

Child Care Counts: COVID-19 Emergency Payment Program Application

06/15/2020



Wisconsin Department of
Children and Families

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About This Guide

This guide details how providers will use the DCF's Provider Portal to apply for the payment programs under the *Child Care Counts: COVID-19 Emergency Payment Program*.

Applying for the payment programs requires the provider to have access to the [Child Care Provider Portal](#) system. Information about [applying for access can be found here](#). If you need help gaining access to the Child Care Provider Portal, please email DCFPlcBECRCBU@wisconsin.gov.

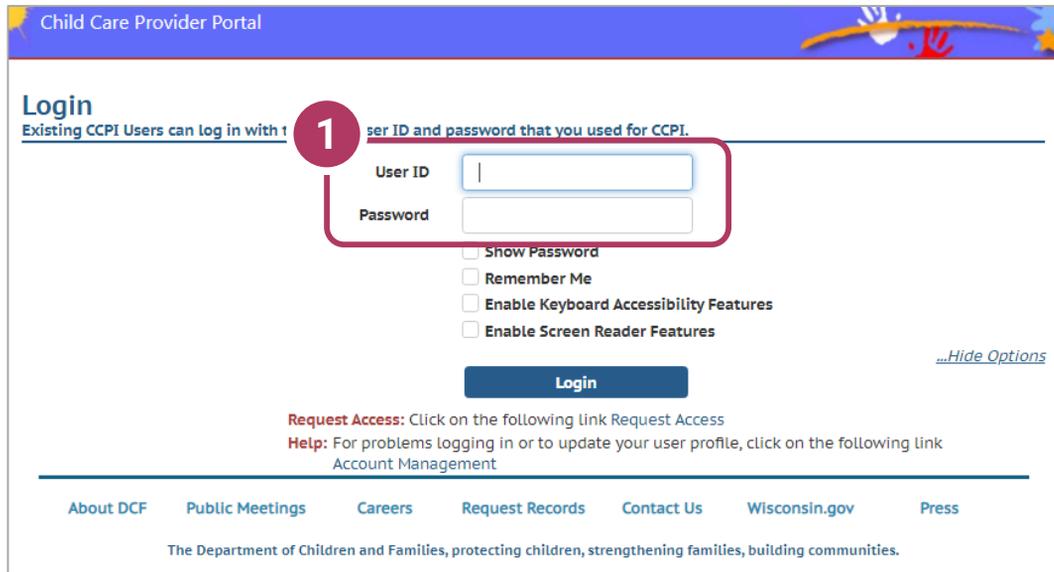
Once inside the system, providers can fill out applications for the three payment programs available during each application period. **System note:** the Child Care Provider Portal will time out after **20 minutes of inactivity**, which will force users to log back in.



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

Or call and leave your detailed questions at:
608-535-3650

How to Submit an Application



Child Care Provider Portal

Login

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

User ID

Password

Show Password

Remember Me

Enable Keyboard Accessibility Features

Enable Screen Reader Features

[...Hide Options](#)

Login

Request Access: Click on the following link [Request Access](#)

Help: For problems logging in or to update your user profile, click on the following link [Account Management](#)

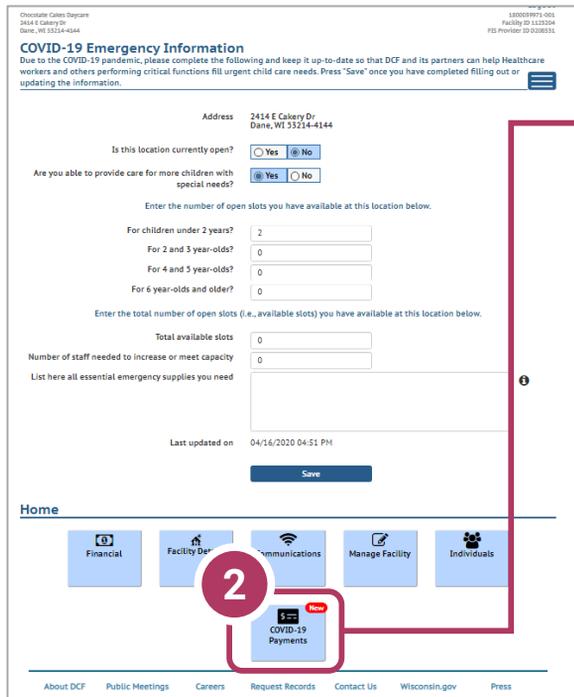
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1. Login Screen

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

Type your **User ID** and **Password** into the appropriate fields. Select **Remember Me** to save your login credentials for the next time you visit. Click the **Login** button to continue.



Chocolate Cakes Daycare
2414 E Cakery Dr
Dane, WI 53214-4144

1800399751-055
Facility ID: 41222594
FIS Provider ID: 0208251

COVID-19 Emergency Information

Due to the COVID-19 pandemic, please complete the following and keep it up-to-date so that DCF and its partners can help Healthcare workers and others performing critical functions fill urgent child care needs. Press "Save" once you have completed filling out or updating the information.

Address 2414 E Cakery Dr
Dane, WI 53214-4144

Is this location currently open? Yes No

Are you able to provide care for more children with special needs? Yes No

Enter the number of open slots you have available at this location below.

For children under 2 years?

For 2 and 3 year-olds?

For 4 and 5 year-olds?

For 6 year-olds and older?

Enter the total number of open slots (i.e., available slots) you have available at this location below.

Total available slots

Number of staff needed to increase or meet capacity

List here all essential emergency supplies you need

Last updated on 04/16/2020 04:51 PM

Save

Home

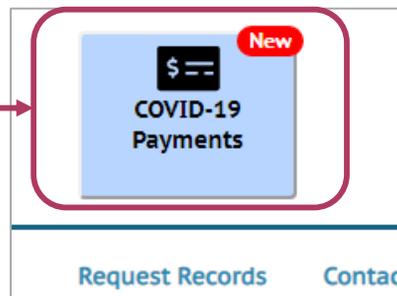
2

Financial Facility Details Communications Manage Facility Individuals

COVID-19 Payments

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2. COVID-19 Payments Button
On the *COVID-19 Emergency Information* page, scroll to the bottom of the page and click on the **COVID-19 Payments** button.

Payment Summary Page

3. COVID-19 Payment Application List

There are three application periods.

Each application period consists of three payment programs for which a provider can apply.

You may apply for *each* of the indicated periods under *Funding Period*.

Funding Period	When Can I Apply?	Payment Program	Status	
March 12 - April 11	May 18 - May 29	Providing Funding To Care For Essential Workforce Families	Not Applied	Apply
March 12 - April 11	May 18 - May 29	Incentive Pay	Submitted	
March 12 - April 11	May 18 - May 29	Support For Closed Child Care Programs	Not Applied	
April 12 - May 11	June 08 - June 19	Providing Funding To Care For Essential Workforce Families	Not Available	
April 12 - May 11	June 08 - June 19	Incentive Pay	Not Available	
April 12 - May 11	June 08 - June 19	Support For Closed Child Care Programs	Not Available	
May 12 - May 26	June 29 - July 10	Providing Funding To Care For Essential Workforce Families	Not Available	
May 12 - May 26	June 29 - July 10	Incentive Pay	Not Available	
May 12 - May 26	June 29 - July 10	Support For Closed Child Care Programs	Not Available	

Please note child care providers can apply for all three payment programs – amounts of funding will be prorated based on the amount of time the provider location was open during the funding period for Payment Programs #1 and #2; and the amount of time that the provider was temporarily closed for Payment Program #3: *Support for Closed Child Care Programs*.

! If you are unsure which payment(s) you are eligible to apply for, please refer to the previous section of the document 'About COVID-19 Payment Programs'.

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

- **Incomplete** indicates you have started an application for the program, but your application has not been completed.
- **Not Applied** means you haven't applied for this payment.
- **Not Available** means this payment application phase hasn't been activated yet.



APPLYING FOR PAYMENT PROGRAM 1

Funding to Care for Essential Worker Families

Beginning Your Application

1

COVID-19 Payment Application List
Click on a program to view details of payment program applications already started or completed.

Payment Program Summary				
Funding Period	When Can I Apply?	Payment Program	Status	
March 12 - April 11	May 18 - May 29	Providing Funding To Care For Essential Workforce Families	Not Applied	Apply
March 12 - April 11	May 18 - May 29	Incentive Pay	Submitted	Details
March 12 - April 11	May 18 - May 29	Support For Closed Child Care Programs	Not Applied	Apply

1. Initiate Application

To apply for a specific program, select the **Apply** button on the *Summary* page.

2

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

COVID-19 Payments Information

What is Program #1. Providing Funding To Care For Essential Workforce Families?

The *Providing Funding To Care For Essential Workforce Families* payment program is intended to support the costs of providing care for essential workforce families. Details about the purpose, conditions, and determination of the payment can be viewed on the [payment information page](#).

When Can I Apply?

You may apply for this payment anytime from 05/03/2020 through 05/15/2020. 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 complete this application?

The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Enrolled children information
- Temporary closures due to COVID-19
- Hours of operation during COVID-19 emergency
- Staff information

What happens after I submit my application?

After 05/15/2020, 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 determination notice. Please note that receiving a check will take longer than direct deposit through FIS.

[Continue](#)

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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.

Add Application Details for Your Location

COVID-19 Payments – Add Application Details
Add common and payment program details for Providing Funding To Care For Essential Workforce Families

Grantee Details

Funding Period Begin Date 03/12/2020
Funding Period End Date 04/11/2020

Grantee First Name * Test
Grantee Middle Initial
Grantee Last Name * Test
Grantee Email * Test@Gmail.Com
Grantee Phone * (545) 454-5454

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

Was your facility open on 04/11/2020? * Yes No
Date your facility opened if after 03/12/2020?

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
Did your facility serve any children living in rural areas? * Yes No ⓘ

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?

4. Add Grantee Details

The funding period start and end dates are shown here. These will differ for each of the three funding periods for which you can apply.

All questions on this screen pertain to these specific dates within the funding period.

5. Tell Us About Program Open/Closures

Was your facility open on **X/XX/2020**? – This question seeks to understand if your program was open as of the last day of the funding period.

Date your facility opened if after **X/XX/2020**? – This question seeks to understand if your program was **CLOSED** at the beginning of the funding period, and when it reopened again during the funding period.

6. Tell Us About the Children in Your Program

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

Add Application Details for Your Location - Continued

7. Other Funding Sources

In the *Other COVID-19 Funding* section, if you have received funds from multiple sources, list the total amount in the “amount of funds received” field, and then use the comment box to delineate the amount from each source.

Other COVID-19 funding from Sources Other than DCF or WI Shares

Did you receive any funds for COVID-19 other than from DCF or WI Shares (e.g., SBA grant, Dane County CARES funding, etc)? * Yes No

If yes, amount of funds received: 4,500.00

If yes, describe the funding source: \$2200 - SBA grant
\$2300 - Dane County Grant

8. Payment Program Details

Enter the number of children **enrolled** at your location during the funding period. This number should reflect *all* of the children who were enrolled, regardless of whether or not they attended the entire funding period. You will be asked specific questions about attendance for each child that you counted in a future section.

Payment Program Details for Providing Funding To Care For Essential Workforce Families

Payment Program: Providing Funding To Care For Essential Workforce Families

Number of Children Enrolled * []

Capacity during COVID-19 emergency * []

If you receive a payment, do you plan on using any of these funds to reimburse families of essential workers? * Yes No

If you receive a payment, what percentage of the funds do you plan on paying for staff compensation? * 1%-24%
 25%-49%
 50%-74%
 75%-100%

Comments []

9 Add

For the **Capacity during COVID-19 emergency** question: Enter your licensed capacity, not enrollment, during the funding period.

9. Add

Once you're done filling out the information for your location, select **Add** to save and proceed to verify any facility closures.

Update or Verify Location Temporary Closures

10. 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

Funding Period 03/12/2020 - 04/11/2020
Grantee Name Test, Test

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 grant period (3/12/2020 - 4/11/2020). 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

The closures listed above are accurate and complete for the period of 3/12/2020 to 4/11/2020. If you were not closed during the grant period, check the box to verify that there were no closure periods during the grant period.

Add Temporary Closure

After including all appropriate temporary closures, click the checkbox indicating that you have accurately recorded and verified the temporary closures for your location.

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

Funding Period 03/12/2020 - 04/11/2020
Grantee Name Test, Test

Verify Temporary Closure

From Date * 3/13/2020

To Date * 3/25/2020

COVID-19 Closure Reason * COVID-19 Lack of families

Comments * Not enough kids

Add

Temporary Closure



If you did not have any temporary closures during the funding period, check the box to verify and select **Verify** to continue through the application.

The closures listed above are accurate and complete for the period of 3/12/2020 to 4/11/2020. If you were not closed during the grant period, check the box to verify that there were no closure periods during the grant period.

Verify

Update or Verify Hours of Operation

COVID-19 Payments - Operational Hours

Add Operational Hours

Common Details

Funding Period	03/12/2020 - 04/11/2020
Grantee Name	Test, Test

[...More](#)

Operational Hours

Specify your Operating Hours during
3/12/2020 - 4/11/2020

Enter open times for each day you are open
(e.g., 7 am - 6 pm)

<input type="checkbox"/> Sunday	<input type="text"/>
<input checked="" type="checkbox"/> Monday	6:00 AM - 6:00 PM
<input checked="" type="checkbox"/> Tuesday	6:00 AM - 6:00 PM
<input checked="" type="checkbox"/> Wednesday	6:00 AM - 6:00 PM
<input checked="" type="checkbox"/> Thursday	6:00 AM - 6:00 PM
<input checked="" type="checkbox"/> Friday	6:00 AM - 6:00 PM
<input type="checkbox"/> Saturday	<input type="text"/>

Open some hours between 6 am and 6 pm ? * Yes No

Open some hours before 6 am or after 6 pm ? * Yes No

Comments

Add

◀ Operational Hours Details

11. Hours of Operation

In the next section, tell us about the hours of operation for your location during the funding period. Hours of operation will be auto-filled based on your license or certification hours. If you experienced any changes to your hours of operation to allow for expanded care hours during the funding period, you will need to update any days that differed from your regular licensed or certified schedule. Select the **Add** button to save your information and continue to the **Individuals** section, where you will tell us about your staff during the COVID-19 Emergency.

Attaching Staff to the Program

12. 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 do not see an individual who worked on your staff during the funding period, you must add them through the *Individual 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. Refer to **Appendix I** for information on how to add an individual.

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			
Funding Period	03/12/2020 - 04/11/2020		
Grantee Name	Provider, Test		

[More](#)

Individuals			
Name	Role(s)	Employment Period	
Emma E Edge	Teacher - Substitute	08/01/19	Select ▶
Jimmy J Janitor	Driver	07/23/18	Select ▶
Marcia January	Employee	06/11/18	Select ▶
Mimi Michigan	Administrator	02/08/18	Select ▶
Oskar Oos	Director	02/01/18	Select ▶
Think Outofstate	Administrator		Select ▶
Peter Provider	Household Member	01/01/18	Select ▶
Sonja S Summer	Applicant/Licensee		Select ▶

 [Staff List](#)

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

13. Add Staff to Be Considered for Funding

To add a staff member, use the **Select** button to fill out the staff-level details.

Enter total hours worked for the entire funding period (not average per week).

The screenshot shows a table of individuals and a form for adding staff. The table lists two individuals: Yankee Doodle (Director, 12/01/19) and Emma E Edge (Teacher - Substitute, 08/01/19). The form below is titled 'COVID-19 Payments - Staff' and 'Add Staff'. It has sections for 'Common Details' (Funding Period: 03/12/2020 - 04/11/2020, Grantee Name: Provider, Test), 'Individual' (Name: Emma E Edge, Employment Period: 8/1/2019), and 'Staff Details'. In the 'Staff Details' section, 'Care Type?' has radio buttons for 'Full Time' (selected) and 'Part Time'. There are also radio buttons for 'Was the individual on payroll during the grant period?' (Yes/No) and 'Expected to be on Payroll after COVID-19 Emergency?' (Yes/No). A text input field for 'Total Hours Worked' contains the value '120'. A red arrow points from the text 'Enter total hours worked...' to this field. At the bottom of the form is an 'Add Staff' button.

Full Time = 30 hours or more per week
Part Time = 29 hours or less per week



Click the **Add Staff** button to save the individual's information. You will be taken to the *Staff Summary* page to review all of the individuals attached to the application.

The screenshot shows the 'COVID-19 Payments - Staff' page with the subtitle 'Staff Attached to COVID-19 Payments Request'. It displays the same 'Common Details' as the previous form. Below is a table titled 'Staff' with columns: Name, Care Type, Current Payroll, Future Payroll, Total Hours Worked, and Details. The table lists Yankee Doodle (Ful-Time, Yes, Yes, 150) and Emma E Edge (Ful-Time, Yes, Yes, 120). Below the table are three buttons: 'Add Staff', 'Child List', and 'Application Details'.

To add more staff to the application from the *Staff Summary* page, click **Add Staff** to return to the *Individuals List* to select another employee.

Once you have finished adding all individuals to the application, select the **Add Child** button to proceed with the application.

Adding Children Detail

14. Add Children to the Application

Add every child enrolled at your program during the funding period.

COVID-19 Payments – Add Child

Common Details	
Funding Period	03/12/2020 - 04/11/2020
Grantee Name	Grant, Gretta
More	
Child Details	
First Name *	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name *	<input type="text"/>
Date of Birth *	<input type="text"/>
Parent's Work Type *	<input type="radio"/> Health Care <input type="radio"/> Other Essential Industries <input type="radio"/> Parent is not an Essential Worker
Care Type *	<input type="radio"/> Full-time Care <input type="radio"/> Part-time Care
Has disability? *	<input type="radio"/> Yes <input type="radio"/> No ⓘ
Speaks language other than English? *	<input type="radio"/> Yes <input type="radio"/> No
Experiencing homelessness? *	<input type="radio"/> Yes <input type="radio"/> No ⓘ
Living in tribal community? *	<input type="radio"/> Yes <input type="radio"/> No
Living in rural area? *	<input type="radio"/> Yes <input type="radio"/> No ⓘ
WI Shares recipient during grant period? *	<input type="radio"/> Yes <input type="radio"/> No
Attend during the funding period? *	<input type="radio"/> Yes <input type="radio"/> No ⓘ
Did the child attend at least one day between 3/12/2020 and 4/11/2020?	
Comments	<input type="text"/>
<input type="button" value="Add"/>	

Full Time = 21 hours or more per week
Part Time = 20 hours or less per week

Click the ⓘ icon for more information.

Check **Yes** or **No** if the child attended during the funding period. Click the ⓘ icon to see the dates of the funding period.

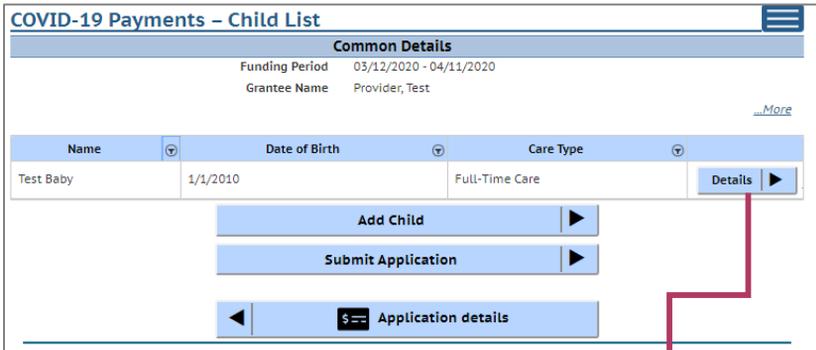
Other Essential Industries refers to the following: including, but not limited to military; long-term care; residential care; pharmacies; child care; child welfare; government operations; public safety and critical infrastructure such as sanitation, transportation, utilities, telecommunications; grocery and food services; supply chain operations; and other sectors as determined by the department.

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

Adding Children Detail

15. Add Children to the Application

After adding a child to the application, you will be taken to the *Child List* that will show you all of the children you have added to your application. Click the **Add Child** button to continue adding children to your application. **Remember, the number of children displayed here should match the number of children that you listed as enrolled in the *Grant Details* section.**



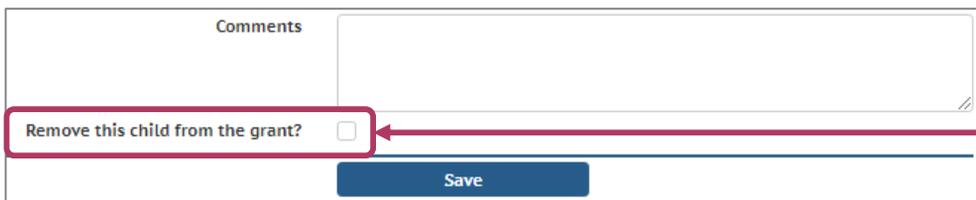
The screenshot shows the 'COVID-19 Payments - Child List' interface. At the top, there is a 'Common Details' section with 'Funding Period' (03/12/2020 - 04/11/2020) and 'Grantee Name' (Provider, Test). Below this is a table with columns for 'Name', 'Date of Birth', and 'Care Type'. A row for 'Test Baby' (DOB: 1/1/2010, Care Type: Full-Time Care) is shown with a 'Details' button. Below the table are buttons for 'Add Child', 'Submit Application', and 'Application details'.

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



The screenshot shows the 'COVID-19 Payments - Child Details' interface. It has a 'Common Details' section with 'Funding Period' (03/12/2020 - 04/11/2020) and 'Grantee Name' (Provider, Test). Below this is a 'Child Details for COVID-19 Payments' section with fields for 'First Name' (Test), 'Middle Initial', 'Last Name' (Baby), and 'Date of Birth' (1/1/2010). A 'Child List' button is at the bottom.

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?**



The screenshot shows a 'Comments' text area and a checkbox labeled 'Remove this child from the grant?'. Below the checkbox is a 'Save' button.

Click **Save** on the *Modify Child Details* page if you have changed any information; you should be taken back to the *Child List*. You can continue adding children as needed, or proceed to submit your application.

Finalizing Your Application

COVID-19 Payments – Child List			
Common Details			
Funding Period	03/12/2020 - 04/11/2020		
Grantee Name	Provider, Test		
...More			
Name	Date of Birth	Care Type	
Test Baby	1/1/2010	Full-Time Care	Details ▶
Add Child ▶			
Submit Application ▶			
Application details			

16. Review Your Submission
Click the **Submit Application** button to finalize your application.

You will be taken to the *Submit Application* page. The top of the page will review and compare the information that you entered on the *Application Details* page to the information that you entered for each child. Any text in red indicates that there was a mismatch in what you reported in the *Application Details* page with what you reported for each child. 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.

COVID-19 Payments – Modify Application Details	
Common Details	
Funding Period	03/12/2020 - 04/11/2020
Grantee Name	Test, Test
...More	
Payment Program Details for Providing Funding To Care For Essential Workforce Families	
Payment Program	Providing Funding To Care For Essential Workforce Families
Grant Application ID	E000000057
Number of Children Enrolled *	1
Capacity during COVID-19 emergency *	50
If you receive a payment, do you plan on using any of these funds to reimburse families of essential workers? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
If you receive a payment, what percentage of the funds do you plan on paying for staff compensation? *	<input type="radio"/> 1%-24% <input type="radio"/> 25%-49% <input checked="" type="radio"/> 50%-74% <input type="radio"/> 75%-100%
Grant Status	Incomplete ▼
Comments	

If you wish to withdraw your application, use the dropdown for *Grant Status* to change to *Withdrawn*.

Finalizing Your Application

17. Review the Terms and Conditions

After reviewing your information, please read through the **Terms and Conditions** around applying 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.

Terms and Conditions

- I certify that all information provided in this 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 use of program funds.

If I receive funding for **Program 1 – Providing Funding To Care For Essential Workforce Families** I agree to the following:

- I have prioritized and provided care for essential workforce families related to the State of Emergency.
- I will follow the health and safety guidelines for child care providers as outlined by DCF.
- I will use the funds for payroll purposes and other allowable expenses which include but are not limited to:
 - Parent reimbursement for cost of care
 - Mortgage/rent
 - Utilities
 - Materials/supplies for cleaning and sanitation
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
 - Payroll registers and time sheets
 - Mortgage/rent statements
 - Utility statements
 - Original invoices and/or receipts for purchases of materials/supplies
 - Documentation to support employee wage increases
 - Documentation to support parent reimbursement for cost of care (cancelled check, money order, parent payment ledger or other documentation supporting parent reimbursement)
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to three (3) years after I receive the funds.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met.

I accept the Terms and Conditions above.

[Submit](#)

[← \\$ -- Application Details](#)

18. Submit Your Application

Once you have read through the **Terms and Conditions**, click the “I accept the Terms and Conditions above” checkbox, and click the **Submit** button to submit your application for the program.

Payment Program Details for Providing Funding To Care For Essential Workforce Families

Payment Program	Providing Funding To Care For Essential Workforce Families
Grant Application ID	E000000057
Number of Children Enrolled	1
Capacity during COVID-19 emergency	50
If you receive a payment, what percentage of the funds do you plan on paying for staff compensation?	50%-74%
If you receive a payment, do you plan on using any of these funds to reimburse families of essential workers?	Yes
Grant Status	Submitted (view Terms and Conditions)

[Modify Application Details](#) ▶

Modifying After Submission

19. 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	Test
Grantee Middle Initial	
Grantee Last Name	Test
Grantee Email	test@gmail.com
Grantee Phone	(545) 646-5465
Funding Period Begin Date	03/12/2020
Funding Period End Date	04/11/2020
Was your facility open on 04/11/2020?	No
Date your facility opened if after 03/12/2020?	
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
Did your facility serve any children living in rural areas?	No
Did you receive any funds for COVID-19 other than from DCF or WI Shares (e.g., SBA grant, Dane County CARES funding, etc)?	No

Modify Common Details

Payment Program Details for *Providing Funding To Care For Essential Workforce Families*

Payment Program	Providing Funding To Care For Essential Workforce Families
Grant Application ID	E00000057
Number of Children Enrolled	1
Capacity during COVID-19 emergency	50
If you receive a payment, what percentage of the funds do you plan on paying for staff compensation?	50%-74%
If you receive a payment, do you plan on using any of these funds to reimburse families of essential workers?	Yes
Grant Status	Submitted (view Terms and Conditions)

Modify Application Details

Temporary Closure **Operational Hours** **Staff** **Children**

Payment Program Summary

You can use the **Temporary Closure**, **Operational Hours**, **Staff** and **Children** buttons to update those specific sections of the application. Refer to the previous instructions for specifics.



APPLYING FOR PAYMENT PROGRAM 2

Incentive Pay

Beginning Your Application

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

Payment Program Summary				
Funding Period	When Can I Apply?	Payment Program	Status	
March 12 - April 11	May 18 - May 29	Providing Funding To Care For Essential Workforce Families	Not Applied	Apply ▶
March 12 - April 11	May 18 - May 29	Incentive Pay	Submitted	Apply ▶
March 12 - April 11	May 18 - May 29	Support For Closed Child Care Programs	Not Applied	Apply ▶

1. Initiate Application
To apply for a specific program, select the **Apply** button on the *Summary* page.

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

COVID-19 Payments Information

What is Program #2 Incentive Pay?
The *Incentive Pay* payment program is intended to support the costs for providing incentive pay for child care providers and individual educators. Details about the purpose, conditions, and determination of the payment can be viewed on [payment information page](#).

When Can I Apply?
You may apply for this payment anytime from 05/03/2020 through 05/15/2020. 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 complete this application?
The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Enrolled children information
- Temporary closures due to COVID-19
- Hours of operation during COVID-19 emergency
- Staff information

What happens after I submit my application?
After 05/15/2020, 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 determination notice. Please note that receiving a check will take longer than direct deposit through FIS.

[Continue](#) ▶

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 *Payment Application Details* page.

Add Application Details for Your Location

COVID-19 Payments – Add Application Details
Add common and payment program details for Providing Funding To Care For Essential Workforce Families

Grantee Details

Funding Period Begin Date 03/12/2020
Funding Period End Date 04/11/2020

Grantee First Name * Test
Grantee Middle Initial
Grantee Last Name * Test
Grantee Email * Test@Gmail.Com
Grantee Phone * (545) 454-5454

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

Was your facility open on 04/11/2020? * Yes No
Date your facility opened if after 03/12/2020?

Tell us about the children at your facility

Did your facility serve any children with disabilities? * Yes No **5**
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 **6**
Did your facility serve any children from tribal communities? * Yes No
Did your facility serve any children living in rural areas? * Yes No **6**

Did your facility serve any children with disabilities? * Yes No **6**
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?

4. Add Grantee Details

The funding period start and end dates are shown here. These will differ for each of the three funding periods for which you can apply.

All questions on this screen pertain to these specific dates within the funding period.

5. Tell Us About Program Open/Closures

Was your facility open on **X/XX/2020**? – This question seeks to understand if your program was **OPEN** as of the last day of the funding period.

Date your facility opened if after **X/XX/2020**? – This question seeks to understand if your program was **CLOSED** at the beginning of the funding period, and when it reopened again during the funding period.

6. Tell Us About the Children in Your Program

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

Add Application Details for Your Location - Continued

7. Other Funding Sources

In the *Other COVID-19 Funding* section, if you have received funds from multiple sources, list the total amount in the “amount of funds received” field and then use the comment box to delineate the amount from each source.

Other COVID-19 funding from Sources Other than DCF or WI Shares	
Did you receive any funds for COVID-19 other than from DCF or WI Shares (e.g., SBA grant, Dane County CARES funding, etc)? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
If yes, amount of funds received	4,500.00
If yes, describe the funding source	\$2200 - SBA grant \$2300 - Dane County Grant

8. Payment Program Details

Enter the number of children enrolled at your location during the funding period. This number should reflect *all* of the children who were enrolled, regardless of whether or not they attended the entire funding period. You will be asked specific questions, in a future section, about each child that you count here.

Payment Program Details for <i>Incentive Pay</i>	
Payment Program	Incentive Pay
Number of Children Enrolled *	<input type="text"/>
If you receive a payment, what percentage of the funds do you plan on paying for staff compensation? *	<input type="radio"/> 1%-24% <input type="radio"/> 25%-49% <input type="radio"/> 50%-74% <input type="radio"/> 75%-100%
Comments	<input type="text"/>
<input type="button" value="Add"/>	

9. Add

Once you're done filling out the information for your location, select **Add** to save your information and proceed to verify any facility closures.

Update or Verify Location Temporary Closures

10. 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

Funding Period 03/12/2020 - 04/11/2020
Grantee Name Test, Test [...More](#)

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 grant period (3/12/2020 - 4/11/2020). 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

The closures listed above are accurate and complete for the period of 3/12/2020 to 4/11/2020. If you were not closed during the grant period, check the box to verify that there were no closure periods during the grant period.

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

Funding Period 03/12/2020 - 04/11/2020
Grantee Name Test, Test [...More](#)

Verify Temporary Closure

From Date * 3/13/2020

To Date 3/25/2020

COVID-19 Closure Reason * COVID-19 Lack of families

Comments * Not enough kids

Add

Temporary Closure

After including all appropriate temporary closures, click the checkbox, indicating that you have accurately recorded and verified the temporary closures for your location.



If you did not have any temporary closures during the funding period, check the box to verify and select Verify to continue through the application.

The closures listed above are accurate and complete for the period of 3/12/2020 to 4/11/2020. If you were not closed during the grant period, check the box to verify that there were no closure periods during the grant period.

Verify

Update or Verify Hours of Operations

COVID-19 Payments - Operational Hours

Add Operational Hours

Common Details

Funding Period 03/12/2020 - 04/11/2020
Grantee Name Test, Test [...More](#)

Operational Hours

Specify your Operating Hours during
3/12/2020 - 4/11/2020

Enter open times for each day you are open
(e.g., 7 am - 6 pm)

Sunday

Monday
6:00 AM - 6:00 PM

Tuesday
6:00 AM - 6:00 PM

Wednesday
6:00 AM - 6:00 PM

Thursday
6:00 AM - 6:00 PM

Friday
6:00 AM - 6:00 PM

Saturday

Open some hours between 6 am and 6 pm ? * Yes No

Open some hours before 6 am or after 6 pm ? * Yes No

Comments

Add

◀ Operational Hours Details

11. Hours of Operation

In the next section, tell us about the hours of operation for your location during the funding period. Hours of operation will be auto-filled based on your license or certification hours. If you experienced any changes to your hours of operation to allow for expanded care hours during the funding period, you will need to update any days that differed from your regular licensed or certified schedule. Select the **Add** button to save your information and continue to the **Individuals** section, where you will tell us about your staff during the COVID-19 Emergency.

Attaching Staff to the Program

12. 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 do not see an individual who worked on your staff during the funding period, you must add them through the *Individual 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. Refer to **Appendix I** for information on how to add an individual.

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			
Funding Period	03/12/2020 - 04/11/2020		
Grantee Name	Provider, Test		

[More](#)

Individuals			
Name	Role(s)	Employment Period	
Emma E Edge	Teacher - Substitute	08/01/19	Select ▶
Jimmy J Janitor	Driver	07/23/18	Select ▶
Marcia January	Employee	06/11/18	Select ▶
Mimi Michigan	Administrator	02/08/18	Select ▶
Oskar Oos	Director	02/01/18	Select ▶
Think Outofstate	Administrator		Select ▶
Peter Provider	Household Member	01/01/18	Select ▶
Sonja S Summer	Applicant/Licensee		Select ▶

◀ Staff List ▶

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

13. Add Staff to Be Considered for Funding

To add a staff member, use the **Select** button to fill out the staff-level details.

Full Time = 30 hours or more per week.
Part Time = 29 hours or less per week

Enter total hours worked for the entire funding period.

The 'Individuals' table shows two entries:

Name	Role(s)	Employment Period	Select
Yankee Doodle	Director	12/01/19	Select ▶
Emma E Edge	Teacher - Substitute	08/01/19	Select ▶

The 'COVID-19 Payments - Staff' form shows the following details:

- Common Details:** Funding Period: 03/12/2020 - 04/11/2020; Grantee Name: Provider, Test
- Individual:** Name: Emma E Edge; Employment Period: 8/1/2019
- Staff Details:** Care Type? Full Time Part Time; Was the individual on payroll during the grant period? Yes No; Expected to be on Payroll after COVID-19 Emergency? Yes No; Total Hours Worked: 120; Comments: [Empty]

Buttons: Add Staff, Staff List

Click the **Add Staff** button to save the individual's information. You will be taken to the *Staff Summary* page to review all of the individuals attached to the application.

To add more staff to the application from the **Staff Summary** page, click the **Add Staff** button to return to the *Individuals* list to select another employee.

The 'COVID-19 Payments - Staff' page shows the following details:

- Common Details:** Funding Period: 03/12/2020 - 04/11/2020; Grantee Name: Provider, Test
- Staff Table:**

Name	Care Type	Current Payroll	Future Payroll	Total Hours Worked	Details
Yankee Doodle	Ful-Time	Yes	Yes	150	Details ▶
Emma E Edge	Ful-Time	Yes	Yes	120	Details ▶

Buttons: Add Staff ▶, Child List ▶, Application Details

Once you have finished adding all individuals to the application, select the **Add Child** button to proceed with the application.

Finalizing Your Application

14. Review Your Application Submission

Click the **Submit Application** button to finalize your application.

The screenshot shows a web interface titled "COVID-19 Payments - Child List". At the top, there is a "Common Details" section with the following information: Funding Period (03/12/2020 - 04/11/2020) and Grantee Name (Test, Test). Below this is a table with columns for Name, Date of Birth, and Care Type. The table contains one row: Test Baby, 1/1/2018, Full-Time Care. To the right of the table is a "Details" button. Below the table are three buttons: "Add Child", "Submit Application", and "Application details".

COVID-19 Payments - Child List			
Common Details			
Funding Period		03/12/2020 - 04/11/2020	
Grantee Name		Test, Test	
...More			
Name	Date of Birth	Care Type	
Test Baby	1/1/2018	Full-Time Care	Details
Add Child			▶
Submit Application			▶
Application details			◀

You will be taken to the *Submit Application* page. The top of the page will review and compare the information that you entered on the *Grant Details* page to the information that you entered for each child. Any text in red indicates that there was a mismatch in what you reported in the *Grant Details* page with what you reported for each child. 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.

The screenshot shows a web interface titled "Grant Details for Incentive Pay". The page displays the following information: Grant Type (Incentive Pay), Grant Application ID (H000000050), and Number of Children Enrolled (1). There are three questions with red text indicating mismatches: "Did your facility serve any children with disabilities?" (No, One or more children with disabilities were entered), "Did your facility serve any children who are experiencing homelessness?" (No, One or more children experiencing homelessness were entered), and "Did your facility serve any children living in rural areas?" (No, One or more children from rural areas were entered). The Grant Status is Incomplete, and there is a text box for the Grant Status Comment.

Grant Details for <i>Incentive Pay</i>	
Grant Type	Incentive Pay
Grant Application ID	H000000050
Number of Children Enrolled	1
Did your facility serve any children with disabilities?	No One or more children with disabilities were entered
Did your facility serve any children who are experiencing homelessness?	No One or more children experiencing homelessness were entered
Did your facility serve any children living in rural areas?	No One or more children from rural areas were entered
Grant Status	Incomplete
Grant Status Comment	<input type="text"/>

Finalizing Your Application

15. Review the Terms and Conditions

After reviewing your information, please read through the **Terms and Conditions** around applying 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.

Terms and Conditions

- I certify that all information provided in this 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 use of program funds.

If I receive funding for Program 2 – Incentive Pay I agree to the following:

- I have prioritized and provided care for essential workforce families related to the State of Emergency.
- I was open and providing care for essential workforce families during the period in which I am applying.
- I will follow the health and safety guidelines for child care providers as outlined by DCF.
- I will use the funds to increase pay during the State of Emergency for current employees, myself as an individual educator, or myself as a family provider.
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
 - ◊ Employee payroll registers or other payroll system substantiation of pay rate increase
 - ◊ Communications/notification to employees of wage increase or personnel policy explaining wage increase
 - ◊ Documentation of how I determined the amount of the wage increase I paid to for all employees
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to three (3) years after I receive the funds.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met.

I accept the Terms and Conditions above.

[Submit](#)

[Application Details](#)

16. Submit Your Application

Once you have read through the **Terms and Conditions**, click the “I accept the Terms and Conditions above” checkbox, and click the **Submit** button to submit your application for the program.

Grant Details for *Incentive Pay*

Grant Type	Incentive Pay
Grant Application ID	H000000050
Number of Children Enrolled	1
Grant Status	Submitted (view Terms and Conditions)

[**Modify Grant Application Details**](#)

Modifying After Submission

COVID-19 Payments – Application Details

Common Details

Grantee First Name	Test
Grantee Middle Initial	
Grantee Last Name	Test
Grantee Email	test@gmail.com
Grantee Phone	(545) 646-5465
Funding Period Begin Date	03/12/2020
Funding Period End Date	04/11/2020
Was your facility open on 04/11/2020?	No
Date your facility opened if after 03/12/2020?	
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
Did your facility serve any children living in rural areas?	No
Did you receive any funds for COVID-19 other than from DCF or WI Shares (e.g., SBA grant, Dane County CARES funding, etc)?	No

Modify Common Details

Payment Program Details for Incentive Pay

Payment Program	Incentive Pay
Grant Application ID	H000000058
Number of Children Enrolled	1
If you receive a payment, what percentage of the funds do you plan on paying for staff compensation?	25%-49%
Grant Status	Submitted (view Terms and Conditions)

Modify Application Details

Temporary Closure **Operational Hours** **Staff** **Children**

Payment Program Summary

You can use the **Temporary Closure**, **Operational Hours**, **Staff**, and **Children** buttons to update those specific sections of the application. Refer to the previous instructions for specifics.

17. 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*.



APPLYING FOR PAYMENT PROGRAM 3

Support for Temporarily Closed Child Care Programs

Beginning Your Application

1

ID-19 Payment Application List				
Payment Program Summary				
Funding Period	When Can I Apply?	Payment Program	Status	
March 12 - April 11	May 18 - May 29	Providing Funding To Care For Essential Workforce Families	Not Applied	Apply
March 12 - April 11	May 18 - May 29	Incentive Pay	Submitted	Details
March 12 - April 11	May 18 - May 29	Support For Closed Child Care Programs	Not Applied	Apply

1. Initiate Application

To apply for a specific program, select the **Apply** button on the *Summary* page.

2

COVID-19 Payments

Please read all the below details before proceeding with application

COVID-19 Payments Information

What is Program #3 Support For Closed Child Care Programs?

The *Support For Closed Child Care Programs* payment program is intended to support the costs of retaining staff and reopening child care programs as Wisconsin's workforce returns to work after the Safer at Home emergency order is lifted. Details about the purpose, conditions, and determination of the payment can be viewed on the [payment information page](#).

When Can I Apply?

You may apply for this payment anytime from 05/03/2020 through 05/15/2020. 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 complete this application?

The following information will be collected:

- Facility Details (contact details, summary information about your staff and children)
- Temporary closures due to COVID-19
- Staff Information
- Reopen/Closure details

What happens after I submit my application?

After 05/15/2020, 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 determination notice. Please note that receiving a check will take longer than direct deposit through FIS.

[Continue](#)

3

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 *Payment Applications* page.

Add Application Details for Your Location

COVID-19 Payments – Add Application Details
Add common and payment program details for Providing Funding To Care For Essential Workforce Families

Grantee Details

Funding Period Begin Date 03/12/2020
Funding Period End Date 04/11/2020

Grantee First Name * Test
Grantee Middle Initial
Grantee Last Name * Test
Grantee Email * Test@Gmail.Com
Grantee Phone * (545) 454-5454

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

Was your facility open on 04/11/2020? * Yes No
Date your facility opened if after 03/12/2020?

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
Did your facility serve any children living in rural areas? * Yes No ⓘ

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?

4. Add Grantee Details

The funding period start and end dates are shown here. These will differ for each of the three funding periods for which you can apply.

All questions on this screen pertain to these specific dates within the funding period.

5. Tell Us About Program Open/Closures

Was your facility open on **X/XX/2020**? – This question seeks to understand if your program was **OPEN** as of the last day of the funding period.

Date your facility opened if after **X/XX/2020**? – This question seeks to understand if your program was **CLOSED** at the beginning of the funding period, and when it reopened again during the funding period.

6. Tell Us About the Children in Your Program

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

Add Application Details for Your Location - Continued

7. Other Funding Sources

In the *Other COVID-19 Funding* section, if you have received funds from multiple sources, list the total amount in the “amount of funds received” field and then use the comment box to delineate the amount from each source.

Other COVID-19 funding from Sources Other than DCF or WI Shares

Did you receive any funds for COVID-19 other than from DCF or WI Shares (e.g., SBA grant, Dane County CARES funding, etc)? *

Yes No

If yes, amount of funds received

If yes, describe the funding source

8. Payment Program Details

Enter the number of children enrolled at your location during the funding period. This number should reflect *all* of the children who were enrolled, regardless of whether or not they attended the entire funding period. You will be asked specific questions about each child that you count here in a future section.

Payment Program Details for *Incentive Pay*

Payment Program	Incentive Pay
Number of Children Enrolled *	<input type="text"/>
If you receive a payment, what percentage of the funds do you plan on paying for staff compensation? *	<input type="radio"/> 1%-24% <input type="radio"/> 25%-49% <input type="radio"/> 50%-74% <input type="radio"/> 75%-100%
Comments	<input type="text"/>

Add

9. Add

Once you're done filling out the information for your location, select **Add** to save your information and proceed to verify any facility closures.

Update or Verify Location Temporary Closures

10. 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

Funding Period 03/12/2020 - 04/11/2020
Grantee Name Test, Test [...More](#)

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 grant period (3/12/2020 - 4/11/2020). 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

The closures listed above are accurate and complete for the period of 3/12/2020 to 4/11/2020. If you were not closed during the grant period, check the box to verify that there were no closure periods during the grant period.

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

Funding Period 03/12/2020 - 04/11/2020
Grantee Name Test, Test [...More](#)

Verify Temporary Closure

From Date * 3/13/2020

To Date 3/25/2020

COVID-19 Closure Reason * COVID-19 Lack of families

Comments * Not enough kids

Add

Temporary Closure

After including all appropriate temporary closures, click the checkbox, indicating that you have accurately recorded and verified the temporary closures for your location.



If you did not have any temporary closures during the funding period, check the box to verify and select **Verify** to continue through the application.

The closures listed above are accurate and complete for the period of 3/12/2020 to 4/11/2020. If you were not closed during the grant period, check the box to verify that there were no closure periods during the grant period.

Verify

Update or Verify Hours of Operations

COVID-19 Payments - Operational Hours

Add Operational Hours

Common Details

Funding Period	03/12/2020 - 04/11/2020
Grantee Name	Test, Test

[...More](#)

Operational Hours

Specify your Operating Hours during
3/12/2020 - 4/11/2020

Enter open times for each day you are open
(e.g., 7 am - 6 pm)

<input type="checkbox"/> Sunday	
<input checked="" type="checkbox"/> Monday	6:00 AM - 6:00 PM
<input checked="" type="checkbox"/> Tuesday	6:00 AM - 6:00 PM
<input checked="" type="checkbox"/> Wednesday	6:00 AM - 6:00 PM
<input checked="" type="checkbox"/> Thursday	6:00 AM - 6:00 PM
<input checked="" type="checkbox"/> Friday	6:00 AM - 6:00 PM
<input type="checkbox"/> Saturday	

Open some hours between 6 am and 6 pm ? * Yes No

Open some hours before 6 am or after 6 pm ? * Yes No

Comments

Add

◀ Operational Hours Details

11. Hours of Operation

In the next section, tell us about the hours of operation for your location during the funding period. Hours of operation will be auto-filled based on your license or certification hours. If you experienced any changes to your hours of operation to allow for expanded care hours during the funding period, you will need to update any days that differed from your regular licensed or certified schedule. Select the **Add** button to save your information and continue to the **Individuals** section, where you will tell us about your staff during the COVID-19 Emergency.

Attaching Staff to the Program

12. 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 do not see an individual who worked on your staff during the funding period, you must add them through the *Individual 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. Refer to **Appendix I** for information on how to add an individual.

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			
Funding Period	03/12/2020 - 04/11/2020		
Grantee Name	Provider, Test		

[More](#)

Individuals			
Name	Role(s)	Employment Period	
Emma E Edge	Teacher - Substitute	08/01/19	Select ▶
Jimmy J Janitor	Driver	07/23/18	Select ▶
Marcia January	Employee	06/11/18	Select ▶
Mimi Michigan	Administrator	02/08/18	Select ▶
Oskar Oos	Director	02/01/18	Select ▶
Think Outofstate	Administrator		Select ▶
Peter Provider	Household Member	01/01/18	Select ▶
Sonja S Summer	Applicant/Licensee		Select ▶

◀ Staff List ▶

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

Adding Individual Staff

13. Add Staff to Be Considered for Funding

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

If you were closed so the staff was unable to work any hours, just add 1 hour into the Total Hours Worked.

The 'Individuals' table shows two entries:

Name	Role(s)	Employment Period	Select
Yankee Doodle	Director	12/01/19	Select ▶
Emma E Edge	Teacher - Substitute	08/01/19	Select ▶

The 'COVID-19 Payments - Staff' form is shown below. It includes sections for 'Common Details', 'Individual', and 'Staff Details'. The 'Total Hours Worked' field is set to 120. A red arrow points to this field with the text: 'If you were closed so the staff was unable to work any hours, just add 1 hour into the Total Hours Worked.'

Click the **Add Staff** button to save the individual's information. You will be taken to the *Staff Summary* page to review all of the individuals attached to the application.

To add more staff to the application from the **Staff Summary** page, click the **Add Staff** button to return to the *Individuals* list to select another employee.

The 'COVID-19 Payments - Staff' summary page shows a table of staff members:

Name	Care Type	Current Payroll	Future Payroll	Total Hours Worked	Details
Yankee Doodle	Ful-Time	Yes	Yes	150	Details ▶
Emma E Edge	Ful-Time	Yes	Yes	120	Details ▶

Below the table are buttons for 'Add Staff', 'Child List', and 'Application Details'. A red box highlights the 'Add Staff' button, with a red arrow pointing to it from the text: 'To add more staff to the application from the Staff Summary page, click the Add Staff button to return to the Individuals list to select another employee.'

Adding Reopen/Closure Details

14. Add Reopen/Closure Details

From the *Staff* page, click the **Add Reopen/Closure** button to tell us about your plans to reopen or detail how you reopened if your location has already done so.

Add Reopen/Closure Details

Reopen/Closure

What date do you plan to reopen your facility? *

When you reopen, what do you expect your child enrollment count to be? *

How many staff were on the payroll prior to the closure of the facility? *

How many staff do you expect to be on the payroll when you reopen? *

Is the facility paying staff during the closure? * Yes No

Comments

I plan to reopen within 30 days of receiving funding or within 30 days of the ending of Safer at Home order, whichever is later. If I am unable to open within 30 days as stated above, I will send an email to dcfmbcovid19@wisconsin.gov for further instructions.

Add

Once you have filled out all of the information on the page, make sure to check the checkbox on the bottom of the page that you plan to reopen within 30 days or contact DCF for instructions. **If do you not select this checkbox, you will not be allowed to submit an application.**

Once you have filled out and checked the checkbox, click the **Add** button to proceed to submit your application.

Finalizing Your Application

15. Review the Terms and Conditions

After reviewing your information, please read through the **Terms and Conditions** around applying for the program.

COVID-19 Payments - Submit Application

Common Details

Funding Period 03/12/2020 - 04/11/2020
Grantee Name Test, Test

Payment Program Details for Support For Closed Child Care Programs

Payment Program Support For Closed Child Care Programs
Grant Application ID S000000059
Expected Number of Children Enrolled When Reopened 1
If you receive a payment, what percentage of the funds do you plan on paying for staff compensation? 1%-24%
Grant Status Incomplete

Terms and Conditions

- I certify that all information provided in this 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 use of program funds.

I receive funding for Program 3 – Support For Closed Child Care Programs I agree to the following:

- My child care program was/is temporarily closed due to the COVID-19 pandemic during the time period in which I am applying.
- I plan to reopen within 30 days of receiving funding or within 30 days of the ending of Safer at Home order, whichever is later.
- If I am unable to open within 30 days as stated above, I will send an email to dcfmbcovid19@wisconsin.gov for further instructions.
- I will use the funds to for the following purposes to ensure the program is able to reopen 30 days after receiving funding or within 30 days of the ending of Safer at Home order, whichever is later
 - Pay staff incentives and/or payroll in order to return to work
 - Supplement staff salaries for those who remained on payroll during temporary closure
 - Full or partial parent reimbursement for tuition paid during State of Emergency
 - Mortgage/rent
 - Utilities
 - Materials/supplies for cleaning and sanitation
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
 - Payroll registers and/or employee time sheets
 - Mortgage/rent statements
 - Utility statements
 - Original invoices and/or receipts for purchases of materials/supplies
 - Documentation to support employee wage increases
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to three (3) years after I receive the funds.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met.

I accept the Terms and Conditions above.

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.

16. Submit Your Application

Once you have read through the **Terms and Conditions**, click the “I accept the Terms and Conditions above” checkbox and click the **Submit** button to your submit your application for the program.

Modifying After Submission

17. 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.

COVID-19 Payments – Application Details

Common Details

Grantee First Name	Test
Grantee Middle Initial	
Grantee Last Name	Test
Grantee Email	test@gmail.com
Grantee Phone	(545) 646-5465
Funding Period Begin Date	03/12/2020
Funding Period End Date	04/11/2020
Was your facility open on 04/11/2020?	No
Date your facility opened if after 03/12/2020?	
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
Did your facility serve any children living in rural areas?	No
Did you receive any funds for COVID-19 other than from DCF or WI Shares (e.g., SBA grant, Dane County CARES funding, etc)?	No

Modify Common Details

Payment Program Details for *Support For Closed Child Care Programs*

Payment Program	Support For Closed Child Care Programs
Grant Application ID	5000000059
Expected Number of Children Enrolled When Reopened	1
If you receive a payment, what percentage of the funds do you plan on paying for staff compensation?	1%-24%
Grant Status	Submitted (view Terms and Conditions)

Modify Application Details

Temporary Closure

Staff

Closure/Re-Open Details

Payment Program Summary

You can use the **Temporary Closure**, **Staff**, and **Closure/Reopen Details** buttons to update those specific sections of the application. Refer to the previous instructions for specifics.



APPENDIX

APPENDIX I

Adding Individuals to the Child Care Provider Portal

The *Individuals Module* allows child care providers to enter current and prospective employees and household members for background check purposes.

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>