

Pagos puentes de cuidado infantil

CHILD CARE BRIDGE PAYMENTS

Guía de Solicitud

APPLICATION GUIDE

Julio 2025



Wisconsin Department of
Children and Families

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

Índice

| | |
|--|-----------|
| Acerca de esta guía | 4 |
| Notas del sistema..... | 5 |
| Notas Importantes..... | 6 |
| Lista de verificación de documentos previa a la solicitud | 7 |
| Cómo enviar una solicitud | 8 |
| Inicio de la solicitud | 10 |
| Página de resumen del pago | 11 |
| SOLICITUD DEL PROGRAMA DE PAGOS A | 12 |
| Prestación de oportunidades de cuidado infantil seguras, saludables y de alta calidad | |
| SOLICITUD DEL PROGRAMA DE PAGOS B | 24 |
| Fondos de contratación y retención de la fuerza laboral | |
| APÉNDICE | 38 |

Acerca de esta guía

Esta guía detalla de qué manera los proveedores deberán utilizar el Portal para proveedores de cuidado infantil (del DCF) para solicitar el programa **Pagos puentes de cuidado infantil (Child Care Bridge Payments)**.

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

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

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

AVISO IMPORTANTE

Los programas Cuidado infantil importa y Pagos puentes de cuidado infantil son pagos por tiempo limitado diseñados para proporcionar asistencia a los proveedores de cuidado infantil. No son subvenciones tal y como se definen en el título 45 CFR 72 del Código de Regulaciones Federales y en las regulaciones federales relacionadas, y el uso de la palabra «subvención» es incidental.



Centro de Apoyo para Pagos de Cuidado Infantil

Si necesita ayuda, contactar con el

**Centro de Apoyo de Pagos Puentes de Cuidado Infantil al
608-535-3650 o DCFDECECOVID19CCPayments@wisconsin.gov**

El horario del Centro de Apoyo es de 8 a.m. a 4:30 p.m. de lunes a viernes.

Notas del sistema



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



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

The screenshot shows a form titled "COVID-19 Payments – Add Application Details". On the right side, there is a tooltip box with the heading "Tell us about the children at your facility". It contains the question "Did your facility serve any children with disabilities? *". Below it are two radio buttons: "Yes" and "No", with "No" being selected. A small information icon (a question mark inside a circle) is located next to the "No" button. The main form area has several other fields for payment details, facility information, and COVID-19 status, but they are not highlighted.



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

The screenshot shows a list of payment applications. At the top, it says "COVID-19 Payment Application List" and "Apply for COVID-19 payments and view details of payment program applications already started or completed.". Below is a "Payment Program Summary" table:

| Payment Month | When Can I Apply?/Update | Payment Program | Status | Action |
|---------------|--------------------------|---|-------------|------------------------|
| July 2024 | July 20 – August 4 | Increasing Access To High-Quality Care | Not Applied | <button>Apply</button> |
| July 2024 | July 20 – August 4 | Funding Workforce Recruitment And Retention | Not Applied | <button>Apply</button> |

A red arrow points from the text above to the "When Can I Apply?" column in the table. Below the table, there is a field for "Number of Children attended *". A tooltip box appears over this field with the text "Enter the number of children who attended at least one day between 7/7/2024 and 7/20/2024 at this location.".

Notas Importantes

Pagos Puentes de Cuidado Infantil es un programa de pagos mensuales para apoyar a la comunidad de cuidado y educación temprana de Wisconsin.

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

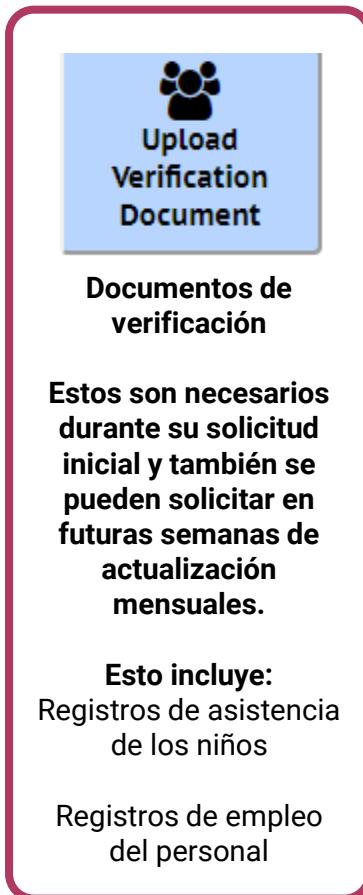
RECORDATORIO: Las fechas que se muestran en esta guía pueden ser diferentes de las que aparecen en la aplicación. Las fechas se actualizarán en su Solicitud del Portal de Proveedores de Cuidado Infantil para reflejar las Semanas de Solicitud/Actualización actuales y las Semanas de Recuento.

Lista de verificación de documentos previa a la solicitud

Esta nueva ronda de Pagos Puentes de Cuidado Infantil requiere que carga documentos de verificación al momento de enviar su solicitud inicial y cuando se le solicite durante las futuras semanas de actualización mensual.

Asegúrese de tener los siguientes documentos disponibles cuando presente su Solicitud de Pagos Puentes de Cuidado Infantil.

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



Consulte nuestro guía, [**Guía de carga del portal del proveedores**](#) (Upload Guide) para obtener más información y consejos sobre cómo subir sus documentos.

Cómo enviar una solicitud

User ID
lauralake
.....

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

Login

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

Get started on becoming a regulated child care provider or request more information by clicking the Expression of Interest button.

Expression of Interest ►

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1. Pantalla de inicio de sesión

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

Ingresé su **User ID (Identificación de usuario)** y **Password (Contraseña)** en los campos correspondientes.

Haga clic en el botón **Login (Iniciar sesión)** para continuar.

A

| Business Name | Provider-Lic | Facility ID | FIS Number | Address |
|---|----------------|-------------|------------|--------------------------------|
| PRDC, Inc. 123 Main Street Milwaukee, WI 53204-3421 | 2800040002-001 | | | 111 New Address, WI 12345-6789 |
| Terry's Daycare | 2800040002-001 | | | |
| Lakeland Group Center | 2800040002-001 | | | |
| Lakeland On Balance No Day Camp | 2800040002-001 | | | |
| Randy's Daycare | 2800040002-001 | | | |
| Certified Dream Kids Place | 4800040002-001 | | | |
| Holiday's Rainbow | 7800039177-001 | | | |

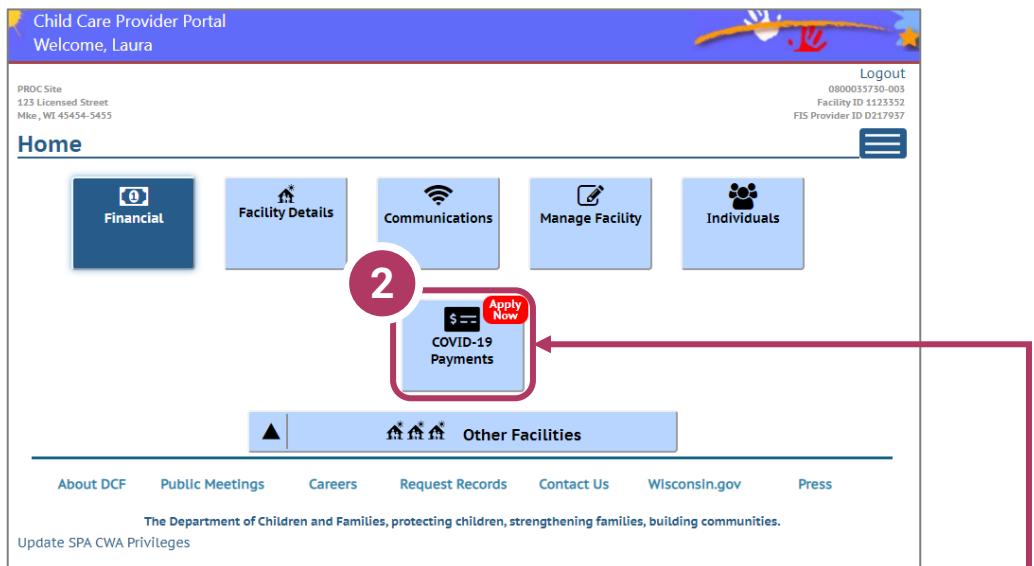
B

| Business Name | Provider-Lic | Facility ID | FIS Number | Address |
|---|----------------|-------------|------------|--------------------------------|
| Alma's Child Care Fis Alma Applicant Smith | 2800039412-001 | 1122341 | D205263 | 111 New Address, WI 12345-6789 |

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

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

Cómo enviar una solicitud



2. Seleccionar Pagos Puentes

Para continuar a la página de aplicación, haga clic en el botón Pagos Puentes.

Iniciando la solicitud

Lista de solicitudes de pago COVID-19

Child Care Provider Portal
Welcome, Laura

Logout
0800035730-003
Facility ID 1123352
FIS Provider ID D217937

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

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 | Action |
|---------------|--------------------------|---|-------------|------------------|
| July 2024 | July 20 – August 4 | Increasing Access To High-Quality Care | Not Applied | Apply ► 3 |
| July 2024 | July 20 – August 4 | Funding Workforce Recruitment And Retention | Not Applied | Apply ► |

Hay dos programas de Pagos Puentes de Cuidado Infantil que puede solicitar un proveedor.

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

3. Iniciar solicitud

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



Los proveedores regulados pueden solicitar AMBOS programas de pago. Revise los detalles sobre la elegibilidad y los requisitos en la [página web del Programa de pagos.](#)

Página de resumen del programa de pago

The screenshot shows a table titled "Payment Program Summary". It has four columns: "Payment Month", "When Can I Apply?/Update", "Payment Program", and "Status". There are two rows of data. The first row corresponds to the "Increasing Access To High-Quality Care" program, and the second row corresponds to the "Funding Workforce Recruitment And Retention" program. Both rows show the status as "Not Applied". Each row contains a blue "Apply" button with a play icon. A red oval highlights the "Status" column and the "Not Applied" status for both rows.

| Payment Month | When Can I Apply?/Update | Payment Program | Status |
|---------------|--------------------------|---|-------------|
| July 2024 | July 20 – August 4 | Increasing Access To High-Quality Care | Not Applied |
| July 2024 | July 20 – August 4 | Funding Workforce Recruitment And Retention | Not Applied |

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

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

Incompleto Si ha iniciado una solicitud para el programa, pero su solicitud no se ha enviado o si fue aprobado para el mes anterior de la Ronda de Estabilización 4, y aún no ha enviado su solicitud inicial para la Ronda 5, el estado de su solicitud se mostrará como Incompleto. Haga clic en **Detalles** para completar la solicitud.

Revisión necesaria Si fue aprobado para el mes anterior de la Ronda 5, su estado aparecerá como Revisión necesaria al principio de cada semana de actualización/solicitud. Debe revisar y volver a enviar sus solicitudes durante la Semana de actualización. Haga clic en **Revisar** para comenzar la revisión y volver a enviar la solicitud.

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



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



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

Comenzar su solicitud

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 | Action |
|---------------|--------------------------|--|-------------|----------------|
| July 2024 | July 20 – August 4 | Increasing Access To High-Quality Care | Not Applied | Apply ► |

1. Comenzar la solicitud

Una vez que haya seleccionado su **Programa de pago**, se lo dirigirá a la página de información de pago de COVID-19. Aquí podrá revisar los detalles del programa específico que ha seleccionado. En este caso, hemos optado por aumentar el acceso a la atención de alta calidad en el resumen del programa de pago.

2. Revisar la información del Programa de pagos

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

- Resumen del programa de pagos específico
- Cuándo puede solicitar el proveedor
- Información que se recopilará en la solicitud
- Qué sucede después de presentar la solicitud

3. Continuar

Haga clic en **Continue (Continuar)** para ir a la página **Application Details (Detalles de la solicitud)**.

2

Child Care Provider Portal
Welcome, Laura

DCF Site
3079 S. 20th St.
Milwaukee, WI 53215-2724

FAX: 414-227-730-063
Facsimile ID: 414-227-730-063
FIS Provider ID: 0217987

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

When Can I Apply?
You may apply for this payment anytime from 04/22/2023 - 05/07/2023. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

What information do I need to gather to complete this application?
The following information will be collected:

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

What information do I need to submit to complete this application?
• Child attendance records for 04/09/2023 - 04/22/2023

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

What happens after I submit my application?
After the Application Week has closed, DCF will evaluate and determine payments.

- You will be notified by email when the review process has been completed. Payments will be made through either direct deposit or check.
- To receive your money the fastest, [register with FIS](#). If you haven't done so already, FIS registration may take up to 10 business days and must be finalized before the end of the review period in order to receive your payment through direct deposit.
- If you prefer to receive a check, you will receive additional instructions with your payment letter. Please note that receiving a check will take longer than direct deposit through FIS.

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

Continue

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

Update SPA CWA Privileges

3

Agregar detalles de su ubicación a la solicitud

The screenshot shows the 'COVID-19 Payments – Add Application Details' page. The 'Grantee Details' section is highlighted with a red box and contains the following fields:

- Payment Month: July 2024
- Grantee First Name: Lisa
- Grantee Middle Initial: [empty]
- Grantee Last Name: Licensed
- Grantee Email: Jayamaheshwari1.Prabaharan..
- Confirm Grantee Email: Jayamaheshwari1.Prabaharan..
- Grantee Phone: (121) 212-1212
- Do you want to join Wisconsin Early Education Shared Services Network (WEESSN)?: Yes No

Below this section is a yellow box containing the text: "Eligibility requires that care is provided at least one day during the identified Count Week. See FAQ for additional COVID guidance."

4

5

6

4. Agregar detalles de la persona beneficiaria

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

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

Si ingresa detalles inexactos podría retrasar su solicitud.

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

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

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

¿Estaba abierto su centro durante la semana de recuento?

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

Marque **No** si su programa estuvo cerrado durante toda la semana de recuento.



NOTA: Si solicitó financiamiento anterior mediante el Programa Child Care Counts Payment (Pago de El cuidado infantil importa) original, muchos de los campos de la solicitud se completarán de manera automática. Revise todos los campos que se completan de manera automática para asegurarse de que la información sea correcta y actualice los datos según sea necesario.

Agregar detalles de su ubicación a la solicitud

Tell us about the children at your facility

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

Did your facility serve any children who speak languages other than English? * Yes No 

Did your facility serve any children who are experiencing homelessness? * Yes No 

Did your facility serve any children from tribal communities? * Yes No 

Payment Program Details for Increasing Access To High-Quality Care

Payment Program Increasing Access To High-Quality Care

Number of Children attended *   7

Comments 

Add

7. Cuéntenos sobre los niños inscritos en su programa

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

Payment Program Details for Increasing Access To High-Quality Care

Payment Program Increasing Access To High-Quality Care

Number of Children attended * 

Enter the number of children who attended at least one day between 7/07/2024 and 7/20/2024 

En este caso, al hacer clic en el ícono para obtener más información, se le indicará que debe agregar la cantidad de niños que asistieron a su ubicación **AL MENOS** un día durante el **COUNT WEEK (SEMANA DE RECUENTO)**.

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



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

Agregar detalles sobre los niños

8. Agregar niños a la solicitud

Se le pedirá que agregue a todos los niños que asistieron al menos un día durante la Semana del Recuento. La cantidad de niños agregados en esta sección debe ser igual a la cantidad de niños que indicó que asistieron en la primera página de la solicitud: Agregar detalles de la solicitud.

COVID-19 Payments – Child List

Common Details

| Name | Date of Birth | Care Type | Attended |
|-------------------|---------------|-----------|----------|
| No results found. | | | |

Add Child

8

Children listed above were enrolled for the period of 07/07/2024 - 07/20/2024

Verify

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

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

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

COVID-19 Payments – Previous Funding Period Child List

Common Details

| Name | Date of Birth | Care Type | Attended |
|--------------|---------------|----------------|----------|
| Hexx Boltt | 01/28/2023 | Full-Time Care | Yes |
| Nail Gunn | 05/17/2021 | Full-Time Care | Yes |
| Poppi Rivett | 11/06/2021 | Full-Time Care | Yes |
| Jigg Saww | 09/07/2022 | Full-Time Care | Yes |

Children not copied from previous application

| Name | Date of Birth |
|-------------------|---------------|
| No results found. | |

Add Child

Child List

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

Lista de niños incluidos en la solicitud de pago anterior

9. Verificar la lista de niños incluidos en una solicitud anterior

Si solicitó fondos de Pagos Puentes de Cuidado Infantil antes, los niños que agregó en su solicitud anterior aparecerán en esta sección y se podrían copiar en su solicitud actual. Haga clic en **COPY (COPIAR)** para agregar los niños a su solicitud. Esto lo llevará a la página de *Child Details* (*Detalles de los niños*).

Children not copied from previous application

| Name | Date of Birth | Care Type |
|------------|---------------|----------------|
| Hexx Boltt | 01/28/2023 | Full-Time Care |

Copy 9

COVID-19 Payments – Add Child

Common Details

Payment Month: July 2024
Grantee Name: Licensed, Lisa

Child Details

First Name: Hexx
Middle Initial:
Last Name: Boltt
Date of Birth: 01/28/2023
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 04/09/2023 – 04/22/2023? Yes No
Attend during 04/09/2023 – 04/22/2023? Yes, Child Attended No, Child Did Not Attend No, Child Did Not Attend Due To Exposure To Covid-19

Comments

Add

Verifique los detalles de cada niño que figura en la lista que se copió e indique si el niño asistió al menos un día durante el **Count Week** (**Semana de Recuento**).

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

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

Adición de detalles de los niños

10. Agregar niños a la solicitud

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

10 JVID-19 Payments – Child List

| Common Details | | | | |
|----------------|----------------|----------------|----------|-----------|
| Payment Month | July 2024 | | | |
| Grantee Name | Licensed, Lisa | | | |
| Name | Date of Birth | Care Type | Attended | Details |
| Hexx Boltt | 01/28/2023 | Full-Time Care | Yes | [Details] |
| Nail Gunn | 05/17/2021 | Full-Time Care | Yes | [Details] |
| Poppi Rivett | 10/06/2021 | Full-Time Care | Yes | [Details] |
| Jigg Saww | 09/17/2022 | Full-Time Care | Yes | [Details] |

COVID-19 Payments – Child Details

| Common Details | |
|-------------------------------------|----------------|
| Payment Month | July 2024 |
| Grantee Name | Licensed, Lisa |
| Child Details for COVID-19 Payments | |
| First Name | Hexx |
| Middle Initial | |
| Last Name | Boltt |
| Date of Birth | 01/28/2023 |

Child List | Modify Child

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

Haga clic en el botón **Más** para llegar al botón **Modificar Niño**.

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

Remove this child from the grant?

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

I verify that the children listed above were enrolled for the period of 07/07/2024 to 07/20/2024

Verify

Cargue Documentación de Respaldo

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

I verify that the children listed above were enrolled for the period of 07/07/2024 to 07/20/2024

Verify

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

Por ejemplo:

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

COVID-19 Verification Documents

| Documents | |
|-----------|-------------------|
| Date | Type |
| | No results found. |

If this is your initial application, you must upload attendance records from the Count Week 4/9/2023 - 4/22/2023 before you can submit your application.
As you update attendance information each month, you may be required to provide additional records.

If this is NOT your initial application and you have entered a change of more than 4 children for family providers, or more than 12 children for group providers, you must upload attendance records from the current Count Week 4/9/2023 - 4/22/2023 before you can submit your application.

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

If you have any questions or need assistance, please refer to Provider Portal Upload Guide or contact the call center at: DCFDEECOVVID19CP@wiscovin.gov

When uploading you should know:

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

Document Type *
Upload File

Application Details

File:

as PDF, JPG, or Word format.
be larger than 10MB. If you have a scanner/copier that does multiple pages into a PDF, that's equivalent to about 20 pages.

Document Type
Upload File

Application Details

COVID-19 Verification Documents

| Date | Type |
|------------|---|
| 07/07/2024 | Child Document: Children Attendance Records |

If this is your initial application, you must upload attendance records from the Count Week 4/9/2023 - 4/22/2023 before you can submit your application.
As you update attendance information each month, you may be required to provide additional records.

If this is NOT your initial application and you have entered a change of more than 4 children for family providers, or more than 12 children for group providers, you must upload attendance records from the current Count Week 4/9/2023 - 4/22/2023 before you can submit your application.

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

If you have any questions or need assistance, please refer to Provider Portal Upload Guide or contact the call center at: DCFDEECOVVID19CP@wiscovin.gov

When uploading you should know:

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

Name
 Child Attendance Doc
 Child Enrollment Doc

File name:
Type *
Upload File

Application Details

Child Care Provider Portal

Welcome, Lyle

COVID-19 Verification Documents

| Date | Type |
|------------|---|
| 07/07/2024 | Child Document: Children Attendance Records |

If this is your initial application, you must upload attendance records from the Count Week 4/9/2023 - 4/22/2023 before you can submit your application.
As you update attendance information each month, you may be required to provide additional records.

If this is NOT your initial application and you have entered a change of more than 4 children for family providers, or more than 12 children for group providers, you must upload attendance records from the current Count Week 4/9/2023 - 4/22/2023 before you can submit your application.

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

If you have any questions or need assistance, please refer to Provider Portal Upload Guide or contact the call center at: DCFDEECOVVID19CP@wiscovin.gov

When uploading you should know:

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

Document Type
Upload File

Submit Application

Finalizar Su Solicitud

COVID-19 Payments - Submit Application

Common Details

Payment Month: February 2024
Grievance Name: Licensed, Llc
[More](#)

Payment Program Details for Increasing Access To High-Quality Care

Payment Program: Program A: Increasing Access To High-Quality Care
Grant Application ID: P0000011660
Number of Children attended: 4
Grant Status: Incomplete

Terms and Conditions

Definition of terms

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

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

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

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

Program A: Increasing Access To High-Quality Care includes:

Child Award Amount: Program A payment amount given in addition to the Per-Child Amount for each child included in the application who has a Wisconsin Share Add-On Amount.

Wisconsin Share Add-On Amount: Program A payment amount given in addition to the Per-Child Amount for each child included in the application who has a Wisconsin Shares Authorization during the Court Week.

Inclusive Births To 3 Pilot Add-On Amount: Program A payment amount given in addition to the Per-Child Amount for each child included in the application who has an Inclusive Births To 3 Child Care Pilot.

Program B: Funding Workforce Development includes:

Bonus Per Staff Amount: Program B payment amount for each eligible full-time/part-time staff listed in the application.

Quality Incentive Per Staff Amount: Program B additional payment amount based on YoungStar rating for each eligible full-time/part-time staff listed in the application.

Requirements Applicable to Program A and B:

By accepting Child Care Counts Stabilization Payment Program funds, I agree to all requirements, understandings, and conditions included in these Terms and Conditions.

I acknowledge and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Court Weeks identified for each month.

If I have a temporary closure for the entire initial court weeks (May 2023) I will not be eligible and must apply during the next months.

If I received funds, this applies to my center's application for which I receive funding.

If I received funds in the previous month and have a temporary closure due to COVID exposure for the duration of a subsequent Court Week, I must plan to re-open within 14 days of the date of the closure in order to receive funding.

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

If my program is not able to re-open within 14 days of the temporary closure, I must notify the Child Care Counts call center at 800-432-2222.

My program must be regulated and in good standing during the Court Weeks, the Application Weeks, Monthly Update Weeks, and on Payment Review Days.

I must, to the extent that I am able, maintain existing compensation (wages, bonuses, or benefits) for each staff person included in this monthly application for the duration of the payment program for which I receive funding.

I must provide documentation related to my application to verify staff employed at time of application and during each Court Week.

Child Care Counts Stabilization Payment Program funds for staff will be halted upon their termination for cause or their voluntary separation from my center.

I must comply with 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) and the Wisconsin Department of Health Services.

I must track child attendance and staff employment records with my initial application and when resubmitted during future Monthly Update Weeks.

I must provide quarterly updates to the number of children attending and staff employed during the Court Weeks.

Failure to update child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.

I must provide documentation 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 staff employed at time of application and during each Court Week.
- Documentation to verify staff employed at time of application and during each Court Week.
- Required program records for spending are described later under each Program.

I agree to above Confirmation and Acceptance of Funds terms.

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

I understand and agree that this is a maximum payment amount that runs May 2023 through January 2024.

If I am not out of the program by withdrawing my application before the end of the monthly Application Week.

If I am at any time during the program, I am found to be ineligible or not adhering to the terms and conditions, my payments will be terminated.

If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following changes or enrollment or staffing reported as required by the Terms and Conditions. The monthly amount will be reduced if my program no longer qualifies for the monthly payment amount as indicated in my Payment Letter. DCF will reserve funds for the non-monthly amount as indicated in my Payment Letter.

I understand that I must meet the following qualifications to be eligible for payment:

My program must be in compliance with state and federal regulations, including the Application Weeks, 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.

I must provide documentation related to my application to verify staff employed at time of application and during each Court Week.

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 to DCF if requested.

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 Family can 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 must cooperate with the audit and provide any information requested.

I understand that DCF reserves the right to request re-submission of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to supply documents required for review or audit.

I understand that costs may have been incurred between January 1, 2023 and 120 days from the date of the payment letter for the given month. Costs may have been incurred between January 1, 2023 and 120 days from the date of the payment letter for the given month.

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

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

I will use the funds for the following purposes:

- Program costs and 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 and how this funding was spent for at least five (5) years from the date of my last payment.
- Documentation to verify staff employed at time of application and during each Court Week.
- Expenditure records and supporting documentation related to costs incurred and how program funding was spent, including, but not limited to:
 - Rent/space cost statements
 - Utility statements
 - Equipment and supplies records
 - Documentation of relief of tuition or copayment for families
 - Original invoices for vendor purchases of materials and supplies
 - PPE, cleaning and sanitation supplies, and all other materials and services related to mitigating the risk of COVID-19
 - Equipment and supplies for enhancing the program environment and/or curriculum, and social and emotional development supports
 - Educational supplies and learning materials

I agree to above Allowable Use of Funds terms.

Documentation

I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of my last payment.

Program records and supporting documentation related to my application include:

- Documentation to verify staff employed at time of application and during each Court Week.
- Documentation to verify staff employed at time of application and during each Court Week.
- Expenditure records and supporting documentation related to costs incurred and how program funding was spent, including, but not limited to:
 - Rent/space cost statements
 - Utility statements
 - Equipment and supplies records
 - Documentation of relief of tuition or copayment for families
 - Original invoices for vendor purchases of materials and supplies
 - PPE, cleaning and sanitation supplies, and all other materials and services related to mitigating the risk of COVID-19
 - Equipment and supplies for enhancing the program environment and/or curriculum, and social and emotional development supports
 - Educational supplies and learning materials

I agree to above Documentation terms.

Application Details

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Update SPA CISA Privileges

12. Revisar la solicitud que está por enviar

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

12

Cualquier texto en rojo indica que hay un error que necesita corrección. La información inconsistente y/o incorrecta retrasará el proceso y/o podría impedir que su solicitud sea procesada. **Es imperativo que regrese y corrija los problemas señalados en color rojo.**

Si tiene problemas para corregir y/o modificar su solicitud, envíe un correo electrónico o llame para obtener ayuda.

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

Finalizar su Solicitud

13. Revisar los Términos y Condiciones

Después de revisar su información, lea los **Terms and Conditions (Términos y Condiciones)** del programa.



Tenga en cuenta que recomendamos encarecidamente imprimir y/o guardar estos Términos y Condiciones y archivar todos los documentos de gastos relacionados en un lugar seguro.

13

COVID-19 Payments - Submit Application

| | |
|---|------------------|
| Common Details | |
| Payment Month | February 2024 |
| Grantee Name | University, Inc. |
| More | |
| Payment Program Details for Increasing Access To High-Quality Care | |
| Increasing Access To High-Quality | |
| Grant Application ID | P000001660 |
| Number of Children attended | 2 |
| 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 change or confirm child attendance and staffing from the previous Court Week | |
| Payment Review Days: The days when DCF review applications and updates to ensure the provider remains eligible for payments | |
| Payment Program & Increasing Access To High-Quality Care includes: | |
| Per-Child Amount: Program A payment amount for each child entered in the application for the Court Week | |
| Per-Staff Amount: Program A payment amount for each eligible full-time/part-time staff listed in the application | |
| Inclusive Birth to 3 Pilot Add On Amount: Program A payment amount given in addition to the Per-Child Amount for each child included in the application who is participating in the Inclusive Birth to 3 Child Care Pilot | |
| Payment Program B: Funding Workforce Recruitment And Retention includes: | |
| Base Per-Staff Amount: Program B payment amount based on YoungStar rating for each eligible full-time/part-time staff listed in the application | |
| Quality Incentive Per-Staff Amount: Program B additional payment amount based on YoungStar rating for each eligible full-time/part-time staff listed in the application | |
| Programs Applicable to Program A and/or B: | |
| • By accepting Child Care Courts Stabilization Payment Program Funds, I agree to all requirements, understandings, and conditions included in these Terms and Conditions. | |
| • I must be open and caring for children ages 3 through 12, or under age 19 for children with disabilities, during the Court Weeks identified in my application. | |
| • If I have a temporary closure for the entire initial court week(s) (May 2023) I will not be eligible and must apply during the next monthly Application Weeks. This applies to closures for COVID-19 or other reasons. | |
| • If I have a temporary closure for the entire initial court week(s) (May 2023) due to COVID-19 exposure for the duration of a subsequent Court Week, I must plan to reopen within 14 days of the date of the closure in order to receive funding. | |
| • If I have a temporary closure for non-COVID-19 reasons during the duration of a subsequent Court Week, I will not be eligible for payments from that week. | |
| • 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 800-333-2222 or email at ccr@doe.wisconsin.gov . | |
| • My program must be regulated and in good standing during the Court Weeks, the Application Weeks, Monthly Update Weeks, and on Payment Review Days. | |
| • I will provide documentation that I am able, maintain existing compensation (wages, bonuses, or benefits), for each staff person included in that monthly application for the creation of the payment program for which I receive funds. | |
| • I will, to the extent that I am able, retain and not involuntarily furlough (on or without pay) staff who appear on my center application. Child Care Courts will not be responsible for involuntary furloughs of staff unless they are related to the closure due to COVID-19. | |
| • I will implement policies in accordance with state and agency administrative rules for child care providers as outlined by DCF. Care may be provided in accordance with the applicable rules of any local entity, and, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs. | |
| • I will provide child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks. | |
| • I must provide monthly updates to the number of children attending and staff employed during the Court Weeks, the Application Weeks, Monthly Update Weeks, and on Payment Review Days. | |
| • 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 application and during each Court Week. | |
| • Program records and supporting documentation related to my application include: | |
| • Documentation to verify attendance of children and staff during my application and during each Court Week. | |
| • Documentation to verify staff engaged at time of application and during each Court Week. | |

I agree to above Confirmation and Acceptance of Funds terms.

14. Enviar su solicitud

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

14

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

| | |
|--|--|
| I understand and agree that this is a one-month payment program that runs May 2023 through January 2024. | |
| • I understand that if I am not in compliance with the terms and conditions, my payments will be discontinued. When eligibility issues are resolved, I may reapply during a future Application Week. | |
| • I understand that my application for payment will be reviewed and updated monthly as stated in my Payment Letter. This monthly review may fluctuate based on the following: changes in enrollment or staffing reported as required by the program Terms and Conditions, available funding, and adjustments DCF makes to the program. The ongoing monthly amount will be indicated in my Payment Letter. DCF will not be responsible for any changes made to my application 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 Weeks, the Application Weeks, 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 licensing administration rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local entity. | |
| • I understand that DCF may require updates to the number of children attending and staff employed during the Court Weeks, the Application Weeks, Monthly Update Weeks, and on Payment Review Days. | |
| • I understand that by applying for funds I am certifying that all information provided in my application is true and correct to the best of my knowledge. | |
| • I understand that the Dept. of Children and Families may require me to submit supporting documentation to my application at any time. | |
| • I understand that DCF is required to conduct audits to ensure accuracy of applications and the proper use of funds received. If I am subject to an audit, I will be required to submit supporting documentation. | |
| • I understand that I must keep all original, supporting documentation related to my application and how this funding was spent for at least five (5) years after I receive the funds. I agree to supply this documentation upon request. | |
| • I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month. Contracts have been issued separately, January 12, 2023 and 120 days from the date of the payment letter. | |
| • I understand that funds received from this program may already have been spent by another state or federal fund source. | |
| I agree to above Qualifications terms. | |
| Allowable Use of Funds | |
| • I agree that the following expenses are support necessary and reasonable costs of maintaining or enhancing high-quality care. | |
| • I will use the funds for the following purposes: | |
| • Operating expenses necessary to remain open, including but not limited to: mortgage, rent/space costs, utilities, insurance, equipment, supplies, and professional fees. | |
| • Expenses related to mitigating the risk of COVID-19, including but not limited to personal protective equipment (PPE) and supplies for the facility. | |
| • Materials and supplies for enhancing the program environment and curriculum, and social and emotional development supports. | |
| • Professional development and/or continuing education. | |
| • Administration and management. | |
| • Mental health services for children and employees. | |
| • Relief from unpaid wages and tuition payments for employees. | |
| • Tuition fees for children whose families are in need of financial relief. | |
| • Wisconsin State payments to families cannot be reimbursed. | |
| • Funds may not be used for the following: | |
| • Purchase or improvement of land. | |
| • Purchases, construction, or major renovation of any building or facility. | |
| • Major renovations to a facility that cause it to significantly change its function or purpose, even if such renovation does not include structural changes. | |
| • Purchases include all costs associated with a purchase of real estate including, down payments, mortgages, points, appraisals, title fees, closing costs, and escrow fees. | |
| • Funds may not be used for any entertainment purpose or activity including sectarian meeting or instruction. | |
| • Funds may not be used to pay for school tuition or other education related expenses for children enrolled in grades 1 through 12. | |
| I agree to above Allowable Use of Funds terms. | |
| Documentation | |
| • I will keep and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of my application. | |
| • Program records and supporting documentation related to my application include: | |
| • Documentation to verify attendance of children and staff during my application and during each Court Week. | |
| • Documentation to verify staff engaged at time of application and during each Court Week. | |
| • Expenditure records and supporting documentation related to costs incurred and how program funding was spent, including, but not limited to: | |
| • All personnel cost statements. | |
| • Utility statements. | |
| • Payroll processing records. | |
| • Documentation of receipt of tuition or payment for families. | |
| • Expenditures for mental health supports for families and staff. | |
| • Diagnostic and treatment supplies including PPE, cleaning and sanitation supplies, all other materials and services related to mitigating the risk of COVID-19. | |
| • Materials and supplies for enhancing the program environment and/or curriculum, and social and emotional development supports. | |
| I agree to above Documentation terms. | |
| Application Details | |
| About DCF | |
| Public ... | |
| The Department of Children and Families, protecting children, strengthening families, building communities. | |
| Update SPA/CMA Privileges | |

21

Realizar Modificaciones Después del Envío

15. Realizar actualizaciones después de enviar la solicitud

Después de haber enviado su solicitud tendrá la posibilidad de actualizar la opción **hasta la medianoche de la fecha tope del periodo de solicitud**. Deberá modificar cada sección y el detalle de la información.

Para modificar los *detalles comunes*, haga clic en el botón **Modify Common Details (Modificar detalles comunes)**.

Para modificar los *detalles de la solicitud*, en específico el número de niños inscritos durante el periodo de financiamiento, seleccione el botón **Modify Application Details (Modificar detalles de la solicitud)**. Recuerde, cualquier cambio en el número de niños afectará el número de niños que se deben ingresar en el módulo *Add Children (Agregar niños)*.

15

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 (WEESSN)? | Yes |
| Payment Month | July 2024 |
| Was your facility open during Count Week 04/09/2023-04/22/2023? | 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 Increasing Access To High-Quality Care

| | |
|-----------------------------|--|
| Payment Program | Increasing Access To High-Quality Care |
| Grant Application ID | P000001660 |
| 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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Updated SPA CWA Privileges

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

Puede utilizar los botones **Temporary Closure (Cierre temporal)**, **Operational Hours (Horario de funcionamiento)**, **Staff (Personal)**, **Children (Niños)**, **Closure/Reopen (Cierre/reapertura)** para actualizar esas secciones específicas de la solicitud. Consulte las instrucciones previas de esta guía para obtener información específica.

Actualizar o verificar cierres temporales de la ubicación

16. Cierres temporales

Se le pedirá que verifique si hubo cierres temporales durante el periodo de financiamiento. Si la información sobre los cierres ya se actualizó en el Portal para proveedores, esos detalles se mostrarán aquí. Si necesita agregar un periodo de cierre temporal, seleccione el botón **Add Temporary Closure (Agregar cierre temporal)**, será dirigido a la pantalla **Closure Schedule (Programación de cierres)** que se muestra a continuación.

COVID-19 Payments - Temporary Closure

Common Details

Payment Month: July 2024
Grantee Name: Licensed, Lisa

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 (7/7/2024 – 7/20/2024). 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.

Add Temporary Closure

I verify that the closures listed above are accurate and complete for the period of 7/7/2024 – 7/20/2024.

Verify

COVID-19 Payments – Add Closure Schedule

Common Details

Payment Month: July 2024
Grantee Name: Licensed, Lisa

Verify Temporary Closure

From Date: 7/15/2024
To Date: 7/19/2024

Closure Reason:

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

Add

Ingrese las fechas de cierre y seleccione la razon del cierre que corresponde de la lista del menu. Escriba sus comentarios en la casilla **Comentarios**. Después de incluir todos los cierres temporales que correspondan, haga clic en la casilla de verificación que indica que ha registrado y verificado con precisión todos los cierres temporales de su ubicación.

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

I verify that the closures listed above are accurate and complete for the period of 7/07/2024 to 7/20/2024.

Verify



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

Comenzar su solicitud

The screenshot shows a table titled "Payment Program Summary". The columns are "Payment Month", "When Can I Apply?/Update", "Payment Program", and "Status". A row is highlighted with a pink border, corresponding to the "July 2024" row. The "Status" column for this row shows "Not Applied". To the right of the "Status" column is a blue button labeled "Apply" with a play icon. A red arrow points from the text "haciendo clic en Aplicar" to this button. A red circle with the number "1" is in the top right corner.

| Payment Month | When Can I Apply?/Update | Payment Program | Status |
|---------------|--------------------------|---|-------------|
| July 2024 | July 20 – August 4 | Funding Workforce Recruitment And Retention | Not Applied |

1. Comenzar la solicitud

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

2. Revisar la información del Programa de pagos

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

- Resumen del programa de pagos específico
- Cuándo puede solicitar el proveedor
- Información que se recopilará en la solicitud
- Qué sucede después de presentar la solicitud

3. Continuar

Haga clic en **Continue** (**Continuar**) para ir a la página **Application Details (Detalles de la solicitud)**.

The screenshot shows the "COVID-19 Payments Information" page. At the top, it says "Please read all the below details before proceeding with application". Below that is a section titled "COVID-19 Payments Information". It contains several sections of text and bullet points. A red arrow points from the text "haciendo clic en Aplicar" to the "Apply" button in the first screenshot. A red circle with the number "2" is in the top right corner.

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 B: Funding Workforce Recruitment And Retention?

This payment program is intended to support the costs associated with recruiting and retaining high-quality early care and education staff through funding to increase compensation and provide professional development opportunities. Full details about the program can be viewed on the [payment information page](#).

When Can I Apply?

You may apply for this payment anytime from 04/22/2023 - 05/07/2023. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

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

The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures
 - Note: you must be open during the Count Week identified in this application in order to be eligible for this program.
- Staff information (employment status, part/full-time status and current wages/rate of pay)
- Child attendance information (if only applying for Program B)

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

- Staff payroll records for 04/09/2023 - 04/22/2023.
- Child attendance records (unless already uploaded with Program A application)

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

What happens after I submit my application?

After the Application Week has closed, DCF will evaluate and determine payments.

- You will be notified by email when the review process has been completed.
- Payments will be made through either direct deposit or check. To receive your money the fastest, [register with FIS](#). If you haven't done so already, FIS registration may take up to 10 business days and must be finalized before the end of the review period in order to receive your payment through direct deposit.
- If you prefer to receive a check, you will receive additional instructions with your payment letter. Please note that receiving a check will take longer than direct deposit through FIS.

This is a nine-month payment program that runs May 2023 through Jan 2024. If approved for payments, you must update your child attendance and staff information every month during the Monthly Update Week.

[Continue](#)

The Department of Children and Families, protecting children, strengthening families, building communities.
Update SPA CWA Privileges

A red circle with the number "3" is in the bottom right corner.

Agregar detalles de su ubicación a la solicitud

The screenshot shows the 'COVID-19 Payments – Add Application Details' page. The 'Grantee Details' section is highlighted with a red box and labeled '4'. It contains fields for Payment Month (July 2024), Grantee First Name (Lisa), Grantee Middle Initial, Grantee Last Name (Licensed), Grantee Email (Jayamaheshwari1.Prabharan...), Confirm Grantee Email (Jayamaheshwari1.Prabharan...), and Grantee Phone ((121) 212-1212). Below this is a question: 'Do you want to join Wisconsin Early Education Shared Services Network (WEESSN)?' with 'Yes' and 'No' radio buttons, labeled '5'. At the bottom, there's a section titled 'Tell us if your program is open or closed during the Count Week' with a question 'Was your facility open during Count Week 07/07/2024 07/20/2024?' and 'Yes' and 'No' radio buttons. A note below states: 'Eligibility requires that care is provided at least one day during the identified Count Week. See FAQ for additional COVID guidance.'

4. Agregar detalles de la persona beneficiaria

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

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

6

Si ingresa detalles inexactos podría retrasar su solicitud.

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

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

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

¿Estaba abierto su centro durante la semana de recuento?

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

Marque **No** si su programa estuvo cerrado durante toda la semana de recuento.



NOTA: Si solicitó financiamiento anterior mediante el Programa Pagos Puentes de Cuidado Infantil original, muchos de los campos de la solicitud se completarán de manera automática. Revise todos los campos que se completan de manera automática para asegurarse de que la información sea correcta y actualice los datos según sea necesario.

Agregar detalles de su ubicación a la solicitud

Tell us about the children at your facility

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

Did your facility serve any children who speak languages other than English? * Yes No 

Did your facility serve any children who are experiencing homelessness? * Yes No 

Did your facility serve any children from tribal communities? * Yes No 

Payment Program Details for *Funding Workforce Recruitment And Retention*

Payment Program: Funding Workforce Recruitment And Retention

7 Number of Children attended * 4 

Comments: 

Add

7. Cuéntenos sobre los niños inscritos en su programa

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

Number of Children attended * 4 

Enter the number of children who attended at least one day between 7/07/2024 and 7/20/2024 at this location. 

En este caso, al hacer clic en el ícono para obtener más información, se le indicará que debe agregar la cantidad de niños que asistieron a su ubicación **AL MENOS** un día durante el **COUNT WEEK (SEMANA DE RECUENTO)**.

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



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

Agregar Personal al Programa

8. Revisar el personal vinculado a la ubicación

Se le pedirá que verifique a todos los miembros del personal que trabajaron en su ubicación durante el periodo de financiamiento. Todas las personas vinculadas a su ubicación se mostrarán en esta página. Si usted no aplico anteriormente, puede ser que inicialmente la pagina indique 'No results found' (No se encontraron resultados), en ese caso, haga clic en **Add Staff (Agregar personal)**.

8

| Staff | | |
|-------|-----------|-------------------|
| Name | Care Type | Current Payroll |
| | | No results found. |

No items to display

Add Staff

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

1 - 1 of 1 items

Add Staff

Haga clic aquí para agregar personal

Haga clic aquí para ver los detalles del personal



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

Agregar Personal al Programa

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

9

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

[Add Staff](#) | [►](#)

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

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

| Name | Role(s) | Employment Period | |
|----------------|----------------------|-------------------|--|
| Eva Emergency | Director | 07/04/2024 | Select ► |
| Erik Emergency | Director | 07/10/2024 | Select ► |
| Tom Trouble | Director - Assistant | 06/10/2024 | Select ► |

1 - 3 of 5 items

| COVID-19 Payments - Staff | |
|---|---|
| Add Staff | |
| Common Details | |
| Payment Month | July 2024 |
| Grantee Name | Lake, Laura |
| Individual | |
| Name | Eva Emergency |
| Employment Period | 07/02/2024 |
| Staff Details | |
| Care Type: | <input type="checkbox"/> This person typically works 21 or more hours per week at this location <input type="checkbox"/> This person typically works 20 or fewer hours per week at this location |
| Is the individual employed or on payroll at anytime between 7/07/2024 to 7/20/2024? | <input type="radio"/> Yes <input type="radio"/> No |
| Comments | |
| Add Staff | |

I verify that the staff listed above were on the payroll for the period of 07/07/2024 to 07/20/2024

[Verify](#)

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

| Individual | |
|-------------------|--|
| Name |  Erik Emergency |
| Employment Period | 7/1/2024 |

Agregar detalles sobre los niños

10. Agregar niños a la solicitud

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

The form consists of two main sections:

- COVID-19 Payments – Child List:** This section shows "Common Details" for a payment month of July 2024 and a grantee name of "Licensed, Lisa". It has a table with columns: Name, Date of Birth, Care Type, and Attended. A message says "No results found." Below the table is a "More" link and a "Verify" button.
- COVID-19 Payments – Previous Funding Period Child List:** This section shows "Common Details" for the same period. It lists "Children not copied from previous application" with four entries: Hexx Boltt (01/28/2023, Full-Time Care, Yes), Nail Gunn (05/17/2021, Full-Time Care, Yes), Poppi Rivett (10/06/2021, Full-Time Care, Yes), and Jigg Saww (09/17/2022, Full-Time Care, Yes). Below this is a section for "Children enrolled in WI Shares as of 07/07/2024 - 07/20/2024" with a "No results found." message and an "Add Child" button.

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

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

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

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

Lista de niños incluidos en la solicitud de pago anterior

11. Verificar la lista de niños incluidos en una solicitud anterior

Si solicitó fondos del Child Care Counts (El Cuidado Infantil Importa) antes, los niños que agregó en su solicitud anterior aparecerán en esta sección y se podrían copiar en su solicitud actual. Haga clic en **COPY (COPIAR)** para agregar los niños a su solicitud. Esto lo llevará a la página de *Child Details* (*Detalles de los niños*).

Children not copied from previous application

| Name | Date of Birth | Care Type |
|------------|---------------|----------------|
| Hexx Boltt | 01/28/2023 | Full-Time Care |

Copy ► 11

COVID-19 Payments – Add Child

Common Details

Payment Month: July 2024
Grantee Name: Licensed, Lisa

Child Details

First Name: Hexx
Middle Initial:
Last Name: Boltt
Date of Birth: 01/28/2023
Care Type: Full-time Care Part-time Care
 Yes No
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 7/07/2024 - 7/20/2024? *
 Yes No
Attend during 7/07/2024 - 7/20/2024? *
 Yes, Child Attended
 No, Child Did Not Attend
 No, Child Did Not Attend Due To Exposure To Covid-19
Comments
Add

Verifique los detalles de cada niño que figura en la lista que se copió e indique si el niño asistió al menos un día durante el **Count Week (Semana de Recuento)**.

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

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

Agregar detalles de niños

12. Agregar hijos a la aplicación

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

The screenshot shows two related pages from a software application.

COVID-19 Payments – Child List: This page displays a list of children. Each child entry includes their name, date of birth, care type, and whether they attended. To the right of each entry is a "Details" button with a right-pointing arrow. A red arrow points from the text "haga clic en el botón Detalles para acceder al registro de ese niño." to the "Details" button for the first child entry.

| Common Details | | | | |
|----------------|----------------|----------------|----------|-----------|
| Payment Month | July 2024 | | | |
| Grantee Name | Licensed, Lisa | | | |
| Name | Date of Birth | Care Type | Attended | Details ► |
| Hexx Boltt | 01/28/2023 | Full-Time Care | Yes | Details ► |
| Nail Gunn | 05/17/2021 | Full-Time Care | Yes | Details ► |
| Poppi Rivett | 10/06/2021 | Full-Time Care | Yes | Details ► |
| Jigg Saww | 09/17/2022 | Full-Time Care | Yes | Details ► |

COVID-19 Payments – Child Details: This page provides more detailed information for a specific child. It shows common details (Payment Month: July 2024, Grantee Name: Licensed, Lisa) and child-specific details (First Name: Hexx, Middle Initial: , Last Name: Boltt, Date of Birth: 01/28/2023). A red arrow points from the text "Haga clic en el botón ...Más para llegar al botón Modificar niño." to the "More" link at the bottom of the page.

| Common Details | |
|-------------------------------------|----------------|
| Payment Month | July 2024 |
| Grantee Name | Licensed, Lisa |
| Child Details for COVID-19 Payments | |
| First Name | Hexx |
| Middle Initial | |
| Last Name | Boltt |
| Date of Birth | 01/28/2023 |

Modify Child

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

Remove this child from the grant?

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

I verify that the children listed above were enrolled for the period of 7/07/2024 to 7/20/2024

Verify

Cargar Documentos de Verificación

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

I verify that the children listed above were enrolled for the period of 7/07/2024 to 7/20/2024

Verify

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

Por ejemplo:

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

COVID-19 Verification Documents

Documents

| Date | Type |
|-------------------|------|
| No results found. | |

If this is your initial application, you must upload attendance records from the Count Week 4/9/2023 - 4/22/2023 before you can submit your application.
As you update attendance information each month, you may be required to provide additional records.

If this is NOT your initial application and you have entered a change of more than 4 children for family providers, or more than 12 children for group providers, you must upload attendance records from the current Count Week 4/9/2023 - 4/22/2023 before you can submit your application.

Failure to upload documents may result in denial of Program A funds.
If you have any questions or need assistance, please refer to Provider Portal Upload Guide or contact the call center at: DCF/EOE/COVID-19/OC/Payment/wisconsin.gov

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

Document Type *

Application Details

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

Did you know:
oaded as PDF, JPG, or Word format.
cannot be larger than 10MB. If you have a scanner/copier that does multiple pages into a PDF
t 20 pages.

Document Type *

Employee Payroll Records

Employee Payroll Records

Public Meetings Careers Request Records Contact Us Wisconsin.gov

COVID-19 Verification Documents

Documents

| Date | Type |
|-------------------|------|
| No results found. | |

If this is your initial application, you must upload attendance records from the Count Week 4/9/2023 - 4/22/2023 before you can submit your application.
As you update attendance information each month, you may be required to provide additional records.

If this is NOT your initial application and you have entered a change of more than 4 children for family providers, or more than 12 children for group providers, you must upload attendance records from the current Count Week 4/9/2023 - 4/22/2023 before you can submit your application.

Failure to upload documents may result in denial of Program A funds.
If you have any questions or need assistance, please refer to Provider Portal Upload Guide or contact the call center at: DCF/EOE/COVID-19/OC/Payment/wisconsin.gov

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

Document Type *

Application Details

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

CCC-Child-Enrollment-Doc 10/23/2023
CCC-Employee Payroll Records 10/23/2023
CCC-Notification of wage increase-DOC 10/23/2023
CCC-Program Integrity-Doc 10/23/2023
CCC-w9-sample 11/1/2023
CCC-w9-sample 10/31/2023

Employee Payroll Records

Upload Document Save Documents

Child Document: Children Attendance Records

View

Submit Application

Application Details

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Finalizar Su Solicitud

COVID-19 Payments - Submit Application

Common Details

Payment Month: February 2024
Grantee Name: Licensed, Lisa

Payment Program Details for Funding Workforce Recruitment And Retention

Payment Program: Funding Workforce Recruitment And Retention
Dose Application ID: R000001795
Number of Children attended: 4
Grant Status: Incomplete

Terms and Conditions

Definition of terms

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

Count Week: The 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 Count Week.

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

Program Access To High-Quality Care: Includes:

- Per-Child Amount: Program A payment amount for each child entered in the application that was in attendance during the Count Week.
- Wisconsin Shares Add-On Amount: Program A payment amount given in addition to the Per-Child Amount for each child included in the application who had a Wisconsin Shares Authorization during the Count Week.
- Inclusive Births 3 Pilot Add-On Amount: Program A payment amount given in addition to the Per-Child Amount for each child included in the application who is participating in the Inclusive Births 3 Child Care Pilot.

Program B: Funding Workforce Recruitment And Retention includes:

- Base Per-Staff Amount: Program B payment amount for each eligible full-time/part-time staff listed in the application.
- Quality Incentive Per-Staff Amount: Program B additional payment amount based on YoungStar rating for each eligible full-time/part-time staff listed in the application.

Requirements Applicable to Program A and B:

- By accepting Child Care Counts Stabilization Payment Program funds, I agree to all requirements, understandings, and conditions included in this application and the following requirements for the entire count week (Week 2023) I will not be eligible and must apply during the next monthly application Week. This applies to closures for COVID or other reasons.
- I must be open and caring for children ages 0 through 12, or under age 19 with children with disabilities, during the Count Week identified for each month.
- If I have been closed for more than 14 days due to the actual child care count week (Week 2023) I will not be eligible and must apply during the next monthly application Week.
- If I received payment in the previous month and have a temporary closure due to COVID exposure for the duration of a subsequent Count Week, I must plan to respond 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 Count Week, I will not be eligible for payments that month.
- If my program will not be able to respond within 14 days of the temporary closure, I must notify the Child Care Counts call center at 608-241-0200 or DCF@DCF.DNR.WI.GOV.
- My program must be operational and in good standing during the Count Weeks, the Application Week, Monthly Update Weeks, and on Payment Review Days.
- I will, to the extent that I am able, retain and not involuntarily furlough (lay off without pay) staff who appear on my center's application. Child Care Counts Stabilization Payment Program funds for staff may be held only upon their termination for cause or their voluntary separation from employment.
- 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 meet other financial requirements for employment recorded on my initial application and when requested during future Monthly Update Weeks.
- I must provide monthly updates to the number of actual children attending and staff employed during the Count Week.
- If I fail to update child and staff information, it may result in an exemption, and I must return any funds that should not have been awarded based on the actual child and staff counts for the month.
- I will keep all original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of my application.
- Program records and supporting documentation related to my application include:
 - Documentation to verify attendance of children entered on my application and during each Count Week.
 - Documentation to verify staff employed at time of application and during each Count Week.
 - Documentation to verify staff engaged in professional development and training.
- Reporting program requirements for spending are described later under Each Program.

I agree to above Confirmation and Acceptance of Funds terms.

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

- I understand and agree that this is a non-monthly payment program that runs May 2023 through January 2024.
 - I can opt out of the program by withdrawing my application before the end of the monthly Application Week.
 - If, at any time during the program, I am found to be ineligible or not adhering to the terms and conditions, my payments will be suspended until I am no longer ineligible or not adhering to the terms and conditions.
 - If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following: changes in enrollment or staffing reported as required by the program Terms and Conditions, award funding and adjustments DCF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. DCF will provide monthly updates to my application and 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 Count Weeks, 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, 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.
 - If my program is not in compliance with Wisconsin or Child Care Counts overpayment, I must be in compliance with any DCF Finance Department 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 or use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to keep all original, supporting documentation related to my application and how this funding was spent for at least five (5) years after I receive the funds.
- I understand that funds received each month from this program must be spent within 120 days of the date of the payment letter for the given month. Costs must have been incurred between January 1, 2023 and 120 days from the date of the payment letter.
- I understand that expenses cannot have already been funded by a prior DCF program or reimbursed by another state or federal fund source.

I agree to above Qualifications terms.

Allowable Use of Funds

Under Program B - Funding Workforce Recruitment And Retention, all programs will receive a Base Per-Staff amount. Programs participating in YoungStar will receive a Quality Incentive Per-Staff amount. These amounts will be included in the monthly Payment Letter. Program B funds must be used to support the following:

- For funding for Program B - Funding Workforce Recruitment And Retention, I agree to the following:
 - I will use at least the Base Per-Staff amount for each staff person included in that month's Count Week toward the goal of maintaining existing compensation (wages, bonuses, or benefits).
 - For programs participating in YoungStar I will use the awarded Quality Incentive Per-Staff amount towards one or more of the following YoungStar incentive benefits: recruiting, professional development, and staff trainings, achievement, or other continuing education expenses.
- Restrictions:
 - I will not use the funds to pay volunteers.
 - I will not use the funds to pay household members who are not on staff and actively caring for children.
 - High-level administrative staff for group providers may receive no more than two (2) times their per-staff amount (Base per-staff amount plus Quality incentive per-staff amount), as indicated in the Payment Letter. High-level administrative staff are individuals responsible for the management of the child care center. These roles include, but are not limited to center director, center administrator, and licenser.
- Certified Providers:
 - Programs with DCF 202.08(m)(1)(ii) all providers must also be approved by the certification worker prior to working in the program.
 - As a certified provider, I agree that all staff listed on my application have been approved by the certification worker prior to working in the program.

I agree to above Allowable Use of Funds terms.

Documentation

I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of my last payment.

- Program records and supporting documentation related to my application including:
 - Documentation to verify attendance of children entered on my application and during each Count Week.
 - Documentation to verify staff employed at time of application and during each Count Week.
 - Employee payroll register or other payroll system substantiation of compensation (wages, bonuses, benefits)
 - Communications/notification to employees of personnel policies explaining compensation, including any changes during the period of this program.
 - Records for ongoing support for staff retention, including training, professional development, scholarships, or continuing education.
 - Documentation to verify use of funds for recruitment efforts for hiring new staff

I agree to above Documentation terms.

Submit

Application Details

About DCF Public Press

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14. Revisar la solicitud que está por enviar

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

14

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

Cualquier texto en rojo indica que hay un error que necesita corrección. La información inconsistente y/o incorrecta retrasará el proceso y/o podría impedir que su solicitud sea procesada. **Es imperativo que regrese y corrija los problemas señalados en color rojo.**

Si tiene problemas para corregir y/o modificar su solicitud, envíe un correo electrónico o llame para obtener ayuda.

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

Finalizar Su solicitud

15. Revisar los Términos y Condiciones

Después de revisar su información, lea los **Terms and Conditions (Términos y Condiciones)** del programa.



Tenga en cuenta que recomendamos encarecidamente imprimir y/o guardar estos Términos y condiciones y archivar todos los documentos de gastos relacionados en un lugar seguro.

16. Enviar su solicitud

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

15

Covid-19 Payments - Submit Application

| |
|--|
| Common Details |
| Payment Month: February 2024 Grantee Name: Licensed, Llc |
| Payment Program Details for Funding Workforce Recruitment And Retention |
| Payment Program: Funding Workforce Recruitment And Retention Grant Application ID: W000001705 Number of Children attended: 4 Grant Status: Incomplete |
| Terms and Conditions |
| Definition of terms |
| Application Week: The time frame during which providers can enter or re-enter the Child Care Counts Stabilization Payment Program. Court Week: The point in time for which child and staff information is collected for payment calculations. Monthly Update Weeks: 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 review applications and updates to ensure the provider remains eligible for payments. Payment Program A: Increasing Access To High-Quality Care includes: Per-Child Amount: Program A payment amount for each child entered in the application that was in attendance during the Court Week. Wisconsin Shares Add-On Amount: Program A payment amount given in addition to the Per-Child Amount for each child included in the application who had a Wisconsin Shares Authorization during the Court Week. Inclusive Birth to 3 Pilot Add-on Amount: Program A payment amount given in addition to the Per-Child Amount for each child included in the application who is participating in the Inclusive Birth to 3 Child Care Pilot. Payment Program B: Funding Workforce Recruitment And Retention includes: Base Per-Staff Amount: Program B payment amount for each eligible full-time/part-time staff listed in the application. Quality Incentive Per-Staff Amount: Program B additional payment amount based on YoungStar rating for each eligible full-time/part-time staff listed in the application. |
| Requirements Applicable To Program A and B: |
| • By accepting Child Care Counts Stabilization Payment Program funds, I agree to all requirements, understandings, and conditions included in these Terms and Conditions. • I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Court Week identified for each month. • If I have a temporary closure for the entire initial count weeks (May 2024) I will not be eligible and must apply during the next months available. • If I received payment in the previous month and have a temporary closure due to COVID exposure for the duration of a subsequent Court Week, I must plan to re-open within 14 days of the date of the closure in order to receive funding. • If I have a temporary closure for non-COVID reasons during the duration of a subsequent Court Week, I will not be eligible for payments that month. • If my program will not be able to reopen within 14 days of the temporary closure, I must notify the Child Care Counts call center at 608-535-0650 or DCF/CCFC/2019CCFC@wiscn.org. • 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, to the extent that I am able, retain and not immediately furlough (day off without pay) staff who appear on my center's application. Child Care Counts Stabilization Payment Program funds for staff may be held only upon their termination for cause or their voluntary separation from my center. • I must 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 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 verify child attendance records and staff employment records with my initial application and when requested during Future Monthly Update Weeks. • I must provide monthly updated records of child attendance and staff employed during the Court Weeks. • If I fail to verify child attendance records and staff employment records with my initial application and when requested during Future Monthly Update Weeks. • I must keep all original, supporting documentation related to my application include: ▪ Documentation to verify attendance of children entered on my application and during each Court Week. ▪ Documentation to verify staff employed at time of application and during each Court Week. ▪ Documentation to verify staff employed at time of application and during each Court Week. I agree to above Confirmation and Acceptance of Funds terms. |
| Understandings for Acceptance of Funds from Program A and/or Program B |
| • I understand and agree that this is a one-month payment program that runs May 2024 through January 2024. • If, at any time, during my application before the end of the monthly Application Week, I become ineligible or not adhering to the terms and conditions, my payments will be discontinued. When eligibility issues are resolved, I may reapply during a future Application Week. • If I am receiving funds for more than one month, I must apply for each month separately as stated in my Payment Letter. This monthly amount may fluctuate due to changes in enrollment or staffing reported as required by the program Terms and Conditions, available funding, and adjustments made to the program. This ongoing monthly amount will be indicated in my Payment Letter and reflected in the monthly application and payment amounts 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 order. ▪ If I am receiving funds for more than one month, I must be in compliance with the Child Care Counts overpayment. I must be in compliance with any DCF Child Care 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 to DCF. • I understand that by applying for funds that I am certifying that all information provided in my application is true and correct to the best of my knowledge. • I understand that the Department of Children and Families may monitor and review my application and use of program funds at any time. • I understand that DCF requires me 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 funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month. Costs must have been incurred between January 1, 2023 and 120 days from the date of the payment letter. • I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month. Costs must have been incurred between January 1, 2023 and 120 days from the date of the payment letter. I agree to above Qualifications terms. |
| Allowable Use of Funds |
| Under Program B - Funding Workforce Recruitment And Retention, all programs will receive a Base Per-Staff amount. Programs participating in YoungStar will receive a Quality Incentive Per-Staff amount. These amounts will be included in the monthly Payment Letter. Program B funds must be used to support necessary and reasonable costs associated with recruiting and retaining high-quality staff. |
| • I'll receive funding for Program B - Funding Workforce Recruitment And Retention, I agree to the following: ▪ I will use the funds to pay my employees who are not on staff and actively caring for children. ▪ I will use the funds to pay household members who are not on staff and actively caring for children. ▪ High-level administration staff for group providers may receive no more than two (2) times their per-staff amount (Base per-staff amount plus Quality Incentive per-staff amount), as indicated in the Payment Letter. High-level administrative staff are individuals responsible for management of the child care center. These roles include, but are not limited to center directors, center administrators, and licensors. • Certificated Providers: ▪ In accordance with DCF 2023-001 (staff providers must also be approved by the certification worker prior to working in the program). ▪ As a certificated provider, I agree that all staff listed on my application have been approved by the certification worker prior to working in the program. |
| I agree to above Allowable Use of Funds terms. |
| Documentation |
| • I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of my last payment. • I agree to the following documentation related to my application including: ▪ Documentation to verify attendance of children entered on my application and during each Court Week. ▪ Documentation to verify staff employed at time of application and during each Court Week. ▪ Expense records and supporting documentation related to costs incurred and how program funding was spent, such as: ▪ Expenses for personnel, including wages, bonuses, or benefits ▪ Communications/notification to employees of personnel policies explaining compensation, including any changes during the period of this program ▪ Receipts for ongoing support for staff retention, including training, professional development, scholarships, or continuing education ▪ Documentation to verify use of funds for recruitment efforts for hiring new staff |
| I agree to above Documentation terms |
| Submit |
| Application Details |
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16

Realizar Modificaciones Después del Envío

17. Realizar actualizaciones después de enviar la solicitud

Después de haber enviado su solicitud tendrá la posibilidad de actualizar la información **hasta la medianoche de la fecha tope del periodo de solicitud**. Deberá modificar cada sección y el detalle de la información.

Para modificar los *detalles comunes*, haga clic en el botón **Modify Common Details** (**Modificar detalles comunes**).

Para modificar los *detalles de la solicitud*, en específico el número de niños inscritos durante el periodo de financiamiento, seleccione el botón **Modify Application Details** (**Modificar detalles de la solicitud**). Recuerde, cualquier cambio en el número de niños afectará el número de niños que se deben ingresar en el módulo *Add Children* (*Agregar niños*).

Covid-19 Payments – Application Details

Common Details

| | |
|---|--------------------|
| Grantee First Name | Laura |
| Grantee Middle Initial | |
| Grantee Last Name | Lake |
| Grantee Email | laura@lakeland.com |
| Grantee Phone | (121) 212-1212 |
| Do you want to join Wisconsin Early Education Shared Services Network (WEESNN)? | No |
| Payment Month | July 2024 |
| Was your facility open during Count Week 04/09/2023-04/22/2023? | 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 Funding Workforce Recruitment And Retention

| | |
|-----------------------------|---|
| Payment Program | Funding Workforce Recruitment And Retention |
| Grant Application ID | R000001705 |
| Number of Children attended | 4 |
| Grant Status | Submitted (view Terms and Conditions) |

Modify Application Details

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

Payment Program Summary

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Puede utilizar los botones **Temporary Closure (Cierre temporal)**, **Operational Hours (Horario de funcionamiento)**, **Staff (Personal)**, **Children (Niños)**, **Closure/Reopen (Cierre/reapertura)** para actualizar esas secciones específicas de la solicitud. Consulte las instrucciones previas de esta guía para obtener información específica.

Actualizar o Verificar Cierres Temporales de la Ubicación

18. Cierres temporales

Se le pedirá que verifique si hubo cierres temporales durante el periodo de financiamiento. Si la información sobre los cierres ya se actualizó en el Portal para proveedores (CCPP), esos detalles se mostrarán aquí. Si necesita agregar un periodo de cierre temporal, seleccione el botón **Add Temporary Closure (Agregar cierre temporal)**, será dirigido a la pantalla **Closure Schedule (Programación de cierres)** que se muestra a continuación.

COVID-19 Payments - Temporary Closure

Common Details

Payment Month: July 2024
Grantee Name: Licensed, Lisa

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 (7/7/2024 – 7/20/2024). 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.

Add Temporary Closure

I verify that the closures listed above are accurate and complete for the period of 7/7/2024 – 7/20/2024.

Verify

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

Después de incluir todos los cierres temporales que correspondan, haga clic en la casilla de verificación que indica que ha registrado y verificado con precisión todos los cierres temporales de su ubicación.

COVID-19 Payments - Add Closure Schedule

Common Details

Payment Month: July 2024
Grantee Name: Licensed, Lisa

Verify Temporary Closure

| From Date | To Date | Closure Reason | Comments |
|------------|------------|----------------------------|----------|
| 07/08/2024 | 07/12/2024 | COVID-19 Business decision | |

Temporary Closure

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

I verify that the closures listed above are accurate and complete for the period of 7/07/2024 to 7/20/2024.

Verify



Apéndice

APÉNDICE

Agregar personas al CCPP (Portal para proveedores de cuidado infantil)

Este módulo permite a los proveedores de cuidado infantil ingresar empleados actuales y potenciales y miembros del hogar para iniciar el proceso de verificación de antecedentes.

The screenshot shows the 'Individuals' section of the DCF CCPP portal. At the top, it says 'Select Staff to Attach to COVID-19 Payments Request'. Below that, a note says '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.' The main area is titled 'Common Details' and shows 'Payment Month' as July 2024 and 'Grantee Name' as 'Licensed, Lisa'. There is a link '...More' to the right. Below this is a table titled 'Individuals' with columns for 'Name', 'Role(s)', and 'Employment Period'. A row shows 'Erik Emergency' as the name, 'Director' as the role, and '06/28/2024' as the employment period. To the right of this table is a 'Select' button with a right-pointing arrow. At the bottom of the page are links for 'About DCF', 'Public Meetings', 'Careers', 'Request Records', 'Contact Us', 'Wisconsin.gov', and 'Press'. A footer note reads 'The Department of Children and Families, protecting children, strengthening families, building communities.'

Si en la lista no figura una persona que haya trabajado en el programa durante el periodo de financiamiento, debe agregarla mediante este módulo si desea que dicha persona sea considerada para el financiamiento.

Las personas no podrán ser agregadas hasta que tengan elegibilidad preliminar de una verificación de antecedentes en el archivo.

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



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