Staff payroll records for 08/07/2022 - 08/20/2022.
- Child attendance records (unless already uploaded with Program A application)

Staff payroll records must be uploaded with your initial application (and in future months when requested) in order to be eligible for ongoing monthly payments. If you are only applying for Program B, child attendance records must also be uploaded with your initial application (and in future months when requested).

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 and staff information every month during the Monthly Update Week.

Continue **3**

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

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

Update SPA CWA Privileges

Add Application Details for Your Location

COVID-19 Payments – Add Application Details
Add common and payment program details for Promoting Inclusive Spaces

Grantee Details

Funding Period Begin Date 02/05/2023
Funding Period End Date 02/18/2023
Grantee First Name * Lisa
Grantee Middle Initial
Grantee Last Name * Licensed
Grantee Email * Jayamaheshwari1.Prabakaran...
Grantee Phone * (121) 212-1212
Do you want to join Wisconsin Early Education Shared Services Network (WEESN)? * ☒ Yes ☐ No

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

Was your facility open during Count Week 02/05/2023-02/18/2023? * ☐ Yes ☐ No

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

4. Add Grantee Details

There is a single funding period for this application. Be sure to check **Yes** or **No** to the questions marked with a red star. *

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

5. Do you want to join Wisconsin Early Education Shared Services Network (WEESN)

If you are interested in joining Wisconsin Early Education Shared Services Network (WEESN) or finding out more, select 'Yes' here. Someone from WECA will contact you to follow up. Tier 1 is free.

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

Was your facility open during Count Week?

Check **Yes** if your program was open and care was provided at least one day during the identified Count Week.

Check **No** if your program was closed during the entire count week.




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

Add Application Details for Your Location

Tell us 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 *Funding Workforce Recruitment And Retention*

Payment Program

Funding Workforce Recruitment And Retention

7


Number of Children attended *




Comments

Add

7. Enter the Number of Children Attended

In this section, you can click on the  icon for more information about what the question is asking.

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.

In this case, clicking the more information icon tells you to **enter the number of children who attended AT LEAST one day during the Count Week.**

Click **Add** to move on to the next page.

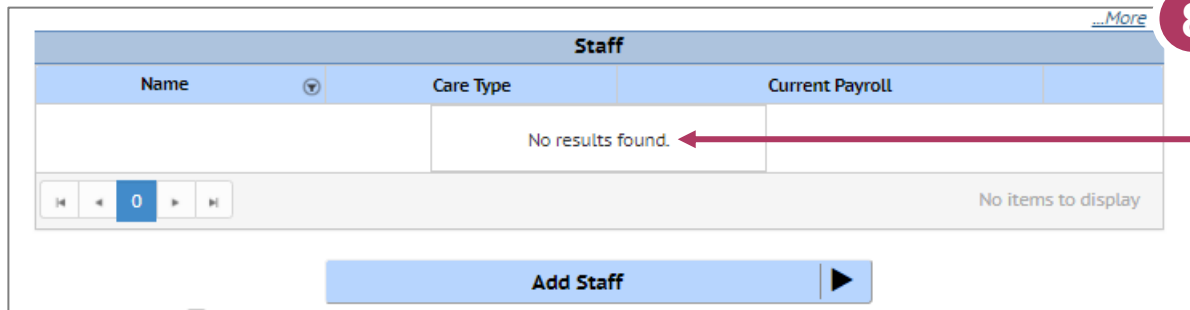


NOTE: If you see the  icon next to a field and you are unsure about what to enter, click the icon to get more information about what you are being asked to enter.

Attaching Staff to the Program

8. Review Staff Associated with Location

You will be asked to verify every staff member who worked at your location during the funding period. All individuals attached to your location will be displayed on this page. If you have not applied previously, the page may initially display 'No results found,' in which case, you will click **Add Staff**.



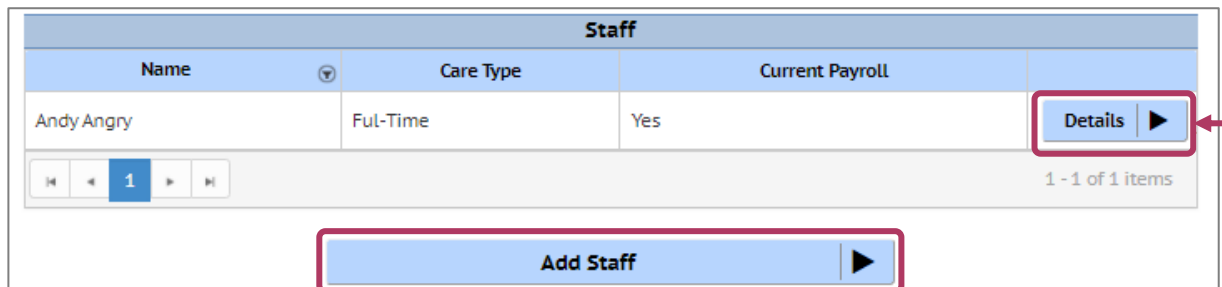
A screenshot of a web application interface showing a table titled "Staff". The table has three columns: "Name", "Care Type", and "Current Payroll". Below the table, there is a message "No results found." and a pagination bar showing "0" items. At the bottom, there is a blue button labeled "Add Staff" with a right-pointing arrow. A red circle with the number "8" is in the top right corner, and a red arrow points from it to the "No results found." message.

Name	Care Type	Current Payroll
No results found.		

0

Add Staff

Here you can view and add staff. To add staff, click the **Add Staff** button.



A screenshot of the same web application interface, but now it shows one staff member: "Andy Angry" with "Ful-Time" care type and "Yes" current payroll. A red box highlights the "Details" button with a right-pointing arrow. Another red box highlights the "Add Staff" button at the bottom. A red arrow points from the "Details" button to the "Add Staff" button. The pagination bar shows "1" item and "1 - 1 of 1 items".

Name	Care Type	Current Payroll
Andy Angry	Ful-Time	Yes

1

1 - 1 of 1 items

Add Staff

Click here to add staff.

Click here to view staff details if you have staff carry over from a previous application.



If you are a family provider, and you are the only employee at your location, you will only need to add yourself.

Adding Individual Staff

9. Add Staff to Be Considered for Funding

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

9

Name	Care Type	Current Payroll	
Andy Angry	Ful-Time	Yes	Details ▶

◀ 1 ▶

Add Staff ▶

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

Individuals			
Name	Role(s)	Employment Period	
Eeva Emergency	Director	03/27/20	Select ▶
Erik Emergency	Director	04/01/20	Select ▶
Tom Trouble	Director - Assistant	05/07/20	Select ▶

1 - 3 of 3 items

Once you have finished adding all individuals to the application, check the *I verify...* checkbox and click the **Verify** button.

COVID-19 Payments - Staff

Add Staff

Common Details	
Payment Month	August 2022
Grantee Name	Lake, Laura

More


Individual	
Name	Eeva Emergency
Employment Period	3/27/2020


Staff Details	
Care Type?	<input type="radio"/> This person typically works 21 or more hours per week at this location <input type="radio"/> This person typically works 20 or fewer hours per week at this location
Is the individual employed or on payroll at anytime between 08/07/2022 and 08/20/2022?	<input type="radio"/> Yes <input type="radio"/> No
Comments	

Add Staff

☐ I verify that the staff listed above were on the payroll for the period of 08/07/2022 to 08/20/2022

Verify

Note: Individuals with  symbol next to their name need a fingerprint-based background check. **Only individuals in compliance with background check laws are eligible for *Child Care Counts* staff payments.**

Individual	
Name	 Erik Emergency
Employment Period	4/1/2020

Adding Children Detail

10. Add Children to the Application

You will be asked to add *every child who attended at least one day* during the **Count Week**. The number of children added in this section must equal the number of children that you indicated were in attendance on the first page of the application: *Add Application Details*.

You will see a notice at the top of your Child List Page indicating if you are regulated for non-standard hours – **A** or **B**.

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

Name	Date of Birth	Care Type	Attended
------	---------------	-----------	----------

A

B

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
No results found.			

10 Add Child

Verify

Click the **Add Child** button to get started adding children to your application.

Here you can add children from a previous application. Click **Copy** to add them to your application.

You can also add new children to this application.

You can also view children who were enrolled in Wisconsin Shares during the **Count Week**.

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

Previous Payment Child List

11. Verify Previous Child List

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

Children not copied from previous application			
Name	Date of Birth	Care Type	
Hexx Bolt	7/15/2011	Full-Time Care	<div>Copy ▶</div>

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: Bolt
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

Verify child details. You must indicate if the child attended at least one day during the **Count Week**.

Note: If marking 'No, child did not attend due to exposure to COVID' be sure they are included in the total count of "Number of children attended"

Non-standard hours are defined as any care provided between the hours of 6 p.m. and 6 a.m. Monday through Friday and any hours of care provided on Saturday or Sunday. Check this box if the child **attended at least 20 hours of care during non-standard hours** as defined above. If you are **not regulated** for non-standard hours, you will be **unable to mark 'yes'** to that questions.

Click the **Add** button to move on to the next page

Child List Page

12. Non-Standard Hours

You will see a notice at the top of your Child List Page indicating if you are regulated for non-standard hours.

COVID-19 Payments – Child List

12

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.

Providers **regulated for non-standard hours** will see this message:

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.

Providers **not regulated for non-standard hours** will see this message:

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



Non-Standard Hours Note: The Count Week is a two-week period. A child needs to attend at least **20 total hours** of care during **non-standard hours** during those two weeks to be eligible for the add-on. **The hours do not need to be all in one week.**

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

☐ Yes ☐ No

If you are not regulated for non-standard hours, you will be unable to mark 'yes' to that question.

Additional funding is available to providers who extend their hours of care. For more information, visit [Child Care Counts page](#).

Adding Children Detail

13. Add Children to the Application

If you have children from a previous application, they will automatically be imported. You should verify and update the details for these children, if needed. If children were not in attendance or are no longer enrolled, you can remove them from this list. You can also view children who were enrolled in Wisconsin Shares **during the Count Week**.

13 COVID-19 Payments – Child List

Common Details				
Payment Month	August 2022			
Grantee Name	Lake, Laura			
...More				

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 Bolt	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

1

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

COVID-19 Payments – Child Details

Common Details	
Payment Month	August 2022
Grantee Name	Rory, Mick
...More	

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

[Child List](#)

Click on the **...More** button to get to the **Modify Child** Button.

[Modify Child](#)

If you have added a child in error to the application, you can remove the child by checking the box **Remove this child from the grant?** in the *Modify Child* screen.

Remove this child from the grant? ☐

[Save](#)

Click **Save** on the *Modify Child Details* page if you have changed any information. You can continue adding children, as needed, or check the I verify... checkbox and click the **Verify** button.

Upload Verification Documents

14. When you have added or updated the details of your children, click the **Upload Verification Document** button to proceed to the next step in the process.

You will be taken to the **Verification Documents** page. Here, you will upload documentation that shows evidence that the staff entered in this application are on the payroll for this facility.

For example:

- Select the file type, from the drop-down – we are choosing **Employee Payroll Records**.
- Click upload to select the file from your computer.
- Then choose **Save Documents**.
- The document will be added to your list. When you have uploaded the required documents, click the **Submit Application** button.

COVID-19 Payments – Child List

Common Details
Payment Month: August 2022
Grantee Name: Lake, Laura

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

Name	Date of Birth	Care Type	Attended	Details
Asantia F...	1/1/2016	Full-Time Care	Yes	Details
Timmy F...	10/21/2018	Full-Time Care	Yes	Details
Jimbo M. J...	11/30/2019	Full-Time Care	Yes	Details
Dodi M...	9/23/2017	Full-Time Care	Yes	Details
Jimbo W...	8/11/2018	Full-Time Care	Yes	Details

Add Child

Reviewed the above child list and confirmed for the period.

Upload Verification Document

During your initial application, you are required to upload documentation that verifies the staff entered on the application were employed or on payroll during the Count Week 8/7/2022 - 8/20/2022.

You may submit your most recent payroll documents to verify their employment status and wage. This does not have to be payroll from the Count Week 8/7/2022 - 8/20/2022.

The documentation must contain the following information:

- Staff full name
- Staff current hourly wage or yearly salary
- Schedule or worked hours (confirm part-time or full-time status)

Failure to upload documents may result in denial of Program B funds.

If you have any questions or need assistance, please refer to Provider Portal Upload Guide or contact the call center at: 800/555/COVID19CCPayments@wisconsin.gov

When uploading you should know:

- Files should be uploaded as PDF, JPG, or Word format.
- Individual file size cannot be larger than 10MB. If you have a scanner/copy that does multiple pages into a PDF, that's equivalent to about 20 pages.

Document Type
Upload File

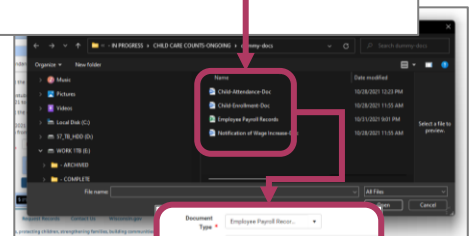
Children Attendance Records
Employee Payroll Records
Employment Letter (Staff Or Self)
Paystubs
Schedules
Timesheets

When uploading you should know:

- Files should be uploaded as PDF, JPG, or Word format.
- Individual file size cannot be larger than 10MB. If you have a scanner/copy that does multiple pages into a PDF, that's equivalent to about 20 pages.

Document Type
Upload File

Employee Payroll Records
Children Attendance Records
Employment Letter (Staff Or Self)
Paystubs
Schedules
Timesheets



COVID-19 Verification Documents

Documents

Date	Type	View
08/09/22	Staff Document Employee Payroll Records	View
08/09/22	Staff Document Schedules	View

During your initial application, you are required to upload documentation that verifies the staff entered on the application were employed or on payroll during the Count Week 8/7/2022 - 8/20/2022.

You may submit your most recent payroll documents to verify their employment status and wage. This does not have to be payroll from the Count Week 8/7/2022 - 8/20/2022.

The documentation must contain the following information:

- Staff full name
- Staff current hourly wage or yearly salary
- Schedule or worked hours (confirm part-time or full-time status)

Failure to upload documents may result in denial of Program B funds.

If you have any questions or need assistance, please refer to Provider Portal Upload Guide or contact the call center at: 800/555/COVID19CCPayments@wisconsin.gov

When uploading you should know:

- Files should be uploaded as PDF, JPG, or Word format.
- Individual file size cannot be larger than 10MB. If you have a scanner/copy that does multiple pages into a PDF, that's equivalent to about 20 pages.

Document Type
Upload File

Employee Payroll Records
Children Attendance Records
Employment Letter (Staff Or Self)
Paystubs
Schedules
Timesheets

Save Documents

Finalizing Your Application

15. Review Your Submission

You must correct any entries with red text. The system gives you specific details about a mismatch or other problem with the entry.

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.

Any text in red indicates that there is an error that needs correcting before you can proceed.

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

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

COVID-19 Payments - Submit Application

Common Details

Payment Month: August 2022
Grantee Name: Lela, 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 time for which child and staff information is collected for payment allocations

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 enrolled 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 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 nonstandard hours during the Court Week
- Non-Standard Hours:** For the purposes of Child Care Courts, there are four types of non-standard care:
 - Safelyserving Care: Care provided between the hours of 5 a.m. and 6 a.m.
 - Babysitting Care: Care provided between the hours of 6 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, I agree to all requirements, understandings, and conditions identified 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 initial month, I must 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 staff at center at 608-335-5544 or DCF at 608-223-3023 (toll-free at 1-800-442-8383).
- My program must be required 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 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 issued 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.
 - 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 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 not pay for the nine-month amount as I stated in my Payment Letter.
- I understand that I must meet the following qualifications to be eligible for payments:
 - My program must be required 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 Reimbursement Agreement. If there is no agreement, I must be making regular monthly payments toward the debt.
- I understand that DCF may require payment 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 provide 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 120 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 at minimum, maintain existing compensation (wages, bonuses, or benefits) for each staff person included in that month's Court Week using at least the Base Per-Staff amount.
 - For programs participating in YoungStar, I will use the awarded Quality Incentive Per-Staff amount towards one or more of the following: wages, bonuses, benefits, recruiting, professional development, staff training, scholarships, or other continuing education expenses.
- Restrictions:**
 - I will not use the funds to pay volunteers.
 - I will not use the funds to pay household members who are not on staff and actively caring for children.
 - High-level administrative staff for group providers may receive no more than two (2) times their per-staff amount (Base per-staff amount plus Quality Incentive per-staff amount), as indicated in the Payment Letter. High-level administrative staff are individuals responsible for management of the child care center. These roles include, but are not limited to center directors, center administrators, and teachers.
- Certified Providers:**
 - In accordance with DCF 23.28(1)(b), all providers must also be approved by the certification worker prior to working in the program.
 - As a certified provider, I agree that all staff listed on my application have been approved by the certification worker prior to working in the program.

☐ I agree to above Allowable Use of Funds terms.

Documentation

- 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 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).
 - Communication/information to employees of personnel policies regarding compensation, including any changes during the period of the 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.

Documentation

- I agree to above Documentation terms:
 - 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.

Submit

Application Details

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

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

Update SPX Child Privilege

Finalizing Your Application

16. Review the Terms and Conditions

After ensuring that your application is accurate and complete, you will review the **Terms and Conditions** for the program.



Please note we strongly recommend printing and/or saving these Terms and Conditions and filing all related expenditure documents in a safe place.

17. Submit Your Application

As you read through the **Terms and Conditions**, you will be required to check several boxes agreeing to the terms. Once you have agreed to all of them, you can click the **Submit** button to submit your application for the program.

COVID-19 Payments - Submit Application

16

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 re-enter 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: Investing Access To High-Quality Care Includes:

Per-Child Amount: Program A payment amount for each child enrolled 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 Plus 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 6 a.m.

Evening Care: Care provided between the hours of 6 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 Youngfurlow 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 and 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 center at 800-555-5455 or CCCO@DCF.WI.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 termination for cause or their voluntary separation from my center.
- I will implement policies to comply 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, 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 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, 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: 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 reserve funds for the nine-month 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 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 or Child Care Courts overpayment, I must be in compliance with any DCF Finance 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 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 my Payment Letter.
- I understand that a provider cannot be reimbursed 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 Youngfurlow 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 funds for Program B - Funding Workforce Recruitment And Retention, I agree to the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

17

Modifying After Submission

18

18. Updating After Submitting

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

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

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

The screenshot shows the 'COVID-19 Payments - Application Details' form. It is divided into two main sections: 'Common Details' and 'Payment Program Details for Funding Workforce Recruitment And Retention'. The 'Common Details' section contains fields for Grantee information (Name, Initial, Last Name, Email, Phone), a checkbox for joining the Wisconsin Early Education Shared Services Network (WEESIN), Payment Month, and several questions about facility services. A red box highlights the 'Modify Common Details' button. The 'Payment Program Details' section contains fields for Payment Program, Grant Application ID, Number of Children attended, and Grant Status. A red box highlights the 'Modify Application Details' button. Below these sections is a row of six buttons: 'Temporary Closure', 'Staff', 'Children', 'Upload Verification Document', 'Payment Documents', and 'Program Integrity Documents'. A red box highlights these buttons. At the bottom, there is a 'Payment Program Summary' button and a footer with navigation links and contact information. Red arrows point from the text blocks to the highlighted buttons.

Common Details	
Grantee First Name	Laura
Grantee Middle Initial	Lake
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 (WEESIN)?	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

Payment Program Details for Funding Workforce Recruitment And Retention	
Payment Program	Funding Workforce Recruitment And Retention
Grant Application ID	R000001173
Number of Children attended	4
Grant Status	Submitted (view Terms and Conditions)

Buttons: Temporary Closure, Staff, Children, Upload Verification Document, Payment Documents, Program Integrity Documents, Feedback, Payment Program Summary

Footer: About DCF, Public Meetings, Careers, Request Records, Contact Us, Wisconsin.gov, Press, The Department of Children and Families, protecting children, strengthening families, building communities.

You can use the **Temporary Closure, Children, Upload Verification Documents, Payment Documents, and Program Integrity Documents** buttons to update those specific sections of the application. Refer to the previous instructions in this guide for specifics.

Update or Verify Location Temporary Closures

19. Temporary Closures

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

COVID-19 Payments - Temporary Closure

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

The closure periods should reflect any periods of time your facility was closed during the funding period (8/7/2022 - 8/20/2022). You must verify the closure periods above by checking the box below and selecting Verify. If you need to add a new closure period, select the 'Add' button.

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

Add Temporary Closure

Verify

COVID-19 Payments - Add Closure Schedule

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

Common Details

Payment Month: August 2022
Grantee Name: Rory, Mick

Verify Temporary Closure

From Date: 8/11/2022
To Date: 8/15/2022

Closure Reason

- COVID-19 Business decision
- COVID-19 Exposure of Staff to COVID-19
- COVID-19 Exposure of Children to COVID-19
- COVID-19 Lack of families
- COVID-19 Lack of staff
- COVID-19 Lack of supplies
- COVID-19 Other

Comments

Add

Temporary Closure

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

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

Enter the closure dates and select the appropriate reason for the closure from the drop-down menu.

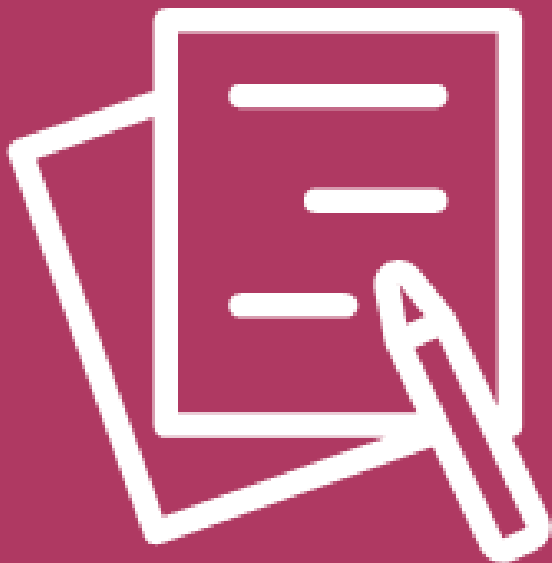
Enter your comments in the **Comments** box. After including all temporary closures, click the checkbox indicating that you have accurately recorded and verified the temporary closures for your location.



Once you have entered all Temporary Closures, check the box and select **Verify** to continue through the application.

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

Verify



Appendix

APPENDIX I

Adding Individuals to the Child Care Provider Portal

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

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

More

Individuals

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

  1  

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

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

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

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



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