

# ***Child Care Bridge Payments***

## **Application Guide**

JULY 2025



Wisconsin Department of  
Children and Families

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# About This Guide

This guide details how providers will use DCF's Child Care Provider Portal (CCPP) to apply for the **Child Care Bridge Payments**.

Please review all payment program details, eligibility requirements, and terms and conditions on our [webpage](#) *before* submitting your application.

The payment program application is available in the [Child Care Provider Portal](#). Information about [applying for access can be found on the DCF website](#). For help gaining access to the Child Care Provider Portal, please view the [short instructional video](#) that will help you gain access. If you continue to have issues, please email [DCFPlcBECRCBU@wisconsin.gov](mailto:DCFPlcBECRCBU@wisconsin.gov).

If you are unable to access the Provider Portal, you can contact the **Child Care Payments Support Center** for assistance filling out your application over the phone.

## IMPORTANT NOTICE

The Child Care Counts programs and Child Care Bridge Payments are time-limited payments designed to provide assistance to child care providers. They are not grants as that term is defined in 45 CFR 72 and related federal regulations, and use of the word “grant” is incidental.



### Child Care Payments Support Center


If you need assistance, please contact the  
**Child Care Payments Support Center at 608-535-3650**  
or [DCFDECECOVID19CCPayments@wisconsin.gov](mailto:DCFDECECOVID19CCPayments@wisconsin.gov)  
Support Center hours are 8 a.m. - 4:30 p.m. M-F.

# System Notes



The Child Care Provider Portal will time out after 20 minutes of inactivity, which forces users to log back in.



If you see the  icon next to a field and you are unsure about what to enter, click the icon to get more information about what you are being asked to enter.



Child Care Provider Portal  
Welcome, Laura

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

Grantee Details

Payment Month: July 2024

Grantee First Name: Lisa

Grantee Middle Initial:

Grantee Last Name: Licensed

Grantee Email: Lisa@Licensedcenter.com

Grantee Phone: (231) 232-1232

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

Was your facility open on 10/05/2021? ☐ Yes ☐ No

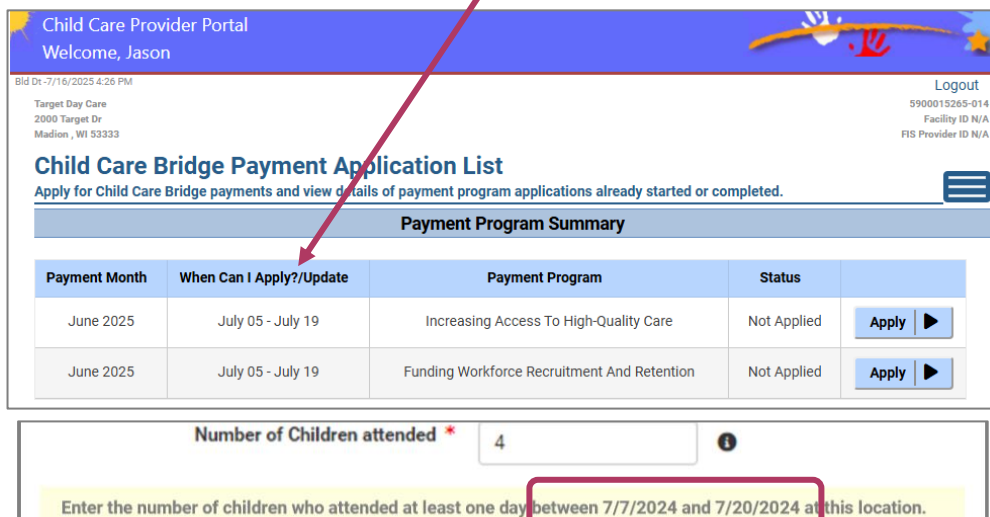
Tell us about the children at your facility

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

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





Because of the ongoing monthly application window, each time you log in to apply, you will see different dates in the **When Can I Apply?/Updates** column. **These dates will also differ for every monthly Application/Update week for entering child/staff information and document upload.**




Child Care Provider Portal  
Welcome, Jason

Child Care Bridge Payment Application List  
Apply for Child Care Bridge 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	
June 2025	July 05 - July 19	Increasing Access To High-Quality Care	Not Applied	<a href="#">Apply</a> 
June 2025	July 05 - July 19	Funding Workforce Recruitment And Retention	Not Applied	<a href="#">Apply</a> 

Number of Children attended  

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

# Important Notes

**Child Care Bridge Payments** is a time-limited monthly payment program to support Wisconsin's early care and education community.

Providers submit one application, either at initial application opening in July, or during one of the monthly Application Weeks.

- As long as a provider remains eligible and adheres to the terms and conditions, payments will continue automatically every month.
- Providers must upload verification documents at initial application and when requested during future Update Weeks.
- Approved applicants must update staff and child information every month in the application in the Child Care Provider Portal during the monthly Update Week.
- Funds must be spent within 120 days of the payment date.


**REMINDER:** The dates displayed in this guide may be different than what appears in your application. The dates will be updated in your Child Care Provider Portal Application to reflect the current Application/Update Weeks, and Count Weeks.

# Pre-Application Document Checklist

Child Care Bridge Payments requires you to upload Verification Documents when submitting your initial application, and when requested during future monthly Update Weeks.

Be sure to have the following documents available when submitting your Application:

- ☐ Child Attendance Records
- ☐ Staff Employment Records

  
**Upload  
Verification  
Document**

**Verification Documents**

**These are required during your initial application and may also be requested in future monthly Update Weeks.**

**This includes:**  
Child Attendance Records  
Staff Employment Records

Check out our Child Care Bridge Payments [Provider Portal Upload Guide](#) for more information and tips on how to upload your documents.

## How to Submit an Application

Child Care Provider Portal

1

User ID

lauralake

Password

.....

☐ Show Password

☒ Remember Me

☐ Enable Keyboard Accessibility Features

☐ Enable Screen Reader Features

...Hide Options

Login

Request access, reset password, and update your user profile in [Account Management](#).

For additional information, visit the [DCF 'Portal Info'](#) webpage.

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

Expression of Interest

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## 1. Login Screen

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

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











Care Provider Portal  
 Home, Laura



Logout

Home

<b>198C-010</b> 242 Linnwood Street West, ME 05454-3053	0800020730-001	
Janet Q 708 Robert Rd Thompson, ME 04783	2800029600-001	
Latheland Service Center 334 W Main St Hallowell, ME 04350-0123	2800040010-001	
Latheland in Residence No Day Camp 407 Rogers Rd Hallowell, ME 04321	2800040010-001	
Emergency Unit 223 Eugene St Cornermouth, ME 04944-3434	2800040010-001	
Randy's Warehouse #1 281 Corporate Dr Wiscasset, ME 03306	3800036263-001	
Certified Ocean Kids Place 8003 S New Street St Wilmotville, ME 03323-3664	4600040004-001	
Holly's Ramble 1315 15th Ave Portland, ME 04306-0713	7800038771-001	

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 Update SPK CNA Privileges

**B**

Course Provider Portal  
Anne, Laura

Logout

Home

Search Criteria Search Results

\*Value Is Applicant Number - Location Sequence Number

Business Name	Provider-Last	Facility ID	FIS Number	Address
Anne Child Care Pk Anne Applach Smith	2800089412-001	1123541	0205263	113 New Address Annapolis, WI 52345-6789

View

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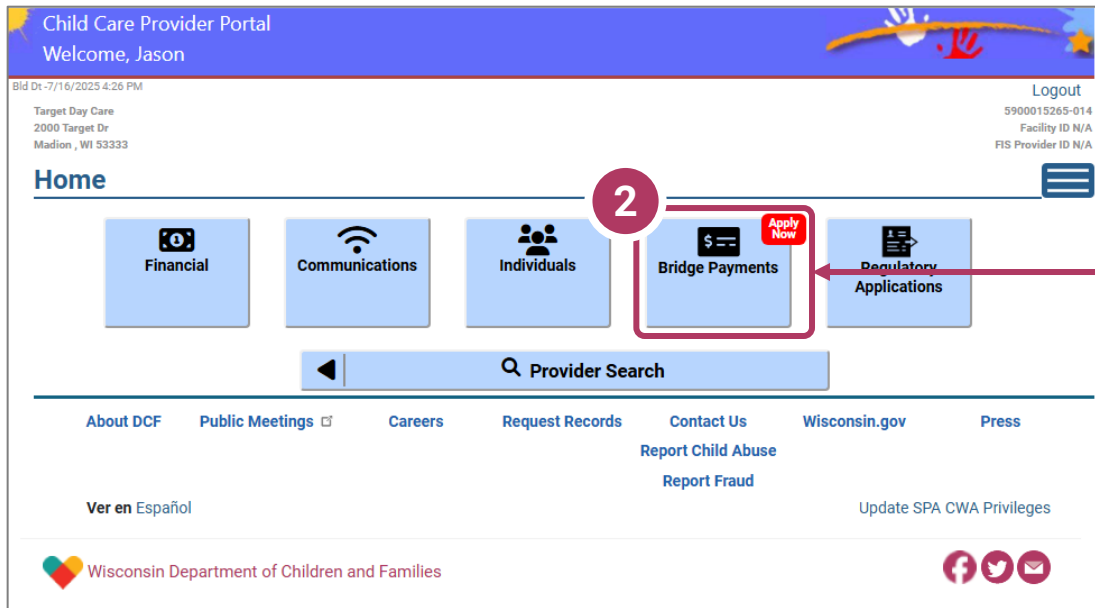
Update SRA CWA Privileges

If you have one or more locations, your **Home** screen may look like option A – multiple locations, or option B – a single location.

Click the location you want to make your application for.



# How to Submit an Application

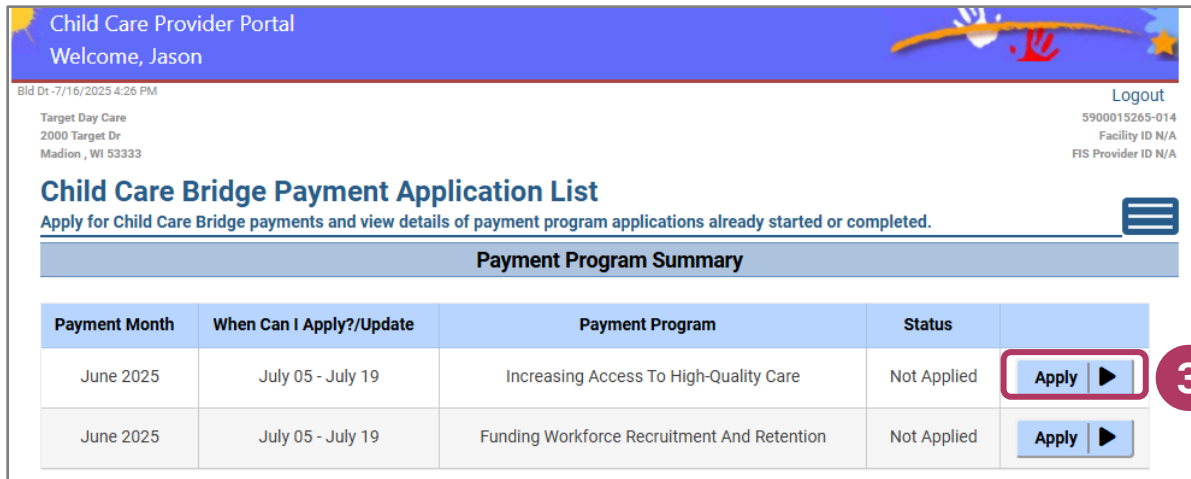


## 2. Select Bridge Payments

To proceed to the application page, click the **Bridge Payments** button.

# Beginning Your Application

## Child Care Bridge Payment Application List



Child Care Provider Portal  
Welcome, Jason

Bld Dt: 7/16/2025 4:26 PM

Target Day Care  
2000 Target Dr  
Madison, WI 53333

Logout  
5900015265-014  
Facility ID N/A  
FIS Provider ID N/A

### Child Care Bridge Payment Application List

Apply for Child Care Bridge 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	
June 2025	July 05 - July 19	Increasing Access To High-Quality Care	Not Applied	<input type="button" value="Apply"/> ▶
June 2025	July 05 - July 19	Funding Workforce Recruitment And Retention	Not Applied	<input type="button" value="Apply"/> ▶

There are two payment programs for which a provider can apply.

- **Payment Program A:** Increasing Access to High-Quality Care
- **Payment Program B:** Funding Workforce Recruitment and Retention

### 3. Start Application

To apply for a specific program, click the blue button next to either Program A or Program B.



**Regulated providers may be able to apply for BOTH payment programs each month. Please review Eligibility and Requirements details on the [Payment Program webpage](#).**

# Payment Program Summary Page

4

Child Care Bridge Payment Application List				
Apply for Child Care Bridge 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	
June 2025	July 05 - July 19	Increasing Access To High-Quality Care	Not Applied	<a href="#">Apply</a> ▶
June 2025	July 05 - July 19	Funding Workforce Recruitment And Retention	Not Applied	<a href="#">Apply</a> ▶

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

**Not Applied** means you haven't applied for this payment. Click **Apply** to begin your application.

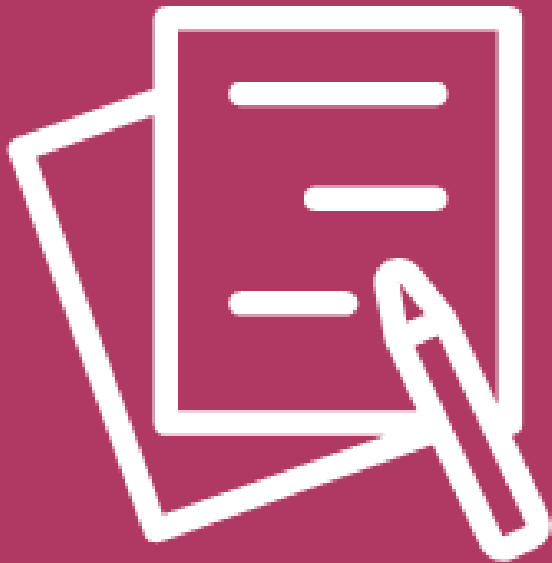
**Incomplete** If you have started an application for the program, but your application has not been submitted, or if you were approved for the previous month of the payment program and have not yet submitted your initial application for Child Care Bridge Payments, your application status will display as **Incomplete**. Click **Details** to complete your application.

**Review Needed** if you were approved for the previous month of the payment program, your status will show as **Review Needed** at the beginning of each Update/Application Week. You must review and re-submit your applications during Update Week. Click **Review** to begin your review and re-submit your application.

**You may make corrections to your application until the end of the application period each month. Applications cannot be modified after the application closes.**



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



APPLYING FOR PAYMENT PROGRAM A

# Increasing Access to High-Quality Care

# Beginning Your Application

1

## Child Care Bridge Payment Application List

Apply for Child Care Bridge 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	
June 2025	July 05 - July 19	Increasing Access To High-Quality Care	Not Applied	<a href="#">Apply</a> ▶

## 1. Begin Application

Once you have selected your **Payment Program**, you will be taken to the *Bridge Payments Information* page. Here you will review the details of the specific program you have selected. In this case, we have chosen *Increasing Access to High-Quality Care* in the Payment Program Summary.

## 2. Review Payment Program Information

This screen details the following information:

- Overview of the specific payment program
- When the provider can apply
- Information that will be collected in the application
- What happens after the submission of the application

## 3. Continue

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

Child Care Provider Portal  
Welcome, Laura

PROC Site  
3079 S 257th St  
Milwaukee, WI 53215-3734

0800035739-003  
Facility ID 1123852  
FIS Provider ID 5217927

### COVID-19 Payments

Please read all the below details before proceeding with application

#### COVID-19 Payments Information

**IMPORTANT NOTICE:** The Child Care Counts programs are time-limited payment programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. They are not subawards as that term is defined in 45 CFR 75 and related federal regulations.

**What is Program A: Increasing Access To High-Quality Care?**

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

**When Can I Apply?**

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

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

The following information will be collected:

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

**What information do I need to submit to complete this application?**

- Child attendance records for 04/09/2023 - 04/22/2023

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

**What happens after I submit my application?**

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

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

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

[Continue](#)

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Update SPA CWA Privileges

2

3

# Add Application Details for Your Location

**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 (WEESSN)? ☒ 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. Add Grantee Details

There is a single funding period for this application. Be sure to check **Yes** or **No** to the questions marked with a red star. ❌

**If inaccurate details are entered, this could delay your application.**

## 5. Do you want to join Wisconsin Early Education Shared Services Network (WEESSN)?

If you are interested in joining Wisconsin Early Education Shared Services Network (WEESSN) or finding out more, select 'Yes' here. Someone from WECA will contact you to follow up. Tier 1 is free.

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

Was your facility open during Count Week?

Check **Yes** if your program was open and care was provided at least one day during the identified Count Week.

Check **No** if your program was closed during the entire Count Week.



**NOTE:** If you applied for previous funding through the Child Care Counts Payment Program, many of the fields throughout the application will be filled in automatically. Please review all fields that are filled in to ensure they are still accurate, and update as needed.

# Add Application Details for Your Location

**Tell us about the children at your facility**

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

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

Did your facility serve any children who are experiencing homelessness? \* ☐ Yes ☒ No ⓘ

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

**Payment Program Details for *Increasing Access To High-Quality Care***

Payment Program Increasing Access To High-Quality Care

Number of Children attended \* 4 ⓘ

Comments

**Add**

## 7. Enter the Number of Children Attended

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

**Payment Program Details for *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.

In this case, clicking the more information icon tells you to **enter the number of children who attended your location AT LEAST one day during the Count Week.**

Click the **Add** button to move on to the next page.



**REMINDER:** If you see the ⓘ icon next to a field and you are unsure about what to enter, click the icon to get more information about what you are being asked.

# Adding Children Detail

## 8. Add Children to the Application

You will be asked to add *every child who attended at least one day* during the **Count Week**. The number of children added in this section must equal the number of children that you indicated were in attendance on the first page of the application: *Add Application Details*.

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.			

8 Add Child

2 children listed above were enrolled for the period of 07/01/2024 - 07/20/2024

Verify

Click the **Add Child** button to get started adding children to your application.

Here you can add children from a previous application. Click **Copy** to add them to your application.

You can also add new children to this application.

You can also view children who were enrolled in Wisconsin Shares during the **Count Week**.

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



# Previous Payment Child List

## 9. Verify Previous Child List

If you applied for a previous round of *Child Care Counts*, children added to your previous application will appear here, and may be copied into your current application. Click **COPY** to add children to your application. This will take you to the *Child Details* page.

Children not copied from previous application

Name	Date of Birth	Care Type	
Hexx Bolt	01/28/2023	Full-Time Care	<b>Copy</b> ▶ <b>9</b>

**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**

**Verify child details.**  
You must indicate if the child attended at least one day during the **Count Week**.

**Note:** If marking “No, child did not attend due to exposure to COVID,” be sure they are included in the total count of “Number of children attended.”

Click the **Add** button to move on to the next page.

# Adding Children Detail

## 10. Add Children to the Application

If you have children from a previous application, they will automatically be imported. You should verify and update the details for these children, if needed. If children were not in attendance or are no longer enrolled, you can remove them from this list. You can also view children who were enrolled in Wisconsin Shares **during the Count Week**.

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Name	Date of Birth	Care Type	Attended
Hexx Boltt	01/28/2023	Full-Time Care	Yes
Nail Gunn	05/17/2021	Full-Time Care	Yes
Poppi Rivett	10/06/2021	Full-Time Care	Yes
Jigg Saww	09/17/2022	Full-Time Care	Yes

If you need to update or review the information about a specific child, click on the **Details** button to be taken to that child's record.

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

Child List

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

Modify Child

If you have added a child in error to the application, you can remove the child by checking the box **Remove this child from the grant?** in the *Modify Child* screen.

Remove this child from the grant? ☐

Click **Save** if you have changed any information.

Save

You can continue adding children, as needed, or check the I Verify... checkbox and click the **Verify** button.

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

Verify

# Upload Verification Documents

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

You will be taken to the **Verification Documents** page. Here, you will upload documentation that shows evidence that the children entered in this application are enrolled and in attendance for this facility.

**For example:**

- Select the file type, from the drop-down – we are choosing *Children Attendance Records*.
- Click **Upload** to select the file from your computer.
- Then choose **Save Documents**.
- The document will be added to your list. When you have uploaded the appropriate documents, click the **Submit Application** button.

**COVID-19 Verification 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: DCFDECEVID19CCPayments@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 \*  
Upload File  
Upload Document  
Save Documents

Application Details

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Document Type \*  
Children Attendance Records  
Upload File  
Upload Document  
Save Documents

Application Details

COVID-19 Verification Documents

Document Type \*  
Children Attendance Records  
Upload File  
Upload Document  
Save Documents

Application Details

COVID-19 Verification Documents

Date	Type
03/28/2024	Child Document: Children Attendance Records

Submit Application

# Finalizing Your Application

## 12. Review Your Submission

You must correct any entries with red text. The system gives you specific details about a mismatch or other problem with the entry.

COVID-19 Payments - Submit Application		Common Details
		Payment Month February 2024
		Parent Name Lorenz, Lisa
		<div style="text-align: right;">-MOR</div>
Payment Program Details for Increasing Access To High-Quality Care		
Program Description Increasing Access To High-Quality Care		
Grant Application ID P00020160		
Number of Children enrolled 4		
Seed Source Preschool		
Terms and Conditions		
<b>Definition of terms</b>		
<b>Application Week:</b> The time frame during which providers can enter or re-enter the Child Care Choice Registration Program		
<b>Court Week:</b> The point in time for which child and staff attendance is collected for program calculations		
<b>Monthly Update Week:</b> The time frame during which providers report any changes or confirm child attendance and staffing from the previous Court Week.		
<b>Payment Review Date:</b> The days upon DCOF receive applications and approvals to ensure the provider remains eligible for payments		
<b>Payment Program A: Increasing Access To High-Quality Care includes:</b>		
• <b>Per-Child Amount:</b> Program A payment amount for each child included in the application for the Court Week		
• <b>Maximum Allowable Add-On Amount:</b> Program A payment amount given in addition to the Per-Child Amount for each child included in the application who has a Disclosure Document submitted during the Court Week		
• <b>Inclusive Birth to 24-Month Age:</b> 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 24-Month Pilot		
<b>Payment Program B: Funding Workforce Recruitment And Retention includes:</b>		
• <b>Base Pay Staff Amount:</b> Program B payment amount per employee per hour based on the applicable funding rate for the employee		
• <b>Quality Incentive Staff Amount:</b> Program B additional payment amount based on Yearling's rating for each eligible full-time/part-time staff listed in the application		
Requirements Applicable to Program A and B:		
<ul style="list-style-type: none"> <li>By accepting Child Care Choice Registration Program A, I agree to all requirements, understandings, and conditions included in Terms and Conditions.</li> <li>I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Court Weeks identified for each month.               <ul style="list-style-type: none"> <li>If I have a temporary closure for the entire initial court weeks (May 2023) I will not be eligible for funding during the next monthly Application Week. This applies to closures for COVID-19 and other reasons.</li> <li>If I received payment in the previous month and have experienced a closure due to COVID exposure for the duration of a subsequent Court Week, I must first pass within 14-days of the date of the closure in order to receive funding.</li> <li>If I have a temporary closure for less than 14 days of the duration of a subsequent Court Week, I will not be eligible for payment that month.</li> <li>If my program will not be able to reopen within 14 days of the temporary closure, I must notify the Child Care Choice center at 800-535-9600 or DCOF@DC.GOV/COVIDClosures@dc.gov.</li> <li>My program must be important and in good standing during the Court Week, the Application Week, Monthly Update Week, and on Payment Review Dates.</li> </ul> </li> <li>I will, to the extent that I am able, maintain existing compensation (pay raise, bonus, or benefits) for each staff person included in the monthly application for the duration of their employment with me.</li> <li>I will, to the extent that I am able, retain and not involuntarily layoff (lay off without pay) staff who appear as on my personnel application. Child Care Choice Registration Program A does not require that I lay off any staff termination for cause or their voluntary resignation from my center.</li> <li>I will implement policies in compliance with health and safety administrative rules for Child Care programs as outlined by DCDF Child Care Regulation and meet the requirements of any local orders; i.e., to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care centers.</li> <li>I will update child attendance records (number of children attending and any other information) and when requested during future Monthly Update Weeks.</li> <li>Failure to provide monthly updates to DCDF for children attending and staff employed during the Court Week.           <ul style="list-style-type: none"> <li>I acknowledge that child and staff information may result in an overpayment, and I warrant to return any funds that should not have been disbursed based on the actual attendance.</li> <li>I agree to sign original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of last payment.</li> <li>Program records and supporting documentation related to my application include:               <ul style="list-style-type: none"> <li>Documentation to verify attendance of children enrolled in my application and during each Court Week.</li> <li>Documentation to verify staff employed at the end of application and during each Court Week.</li> <li>Required program records for spending are described below under each Program.</li> </ul> </li> </ul> </li> </ul> <p><input type="checkbox"/> I agree to above Confirmation and Acceptance of Funds Terms.</p>		
Understandings for Acceptance of Funds From Program A and/or Program B		
<ul style="list-style-type: none"> <li>I understand and agree that this is a one-month payment program that runs May 2023 through January 2024.</li> <li>I consent not to participate by withdrawing my application at any time of the monthly Application Week.</li> <li>I agree that if after being paid for participation, I decide to stop providing services to children and my terms and conditions, my payments will be discontinued. When eligibility issues are resolved, I may reapply during a future Application Week.</li> <li>If I am awarded Funds, DCOF will calculate an ongoing monthly payment amount for my program as added in my Payment Letter. This monthly amount may fluctuate based on the number of children attending, enrollment or staffing reported as required by the program. Terms and conditions, available funding, and adjustments DCOF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. If my program has an outstanding balance or owes DCOF more than \$1000 in overpayments, I must be in compliance with any DCOF Finance Request Agreement. If there is a disagreement, I must be making ongoing monthly payments toward the balance.</li> <li>I understand that DCOF will request financial information from me regarding my business and my program. This information will be used in my application to determine what funding level to assign to my program, the Application Week, Monthly Update Week, and on Payment Review Dates.</li> <li>My program must be in compliance with background checks and requirements.</li> <li>My program must be in compliance with health and safety administrative rules for child care provided as outlined by DCDF Child Care Regulation and meet the requirements of any local orders.</li> <li>If my program has an outstanding balance or owes DCOF more than \$1000 in overpayments, I must be in compliance with any DCOF Finance Request Agreement. If there is a disagreement, I must be making ongoing monthly payments toward the balance.</li> <li>I understand that DCOF may request personal information from me regarding my business and my program. This information will be used in my application to determine what funding level to assign to my program, the Application Week, Monthly Update Week, and on Payment Review Dates.</li> <li>I certify 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.</li> <li>I understand that the Department of Children and Families may monitor and review my application and use of program funds at any time.</li> <li>I understand that DCOF reserves the right to suspend or discontinue the awarding of applications and the program use of funds issued. If I am subject to an investigation, I agree to submit supporting documentation.</li> <li>I understand that DCOF reserves the right to terminate or suspend my application of this funding for misuse of such purposes up to five (5) years after I receive the funds. I agree to supply this documentation upon request.</li> <li>I understand that DCOF reserves the right to suspend my program must be spent within 120 days of the date of Payment Letter for the given month.</li> <li>Funds that have been issued between January 1, 2023 and 12/31/2024 must be spent by the date of the payment letter.</li> <li>Conditions that express concern have already been funded by a grant program or reimbursed by another state or federal source.</li> </ul>		
<input type="checkbox"/> I agree to above Qualification terms.		
Allowable Use of Funds		
<ul style="list-style-type: none"> <li>If-receive funding for Program A: Increasing Access To High-Quality Care, I agree the following:           <ul style="list-style-type: none"> <li>I will use the funds to support necessary and reasonable costs of maintaining or enhancing high-quality care.</li> <li>I will use the funds for the following purposes:               <ul style="list-style-type: none"> <li>Operating expenses necessary for rental space, including but not limited to mortgage, rent, utilities, insurance, telecommunications, taxes, and payroll/benefits</li> <li>Expenses relating to mitigating the risk of COVID-19, including but not limited to personal protective equipment (PPE) and supplies for cleaning and sanitation</li> <li>Materials/equipment for enhancing the program environment and curriculum, and social and emotional developmental supports</li> <li>Professional development and training for staff, including but not limited to PPE training and training on enhancing high-quality care</li> <li>Mental health services for children and staff</li> <li>Retail from copays and tuition payments for families</li> <li>Any other expense that is directly related to the provision of financial relief.</li> </ul> </li> <li>However, these program's activities cannot be reimbursed.</li> </ul> </li> <li>Funding from Program A may be used for:           <ul style="list-style-type: none"> <li>Purchase or improvement of land</li> <li>Purchase, construction, or major renovation of any building or facility</li> <li>Major renovation means:               <ul style="list-style-type: none"> <li>Structural alteration to the foundation, roof, exterior, or landscaping work of a facility or the extension of a facility to increase its floor area or;</li> <li>Substantial alteration of a facility such as significantly changing the function or purpose, even if such renovation does not include any structural change.</li> </ul> </li> <li>Purchase relates to assets associated with a purchase of real estate including, down payments, mortgages, points, appraisals, fees, and closing costs.</li> <li>Funds may not be expended for:               <ul style="list-style-type: none"> <li>Other sectarian purpose or activity, including sectarian worship or instruction.</li> <li>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 year.</li> </ul> </li> </ul> </li> </ul> <p><input type="checkbox"/> I agree to above Allowable Use of Funds terms.</p>		
Documentation		
<ul style="list-style-type: none"> <li>I will not submit to DCOF my report, request, 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.</li> <li>Original records and supporting documentation related to my application include:           <ul style="list-style-type: none"> <li>Documentation to verify attendance of children enrolled in my application and during each Court Week.</li> <li>Documentation to verify staff employed at time of application and during each Court Week.</li> <li>Documented results and supporting documentation related to costly routine and long program funding was spent, including, but not limited to:               <ul style="list-style-type: none"> <li>Real Estate purchase contracts.</li> <li>Payroll and costs statements.</li> <li>Physical and benefits records.</li> <li>Documentation of staff rotation or covenant for families.</li> <li>Expenditures for mental health supports for families and staff.</li> <li>Digital medical records for children and staff.</li> <li>PPE, clothing and cleaning supplies, and all other materials and services related to mitigating the risk of COVID-19.</li> <li>Materials and supplies for enhancing the program environment and curriculum, and social and emotional development supports.</li> <li>Educational supplies and learning materials.</li> </ul> </li> </ul> </li> </ul> <p><input type="checkbox"/> I agree to above Documentation term.</p>		

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## COVID-19 Payments - Submit Application

- ❗ **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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Common Details	
Payment Month	July 2024
Grantee Name	Licensed, Lisa

[More](#)

Payment Program Details for <i>Increasing Access To High-Quality Care</i>	
Payment Program	Increasing Access To High-Quality Care
Grant Application ID	P000001660
Number of Children attended	4
Grant Status	Incomplete

Any text in red indicates that there is an error that needs correcting. Inconsistent and/or incorrect information will delay and could possibly prevent your application from being processed. **It is imperative you go back and fix any issues noted in red.** If you are having trouble fixing/modifying your application, please email or call for assistance.

Click ***Application Details*** to return to the application and correct the information, as necessary.

# Finalizing Your Application

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## 13. Review the Terms and Conditions

After ensuring that your application is accurate and complete, you will review the **Terms and Conditions** for the program.



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

## 14. Submit Your Application

As you read through the **Terms and Conditions**, you will be required to check several boxes agreeing to the terms. Once you have agreed to all of them, you can click the **Submit** button to submit your application for the program.

**COVID-19 Payments - Submit Application**

**Common Details**

Payment Month: February 2024  
Spouse Name: [Redacted]  
Payment Program Details for Increasing Access To High-Quality Care  
Payment Program: Care  
Client Application ID: P00001000  
Number of Children attended: 4  
Grant Status: Incomplete

**Terms and Conditions**

**Definition of terms**

**Application Week:** The time frame during which providers can enter or re-enter the Child Care Counts Stabilization Payment Program  
**Court Week:** The point in time for which child and staff information is collected for payment calculations  
**Monthly Update Week:** The time frame during which providers report any changes or confirm child attendance and staffing from the previous Court Week  
**Payment Review Days:** The days when DCF 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 grant in addition to the Per-Child Amount for each child included in the application who has a Wisconsin Shared Authorization during the Court Week  
**Inclusive Birth to 3 Plus Add-On Amount:** Program A payment amount grant 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 Staff

**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 Youngfiling rating for each eligible full-time/part-time staff listed in the application

**Requirements Applicable to Program A and B:**

- By accepting Child Care Counts Stabilization Payment Program Funds, I agree to all requirements, understandings, and conditions included in these Terms and Conditions.
- I must be open and caring for children ages 0 through 15, 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 monthly 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 request within 14 days of the date of the closure in order to receive funding.
- If I have a temporary closure for non-COVID reasons during the duration of a subsequent Court Week, I will not be eligible for payments that month.
- If my program will not be able to reopen within 14 days of the temporary closure, I must notify the Child Care Counts call center at 800-555-0000 or DCF at COVID@dcf.wisconsin.gov.
- My program must be regulated and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
- I will, 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 (lay off without pay) staff who appear on my center's application. Child Care Counts Stabilization Payment Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and will, to the greatest extent possible, implement the policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
- I must submit child attendance records and staff employment records with my initial application and after 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 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 employment at time of application and during each Court Week.

I agree to above Confirmation and Acceptance of Funds terms.

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

- I understand and agree that this is a non-renewable payment program that runs from 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 changes 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 following 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 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 Shared or Child Care Counts Agreement, I must be in compliance with any DCF Financial Responsibility Agreement. If there is a Financial Responsibility Agreement, I must be making regular monthly payments toward the debt.
- I understand that DCF may require submission of funds disbursement in the form of a check and will agree to sign 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 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.

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.
    - 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.
    - Professional development and/or continuing education.
    - Additional costs to ensure high-quality programming.
    - Mental health services for children and employees.
    - Relief from commitments and tuition payments for families.
    - You are encouraged to purchase facilities that meet or exceed 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 include 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 external working or institution.
  - 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 employment at time of application and during each Court Week.
  - Expenditure records and supporting documentation related to costs incurred and how program funding was spent, including but not limited to:
    - Rent/lease cost statements.
    - Utility statements.
    - Payroll and benefits records.
    - Documentation of relief of tuition or payment for families.
    - Expenditures 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.

I agree to above Documentation terms.

**Application Details**

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# Modifying After Submission

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## 15. Updating After Submitting

You will have the ability to update your application after submission, **until the application period ends at midnight**. You will need to modify each section and its detail level information.

To modify the *Common Details*, click the **Modify Common Details** button.

To modify the *Application Details*, specifically the number of children enrolled during the funding period, select the **Modify Application Details** button. Remember, any change in the number of children will affect the number of children who need to be entered in the *Add Children* module.

The screenshot shows the 'COVID-19 Payments - Application Details' form. It is divided into two main sections: 'Common Details' and 'Payment Program Details for Increasing Access To High-Quality Care'. The 'Common Details' section contains fields for Grantee information (First Name: Laura, Middle Initial, Last Name: Lake, Email: laura@lakeland.com, Phone: (121) 212-1212) and facility information (Payment Month: July 2024, Was your facility open during Count Week 04/09/2023-04/22/2023?, Did your facility serve any children with disabilities?, Did your facility serve any children who speak languages other than English?, Did your facility serve any children who are experiencing homelessness?, Did your facility serve any children from tribal communities?). The 'Payment Program Details' section contains fields for Payment Program (Increasing Access To High-Quality Care), Grant Application ID (P000001660), Number of Children attended (4), and Grant Status (Submitted). Below these sections are two buttons: 'Modify Common Details' and 'Modify Application Details'. A red box highlights the 'Modify Common Details' button, with a red arrow pointing to it from the text 'To modify the Common Details, click the Modify Common Details button.' Another red box highlights the 'Modify Application Details' button, with a red arrow pointing to it from the text 'To modify the Application Details, specifically the number of children enrolled during the funding period, select the Modify Application Details button.' Below the buttons is a navigation bar with icons for 'Temporary Closure', 'Children', 'Upload Verification Document', 'Payment Documents', and 'Program Integrity Documents'. A red box highlights these five icons, with a red arrow pointing to them from the text 'You can use the Temporary Closure, Children, Upload Verification Documents, Payment Documents, and Program Integrity Documents buttons to update those specific sections of the application. Refer to the previous instructions in this guide for specifics.'

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

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)

Buttons: Temporary Closure, Children, Upload Verification Document, Payment Documents, Program Integrity Documents

Navigation: Payment Program Summary, About DCF, Public Meetings, Careers, Request Records, Contact Us, Wisconsin.gov, Press

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

You can use the **Temporary Closure, Children, Upload Verification Documents, Payment Documents, and Program Integrity Documents** buttons to update those specific sections of the application. Refer to the previous instructions in this guide for specifics.

# Update or Verify Temporary Closure

## 16. Temporary Closures

You will be asked to verify any temporary closures during the funding period. If the closures were already updated in the Provider Portal, those details will be shown here. If you need to add a temporary closure period, select the **Add Temporary Closure** button, and you will be taken to the **Closure Schedule** screen shown below.

**COVID-19 Payments - Temporary Closure**

**Common Details**

Payment Month: 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 why. 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	To Date	Closure Reason	Comments
7/15/2024	7/19/2024	COVID-19 Business decision	

**Add**

**COVID-19 Business decision**

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

**Temporary Closure**

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Enter the closure dates and select the appropriate reason for the closure from the drop-down menu.

Enter your comments in the **Comments** box. After including all temporary closures, click the checkbox indicating that you have accurately recorded and verified the temporary closures for your location.



Once you have entered all Temporary Closures, check the box and select **Verify** to continue through the application.

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

**Verify**



APPLYING FOR PAYMENT PROGRAM B

# Funding Workforce Recruitment and Retention



# Beginning Your Application

## Child Care Bridge Payment Application List

Apply for Child Care Bridge 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	
June 2025	July 05 - July 19	Increasing Access To High-Quality Care	Not Applied	<a href="#">Apply</a> ▶
June 2025	July 05 - July 19	Funding Workforce Recruitment And Retention	Not Applied	<a href="#">Apply</a> ▶

## 1. Begin Application

Once you have selected your **Payment Program** you will be taken to the *Child Care Bridge Payments Information* page. Here you will review the details of the specific program you have selected. In this case, we have chosen *Funding Workforce Recruitment And Retention* in the Payment Program Summary.

## 2. Review Payment Program Information

After selecting to apply for a payment program, you will see an informational screen that details the following:

- Overview of the specific payment program
- When the provider can apply
- Information that will be collected in the application
- What happens after the submission of the application

### 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.

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## 3. Continue

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

# Add Application Details for Your Location

**COVID-19 Payments – Add Application Details**  
Add common and payment program details for 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 (WEESSN)? ☒ 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. Add Grantee Details

There is a single funding period for this application. Be sure to check **Yes** or **No** to the questions marked with a red star.\*

*If inaccurate details are entered, this could delay your application.*

## 5. Do you want to join Wisconsin Early Education Shared Services Network (WEESSN)

If you are interested in joining Wisconsin Early Education Shared Services Network (WEESSN) or finding out more, select **Yes** here. Someone from WECA will contact you to follow up. Tier 1 is free.

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

Was your facility open during Count Week?

Check **Yes** if your program was open and care was provided at least one day during the identified Count Week.

Check **No** if your program was closed during the entire Count Week.




**NOTE:** If you applied for previous funding through the original Child Care Counts Payment Program, many of the fields throughout the application will be filled in automatically. Please review all fields that are filled in to ensure they are still accurate and update as needed.

# Add Application Details for Your Location

Tell us about the children at your facility


Did your facility serve any children with disabilities? \*

☐ Yes ☒ No 

Did your facility serve any children who speak languages other than English? \*

☐ Yes ☒ No

Did your facility serve any children who are experiencing homelessness? \*

☐ Yes ☒ No 

Did your facility serve any children from tribal communities? \*

☐ Yes ☒ No


Payment Program Details for *Funding Workforce Recruitment And Retention*

Payment Program

Funding Workforce Recruitment And Retention

7


Number of Children attended \*




Comments

Add

## 7. Enter the Number of Children Attended

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

Number of Children attended \*




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

In this case, clicking the more information icon tells you to **enter the number of children who attended AT LEAST one day during the Count Week.**

Click **Add** to move on to the next page.

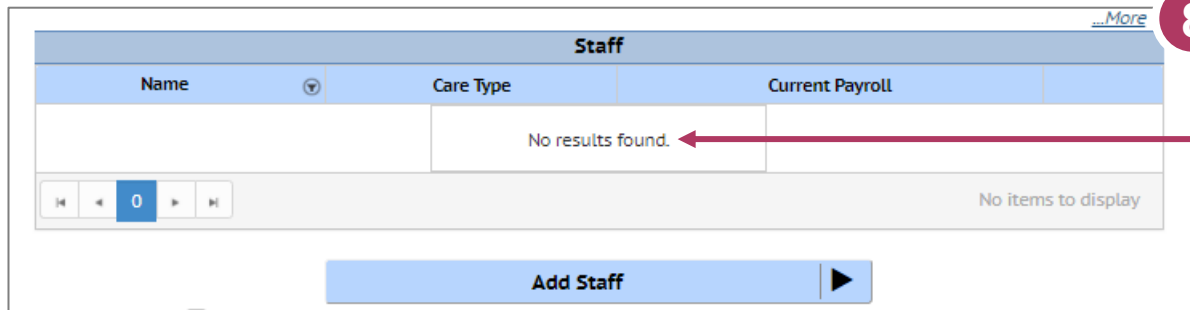


**NOTE:** If you see the  icon next to a field and you are unsure about what to enter, click the icon to get more information about what you are being asked to enter.

# Attaching Staff to the Program

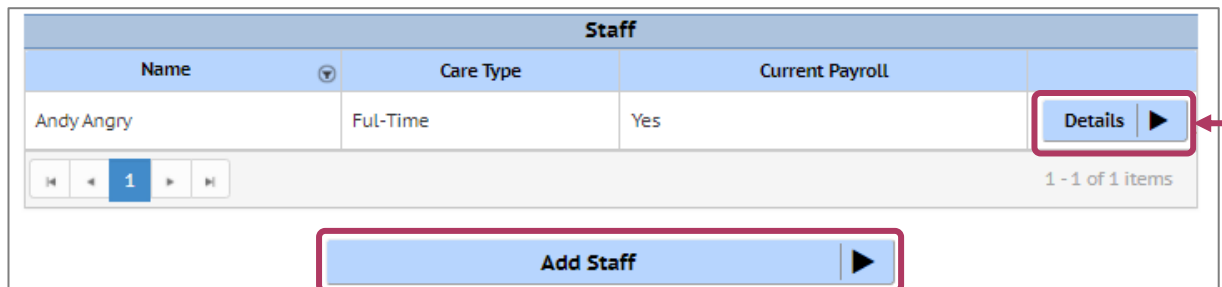
## 8. Review Staff Associated with Location

You will be asked to verify every staff member who worked at your location during the funding period. All individuals attached to your location will be displayed on this page. If you have not applied previously, the page may initially display “No results found,” in which case, you will click **Add Staff**.



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, and a message 'No results found.' is displayed 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.

Here you can view and add staff. To add staff, click the **Add Staff** button.



A screenshot of the same web application interface. The 'Staff' table now contains one row with the following data: Name: Andy Angry, Care Type: Full-Time, Current Payroll: Yes. To the right of the table, there is a blue button labeled 'Details' with a right-pointing arrow. 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.

Click here to add staff.

Click here to view staff details if you have staff carry over from a previous application.



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

# Adding Individual Staff

## 9. Add Staff to Be Considered for Funding

You are then taken to the *Staff* page to review all the individuals attached to the application.

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Name	Care Type	Current Payroll	
Andy Angry	Ful-Time	Yes	<a href="#">Details</a> ▶

◀ 1 ▶

[Add Staff](#) ▶

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

Individuals			
Name	Role(s)	Employment Period	
Eeva Emergency	Director	07/04/2024	<a href="#">Select</a> ▶
 Erik Emergency	Director	07/10/2024	<a href="#">Select</a> ▶
Tom Trouble	Director - Assistant	06/10/2024	<a href="#">Select</a> ▶

Once you have finished adding all individuals to the application, check the *I verify...* checkbox and click the **Verify** button.

**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](#)

**Note:** Individuals with  symbol next to their name need a fingerprint-based background check. **Only individuals in compliance with background check laws are eligible for staff payments.**

Individual	
Name	 Erik Emergency
Employment Period	7/1/2024

# Adding Children Detail

## 10. Add Children to the Application

You will be asked to add *every child who attended at least one day during the **Count Week***. The number of children added in this section must equal the number of children that you indicated were in attendance on the first page of the application: *Add Application Details*.

**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**

☐ I v. children listed above were enrolled for the period of 04/09/2023 to 04/22/2023

**Verify**

Click the **Add Child** button to get started adding children to your application.

Here you can add children from a previous application. Click **Copy** to add them to your application.

**COVID-19 Payments – Previous Funding Period Child List**

**Common Details**

Payment Month: July 2024  
Grantee Name: Licensed, Lisa

[More](#)

Children not copied from previous application

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

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

Name	Date of Birth
No results found.	

**Add Child**

**Child List**

You can also add new children to this application.

You can also view children who were enrolled in Wisconsin Shares during the **Count Week**.


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

# Previous Payment Child List

## 11. Verify Previous Child List

If you applied for a previous round of Child Care Counts, children added to your previous application will appear here, and may be copied into your current Child Care Bridge Payments application. Click **COPY** to add children to your application. This will take you to the *Child Details* page.

Children not copied from previous application

Name	Date of Birth	Care Type	
Hexx Bolt	01/28/2023	Full-Time Care	<a href="#">Copy</a> 

**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**

**Verify child details.**  
You must indicate if the child attended at least one day during the **Count Week**.

**Note:** If marking “No, child did not attend due to exposure to COVID,” be sure they are included in the total count of “Number of children attended”.

Click the **Add** button to move on to the next page.

# Adding Children Detail

## 12. Add Children to the Application

If you have children from a previous application, they will automatically be imported. You should verify and update the details for these children, if needed. If children were not in attendance or are no longer enrolled, you can remove them from this list. You can also view children who were enrolled in Wisconsin Shares **during the Count Week**.

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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

If you need to update or review the information about a specific child, click on the **Details** button to be taken to that child's record.

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

Child List

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

Modify Child

If you have added a child in error to the application, you can remove the child by checking the box **Remove this child from the grant?** in the *Modify Child* screen.

Remove this child from the grant? ☐

Click **Save** if you have changed any information.

Save

You can continue adding children, as needed, or check the I Verify... checkbox and click the **Verify** button.

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

Verify



# Upload Verification Documents

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

You will be taken to the **Verification Documents** page. Here, you will upload documentation that shows evidence that the children entered in this application are enrolled and in attendance for this facility.

**For example:**

- Select the file type, from the drop-down – we are choosing *Children Attendance Records*.
- Click **Upload** to select the file from your computer.
- Then choose **Save Documents**.
- The document will be added to your list. When you have uploaded the appropriate documents, click the **Submit Application** button.

COVID-19 Verification 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

Document Type:   
Upload File:   
Upload Document   
Save Documents

COVID-19 Verification 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

COVID-19 Verification 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

# Finalizing Your Application

**COVID-19 Payments - Submit Application**

**Common Details**

Payment Month: February 2024  
Grantee Name: Licensed, Lisa

**Payment Program Details for Funding Workforce Recruitment And Retention**

Payment Program: Funding Workforce Recruitment And Retention  
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 includes:**

**Per-Child Amount:** Program A payment amount for each child entered in the application that was in attendance during the Court Week.

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

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

**Payment Program B: Funding Workforce Recruitment And Retention includes:**

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

**Quality Incentive Per-Staff Amount:** Program B additional payment amount based on 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](mailto: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 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.
  - 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 any adjustments to 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 supporting documentation.
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to supply this documentation upon request.
- I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month. Costs must have been incurred between 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.
  - I will not use the funds to pay providers who 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 Providers:
  - In accordance with DCF 202.08(1)(b) all providers must also be approved by the certification coordinator 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 coordinator 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**

About DCF Public

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

## 14. Review Your Submission

You must correct any of entries with red text. The system gives you specific details about a mismatch or other problem with the entry.

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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.

Any text in red indicates that there is an error that needs correcting before you can proceed.

Inconsistent and/or incorrect information will delay and could possibly prevent your application from being processed. **It is imperative you go back and fix any issues noted in red.** If you are having trouble fixing/modifying your application, please email or call for assistance.

Click **Application Details** to return to the application and correct the information, as necessary.

# Finalizing Your Application

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## 15. Review the Terms and Conditions

After ensuring that your application is accurate and complete, you will review the **Terms and Conditions** for the program.



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

## 16. Submit Your Application

As you read through the **Terms and Conditions**, you will be required to check several boxes agreeing to the terms. Once you have agreed to all of them, you can click the **Submit** button to submit your application for the program.

**COVID-19 Payments - Submit Application**

**Common Details**

Payment Month: February 2024  
Grantee Name: Licensed, LLC

**Payment Program Details for Funding Workforce Recruitment And Retention**

Payment Program: Funding Workforce Recruitment And Retention  
Grant Application ID: 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 period 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 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 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 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 Court Week identified for each month.
- If I have a temporary closure for the entire vital court weeks (May 2022) I will not be eligible and must apply during the next month 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 800-535-3650 or [CCCS@dcf.wisconsin.gov](mailto:CCCS@dcf.wisconsin.gov).
- If my program must be regulated and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
- I will, to the extent that I am able, 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.
- I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care centers.
- 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.
- I agree to update child and staff information that 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 at 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 Court Week.
  - Documentation to verify staff employed at time of application and during each Court Week.
  - Records of compensation for providers and staff included in my application.

☐ 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. Other 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 Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
  - My program must be in compliance with background check requirements.
  - My program must be in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
  - If my program has an outstanding Wisconsin Shares or Child Care Courts overpayment, I must be in compliance with any DCF Finance Repayment Agreement. If there is 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 program 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 during 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 refunded from funding by a prior DCF program or reimbursed by another state or federal fund source.

☐ I agree to above Qualifications terms.

**Allowable Use of Funds**

Under Program B - Funding Workforce Recruitment And Retention, all programs will receive a Base Per-Staff amount. Programs participating in YoungStar will receive a Quality Incentive Per-Staff amount. These amounts will be included in the monthly Payment Letter. Program B funds must be used to support 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 YoungStar, I will use the awarded Quality Incentive Per-Staff amount towards one or more of the following: wages, bonuses, benefits; recruiting; professional development; and staff trainings, scholarships, or other continuing education expenses.
- Restrictions:**
  - I will not use the funds to pay volunteers.
  - I will not use the funds to pay household members who are not on staff and actively caring for children.
  - High-level 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 not eligible 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 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 in 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 of use of funds for recruitment efforts for hiring new staff.

☐ I agree to above Documentation terms.

**15 Application Details**

**16**

**Submit**

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# Modifying After Submission

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## 17. Updating After Submitting

You will have the ability to update your application after submission, **until the application period ends at midnight**. You will need to modify each section and its detail level information.

To modify the *Common Details*, click the **Modify Common Details** button.

To modify the *Application Details*, specifically the number of children enrolled during the funding period, select the **Modify Application Details** button. Remember, any change in the number of children will affect the number of children who need to be entered in the *Add Children* module.

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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Update SPA CWA Privileges

You can use the **Temporary Closure, Staff, Children, Upload Verification Documents, Payment Documents, and Program Integrity Documents** buttons to update those specific sections of the application. Refer to the previous instructions in this guide for specifics.

# Update or Verify Location Temporary Closures

## 18. Temporary Closures

You will be asked to verify any temporary closures during the funding period. If the closures were already updated in the Provider Portal, those details will be shown here. If you need to add a temporary closure period, select the **Add Temporary Closure** button, and you will be taken to the **Closure Schedule** screen shown below.

**COVID-19 Payments - Temporary Closure**

**Common Details**

Payment Month: 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 when. 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

Comments:

**Add**

**Temporary Closure**

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Enter the closure dates and select the appropriate reason for the closure from the drop-down menu.

Enter your comments in the **Comments** box. After including all temporary closures, click the checkbox indicating that you have accurately recorded and verified the temporary closures for your location.



Once you have entered all Temporary Closures, check the box and select **Verify** to continue through the application.

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

**Verify**



# Appendix



# APPENDIX I

## Adding Individuals to the Child Care Provider Portal

This module allows child care providers to enter current and prospective employees and household members for background check purposes.

### 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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If you do not see an individual who worked on your staff during the funding period, you must add them through this module if you want them to be considered for funding.

**Individuals will not be able to be attached until they have a background check request on file.**

Follow the link below to download the latest **Child Care Provider Portal (CCPP) User Guide**.



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