

Child Care Counts: Stabilization Payment Program Round 2

Program C 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.

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, Program C Promoting Inclusive Spaces***. Program C will be a **one-time application and single payment** opportunity.

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 Support 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 Support 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 also differ for every monthly Application/Update week for entering child/staff information and document upload.**

Child Care Provider Portal
Welcome, Laura

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

Payment Program Summary

Payment Month	When Can I Apply?/Update	Payment Program	Status	
February 2023	February 20 - February 24	Increasing Access To High-Quality Care	Not Applied	Apply
February 2023	February 20 - February 24	Funding Workforce Recruitment And Retention	Not Applied	Apply
February 2023	February 20 - February 24	Promoting Inclusive Spaces	Not Applied	Apply

Number of Children attended *

Enter the number of children who attended at least one day between **2/5/2023 and 2/18/2023** at this location.

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 and password that you used for SPSA**

User ID: lauratake
Password: *****

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

[Hide Options](#)

Login

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

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1. Login Screen

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

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

Child Care Provider Portal
Home, Laura

Home Logout

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

View

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Update SPSA CWA Privileges

Child Care Provider Portal
Home, Laura

Home Logout

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

View

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

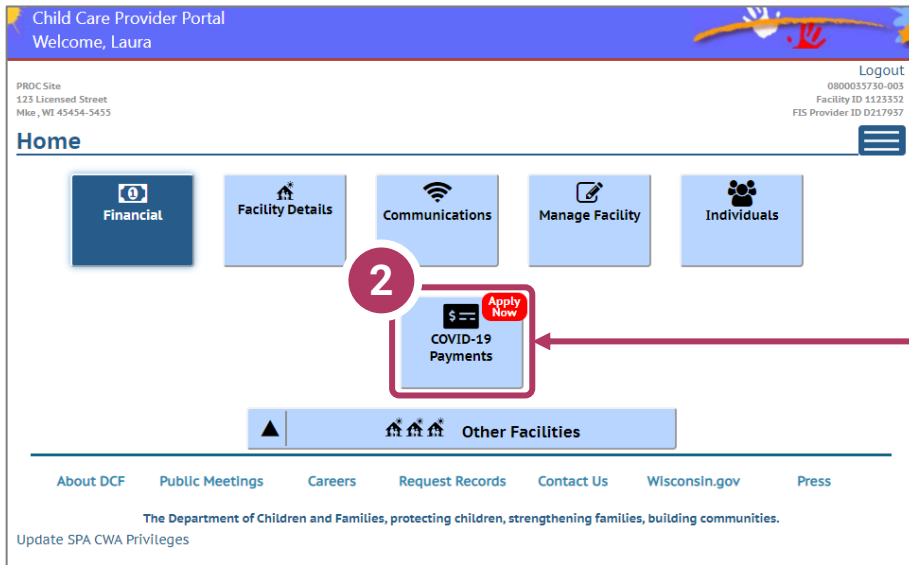
The Department of Children and Families, protecting children, strengthening families, building communities.

Update SPSA CWA Privileges

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, Laura

PROC Site
3070 S 20Th St
Milwaukee, WI 53215-3734

Logout
0800035730-003
Facility ID 1123352
FIS Provider ID D217937

COVID-19 Payment Application List

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

Payment Month	When Can I Apply?/Update	Payment Program	Status	
February 2023	February 20 - February 24	Increasing Access To High-Quality Care	Not Applied	Apply ▶
February 2023	February 20 - February 24	Funding Workforce Recruitment And Retention	Not Applied	Apply ▶
February 2023	February 20 - February 24	Promoting Inclusive Spaces	Not Applied	Apply ▶

There are three 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
- **Payment Program C:** Promoting Inclusive Spaces

3. Start Application

We are applying for **Payment Program C: Promoting Inclusive Spaces**, so click the Apply button beside Program C.



Regulated providers are reminded that Program C will be a *one-time application and single payment opportunity*. Please review Eligibility and Requirements details on the [Payment Program web page](#).

Payment Program Summary Page

COVID-19 Payment Application List				4
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	
February 2023	February 20 - February 24	Increasing Access To High-Quality Care	Not Applied	Apply ▶
February 2023	February 20 - February 24	Funding Workforce Recruitment And Retention	Not Applied	Apply ▶
February 2023	February 20 - February 24	Promoting Inclusive Spaces	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.

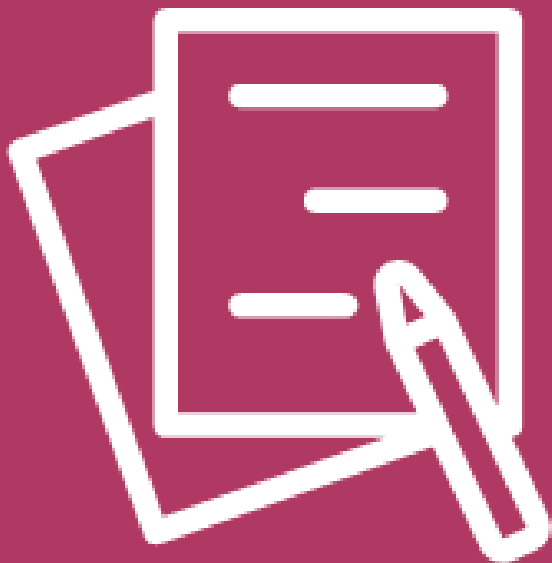
Incomplete If you have started an application for the program, but your application has not been completed, your application status will display as **Incomplete**. Click **Details** to complete your application.

Review Needed if you were approved for the previous month of the current round, 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 Program C Promoting Inclusive Spaces application until the end of the application period. Applications cannot be modified after the application closes.



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



APPLYING FOR PAYMENT PROGRAM C

Promoting Inclusive Spaces

Beginning Your Application

1

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	
February 2023	February 20 - February 24	Increasing Access To High-Quality Care	Not Applied	Apply ▶
February 2023	February 20 - February 24	Funding Workforce Recruitment And Retention	Not Applied	Apply ▶
February 2023	February 20 - February 24	Promoting Inclusive Spaces	Not Applied	Apply ▶

1. Begin Application

Once you have selected Payment Program C – Promoting Inclusive Spaces, you will be taken to the COVID-19 Payments Information page.

2. Review Payment Program Information

Review the payments Information, and then click **Continue** to proceed.

3. Continue

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

Child Care Provider Portal
Welcome, Laura

Logout
7600029777-002
Facility ID 1122408
FIS Provider ID N/A

Helpful's Rainbow
1211 975 Ave
Ashland, WI 54806-3725

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 subawards as that term is defined in 45 CFR 75 and related federal regulations.

What is Program C: Promoting Inclusive Spaces?

Program C is intended to increase accessibility and accommodate the needs of children with disabilities or developmental delays to allow them to fully participate in child care programs. Full details about the program can be viewed on the [payment information page](#).

When Can I Apply?

Payment Program C is a one-time application and single payment opportunity. The Application Week for this payment is 02/20/2023 - 02/24/2023. You may apply for this payment and make changes to your application anytime during this period. After the last day of the Application Week, your information will be locked so that the determination and payment process may proceed.

What information do I need to complete this application?

The following information will be collected:

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

Child attendance records must be uploaded with this application if they were not already uploaded with Program A, or if prompted to do so in the application.

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.

Continue

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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 *Promoting Inclusive Spaces*

Payment Program

Promoting Inclusive Spaces

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.

Payment Program Details for *Promoting Inclusive Spaces*

Payment Program

Promoting Inclusive Spaces

Number of Children attended *

?

Enter the number of children who attended at least one day between 2/5/2023 and 2/18/2023 at this location.

In this case, clicking the more information icon tells you to **enter the number of children who attended at your location for 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.

Wisconsin Department of Children and Families

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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*.

If you are regulated for non-standard hours and have children who attended during the Count Week enter them.

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.

COVID-19 Payments - Child List

Common Details

Funding Period: 02/05/2023 - 02/18/2023
Grantee Name: Licensed, Lisa

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

The children listed above were enrolled for the period of 02/05/2023 to 02/18/2023

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

Funding Period: 02/05/2023 - 02/18/2023
Grantee Name: Lake, Laura

Children not copied from previous application

Name	Date of Birth	Care Type	Copy
Ron River	1/1/2015	Full-Time Care	Copy
Delta Variant	10/10/2019	Full-Time Care	Copy
Play Dough Fun	10/10/2020	Full-Time Care	Copy
Gary Pillar	10/15/2020	Part-Time Care	Copy

Children enrolled in WI Shares as of 02/05/2023 to 02/18/2023

Name	Date of Birth
No results found.	

Add Child

Child List

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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	
Ron River	1/1/2015	Full-Time Care	<div>Copy ▶</div>

9

COVID-19 Payments – Add Child

Common Details

Payment Month: February 2023
Grantee Name: Licensed, Lisa

Child Details

First Name:
Middle Initial:
Last Name:
Date of Birth:

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 02/05/2023 – 02/18/2023? ☐ Yes ☐ No

Attend during 02/05/2023 – 02/18/2023? ☐ 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 02/05/2023 – 02/18/2023? ☐ 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 question.

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

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Common Details

Funding Period 02/05/2023 - 02/18/2023

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 02/05/2023 - 02/18/2023

☐ 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			
Funding Period	02/05/2023 - 02/18/2023		
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.

Name	Date of Birth	Care Type	Attended	
Play Dough Fun	10/10/2020	Full-Time Care	Yes	Details ▶
Gary Pillar	10/15/2020	Full-Time Care	Yes	Details ▶
Ron River	1/1/2015	Full-Time Care	Yes	Details ▶
Delta Variant	10/10/2019	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	
Funding Period	02/05/2023 - 02/18/2023
Grantee Name	Lake, Laura
...More	

Child Details for COVID-19 Payments	
First Name	Gary
Middle Initial	
Last Name	Pillar
Date of Birth	10/15/2020

[...More](#)

◀ 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? ☐

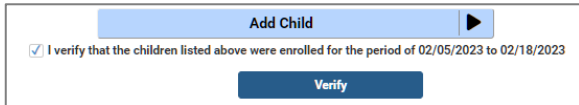
Save

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

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



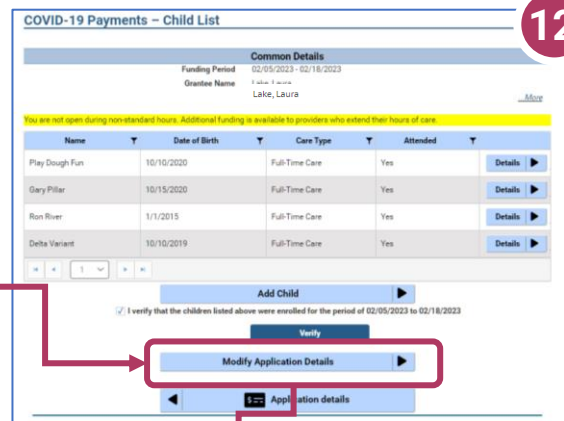
☒ I verify that the children listed above were enrolled for the period of 02/05/2023 to 02/18/2023

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
Funding Period: 02/05/2023 - 02/18/2023
Grantee Name: Lake, Laura

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

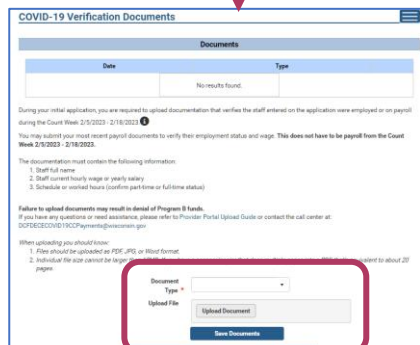
Name	Date of Birth	Care Type	Attended	Details
Play Dough Fun	10/10/2020	Full-Time Care	Yes	Details
Gary Piller	10/15/2020	Full-Time Care	Yes	Details
Ron River	1/1/2015	Full-Time Care	Yes	Details
Delta Variant	10/10/2019	Full-Time Care	Yes	Details

Add Child

☒ I verify that the children listed above were enrolled for the period of 02/05/2023 to 02/18/2023

Verify

Application details



COVID-19 Verification Documents

Documents

Date	Type
No results found.	

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 2/5/2023 - 2/18/2023.

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 2/5/2023 - 2/18/2023.

The documentation must contain the following information:

- Staff full name
- Staff current hourly wage or yearly salary
- Schedule or varied hours (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: DTFSECOVID19CFPayments@dcswm.gov

When uploading you should know:

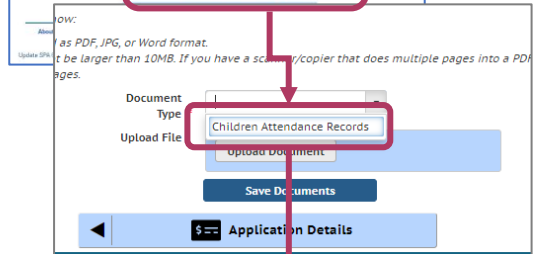
- Files should be uploaded as PDF, JPG, or Word format
- Individual file size cannot be larger than 10MB
- Documents must be submitted to be reviewed by the call center

Document Type

Upload File

Upload Document

Save Documents



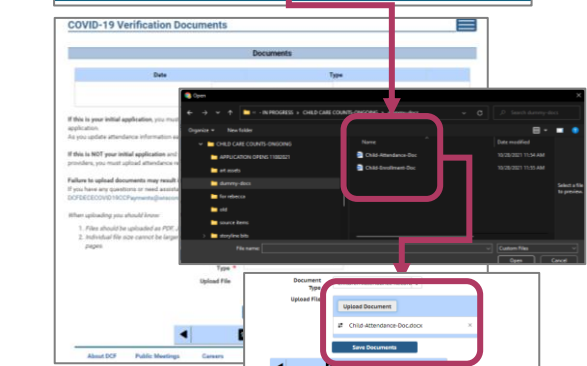
Document Type

Upload File

Upload document

Save Documents

Application details

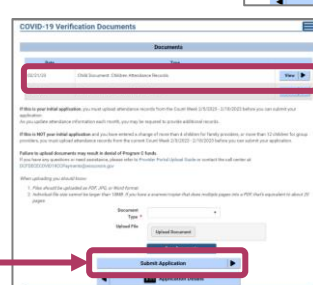


Document Type

Upload File

Upload document

Save Documents



Document Type

Upload File

Upload document

Save Documents

Submit Application

Finalizing Your Application

COVID-19 Payments - Submit Application

Common Details

Payment Month: February 2023
Grantee Name: Laite, Laura

Payment Program Details for Promoting Inclusive Spaces

Payment Program: Promoting Inclusive Spaces
Grant Application ID: N00001524
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

Requirements Applicable to Program C:

- 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 Court Week (Feb. 2023) I will not be eligible to apply.
 - If I received payment in the previous month from Payment A or Payment B 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 payment.
 - If my program will not be able to reopen within 14 days of the temporary closure, I must notify the Child Care Courts call center at 800-555-9000 or DCF66220000@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 that month's application for the duration of the payment program for which I receive funding.
- I will not involuntarily furlough (pay off without pay) staff who appear on my center's application. Child Care Courts Stabilization Payment Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
- I must upload child attendance records if prompted to do so during the application.
- 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.
 - Required program records for spending as described in the "Documentation" section of this form (page 5).

☒ I agree to above Confirmation and Acceptance of Funds terms.

Understandings for Acceptance of Funds from Program C

- I understand and agree that this is a one-time application and single payment opportunity. I can opt out of the program by withdrawing my application before the end of the monthly Application Week.
- If I am awarded funds, DCF will calculate a payment amount for my program as stated in my Payment Letter.
- I understand that I must meet the following qualifications to be eligible for payments:
 - My program must be regulated and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
 - My program must be in compliance with background check requirements.
 - My program must be in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
 - If my program has an outstanding Wisconsin Share 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 under this program must be spent within 180 days of the date of Payment Letter for the given month. Costs must have been incurred between April 1, 2022 and 180 days from the date of the payment letter.
- I understand that expenses cannot have already been funded by a prior DCF program or reimbursed by another state or federal fund source.

☒ I agree to above Qualifications terms.

Allowable Use of Funds Program C

Payment Program C - Promoting Inclusive Spaces funds must be used to increase physical accessibility for children with disabilities or developmental delays and/or to purchase supplies and materials to accommodate the needs of children with disabilities to allow them to fully participate in the child care program.

- I agree that funding from Program C will be used for the following purposes:
 - To update facilities to increase physical accessibility for children with disabilities or developmental delays. Examples of allowable uses are:
 - Adding an accessible ramp to ease transitions
 - Installing handrails for stability
 - Widening doorways, eliminating thresholds, and/or replacing flooring
 - Replace or alter lighting (e.g., replace or cover fluorescent lights, use softer lighting options, etc.)
 - Painting interior rooms (e.g., using neutral colors to reduce over stimulation)
 - Other updates to accommodate children with disabilities
 - To purchase supplies and materials to accommodate the needs of children with disabilities or developmental delays to allow them to fully participate in the child care program. Examples of allowable uses are:
 - Purchasing adaptive toys and materials
 - Purchasing furniture that promotes accessibility (e.g., height adjustable, stability options, etc.)
 - Purchasing assistive technology (e.g., communication devices, switches, buttons, etc.)
 - Other purchases to accommodate children with disabilities
- I agree that funding from Program C may not be used for:
 - Purchase or improvement of land
 - Purchase, construction, or major renovation of any building or facility
 - Major renovation means:
 - Structural changes to the foundation, roof, floor, exterior, or load-bearing walls of a facility; or the extension of a facility to increase its floor area; or
 - Extensive alteration of a facility such as to significantly change its function or purpose, even if such renovation does not include any structural change

☒ I agree to above Allowable Use of Funds terms.

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:
 - Original invoices and/or receipts for purchases of materials/supplies or services rendered including, but not limited to:
 - Invoice for facility improvements or enhancements to the learning environment to increase accessibility
 - Materials and supplies for promoting child participation and/or teacher-child supports
 - Educational supplies and learning materials

☒ I agree to above Documentation terms

Submit

Application Details

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

Update SPA OWA Privileges

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

13

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: February 2023
Grantee Name: Laite, Laura

Payment Program Details for Promoting Inclusive Spaces

Payment Program: Promoting Inclusive Spaces
Grant Application ID: N00001524
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 needed.

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:	February 2023
Grantee Name:	Luke, Laura

Payment Program Details for Promoting Inclusive Spaces	
Payment Program:	Promoting Inclusive Spaces
Grant Application ID:	N000011524
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

Requirements Applicable to Program C:

- 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 Court Week (Feb 2023) I will not be eligible to apply.
 - If I received payment in the previous month from Payment A or Payment B 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 payment.
 - If my program will not be able to reopen within 14 days of the temporary closure, I must notify the Child Care Courts call center at 800-555-3600 or DCF2023@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, or 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 (pay off without pay) staff who appear on my center's application. Child Care Courts Stabilization Payment Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
- I must upload child attendance records if prompted to do so during the application.
- 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.
 - Reimbursed expenses records for expenses as described in the "Documentation" section of this form (page 3).

☒ I agree to above Confirmation and Acceptance of Funds terms.

Understandings for Acceptance of Funds from Program C

- I understand and agree that this is a one-time application and single payment opportunity. I can opt out of the program by withdrawing my application before the end of the monthly Application Week.
- If I am awarded funds, DCF will calculate a payment amount for my program as stated in my Payment Letter.
- I understand that I must meet the following qualifications to be eligible for payments:
 - My program must be regulated and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
 - My program must be in compliance with background check requirements.
 - My program must be in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
 - If my program has an outstanding Wisconsin Shares 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 under this program must be spent within 180 days of the date of Payment Letter for the given month. Costs must have been incurred between April 1, 2022 and 180 days from the date of the payment letter.
- I understand that expenses cannot have already been funded by a prior DCF program or reimbursed by another state or federal fund source.

☒ I agree to above Qualifications terms.

Allowable Use of Funds Program C

Payment Program C - Promoting Inclusive Spaces funds must be used to increase physical accessibility for children with disabilities or developmental delays and/or to purchase supplies and materials to accommodate the needs of children with disabilities to allow them to fully participate in the child care program.

- I agree that funding from Program C will be used for the following purposes:
 - To update facilities to increase physical accessibility for children with disabilities or developmental delays. Examples of allowable uses are:
 - Adding an accessible ramp to ease transitions
 - Installing handrails for stability
 - Widening doorways, eliminating thresholds, and/or replacing flooring
 - Replace or alter lighting (e.g., replace or cover fluorescent lights, use softer lighting options, etc.)
 - Painting interior rooms (e.g., using neutral colors to reduce over stimulation)
 - Other updates to accommodate children with disabilities
 - To purchase supplies and materials to accommodate the needs of children with disabilities or developmental delays to allow them to fully participate in the child care program. Examples of allowable uses are:
 - Purchasing adaptive toys and materials
 - Purchasing furniture that promotes accessibility (e.g., height adjustable, stability options, etc.)
 - Purchasing assistive technology (e.g., communication devices, switches, buttons, etc.)
 - Other purchases to accommodate children with disabilities
- I agree that funding from Program C may not be used for:
 - Purchase or improvement of land
 - Purchase, construction, or major renovation of any building or facility
 - Major renovation means:
 - Structural changes to the foundation, roof, floor, exterior, or load-bearing walls of a facility, or the extension of a facility to increase its floor area, or
 - Extensive alteration of a facility such as to significantly change its function or purpose, even if such renovation does not

☒ I agree to above Allowable Use of Funds terms.

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:
 - Original invoices and/or receipts for purchases of materials/supplies or services rendered including, but not limited to:
 - Invoice for facility improvements or enhancements to the learning environment to increase accessibility
 - Materials and supplies for promoting child participation and/or teacher-child supports
 - Educational supplies and learning materials

☒ I agree to above Documentation terms

14

Submit

Application Details

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

14. 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.

Modifying After Submission

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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)?	Yes
Payment Month	February 2023
Was your facility open during Court Week 02/05/2023-02/18/2023?	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 Promoting Inclusive Spaces

Payment Program	Promoting Inclusive Spaces
Grant Application ID	N000001524
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**

Payment Program Summary

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Update SPA CWA Privileges

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: February 2023

Grantee Name: Lake, Laura

Verify Temporary Closure

From	To	Closure Reason	Comments
No closures			

The closure periods should reflect any periods of time your facility was closed during the funding period (2/5/2023 - 2/18/2023). 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 2/5/2023 to 2/18/2023.

Add Temporary Closure

Verify

COVID-19 Payments - Add Closure Schedule

Common Details

Payment Month: February 2023

Grantee Name: Lake, Laura

Verify Temporary Closure

From	To	Closure Reason	Comments
2/7/2023	2/9/2023	COVID-19 Exposure of Staff to COVID-19	

Add

Temporary Closure

Verify

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 2/5/2023 to 2/18/2023.

Verify