

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.

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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 Pagis 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.

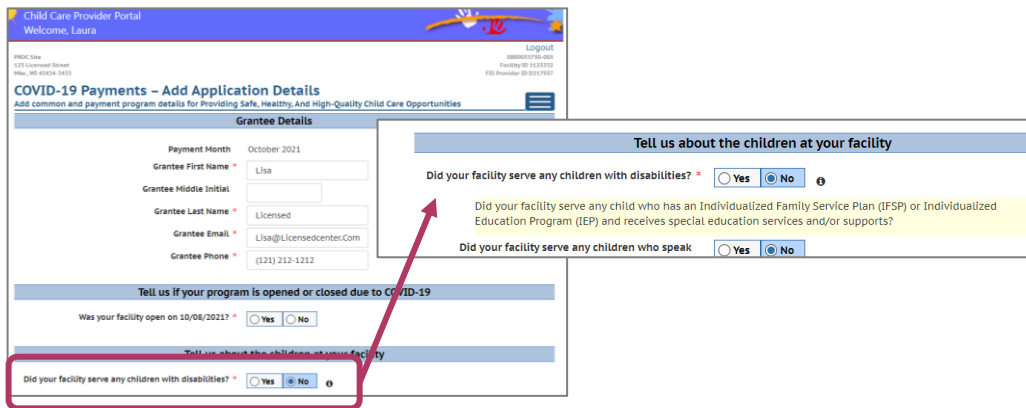
Notas del sistema



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



Child Care Provider Portal
Welcome, Laura

COVID-19 Payments - Add Application Details
Add common and payment program details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Grantee Details

Payment Month: October 2021

Grantee First Name: Lisa


Grantee Middle Initial:

Grantee Last Name: Licensed

Grantee Email: Lisa@Licensedcenter.com

Grantee Phone: (221) 212-1212

Tell us about the children at your facility

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


Did your facility serve any child who has an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) and receives special education services and/or supports?

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

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

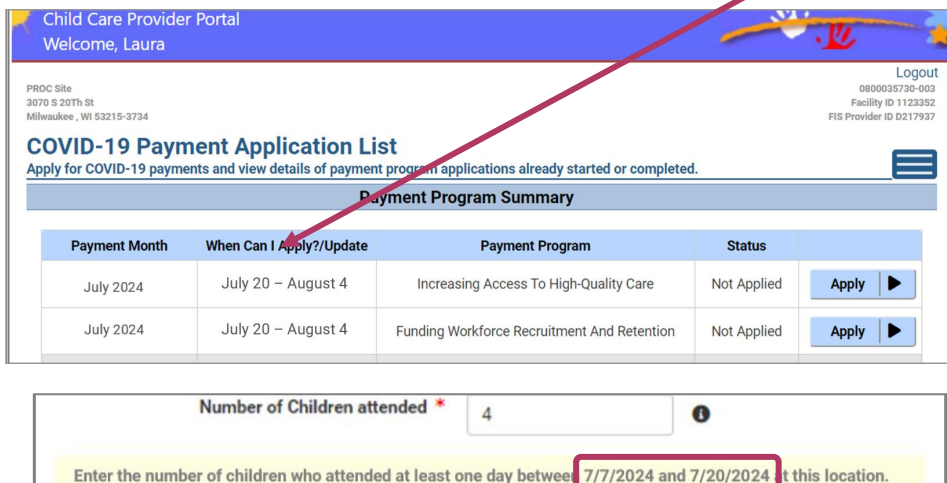
Was your facility open on 10/06/2021? ☐ Yes ☐ No

Tell us about the children at your facility

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





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.




Child Care Provider Portal
Welcome, Laura

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

Payment Program Summary

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

Number of Children attended * 4 

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


**Upload
Verification
Document**

**Documentos de
verificación**

**Estos son necesarios
durante su solicitud
inicial y también se
pueden solicitar en
futuras semanas de
actualización
mensuales.**

Esto incluye:
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

Login

User ID: lauralake

Password: *****

☐ 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.

[Hide Options](#)

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

Expression of Interest

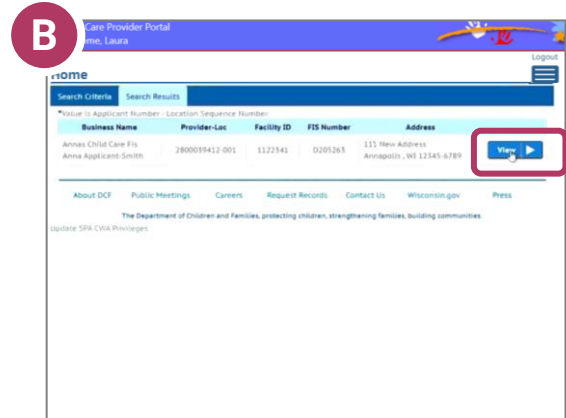
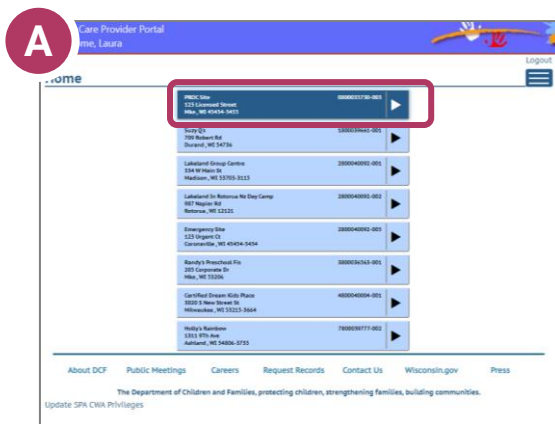
[About DCF](#) [Public Meetings](#) [Careers](#) [Request Records](#) [Contact Us](#) [Wisconsin.gov](#) [Press](#)

[Report Child Abuse](#)

1. Pantalla de inicio de session

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

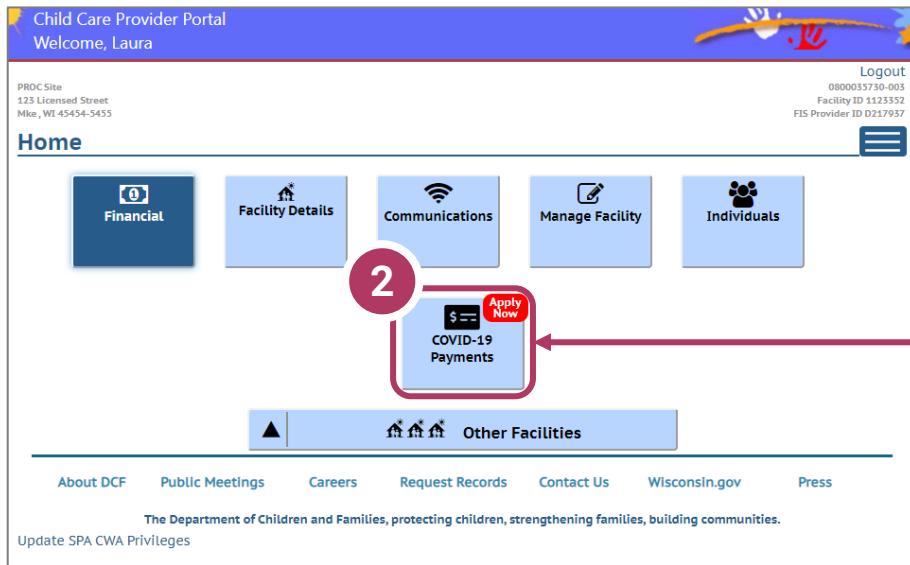
Ingrese su **User ID** (Identificación de usuario) y **Password** (Contraseña) en los campos correspondientes.
Haga clic en el botón **Login** (Iniciar sesión) para continuar.



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

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

Logout
0800035730-003
Facility ID 1123352
FIS Provider ID D217937

COVID-19 Payment Application List

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

Payment Program Summary

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

4

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

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.

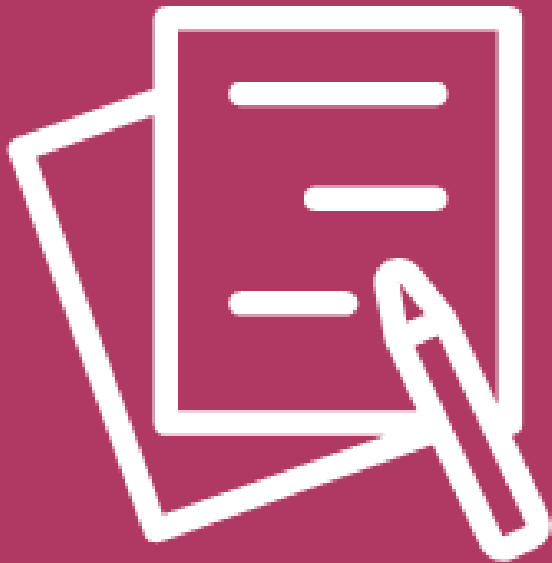
Incompleto Si ha iniciado una solicitud para el programa, pero su solicitud no se ha enviado o si fue aprobado para el mes anterior de la Ronda de Estabilización 4, y aún no ha enviado su solicitud inicial para la Ronda 5, el estado de su solicitud se mostrará como Incompleto. Haga clic en **Detalles**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

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	
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)**.

Child Care Provider Portal
Welcome, Laura

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 subwards 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](#)

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

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

Agregar detalles de su ubicación a la solicitud

COVID-19 Payments – Add Application Details
Add common and payment program details for Increasing Access To High-Quality Care

Grantee Details

Payment Month: July 2024

Grantee First Name * Lisa

Grantee Middle Initial

Grantee Last Name * Licensed

Grantee Email * Jayamaheshwari1.Prabakaran...

Confirm Grantee Email * Jayamaheshwari1.Prabakaran...

Grantee Phone * (121) 212-1212

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

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

Was your facility open during Count Week 07/07/2024 07/20/2024? ☐ Yes ☐ No

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 *

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 (WEESN).

Si usted está interesado en unirse a Wisconsin Early Education Shared Services Network (WEESN) 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 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 * 4 ⓘ

Comments

Add

7. Cuéntenos sobre los niños inscritos en su programa

En esta sección, puede hacer clic en el ⓘ icono ara 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 * 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 icono 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 RECUESTO)**.

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



NOTA: Si ve el icono junto a un campo y no está seguro de qué información ingresar, haga clic en el icono ⓘ 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

Payment Month: July 2024
Grantee Name: Licensed, Lisa

More

Name	Date of Birth	Care Type	Attended
No results found.			

1 2 3 4 5 6 7 8 9 10 11 12

8 Add Child

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.

COVID-19 Payments – Previous Funding Period Child List

Common Details

Payment Month: July 2024
Grantee Name: Licensed, Lisa

Copy

Children not copied from previous application

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

Children enrolled from 07/01/2024 - 07/31/2024

Name	Date of Birth
No results found.	

Add Child

Child List

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

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 Bolt	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: Bolt
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

Name	Date of Birth	Care Type	Attended
Hexx Bolt	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
Jigg Saww	09/17/2022	Full-Time Care	Yes

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.**

Common Details	
Payment Month	July 2024
Grantee Name	Licensed, Lisa

Child Details for COVID-19 Payments	
First Name	Hexx
Middle Initial	
Last Name	Bolt
Date of Birth	01/28/2023

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.**

Save

☒ 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 clic 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:

- Seleccione el tipo de archivo, en el menú desplegable: estamos eligiendo Registros de asistencia de niños.
- Haga clic en **UPLOAD (Cargar)** para seleccionar el archivo de su computadora.
- Elija **SAVE DOCUMENTS (Guardar Documentos)**.
- 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 4/5/2023 - 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 4/5/2023 - 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: DCFDECECOV19COFPayments@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: **Children Attendance Records**

Upload File

Save Documents

Application Details

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Document Type: **Children Attendance Records**

Upload File

Save Documents

Application Details

COVID-19 Verification Documents

Documents

Date	Type
07/08/24	Child Document: Children Attendance Records

Upload File

Save Documents

Application Details

COVID-19 Verification Documents

Documents

Date	Type
07/08/24	Child Document: Children Attendance Records

Submit Application

Finalizar Su Solicitud

COVID-19 Payments - Submit Application

Common Details

Payment Month: February 2024
Grantee Name: Linnard, Lisa

Payment Program Details for Increasing Access To High-Quality Care

Payment Program: Increasing Access To High-Quality Care
Grant Application ID: P00001080
Number of Children attended: 4
Grant Status: Incomplete

Terms and Conditions

Definition of terms

Application Week: The time frame during which providers can enter or re-enter the Child Care Courts (Batterer/Payor) Program.
Court Week: The point in time for which child and staff information is collected for payment calculations.
Monthly Update Week: The time frame during which providers report any changes or confirm child attendance and staffing from the previous Court Week.
Payment Review Days: The days when DCF reviews applications and updates to ensure the provider remains eligible for payments.

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

Per-Child Amount: Program A payment amount for each child entered in the application for the Court Week.
Maximum Shared 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 Maximum Shared Subsidization 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 YoungFIVE rating for each eligible full-time/part-time staff listed in the application.

Requirements Applicable to Program A and B:

- By accepting Child Care Courts (Batterer/Payor) Program funds, I agree to all requirements, understandings, and conditions included in these Terms and Conditions.
- I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Court Week identified for each month.
- If I have a temporary closure for the entire initial court week (May 2023) I will not be eligible and must apply during the next month's Application Week. This applies to closures for COVID or other reasons.
- If I received payment in the previous month and have a temporary closure due to COVID exposure for the duration of a subsequent Court Week, I must plan to reopen within 14 days of the date of the closure in order to receive funding.
- If I have a temporary closure for non-COVID reasons during the duration of a subsequent Court Week, I will not be eligible for payments that month.
- If my program will not be able to reopen within 14 days of the temporary closure, I must notify the Child Care Courts call center at 800-595-9570 or DCF@dcf.wisconsin.gov.
- My program must be registered 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, maintain working compensation (wages, bonuses, or benefits) for each staff person included in that month's Application Week for the duration of the payment program for which I receive funding.
- I will, to the extent that I am able, retain and not involuntarily furlough staff without paid staff who appear on my initial application, Child Care Courts (Batterer/Payor) Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
- I must upload child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.
- I must provide monthly updates to the number of children attending and staff employed during the Court Week.
- Failure to update child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.
- I will keep all original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of my last payment.
- Program records and supporting documentation related to my application include:
 - Documentation to verify attendance of children entered on my application and during each Court Week.
 - Documentation to verify staff employed at time of application and during each Court Week.
 - Recorded 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 one-month payment program that runs May 2023 through January 2024.
- I am not eligible for the program if my application is not approved before the end of the monthly Application Week.
- If, at any time during the program, I am found to be ineligible or not adhering to the terms and conditions, my payments will be discontinued. When eligibility issues are resolved, I may reapply during a future Application Week.
- If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following: changes in enrollment or staffing reported as required by the program Terms and Conditions; available funding; and adjustments DCF makes to the program. This ongoing monthly amount will be included in my Payment Letter. DCF will review funds for the one-month amount as indicated in my Payment Letter.
- I understand that I must meet the following qualifications to be eligible for payments:
 - My program must be registered and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
 - My program must be in compliance with background check requirements.
 - My program must be in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
 - If my program has an outstanding Wisconsin (Share) or Child Care Courts (Batterer/Payor) Program, I must be in compliance with any DCF Financial Request 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 received. If an audit is warranted, I will be required to submit supporting documentation.
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive funds. I agree to supply this documentation upon request.
- I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month. Funds must have been received between January 1, 2023 and 12/31/2023 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

- If I receive funding for Program A - Increasing Access To High-Quality Care, I agree to the following:
 - I will use the funds to support necessary and reasonable costs of maintaining or enhancing high-quality care.
 - I will use the funds for the following purposes:
 - Operating expenses necessary to remain open, including but not limited to mortgage, rent/purchase costs, utilities, insurance, business-related taxes, and payroll/benefits.
 - Expenses related to mitigating the risk of COVID-19, including but not limited to personal protective equipment (PPE) and supplies for cleaning and sanitation.
 - Materials/supplies for enhancing the program environment and curriculum, and social and emotional developmental supports.
 - Professional development and/or continuing education.
 - Additional costs to ensure high-quality programming.
 - Mental health services for children and employees.
 - Staff training expenses and other payments for services.
 - You are encouraged to prioritize families most in need of financial relief.
 - Wisconsin (Share) payments to facilities cannot be returned.
 - Funding from Program A may not be used for:
 - Purchase or improvement of land.
 - Purchase, construction, or major renovation of any building or facility.
 - Major renovation costs.
 - Structural changes to the foundation, roof, floor, exterior, or load-bearing walls of a facility, or the extension of a facility to increase its floor area.
 - Extension alteration of a facility such as significantly change its function or purpose, even if such renovation does not include any structural change.
 - Purchase includes all costs associated with a purchase of real estate including, down payments, mortgages, points, appraisal fees, and closing costs.
 - Funds may not be expended for any sectarian purpose or activity, including sectarian services 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 during the regular school day.

☐ I agree to above Allowable Use of Funds terms.

Documentation

- I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of my last payment.
- Program records and supporting documentation related to my application include:
 - Documentation to verify attendance of children entered on my application and during each Court Week.
 - Documentation to verify staff employed at time of application and during each Court Week.
- Expenses records and supporting documentation related to costs incurred and how program funding was spent, including but not limited to:
 - Real-estate cost information.
 - Utility statements.
 - Payroll and benefits records.
 - Documentation of staff or tuition or occupancy for facilities.
 - Expenses for mental health supports for families and staff.
 - Original invoices and/or receipts for purchases of materials/supplies including:
 - PPE, cleaning and sanitation supplies, and all other materials and services related to mitigating the risk of COVID-19.
 - Materials and supplies for enhancing the program environment and/or curriculum, and social and emotional developmental supports.
 - Structural and/or building and heating materials.

☐ I agree to above Documentation terms.

Submit

Application Details

Update DCF Child 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.

- 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.

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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.

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.

COVID-19 Payments - Submit Application

Common Details

Payment Month: February 2024
 Applicant Name: [Redacted]
 Applicant Email: [Redacted]

Payment Program Details for Increasing Access To High-Quality Care

Payment Program: Increasing Access To High-Quality Care
 Client Application ID: P00001000
 Number of Children enrolled: 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 Cost Stabilization Payment Program.

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

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

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

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

Per-Child Amount: Program A payment amount for each child enrolled in the application for the Court Week.

Maximum Shared 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 Shared Add-On 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 Youngflier rating for each eligible full-time/part-time staff listed in the application.

Requirements Applicable to Program A and B:

- By accepting Child Care Cost Stabilization Payment Program A, 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 older age 19 for children with disabilities, during the Court Week identified for each month.
- If I have a temporary closure for the entire initial court week (May 2023), I will not be eligible and must apply during the next month's Application Week. This applies to closures for COVID or other reasons.
- If I received payment in the previous month and have a temporary closure due to COVID exposure for the duration of a subsequent Court Week, I must give to resume 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 resume within 14 days of the temporary closure, I must notify the Child Care Courts call center at 800-558-5000 or DCF at 608-224-0000.
- My program must be required and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
- I will, to the extent that I am able, maintain existing compensation (wages, bonuses, or benefits) for each staff person included in this month's application for the duration of the payment program for which I receive funding.
- I will, to the extent that I am able, retain and not involuntarily furlough (lay off without pay) staff who appear on my current application. Child Care Cost Stabilization Payment Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative codes for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local codes, 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 submit monthly attendance records and staff employment records with my initial application and after requested during Monthly Update Weeks.
- I must provide monthly updates to the number of children attending and staff employed during the Court Week.
 - Failure to update child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual child and staff counts for the month.
- I will keep all original, supporting documentation related to my application and how my funding was spent for at least five (5) years from the date of my last payment.
 - Program records and supporting documentation related to my application include:
 - Documentation to verify attendance of children entered on my application and during each Court Week.
 - Documentation to verify staff employed at time of application and during each Court Week.

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 I am a licensed child care provider that runs the 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 discontinued. When eligibility issues are resolved, I may reapply during a future Application Week.
- If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following changes or enrollment or staffing reported as required by the program Terms and Conditions, available funding, and adjustments DCF makes to the program. This ongoing monthly amount will be included in my Payment Letter. DCF will report funds for the next month's amount as indicated in my Payment Letter.
- I understand that I must meet the following qualifications to be eligible for payments:
 - My program must be required and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
 - My program must be in compliance with background check requirements.
 - My program must be in compliance with health and safety administrative codes for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local codes.
 - If my program has an outstanding Wisconsin Shared or Child Care Courts payment, I must be in compliance with any DCF Financial Responsibility Agreement. If there is no agreement, I must be making regular monthly payments toward the debt.
- I understand that DCF may require reimbursement of funds disbursed to me if the terms and conditions are not met, and agree to repay the funds as required.
- I understand that by applying for funds that I am certifying that all information provided in my application is true and correct to the best of my knowledge.
- I understand that the Department of Children and Families may monitor and review my application and use of program funds at any time.
- I understand that DCF is required to conduct audits to ensure accuracy of applications and the proper use of funds issued. If I am subject to an audit, I will be required to submit supporting documentation.
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to supply this documentation upon request.
- I understand that funds received each month under the program must be spent within 120 days of the date of Payment Letter for the given month. Funds must have been incurred between January 1, 2023 and 120 days from the date of the payment letter. Funds already been funded by a prior DCF program or returned 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 to support necessary and reasonable costs of maintaining or enhancing high-quality care.
 - I will use the funds for the following purposes:
 - Operating expenses necessary to remain open, including but not limited to mortgage, rent/lease costs, utilities, insurance, business-related taxes, and payroll/benefits.
 - Expenses related to mitigating the risk of COVID-19, including but not limited to personal protective equipment (PPE) and supplies for cleaning and ventilation.
 - Materials and supplies for enhancing the program environment and curriculum, and social and emotional development supports.
 - Professional development and/or continuing education.
 - Additional costs to ensure high-quality programming.
 - Mental health services for children and employees.
 - Relief from obligations and tuition payments for families.
 - You are encouraged to purchase supplies that are in need of financial relief.
 - Wisconsin Shared payments to facilities cannot be reimbursed.
 - Funding from Program A may not be used for:
 - Purchase or improvement of land.
 - Purchase, construction, or major renovation of any building or facility.
 - Major renovation means:
 - Structural changes to the foundation, roof, floor, exterior, or load-bearing walls of a facility, or the exterior of a facility to increase its floor area, or
 - Extensive alteration of a facility such as to significantly change its function or purpose, even if such renovation does not include any structural change.
 - Purchase includes all costs associated with a purchase of real estate including down payments, mortgages, points, appraisal fees, and closing costs.
 - Funds may not be expended for any service purpose or activity, including extensive remodeling or restoration.
 - 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 last payment.
 - Program records and supporting documentation related to my application include:
 - Documentation to verify attendance of children entered on my application and during each Court Week.
 - Documentation to verify staff employed at time of application and during each Court Week.
 - Expense records and supporting documentation related to costs incurred and how program funding was spent, including but not limited to:
 - Rent/lease cost statements.
 - Utility statements.
 - Payroll and benefits records.
 - Documentation of relief of tuition or payment for families.
 - Expenses for mental health supports for families and staff.
 - Original invoices and/or receipts for purchases of materials/supplies including PPE, cleaning and sanitation supplies, and all other materials and services related to mitigating the risk of COVID-19.
 - Materials and supplies for enhancing the program environment and/or curriculum, and social and emotional development supports.
 - Learning materials.

I agree to above Documentation terms.

Submit

Application Details

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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)*.

COVID-19 Payments – Application Details 15

Common Details	
Grantee First Name	Laura
Grantee Middle Initial	
Grantee Last Name	Lake
Grantee Email	laura@lakeland.com
Grantee Phone	(121) 212-1212
Do you want to join Wisconsin Early Education Shared Services Network (WEESN)?	Yes
Payment Month	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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Update SPA CWA Privileges

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.

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

Add Temporary Closure

Verify

COVID-19 Payments - Add Closure Schedule

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

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

Comments: COVID-19 Exposure of staff to COVID-19

Add

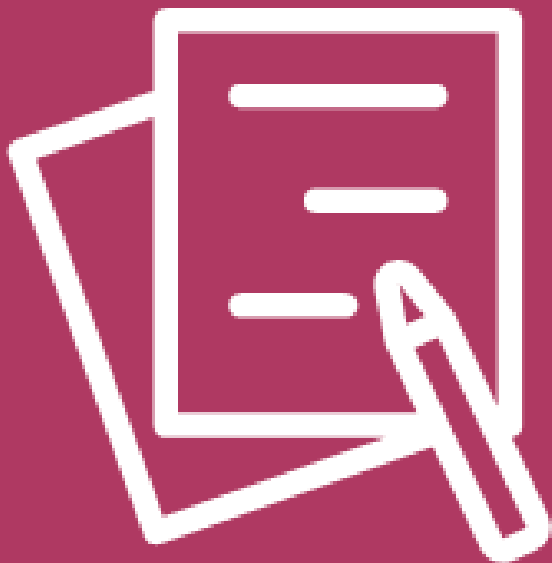
Ingresa las fechas de cierre y seleccione la razón del cierre que corresponde de la lista del menu. Escriba sus comentarios en la casilla **Comentarios**. Después de incluir todos los cierres temporales que correspondan, haga clic en la casilla de verificación que indica que ha registrado y verificado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



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	
July 2024	July 20 – August 4	Funding Workforce Recruitment And Retention	Not Applied	Apply ▶

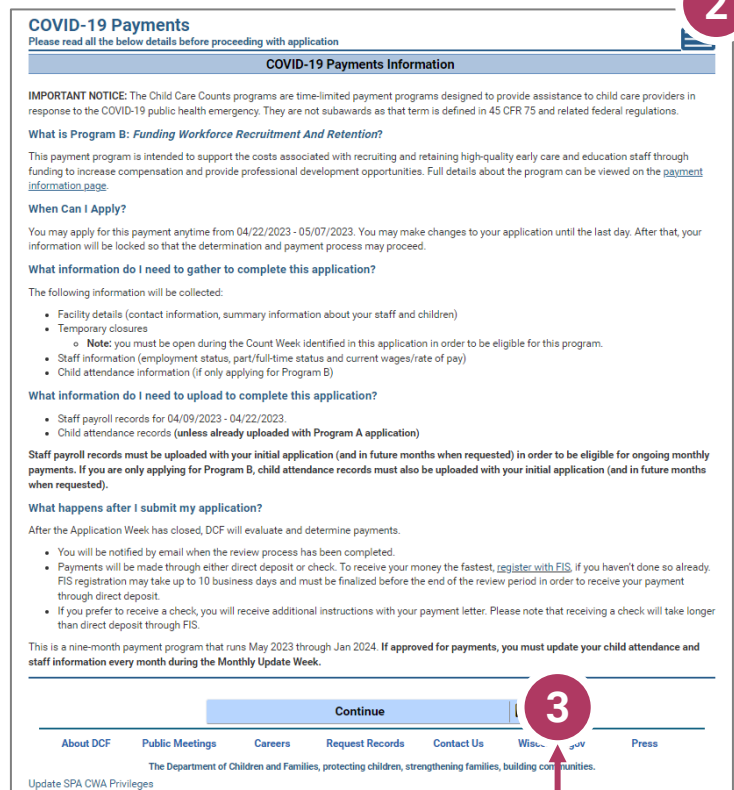
1. Comenzar la solicitud

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



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 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

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

Update SPA CWA Privileges

3. Continuar

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

Agregar detalles de su ubicación a la solicitud

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 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 icono ⓘ 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 icono 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.

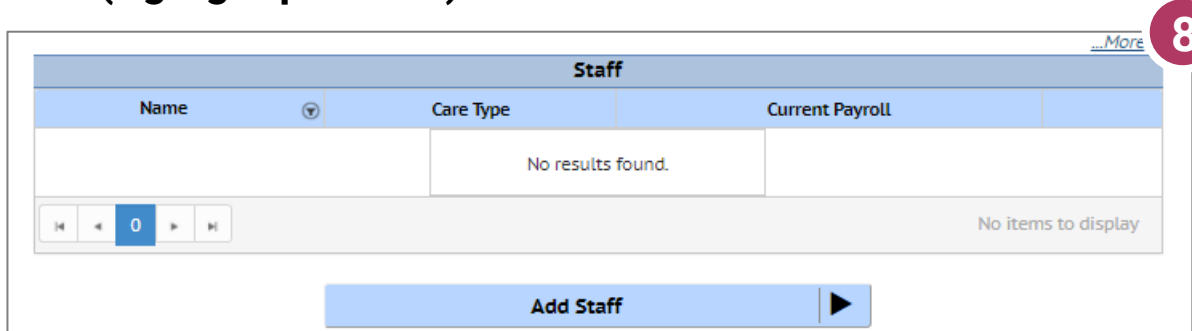


NOTA: Si ve el icono junto a un campo y no está seguro de qué información ingresar, haga clic en el icono ⓘ para obtener más información sobre los datos que se están pidiendo que ingrese.

Agregar Personal al Programa

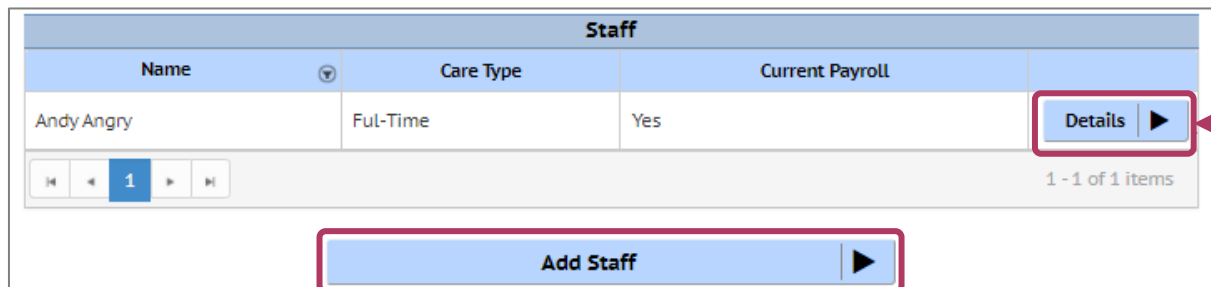
8. Revisar el personal vinculado a la ubicación

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)**.



A screenshot of a web application interface. At the top right, there is a red circle with the number '8'. Below it is a table titled 'Staff' with columns 'Name', 'Care Type', and 'Current Payroll'. The table is empty, displaying 'No results found.' in the center. Below the table, there is a pagination bar showing '0' and 'No items to display'. At the bottom, there is a blue button labeled 'Add Staff' with a right-pointing arrow.

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



A screenshot of the same web application interface, but now the 'Staff' table contains one record: 'Andy Angry' with 'Ful-Time' care type and 'Yes' for current payroll. A red box highlights the 'Details' link and a right-pointing arrow in the last column of the record. Below the table, the pagination bar shows '1' and '1 - 1 of 1 items'. At the bottom, there is a blue button labeled 'Add Staff' with a right-pointing arrow, which is also highlighted with a red box.

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 ▶

◀ ◻ 1 ▾ ▶ ▶

[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.

Individuals			
Name	Role(s)	Employment Period	
Eeva Emergency	Director	07/04/2024	Select ▶
 Erik Emergency	Director	07/10/2024	Select ▶
Tom Trouble	Director - Assistant	06/10/2024	Select ▶

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

COVID-19 Payments - Staff

[Add Staff](#)

Common Details	
Payment Month	July 2024
Grantee Name	Lake, Laura

[More](#)


Individual	
Name	Eeva Emergency
Employment Period	07/02/2024


Staff Details	
Care Type?	<input type="radio"/> This person typically works 21 or more hours per week at this location <input type="radio"/> This person typically works 20 or fewer hours per week at this location
Is the individual employed or on payroll at anytime between 7/07/2024 to 7/20/2024?	<input type="radio"/> Yes <input type="radio"/> No
Comments	<input type="text"/>

[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)*.

COVID-19 Payments – Child List

Common Details

Payment Month: July 2024

Grantee Name: Licensed, Lisa

More

Name	Date of Birth	Care Type	Attended
No results found.			

10 Add Child

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

Payment Month: July 2024

Grantee Name: Licensed, Lisa

More

Children not copied from previous application

Name	Date of Birth	Care Type	Attended	Details
Hexx Bolt	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

Children enrolled in WI Shares as of 07/07/2024 - 07/20/2024

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

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 Bolt	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: Bolt
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 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**.

12

COVID-19 Payments – Child List

Common Details

Payment Month July 2024

Grantee Name Licensed, Lisa

More

Name	Date of Birth	Care Type	Attended	
Hexx Bolt	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

1

COVID-19 Payments – Child Details

Common Details

Payment Month July 2024

Grantee Name Licensed, Lisa

More

Child Details for COVID-19 Payments

First Name Hexx

Middle Initial

Last Name Bolt

Date of Birth 01/28/2023

More

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 eliminarlo marcando la casilla **¿Quitar este niño de la solicitud?** en la pantalla **Modificar niño**.

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)**.

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:

- Seleccione el tipo de archivo, en el menú desplegable: estamos eligiendo Registros de asistencia de niños.
- Haga clic en **Upload (Cargar)** para seleccionar el archivo de su computadora.
- Elija **Save Documents (Guardar Documentos)**.
- 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

13

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: DCFDECECOVID19CCPayments@wisconsin.gov

When uploading you should know:

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

Document Type *

Upload File

Upload Document

Save Documents

Application Details

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

Could know: padded as PDF, JPG, or Word format. 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

Employee Payroll Records

Children Attendance Records

Employment Records (Self)

Paystubs

Schedules

Timesheets

Public Meetings Careers Request Records Contact Us Wisconsin.gov Press

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: DCFDECECOVID19CCPayments@wisconsin.gov

When uploading you should know:

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

Document Type *

Upload File

Upload Document

Save Documents

Application Details

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COVID-19 Verification Documents

Documents

Date	Type
10/2/2023	CCC-Child-Enrollment-Doc
10/3/2023	CCC-Employee Payroll Records
10/2/2023	CCC-Notification of wage increase-Doc
10/3/2023	CCC-Program Integrity-Doc
11/1/2023	CCC-w9-sample
10/3/2023	CCC-w9-sample

Document Type *

Upload File

Upload Document

Save Documents

Application Details

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

COVID-19 Verification Documents

Documents

Date	Type
10/2/2023	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: DCFDECECOVID19CCPayments@wisconsin.gov

When uploading you should know:

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

Document Type *

Upload File

Upload Document

Save Documents

Application Details

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Finalizar Su Solicitud

COVID-19 Payments - Submit Application

Common Details

Payment Month: February 2024
Grantee Name: Licenses, Lisa

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: Incomplete

Terms and Conditions

Definition of terms

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

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

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

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

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

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:

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 Youngfibre rating for each eligible full-time/part-time staff listed in the application.

Requirements Applicable to Program A and B:

- By accepting Child Care Courts Stabilization Payment Program Funds, I agree to all requirements, understandings, and conditions included in these Terms and Conditions.
- I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Court Week identified for each month.
- If I have a temporary closure for the entire initial court weeks (May 2022) I will not be eligible and must apply during the next month's Application Week. This applies to closures for COVID or other reasons.
- If I received payment in the previous month and have a temporary closure due to COVID exposure for the duration of a subsequent Court Week, I must plan to reopen within 14 days of the date of the closure in order to receive funding.
- If I have a temporary closure for non-COVID reasons during the duration of a subsequent Court Week, I will not be eligible for payments that month.
- If my program will not be able to reopen within 14 days of the temporary closure, I must notify the Child Care Courts call center at 800-555-5636 or CCCSupport@dcf.wisconsin.gov.
- My program must be registered 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, maintain existing compensation (wages, bonuses, or benefits) for each staff person included in that month's application for the duration of the payment program for which I receive funding.
- I will, to the extent that I am able, retain and not involuntarily furlough (pay off without pay) staff who appear on my center's application, Child Care Courts Stabilization Payment Program funds for staff may be withheld only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
- I must upload child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.
- I must provide monthly updates to the number of children attending and staff employed during the Court Week.
 - Failure to update child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.
- I will keep all original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of my last payment.
 - Program records and supporting documentation related to my application include:
 - Documentation to verify attendance of children entered on my application and during each Court Week.
 - Documentation to verify staff employed at time of application and during each Court Week.
 - Required program records for spending are described later under each Program.

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

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

- I understand and agree that this is a nine-month payment program that runs May 2022 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 discontinued. When eligibility issues are resolved, I may reapply during a future Application Week.
 - If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following changes in enrollment or staffing reported as required by the program Terms and Conditions, available funding, and adjustments DCF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. DCF will not make the nine-month amount as indicated in my Payment Letter.
- I understand that I must meet the following qualifications to be eligible for payments:
 - My program must be registered and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
 - My program must be in compliance with background check requirements.
 - My program must be in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
 - If my program has an outstanding Wisconsin Shares or Child Care Courts overpayment, I must be in compliance with any DCF Finance Recoupment Agreement. If there is an 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 all supporting documentation.
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to supply this documentation upon request.
- I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month. Funds must have been incurred between January 1, 2022 and 120 days from the date of the payment letter.
- I understand that expenses cannot have already been funded by a prior DCF program or reimbursed by another state or federal fund source.

☐ I agree to above Qualifications terms.

Allowable Use of Funds

Under Program B - Funding Workforce Recruitment And Retention, all programs will receive a Base Per-Staff amount. Programs participating in Youngfibre will receive a Quality Incentive Per-Staff amount. These amounts will be included in the monthly Payment Letter. Program B funds must be used to support necessary and reasonable costs associated with recruiting and retaining high-quality staff.

- If I receive funding for Program B - Funding Workforce Recruitment And Retention, I agree to the following:
 - I will use at least the Base Per-Staff amount for each staff person included in that month's Court Week toward the goal of maintaining existing compensation (wages, bonuses, or benefits).
 - For programs participating in Youngfibre, I will use the awarded Quality Incentive Per-Staff amount towards one or more of the following wages, bonuses, benefits, recruiting professional development, and staff training, scholarships, or other continuing education expenses.
- Restrictions:
 - I will not use the funds to pay volunteers.
 - I will not use the funds to pay household members who are not on staff and actively caring for children.
 - High-level administrative staff for pilot 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 director, center administrators, and business.
- Certified Provider:
 - In accordance with DCF 120.02(1)(a) 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 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, such as:
 - Employee payroll registers or other payroll system substantiation of compensation (wages, bonuses, benefits).
 - Communications/notification to employees of personnel policies explaining compensation, including any changes during the period of this program.
 - Receipts for ongoing support for staff retention, including training, professional development, scholarships, or continuing education.
 - Documentation to verify use of funds for recruitment efforts for hiring new staff.

☐ I agree to above Documentation terms.

Submit

Application Details

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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.

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- 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.

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COVID-19 Payments - Submit Application

Common Details

Payment Month

February 2024

Grantee Name

Liceland, Lisa

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

Incomplete

Terms and Conditions

Definition of terms

Count Week:

The time frame during which providers can enter or re-enter the Child Care Courts Stabilization Payment Program

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

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 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 Subsidization during the Count Week

Inclusive Birth to 3 Pilot Add-On Amount:

Program A payment amount given in addition to the Per-Child Amount for each child included in the application who is participating in the Inclusive Birth to 3 Child Care Pilot

Payment Program B: Funding Workforce Recruitment and Retention includes:

Base Per-Staff Amount:

Program B payment amount for each eligible full-time/part-time staff listed in the application

Quality Incentive Per-Staff Amount:

Program B additional payment amount based on YoungStar rating for each eligible full-time/part-time staff listed in the application

Requirements Applicable to Program A and B:

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

I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Count Week identified for each month.

If I have a temporary closure for the entire initial count week (May 2023) I will not be eligible and must apply during the next month's 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 begin either 14 days or 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 reopen within 14 days of the temporary closure, I must notify the Child Care Courts call center at 800-535-3650 or CCCP@dcf.wisconsin.gov.

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

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

I will, to the extent that I am able, retain and not involuntarily furlough (pay off without pay) staff who appear on my center's application. Child Care Courts Stabilization Payment Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.

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

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

I must provide monthly updates to the number of children attending and staff employed during the Count Week.

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

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

Program records and supporting documentation related to my application include:

- Documentation to verify attendance of children entered in my application and during each Count Week.
- Documentation to verify staff employed at time of application and during each Count Week.
- Records of compensation for providers and staff employed under each program.

I agree to above Confirmation and Acceptance of Funds terms.

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

I understand and agree that this is a nine-month payment program that runs 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 discontinued. When eligibility issues are resolved, I may reapply during a future Application Week.

If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following changes in enrollment or staffing reported as required by the program Terms and Conditions, available funding, and adjustments DCF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. DCF will reserve funds for the nine-month amount as indicated in my Payment Letter.

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

- My program must be regulated and in good standing during the Count Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
- My program must be in compliance with background check requirements.
- My program must be in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
- If my program has an outstanding Wisconsin Shares or Child Care Courts overpayment, I must be in compliance with any DCF Finance Reimbursement Agreement. If there is an 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 agree to repay the funds as required.

I understand that by applying for funds that I am certifying that all information provided in my application is true and correct to the best of my knowledge.

I understand that the Department of Children and Families may monitor and review my application and use of program funds at any time.

I understand that DCF is required to conduct audits to ensure accuracy of applications and the proper use of funds issued. If I am subject to an audit, I will be required to submit supporting documentation.

I understand that DCF reserves the right to request documentation of use of this funding for review or audit pursuant to five (5) years after I receive the funds. I agree to supply this documentation upon request.

I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month. Funds must have been incurred between January 1, 2023 and 120 days from the date of the payment letter.

I understand that amounts cannot be drawn down from funds by a prior DCF program or reimbursed by another state or federal funding source.

I agree to above Qualifications terms.

Allowable Use of Funds

Under Program B - Funding Workforce Recruitment and Retention, all programs will receive a Base Per-Staff amount. Programs participating in YoungStar will receive a Quality Incentive Per-Staff amount. These amounts will be included in the monthly Payment Letter. Program B funds must be used to support necessary and reasonable costs associated with recruiting and retaining high-quality staff.

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

- I will 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 wages, bonuses, benefits, professional development, and staff trainings, scholarships, or other continuing education expenses.

Restrictions:

I will not use the funds to pay volunteers.

I will not use the funds to pay household members who are not on staff and actively caring for children.

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

Certified Providers

In accordance with DCF 202.08(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

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 in my application and during each Count Week.
- Documentation to verify staff employed at time of application and during each Count Week.

Expenses and supporting documentation related to costs incurred and how program funding was spent, such as:

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

I agree to above Documentation terms.

Submit

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Application Details

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Realizar Modificaciones Después del Envío

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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: Lake
Grantee Last Name: Lake
Grantee Email: laura@lakeland.com
Grantee Phone: (121) 212-1212
Do you want to join Wisconsin Early Education Shared Services Network (WEESSN)? 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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Updated on 04/09/2023

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.

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

Add Temporary Closure

Verify

COVID-19 Payments - Add Closure Schedule

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

Common Details

Payment Month: July 2024

Grantee Name: Licensed, Lisa

Verify Temporary Closure

From Date: 07/08/2024

To Date: 07/12/2024

Closure Reason

- COVID-19 Business decision
- COVID-19 Exposure of Staff to COVID-19
- COVID-19 Exposure of Child(ren) to COVID-19
- COVID-19 Business decision
- COVID-19 Lack of families
- COVID-19 Lack of staff
- COVID-19 Lack of supplies
- COVID-19 Other

Add

Temporary Closure

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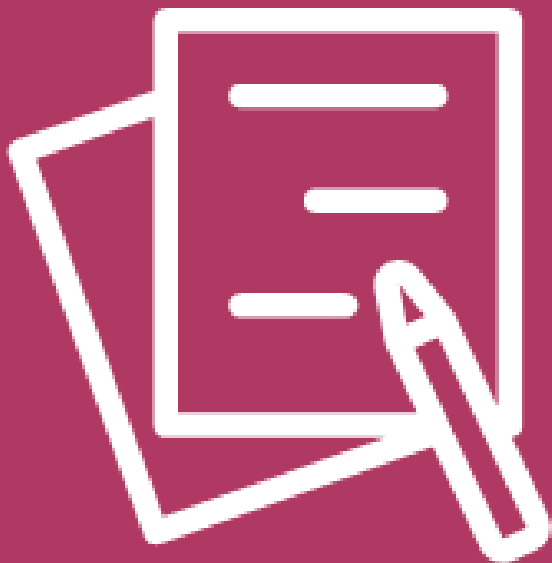
Ingrese las fechas de cierre y seleccione la razón del cierre que corresponde de la lista del menu.

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.

! 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.

Individuals

Select Staff to Attach to COVID-19 Payments Request

If a staff member is not listed below, access the Individuals link in the right-side sandwich menu to add the staff member onto your Individual list.

Common Details

Payment Month July 2024

Grantee Name Licensed, Lisa

[...More](#)

Individuals

Name	Role(s)	Employment Period	
Erik Emergency	Director	06/28/2024	Select ▶

◀ ▶

◀ ▶

Staff List

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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>