Child Care Counts: Stabilization Payment Program Round 2

Terms and Conditions for Acceptance of Funds
Payment Program A: Increasing Access to High-Quality Care
Payment Program B: Funding Workforce Recruitment and Retention

Definition of terms

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

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

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

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 Child Care includes:

  Per-Child Amount: Program A payment amount for each child entered in the application for the Count 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 Count 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 Count 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 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 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 Count Week identified for each month.
  
  o If I have a temporary closure for the entire initial count 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.

  o If I received payment in the previous month and have a temporary closure due to COVID exposure for the duration of a subsequent Count Week, I must plan to reopen within 14 days of the date of the closure in order to receive funding.

  o If I have a temporary closure for non-COVID reasons during the duration of a subsequent Count Week, I will not be eligible for payments that month.

  o 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 608-535-3650 or DCFDECEECOVID19CCPayments@wisconsin.gov.

- My program must be regulated and in good standing during the Count 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 only upon their termination for cause or their voluntary separation from my center.

- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.

- I must upload child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.

- I must provide monthly updates to the number of children attending and staff employed during the Count Week.
  
  o 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.
  
  o Program records and supporting documentation related to my application include:
• Documentation to verify attendance of children entered on my application and during each Count Week.

• Documentation to verify staff employed at time of application and during each Count Week.
  o Required program records for spending are described later under each Program.

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.
  o I can opt out of the program by withdrawing my application before the end of the monthly Application Week.
  o 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.
  o 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:
  o My program must be regulated and in good standing during the Count Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
  o My program must be in compliance with background check requirements.
  o 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.
  o If my program has an outstanding Wisconsin Shares or Child Care Counts 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. 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.

**Allowable Use of Funds – Program A**

- If I receive funding for Program A - Increasing Access to High-Quality Care, I agree to the following:
  
  - I will use the funds to support necessary and reasonable costs of maintaining or enhancing high-quality care.
  
  - I will use the funds for the following purposes:
    
    - Operating expenses necessary to remain open, including but not limited to mortgage, rent/space costs, utilities, insurance, business-related taxes, and payroll/benefits
    
    - Expenses related to mitigating the risk of COVID-19, including but not limited to personal protective equipment (PPE) and supplies for cleaning and sanitation
    
    - Materials/supplies for enhancing the program environment and curriculum, and social and emotional development supports
    
    - Professional development and/or continuing education
    
    - Additional costs to ensure high-quality programming
    
    - Mental health services for children and employees
    
    - Relief from copayments and tuition payments for families
      
      - You are encouraged to prioritize families most in need of financial relief.
      
      - Wisconsin Shares payments to families cannot be reimbursed.

**Documentation**

- I will keep, and submit to DCF upon request, all original, supporting documentation related how this funding was spent, including but not limited to:
  
  - Expenditure records and supporting documentation related to costs incurred and how program funding was spent, including, but not limited to:
▪ Mortgage/rent/space cost statements
▪ Utility statements
▪ Payroll and benefits records
▪ Documentation of relief of tuition or copayment for families
▪ Expenditures for mental health supports for families and staff
▪ Original invoices and/or receipts for purchases of materials/supplies including, but not limited to:
  o PPE, cleaning and sanitation supplies, and all other materials and services related to mitigating the risk of COVID-19
  o Materials and supplies for enhancing the program environment and/or curriculum, and social and emotional development supports
  o Educational supplies and learning materials
Allowable Use of Funds – Program B

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 Count 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; and staff trainings, 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 administration staff for group providers may receive no more than two (2) times their per-staff amount (Base per-staff amount plus Quality Incentive per-staff amount), as indicated in the Payment Letter. High-level administrative staff are individuals responsible for management of the child care center. These roles include, but are not limited to center directors, center administrators, and licensees.

- Certified Providers:
  - In accordance with DCF 202.08(1m)(f) 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.

Documentation

- I will keep, and submit to DCF upon request, all original, supporting documentation related to how this funding was spent, including, but not limited to:
  - Expenditure records and supporting documentation related to costs incurred and
how program funding was spent, including, but not limited to:

- Employee payroll registers or other payroll system substantiation of compensation (wages, bonuses, benefits)
- Communications/Notification to employees of personnel policies explaining compensation, including any changes during the period of this program
- Receipts for ongoing support for staff retention, including training, professional development, scholarships, or continuing education
- Documentation to verify use of funds for recruitment efforts for hiring new staff