

# ***El Cuidado Infantil Importa: Programa de Pagos de Estabilización Ronda 4***

CHILD CARE COUNTS: STABILIZATION PAYMENT PROGRAM ROUND 4

## **Guía de Solicitud**

APPLICATION GUIDE

febrero 2024



Wisconsin Department of  
Children and Families

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

# Índice

Acerca de esta guía .....	4
Notas del sistema.....	5
Notas Importantes.....	6
Lista de verificación de documentos previa a la solicitud .....	7
Cómo enviar una solicitud .....	8
Inicio de la solicitud .....	10
Página de resumen del pago .....	11
Pagos COVID-19 Preguntas de Comentario.....	12
<b>SOLICITUD DEL PROGRAMA DE PAGOS A .....</b>	<b>15</b>
<b>Prestación de oportunidades de cuidado infantil seguras, saludables y de alta calidad</b>	
<b>SOLICITUD DEL PROGRAMA DE PAGOS B .....</b>	<b>27</b>
<b>Fondos de contratación y retención de la fuerza laboral</b>	
<b>APÉNDICE .....</b>	<b>41</b>

# Acerca de esta guía

Esta guía detalla de qué manera los proveedores deberán utilizar el Portal para proveedores de cuidado infantil (del DCF) para solicitar el programa ***Child Care Counts: Stabilization Payment Program Round 4 (El cuidado infantil importa: Programa de pagos de estabilización)***.

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

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

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

## AVISO IMPORTANTE

**Los programas *Child Care Counts (El cuidado infantil importa)*** son programas de tiempo limitado diseñados para entregar asistencia a los proveedores de cuidado infantil en respuesta a la emergencia de salud pública del COVID-19. **Los programas no son subvenciones** (grants) según lo definido en la 45 CFR 75 y en las regulaciones federales relacionadas y el uso de la palabra “subvención” es incidental.



### **Centro de apoyo *Child Care Counts (El cuidado infantil importa)***

Si necesita ayuda, contactar con el

**Centro de Apoyo de *Child Care Counts (El cuidado infantil importa)* al 608-535-3650 o [DCFDECECOVID19CCPayments@wisconsin.gov](mailto:DCFDECECOVID19CCPayments@wisconsin.gov)**


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

# Notas del sistema



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



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

Child Care Provider Portal  
Welcome, Laura

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

Grantee Details

Payment Month: October 2021

Grantee First Name: Lisa

Grantee Middle Initial:

Grantee Last Name: Licensed

Grantee Email: Lisa@Licensecenter.com

Grantee Phone: (221) 212-1212

Tell us about the children at your facility

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

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

Did your facility serve any children who speak

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

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

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



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

Child Care Provider Portal  
Welcome, Laura

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

Payment Program Summary

Payment Month	When Can I Apply?/Update	Payment Program	Status	
February 2024	Feb 10 – Feb 25	Increasing Access To High-Quality Care	Not Applied	<input type="button" value="Apply"/> ▶
February 2024	Feb 10 – Feb 25	Funding Workforce Recruitment And Retention	Not Applied	<input type="button" value="Apply"/> ▶

Number of Children attended \*  ⓘ

Enter the number of children who attended at least one day between **1/28/2024 and 2/10/2024** at this location.

# Notas Importantes

*El Cuidado Infantil Importa: Programa de Pago de Estabilización* es un programa de pagos mensuales para apoyar a la comunidad de cuidado y educación temprana de Wisconsin.

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


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

# Lista de verificación de documentos previa a la solicitud

Esta nueva ronda del *Cuidado Infantil Importa*: Programa de pagos de estabilización) requiere que carga documentos de verificación al momento de enviar su solicitud inicial y cuando se le solicite durante las futuras semanas de actualización mensual.

Asegúrese de tener los siguientes documentos disponibles cuando presente su Solicitud del Cuidado Infantil Importa:

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

  
**Upload  
Verification  
Document**

**Documentos de  
verificación**

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

**Esto incluye:**  
Registros de asistencia  
de los niños

Registros de empleo del  
personal

Consulte nuestro guía, *Child Care Counts*: [Provider Portal Upload Guide](#) para obtener más información y consejos sobre cómo subir sus documentos.

# Cómo enviar una solicitud

Child Care Provider Portal

## Login

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

User ID:

Password:

Show Password

Remember Me

Enable Keyboard Accessibility Features

Enable Screen Reader Features

[...Hide Options](#)

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

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

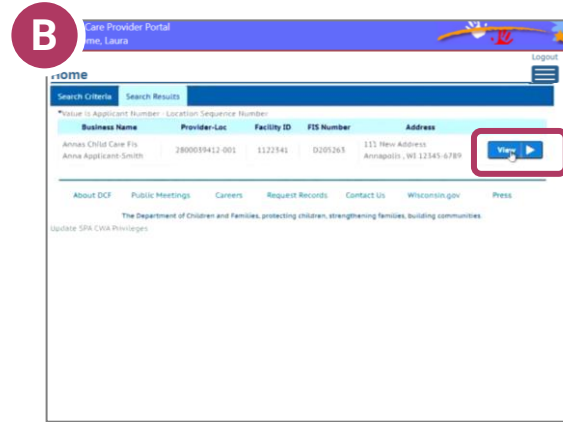
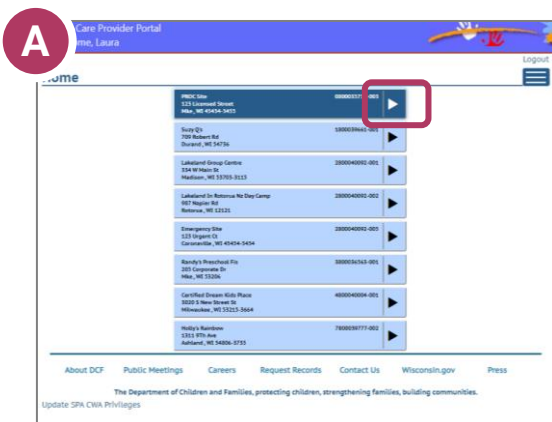
[About DCF](#) [Public Meetings](#) [Careers](#) [Request Records](#) [Contact Us](#) [Wisconsin.gov](#) [Press](#)

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## 1. Pantalla de inicio de session

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

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

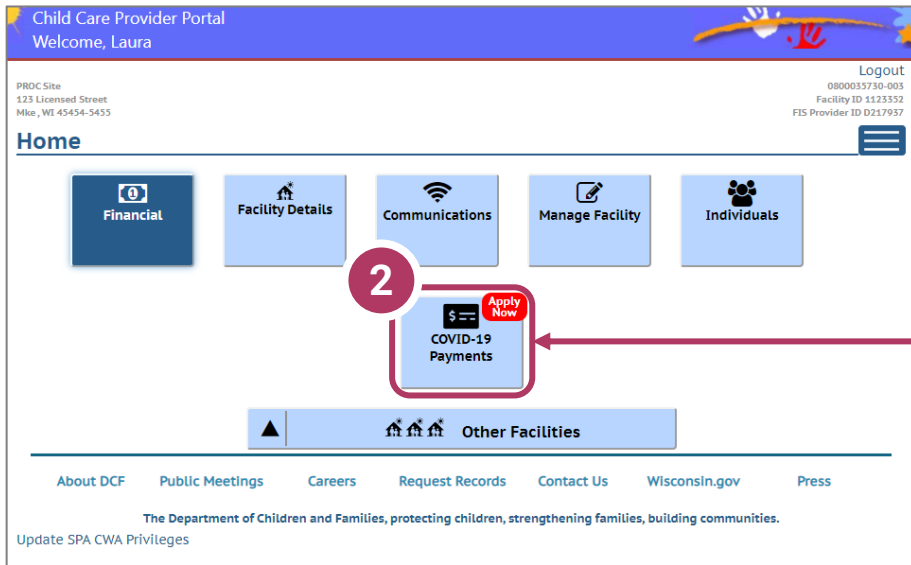


Dependiendo de si tiene una o más ubicaciones, su pantalla de inicio puede verse como la opción A - múltiples ubicaciones, o la opción B - una sola ubicación.

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



# Cómo enviar una solicitud



2. Seleccione el botón de COVID-19 Payments (Pagos COVID-19)

Haga clic en el botón de **COVID-19 Payments** (Pagos COVID-19) para proceder a la página de solicitud.

# Iniciando la solicitud

## Lista de solicitudes de pago COVID-19

Child Care Provider Portal  
Welcome, Laura

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

Logout  
0800035730-003  
Facility ID 1123352  
FIS Provider ID D217937

### COVID-19 Payment Application List

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

#### Payment Program Summary

Payment Month	When Can I Apply?/Update	Payment Program	Status	
February 2024	Feb 10 – Feb 25	Increasing Access To High-Quality Care	Not Applied	<input type="button" value="Apply"/>
February 2024	Feb 10 – Feb 25	Funding Workforce Recruitment And Retention	Not Applied	<input type="button" value="Apply"/>

Hay dos programas del Cuidado Infantil Importa pago de estabilización que puede solicitar un proveedor.

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

### 3. Iniciar solicitud

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



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

# Página de resumen del programa de pago

4

COVID-19 Payment Application List				
Apply for COVID-19 payments and view details of payment program applications already started or completed.				
Payment Program Summary				
Payment Month	When Can I Apply?/Update	Payment Program	Status	
February 2024	Feb 10 – Feb 25	Increasing Access To High-Quality Care	Not Applied	<a href="#">Apply</a> ▶
February 2024	Feb 10 – Feb 25	Funding Workforce Recruitment And Retention	Not Applied	<a href="#">Apply</a> ▶

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

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

**Incompleto** Si ha iniciado una solicitud para el programa, pero su solicitud no se ha enviado o si fue aprobado para el mes anterior de la Ronda de Estabilización 3, y aún no ha enviado su solicitud inicial para la Ronda 4, el estado de su solicitud se mostrará como Incompleto. Haga clic en **Detalles** para completar la solicitud.

**Revisión necesaria** Si fue aprobado para el mes anterior de la Ronda 4, su estado aparecerá como Revisión necesaria al principio de cada semana de actualización/solicitud. Debe revisar y volver a enviar sus solicitudes durante la Semana de actualización. Haga clic en Revisar para comenzar la revisión y volver a enviar la solicitud.

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



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



Pagos COVID-19

# Preguntas de Comentario

## Preguntas de comentario acerca del programa de pagos COVID-19

Nuevo en esta ronda del Cuidado Infantil Importa es una serie de **Preguntas de Comentario**. Solo tendrá que completar estas preguntas una vez en su solicitud inicial para el nuevo Programa de Pago A o Programa B.

El DCF utilizará esta información para comprender la cantidad de lugares de inscripción vacantes en programas de cuidado infantil en todo el estado e identificar las causas potenciales, así como los impactos en las familias y las comunidades. Esta también es una oportunidad para que usted brinde información que ayude a fundamentar posibles programas futuros para apoyar a los proveedores de cuidado infantil y fortalecer sus programas de cuidado infantil.

Estas preguntas de comentarios **solo se utilizarán con fines de recopilación de información**.

- Esta información no se utilizará con fines de auditoría.
- No es necesario recopilar documentación para sus respuestas.
- Calcule si no sabe la respuesta exacta a la pregunta.
- Los resultados de los comentarios no se publicarán con el nombre de su instalación ni con ninguna información de identificación relacionada con su cuidado infantil.

Estas preguntas solo deberán completarse una vez durante la Ronda de Estabilización 4. Aparecerán en la solicitud inicial de la Ronda 4 del proveedor.

Visite [la página web del Cuidado Infantil Importa](#) para obtener más información sobre estas preguntas de comentarios.

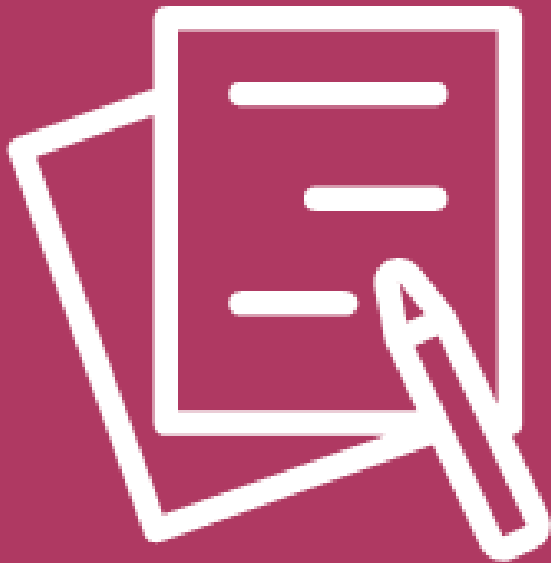
## Pagos COVID-19 Preguntas de Comentario



Cuando haya terminado de escribir cualquier comentario, haga clic en **SIGUIENTE** para continuar. Se le llevará a la página **Información del programa de pago** donde podrá revisar los detalles del Programa de Pago seleccionado.



Recuerde que estas Preguntas de Comentario sólo tendrán que completarse una vez en su solicitud inicial al nuevo Programa de pagos A o B.



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

# Comenzar su solicitud

1

Payment Month	When Can I Apply?/Update	Payment Program	Status
February 2024	Feb 10 - Feb 25	Increasing Access To High-Quality Care	Not Applied <span>Apply ▶</span>

## 1. Comenzar la solicitud

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

## 2. Revisar la información del Programa de pagos

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

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

## 3. Continuar

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

2

Child Care Provider Portal  
Welcome, Laura

PRDC Site  
3079 S 307th St  
Milwaukee, WI 53215-0734

0800035730-003  
Facility ID: 1123262  
FIS Provider ID 0217927

### 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

3



# Agregar detalles de su ubicación a la solicitud

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

**Grantee Details**

Payment Month: February 2024

Grantee First Name \* Lisa

Grantee Middle Initial

Grantee Last Name \* Licensed

Grantee Email \* Jayamaheshwari.Prabaharan...

Grantee Phone \* (121) 212-1212

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

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

Was your facility open during Count Week 01/28/2024 - 02/10/2024 \*  Yes  No

Eligibility requires that care is provided at least one day during the identified Count Week. See FAQ for additional COVID guidance.

## 4. Agregar detalles de la persona beneficiaria

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

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

**Si ingresa detalles inexactos podría retrasar su solicitud.**

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

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

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

¿Estaba abierto su centro durante la semana de recuento?

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

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



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

# Agregar detalles de su ubicación a la solicitud

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

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

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

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

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

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

Payment Program: Increasing Access To High-Quality Care

Number of Children attended \*  ⓘ

Comments:

**Add**

## 7. Cuéntenos sobre los niños inscritos en su programa

En esta sección, puede hacer clic en el ⓘ icono ara obtener más información sobre la pregunta.

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

Payment Program: Increasing Access To High-Quality Care

Number of Children attended \*  ⓘ

Enter the number of children who attended at least one day between 1/28/2024 and 2/10/2024 at this location

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

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



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

# Agregar detalles sobre los niños

## 8. Agregar niños a la solicitud

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

COVID-19 Payments – Child List

Common Details

Payment Month February 2024

Grantee Name Licensed, Lisa

Name Date of Birth Care Type Attended

No results found.

8 Add Child

Verify

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

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

También puede agregar nuevos niños a esta solicitud.

COVID-19 Payments – Previous Funding Period Child List

Common Details

Payment Month February 2024

Grantee Name Licensed, Lisa

Children not copied from previous application

Name	Date of Birth	Care Type	Attended	
Hexx Boltz	7/15/2011	Full-Time Care	Yes	Details
Nail Gunn	9/23/2019	Full-Time Care	Yes	Details
Poppi Rivett	5/5/2019	Full-Time Care	Yes	Details
Jigg Saww	8/15/2016	Full-Time Care	Yes	Details

Name Date of Birth

No results found.

Add Child

Child List

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

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

# Lista de niños incluidos en la solicitud de pago anterior

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

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

Name	Date of Birth	Care Type	
Hexx Boltt	7/15/2011	Full-Time Care	<b>Copy</b> ▶ <b>9</b>

**COVID-19 Payments – Add Child**

**Common Details**

Payment Month: February 2024  
Grantee Name: Licensed, Lisa

**Child Details**

First Name: Hexx  
Middle Initial:   
Last Name: Boltt  
Date of Birth: 7/15/2011  
Care Type:  Full-time Care  Part-time Care

Does this child have an Individualized Education Program (IEP) and receive special education services and/or supports?  Yes  No

Does this child have an Individualized Family Service Plan (IFSP)?  Yes  No

Does the child receive Birth to 3 Services?  Yes  No

Speaks language other than English?  Yes  No

Experiencing homelessness?  Yes  No

Living in tribal community?  Yes  No

WI Shares recipient during 04/09/2023 – 04/22/2023?  Yes  No

Attend during 04/09/2023 – 04/22/2023?  Yes, Child Attended  No, Child Did Not Attend  No, Child Did Not Attend Due To Exposure To Covid-19

Comments

**Add**

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

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

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

# Adición de detalles de los niños

## 10. Agregar niños a la solicitud

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

10

COVID-19 Payments - Child List				
Common Details				
Payment Month		February 2024		
Grantee Name		Licensed, Lisa		
<a href="#">More</a>				
Name	Date of Birth	Care Type	Attended	
Hexx Boltt	7/15/2011	Full-Time Care	Yes	<a href="#">Details</a>
Nail Gunn	9/23/2019	Full-Time Care	Yes	<a href="#">Details</a>
Poppi Rivett	5/5/2019	Full-Time Care	Yes	<a href="#">Details</a>
Jigg Saww	8/15/2016	Full-Time Care	Yes	<a href="#">Details</a>

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

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

COVID-19 Payments - Child Details

Common Details

Payment Month: February 2024

Grantee Name: Licensed, Lisa

[More](#)

Child Details for COVID-19 Payments

First Name: Hexx

Middle Initial:

Last Name: Boltt

Date of Birth: 7/15/2011

[More](#)

[Child List](#)

[Modify Child](#)

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

Remove this child from the grant?

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

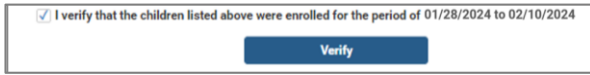
[Save](#)

I verify that the children listed above were enrolled for the period of 04/09/2023 to 04/22/2023

[Verify](#)

# Cargue Documentación de Respaldo

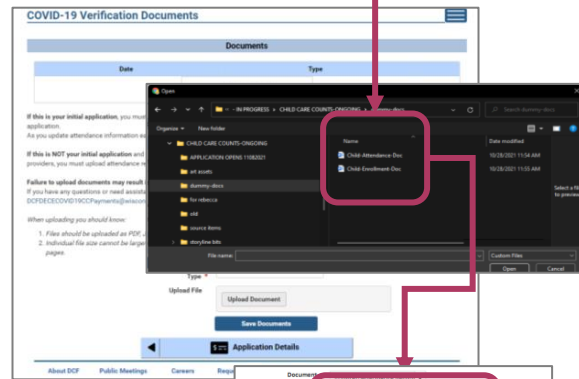
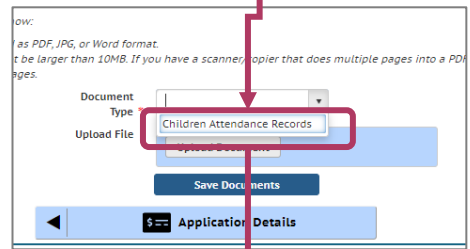
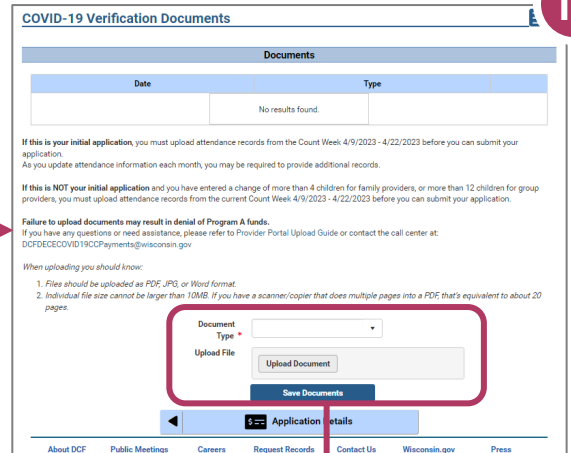
11. Una vez que haya agregado todos los niños, haga clic en la casilla de verificación y haga clic en el botón **Verify (Verificar)**.



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

**Por ejemplo:**

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





# Finalizar Su Solicitud

**COVID-19 Payments - Submit Application**

**Common Details**

Payment Month: February 2024  
Grantee Name: Linnear, Lisa

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

Payment Program: Increasing Access To High-Quality Care  
Grant Application ID: F00001060  
Number of Children attended: 4  
Grant Status: Incomplete

**Terms and Conditions**

**Definition of terms**

**Application Week:** The time frame during which providers can enter or re-enter the Child Care Counts Stabilization Payment Program.  
**Count Week:** The 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 Count Week.  
**Payment Review Date:** The date 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 Count Week.
- Maximum Share: Add-On Amount:** Program A payment amount given in addition to the Per-Child Amount for each child included in the application who has a Wisconsin Share Substitution during the Count Week.
- Inclusive Births to 3 Pilot Add-on Amount:** Program A payment amount given in addition to the Per-Child Amount for each child included in the application who is participating in the Inclusive Births to 3 Child Care Pilot.

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

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

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

- By accepting Child Care Counts Stabilization Payment Programs, I agree to all requirements, understandings, and conditions included in these Terms and Conditions.
- I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Count Week identified for each month.
- If I have a temporary closure for the entire initial count week (May 2023) I will not be eligible and must apply during the next month's Application Week. 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 Count Week, I must plan to reopen within 18 days of the date of the closure in order to receive funding.
- If I have a temporary closure for non-COVID reasons during the duration of a subsequent Count Week, I will not be eligible for payments that month.
- If my program will not be able to reopen within 18 days of the temporary closure, I must notify the Child Care Counts staff center at 800-359-5939 or [DCFCareCounts@dcf.wisconsin.gov](mailto:DCFCareCounts@dcf.wisconsin.gov).
- My program must be registered and in good standing during the Count Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
- I will, to the extent that I am able, maintain evening supervision (night, bedtime, 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, when not involuntarily furloughed (off without pay) staff who appear on my center's application, Child Care Counts Stabilization Payment Program basis for staff may be furloughed only upon their termination for cause or their voluntary resignation from my center.
- I must implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
- I must upload child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.
- I must provide monthly updates to the number of children attending and staff employed during the Count Week.
- Failure to update child and staff information may result in an overpayment, and I must return any funds that should not have been received based on the actual child or staff reported 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 Count Week.
  - Documentation to verify staff employed at time of application and during each Count Week.
  - Payment program records for spending as described later under each program.

I agree to above Confirmation and Acceptance of Funds terms.

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

- I understand and agree that this is a one-month payment program that runs May 2023 through January 2024.
- I am not eligible for program B if, while submitting my application before the end of the monthly Application Week:
  - It is 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 an 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 reduced or my Payment Letter DCF will cease funds for the next month amount as included 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 Count Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
  - My program must be in compliance with background check requirements.
  - My program must be in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
  - If my program has an outstanding Wisconsin Shares or Child Care Counts overpayment, I must be in compliance with any DCF Finance Request Agreement. If there is no agreement, I must be making regular monthly payments toward the debt.
- I understand that DCF may require repayment of funds disbursed to me if the terms and conditions are not met, and I agree to repay the funds as required.
- I understand that by applying for funds that I am certifying that all information provided in my application is true and correct to the best of my knowledge.
- I understand that the Department of Children and Families may monitor and review my application and use of program funds at any time.
- I understand that DCF is required to conduct audits to ensure accuracy of applications and the proper use of funds issued. If an audit is 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. Funds that have been unspent between January 1, 2023 and 120 days after the date of the payment letter.
- I understand that expenses cannot have already been funded by a prior DCF program or reimbursed by another state or federal fund source.

I agree to above Qualifications terms.

**Allowable Use of Funds**

- If receive funding for Program A - Increasing Access To High-Quality Care I agree to the following:
  - I will use the funds to support necessary and reasonable costs of maintaining or enhancing high-quality care.
  - I will use the funds for the following purposes:
    - Operating expenses necessary to obtain space, including but not limited to: mortgage, rent, utility costs, utilities, insurance, business-related taxes, and payroll/benefits.
    - Expenses related to mitigating the risk of COVID-19, including but not limited to: personal protective equipment (PPE) and supplies for cleaning and sanitation.
    - Materials and supplies for enhancing the program environment and curriculum, and social and emotional development supports for children and families.
    - Professional development and/or continuing education.
    - Additional costs to ensure high-quality programming.
    - Mental health services for children and employees.
    - Staff team development and labor agreements for families.
    - You are encouraged to prioritize families most in need of financial relief.
  - Wisconsin Shares payments to families cannot be withheld.
- 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 needs:
    - Structural changes to the foundation, roof, floor, exterior, or load-bearing walls of a facility, or the extension of a facility beyond its four walls or
    - Ability to access its four walls or
    - Extensive alteration of a facility such as to significantly change its function or purpose, even if such renovation does not include any structural change.
  - Purchase includes all costs associated with a purchase of real estate including: down payments, mortgages, points, appraisal fees, and closing costs.
  - Funds may not be expended for my sectarian purpose or activity, including sectarian worship or instruction.
  - Funds may not be used to pay for school tuition or other education related expenses for children enrolled in grades 1 through 12 during the regular school day.

I agree to above Allowable Use of Funds terms.

**Documentation**

- I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of my last payment.
- Program records and supporting documentation related to my application include:
  - Documentation to verify attendance of children entered on my application and during each Count Week.
  - Documentation to verify staff employed at time of application and during each Count Week.
  - Expense records and supporting documentation related to costs incurred and how program funding was spent, including, but not limited to:
    - Receipts and other materials
    - Utility statements
    - Payroll and benefits records
    - Documentation of staff/fellow or equipment for families
    - Expenditures for mental health supports for families and staff
    - Original receipts 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
    - Additional supplies and learning materials

I agree to above Documentation terms.

Application Details

Public Information

Update DCF's CRA Privileges

12. Revisar la solicitud que está por enviar  
Debe corregir cualquier entrada con texto rojo. Le dan detalles específicos sobre un desajuste u otro problema con la entrada.

12

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

Cualquier texto en rojo indica que hay un error que necesita corrección. La información inconsistente y/o incorrecta retrasará el proceso y/o podría impedir que su solicitud sea procesada. **Es imperativo que regrese y corrija los problemas señalados en color rojo.** Si tiene problemas para corregir y/o modificar su solicitud, envíe un correo electrónico o llame para obtener ayuda.

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





# Realizar Modificaciones Después del Envío

15

## 15. Realizar actualizaciones después de enviar la solicitud

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

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

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

**COVID-19 Payments – Application Details**

**Common Details**

Grantee First Name	Laura
Grantee Middle Initial	
Grantee Last Name	Lake
Grantee Email	laura@lakeand.com
Grantee Phone	(121) 212-1212
Do you want to join Wisconsin Early Education Shared Services Network (WEESN)?	Yes
Payment Month	February 2024
Was your facility open during Count Week 04/09/2023-04/22/2023?	Yes
Did your facility serve any children with disabilities?	No
Did your facility serve any children who speak languages other than English?	No
Did your facility serve any children who are experiencing homelessness?	No
Did your facility serve any children from tribal communities?	No

**Modify Common Details**

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

Payment Program	Increasing Access To High-Quality Care
Grant Application ID	P000001660
Number of Children attended	4
Grant Status	Submitted (view Terms and Conditions)

**Modify Application Details**

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

**Payment Program Summary**

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

# Actualizar o verificar cierres temporales de la ubicación

## 16. Cierres temporales

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

**COVID-19 Payments - Temporary Closure**

**Common Details**

Payment Month: February 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 (4/9/2023 - 4/22/2023). You must verify the closure periods above by checking the box below and selecting Verify. If you need to add a new closure period, select the 'Add' button.

I verify that the closures listed above are accurate and complete for the period of 4/9/2023 to 4/22/2023.

**Add Temporary Closure**

**Verify**

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

**COVID-19 Payments - Add Closure Schedule**

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

**Common Details**

Payment Month: February 2024  
Grantee Name: Licensed Lisa

**Verify Temporary Closure**

From Date	To Date	Closure Reason	Comments
4/20/2023	4/24/2023	COVID-19 Business decision	COVID-19 Exposure of staff to COVID-19 COVID-19 Exposure of Child(ren) to COVID-19

**Add**

**Temporary Closure**

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

I verify that the closures listed above are accurate and complete for the period of 4/9/2023 to 4/22/2023.

**Verify**



PARA SOLICITAR EL PROGRAMA DE PAGO B

# Fondos de contratación y retención de la fuerza laboral

# Comenzar su solicitud

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

**Payment Program Summary**

Payment Month	When Can I Apply?/Update	Payment Program	Status	
February 2024	February 10 – February 25	Funding Workforce Recruitment And Retention	Not Applied	<b>Apply</b> ▶

## 1. Comenzar la solicitud

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

## 2. Revisar la información del Programa de pagos

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

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

## 3. Continuar

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

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

**COVID-19 Payments Information**

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

**What is Program B: Funding Workforce Recruitment And Retention?**

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

**When Can I Apply?**

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

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

The following information will be collected:

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

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

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

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

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

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

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

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

**Continue**

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# Agregar detalles de su ubicación a la solicitud

## 4. Agregar detalles de la persona beneficiaria

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

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

**Si ingresa detalles inexactos podría retrasar su solicitud.**

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

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

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

¿Estaba abierto su centro durante la semana de recuento?

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

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



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

# Agregar detalles de su ubicación a la solicitud

### Tell us about the children at your facility

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

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

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

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

---

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

Payment Program	Funding Workforce Recruitment And Retention
7 Number of Children attended * <input type="text" value="4"/>	ⓘ
Comments	<input type="text"/>

**Add**

## 7. Cuéntenos sobre los niños inscritos en su programa

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

Number of Children attended \*  ⓘ

Enter the number of children who attended at least one day between 1/28/2024 and 2/10/2024 at this location.

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

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

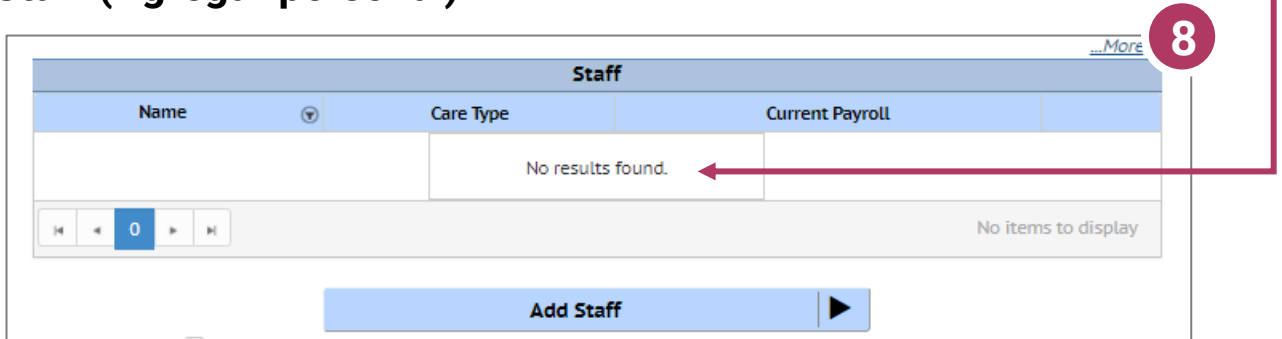


**NOTA:** Si ve el icono junto a un campo y no está seguro de qué información ingresar, haga clic en el icono ⓘ para obtener más información sobre los datos que se están pidiendo que ingrese.

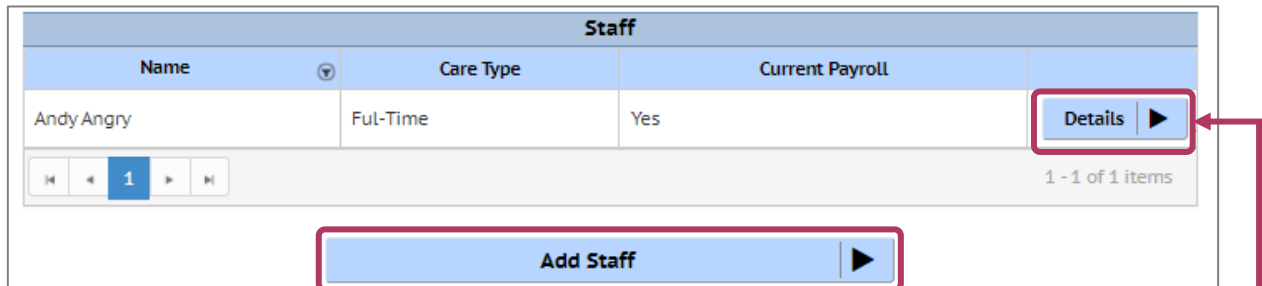
# Agregar Personal al Programa

## 8. Revisar el personal vinculado a la ubicación

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



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



Haga clic aquí para agregar personal

Haga clic aquí para ver los detalles del personal

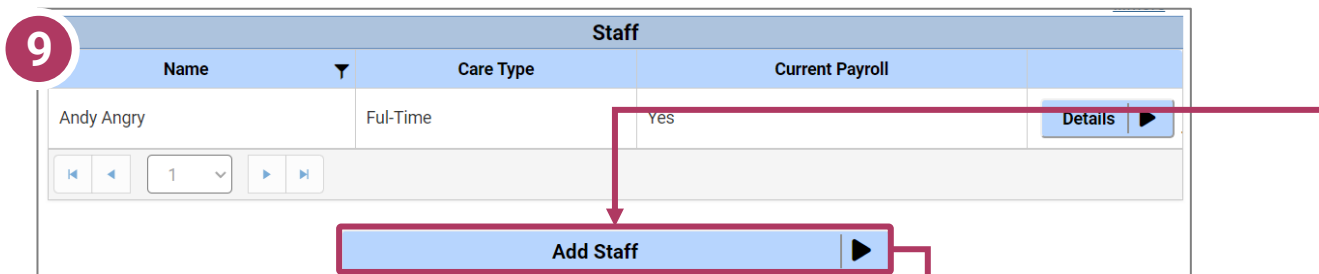


**Si es un proveedor familiar y es el único empleado en su ubicación, solo tendrá que agregar sus datos.**



# Agregar Personal al Programa

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




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

A screenshot of a web application interface showing a table titled "Individuals". The table has columns for "Name", "Role(s)", and "Employment Period". Three rows are visible: "Eeva Emergency" (Director, 03/27/20), "Erik Emergency" (Director, 04/01/20), and "Tom Trouble" (Director - Assistant, 05/07/20). The "Erik Emergency" row has a red icon next to the name. To the right of each row is a "Select" button. A red box highlights the "Select" buttons for the first three rows, with a red arrow pointing from the "Add Staff" button in the previous screenshot to the "Select" button for Erik Emergency.

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

A screenshot of a web application interface showing a form titled "COVID-19 Payments - Staff". The form has sections for "Common Details", "Individual", and "Staff Details". The "Common Details" section includes "Payment Month" (February 2024) and "Grantee Name" (Lane, Laura). The "Individual" section includes "Name" (Eeva Emergency) and "Employment Period" (3/27/2020). The "Staff Details" section includes "Care Type?" with two radio button options: "This person typically works 21 or more hours per week at this location" (selected) and "This person typically works 20 or fewer hours per week at this location". Below this is a question "Is the individual employed or on payroll at anytime between 04/09/2023 and 04/22/2023?" with "Yes" and "No" radio buttons. There is a "Comments" text area and an "Add Staff" button at the bottom.

A screenshot of a web application interface showing a verification step. It includes a checkbox and the text "I verify that the staff listed above were on the payroll for the period of 01/28/2024 to 02/10/2024". Below this is a large blue button labeled "Verify". A red arrow points from the "Verify" button in the previous screenshot to this "Verify" button.

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

A screenshot of a web application interface showing a record for an individual. The record is titled "Individual" and has columns for "Name" and "Employment Period". The "Name" cell contains "Erik Emergency" with a red icon next to it. The "Employment Period" cell contains "4/1/2020".



# Agregar detalles sobre los niños

## 10. Agregar niños a la solicitud

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

COVID-19 Payments – Child List

Common Details

Payment Month February 2024

Grantee Name Licensed, Lisa

More

Name	Date of Birth	Care Type	Attended
No results found.			

10 Add Child

Verify

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

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

También puede agregar nuevos niños a esta solicitud.

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

COVID-19 Payments – Previous Funding Period Child List

Common Details

Payment Month February 2024

Grantee Name Licensed, Lisa

More

Children not copied from previous application

Name	Date of Birth	Care Type	Attended	Details
Hexx Bolt	7/15/2011	Full-Time Care	Yes	Details
Nail Gunn	9/23/2019	Full-Time Care	Yes	Details
Poppi Rivett	5/5/2019	Full-Time Care	Yes	Details
Jigg Saww	8/15/2016	Full-Time Care	Yes	Details

Children enrolled in WI Shares as of 08/07/2022 - 08/20/2022

Name	Date of Birth
No results found.	

Add Child

Child List

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

# Lista de niños incluidos en la solicitud de pago anterior

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

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

Children not copied from previous application			
Name	Date of Birth	Care Type	
Hexx Boltt	7/15/2011	Full-Time Care	Copy ▶ 11

**COVID-19 Payments – Add Child**

**Common Details**

Payment Month: February 2024  
Grantee Name: Licensed, Lisa

**Child Details**

First Name: Hexx  
Middle Initial:   
Last Name: Boltt  
Date of Birth: 7/15/2011  
Care Type:  Full-time Care  Part-time Care

Does this child have an Individualized Education Program (IEP) and receive special education services and/or supports?  Yes  No

Does this child have an Individualized Family Service Plan (IFSP)?  Yes  No

Does the child receive Birth to 3 Services?  Yes  No

Speaks language other than English?  Yes  No

Experiencing homelessness?  Yes  No

Living in tribal community?  Yes  No

WI Shares recipient during 04/09/2023 – 04/22/2023?  Yes  No

Attend during 04/09/2023 – 04/22/2023?  Yes, Child Attended  No, Child Did Not Attend  No, Child Did Not Attend Due To Exposure To Covid-19

Comments:

**Add**

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

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

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

# Agregar detalles de niños

## 12. Agregar hijos a la aplicación

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

**12** COVID-19 Payments – Child List

Common Details				
Payment Month	February 2024			
Grantee Name	Licensed, Lisa			
<a href="#">...More</a>				
Name	Date of Birth	Care Type	Attended	
Hexx Boltt	7/15/2011	Full-Time Care	Yes	<a href="#">Details</a>
Nail Gunn	9/23/2019	Full-Time Care	Yes	<a href="#">Details</a>
Poppi Rivett	5/5/2019	Full-Time Care	Yes	<a href="#">Details</a>
Jigg Saww	8/15/2016	Full-Time Care	Yes	<a href="#">Details</a>

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

COVID-19 Payments – Child Details

Common Details	
Payment Month	February 2024
Grantee Name	Licensed, Lisa
<a href="#">...More</a>	
Child Details for COVID-19 Payments	
First Name	Hexx
Middle Initial	
Last Name	Boltt
Date of Birth	7/15/2011
<a href="#">...More</a>	

[Child List](#)

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

[Modify Child](#)

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

Remove this child from the grant?

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

[Save](#)

I verify that the children listed above were enrolled for the period of 01/28/2024 to 02/10/2024

[Verify](#)

# Cargar Documentos de Verificación

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

I verify that the children listed above were enrolled for the period of 01/28/2024 to 02/10/2024

**Verify**

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

**Por ejemplo:**

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

The screenshots illustrate the following steps:

- Initial State:** The 'Documents' table is empty with 'No results found.' Below it, instructions for initial and non-initial applications are provided.
- Document Selection:** The 'Document Type' dropdown menu is open, showing 'Employee Payroll Records' selected.
- Upload:** The 'Upload Document' button is highlighted, indicating the user is selecting a file from their computer.
- Save Documents:** The 'Save Documents' button is highlighted, indicating the user has finished uploading.
- Final Step:** The 'Submit Application' button is highlighted, indicating the user is ready to submit their application.

13

# Finalizar Su Solicitud

**COVID-19 Payments - Submit Application**

**Common Details**

Payment Month	February 2024
Operator Name	Lizana, Lisa

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

Payment Program	Funding Workforce Recruitment And Retention
Grant Application ID	800001705
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 had a Wisconsin Shares Authorization during the Court Week.
- Inclusive Births to 3 Pilot Add-on Amount: Program A payment amount given in addition to the Per-Child Amount for each child included in the application who is participating in the Inclusive Births to 3 Child Care Pilot.

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

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

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

- By accepting Child Care 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 week (May 2023) I will not be eligible and must apply during the next month's Application Week. This applies to closures for COVID or other reasons.
- If I received payment in the previous month and have a temporary closure due to COVID exposure for the duration of a subsequent Court Week, I must plan to reopen within 14 days of the date of the closure in order to receive funding.
- If I have a temporary closure for non-COVID reasons during the duration of a subsequent Court Week, I will not be eligible for payments that month.
- If my program will not be able to reopen within 14 days of the temporary closure, I must notify the Child Care Courts call center at 608-335-9600 or [CCS@dcf.wisconsin.gov](mailto:CCS@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 (lay off without pay) staff who appear on my center's application. Child Care Courts Stabilization Program funding 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 update 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 the 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 as 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 2023 through January 2024.
  - I am 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 an 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 one-month amount as indicated in my Payment Letter.
- I understand that I must meet the following qualifications to be eligible for payments:
  - My program must be registered and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
  - My program must be in compliance with background check requirements.
  - My program must be in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
  - If my program has an outstanding Wisconsin Shares or Child Care Courts overpayment, I must be in compliance with any DCF Finance Recovery 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, 2023 and 120 days of 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 Youngflier 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 Youngflier, I will use the awarded Quality Incentive Per-Staff amount towards one or more of the following: wages, bonuses, benefits, recruiting, professional development, and staff training, scholarships, or other continuing education expenses.
- Restrictions:
  - I will not use the funds to pay volunteers.
  - I will not use the funds to pay household members who are not on staff and actively caring for children.
  - High-level administration (if not the program provider) may receive no more than two (2) times their per-staff amount (Base per-staff amount plus Quality Incentive per-staff amount), as indicated in the Payment Letter. High-level administrative staff are individuals responsible for management of the child care center. These roles include, but are not limited to center director, center administrators, and teachers.
- Certified Providers:
  - In accordance with DCF 202.08(1)(b) all providers must also be approved by the certification roster 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 roster prior to working in the program.

I agree to above Allowable Use of Funds terms.

**Documentation**

- I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of my last payment.
  - Program records and supporting documentation related to my application including:
    - Documentation to verify attendance of children entered on my application and during each Court Week.
    - Documentation to verify staff employed at time of application and during each Court Week.
  - Expenditure records and supporting documentation related to costs incurred and how program funding was spent, such as:
    - Employee payroll registers or other payroll system substantiation of compensation (wages, bonuses, benefits).
    - Communications/notification to employees of personnel policies explaining compensation, including any changes during the period of this program.
    - Receipts for ongoing support for staff retention, including training, professional development, scholarships, or continuing education.
    - Documentation to verify use of funds for recruitment efforts for hiring new staff.

I agree to above Documentation terms.

**Submit**

**Application Details**

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## 14. Revisar la solicitud que está por enviar

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

**14**

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

Cualquier texto en rojo indica que hay un error que necesita corrección. La información inconsistente y/o incorrecta retrasará el proceso y/o podría impedir que su solicitud sea procesada. **Es imperativo que regrese y corrija los problemas señalados en color rojo.** Si tiene problemas para corregir y/o modificar su solicitud, envíe un correo electrónico o llame para obtener ayuda.

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



# Finalizar su solicitud

## 15. Revisar los Términos y Condiciones

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



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

## 16. Enviar su solicitud

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

**COVID-19 Payments - Submit Application**

**Common Details**

Payment Month: February 2024  
 Grantor Name: Licenses, LLC

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

Payment Program: Funding Workforce Recruitment And Retention  
 Grant Application ID: R000001705  
 Number of Children enrolled: 4  
 Grant Status: Incomplete

**Terms and Conditions**

**Definition of terms**

**Application Week:** The time frame during which providers can enter or re-enter the Child Care Counts Stabilization Payment Program  
**Count 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 Count Week  
**Payment Review Days:** The days when DCF reviews applications and updates to ensure the provider remains eligible for payments  
**Payment Program A: Increasing Access to High-Quality Care includes:**  
**Per-Child Amount:** Program A payment amount for each child entered in the application that was in attendance during the Count Week  
**Wisconsin Shares Add-On Amount:** Program A payment amount given in addition to the Per-Child Amount for each child included in the application who has a Wisconsin Shares enrollment during the Count Week  
**Inclusive Birth to 3 Pilot Add-on Amount:** Program A payment amount given in addition to the Per-Child Amount for each child included in the application who is participating in the Inclusive Birth to 3 Child Care Pilot  
**Payment Program B: Funding Workforce Recruitment And Retention includes:**  
**Base Per-Staff Amount:** Program B payment amount for each eligible full-time/part-time staff listed in the application  
**Quality Incentive Per-Staff Amount:** Program B additional payment amount based on YoungStar rating for each eligible full-time/part-time staff listed in the application

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

- By accepting Child Care Counts Stabilization Payment Program funds, I agree to all requirements, understandings, and conditions included in these Terms and Conditions.
  - If I have a temporary closure for the entire initial count weeks (May 2023) I will not be eligible and must apply during the next month's Application Week. This applies to closures for COVID or other reasons.
    - If I received payment in the previous month and have a temporary closure due to COVID exposure for the duration of a subsequent Count Week, I must give my 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 Count Week, I will not be eligible for payments that month.
    - If my program will not be able to reopen within 14 days of the temporary closure, I must notify the Child Care Counts call center at 608-335-9500 or [DCF@DCFCOVID19Comments@wisconsin.gov](mailto:DCF@DCFCOVID19Comments@wisconsin.gov).
  - My program must be regulated and in good standing during the Count Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
  - I will, to the extent that I am able, maintain existing compensation (wages, bonuses, or benefits) for each staff person included in this month's application for the duration of the payment program to 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 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 I will to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
  - I must upload child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.
  - I must provide monthly updates to the number of children attending and staff employed during the Count Week.
    - Factors 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 Count Week.
        - Documentation to verify staff employed at time of application and during each Count Week.
        - Records of payments received for children or services as described 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 2023 through January 2024.
  - I can opt out of the program by withdrawing my application before the end of the monthly Application Week.
  - If, at any time during the program, I am found to be ineligible or not adhering to the terms and conditions, my payments will be discontinued. (When eligibility issues are resolved, I may reapply during a future Application Week.
  - If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following changes in enrollment or staffing reported as required by the program Terms and Conditions, available funding, and adjustments DCF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. DCF will reserve funds for the nine-month amount as indicated in my Payment Letter.
- I understand that I must meet the following qualifications to be eligible for payments.
  - My program must be regulated and in good standing during the Count Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
  - My program must be in compliance with background check requirements.
  - My program must be in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
  - If my program has an outstanding Wisconsin Shares or Child Care Counts overpayment, I must be in compliance with any DCF Finance Requirement Agreement and if there is an Agreement, I must not make regular monthly payments toward that debt.
- I understand that DCF may require assignment of funds distributed to me, of 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. Counts must have been received by January 1, 2023 and 120 days from the date of the payment letter.
- I understand that amounts cannot be shared with funds from a prior DCF program or reimbursed by another state or federal funding source.

I agree to above Qualifications terms.

**Allowable Use of Funds**

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

- If I receive funding for Program B - Funding Workforce Recruitment And Retention, I agree to the following:
  - I will use at least the Base Per-Staff amount for each staff person included in this month's Count Week toward the goal of maintaining existing compensation (wages, bonuses, or benefits).
  - For programs participating in YoungStar, I will use the awarded Quality Incentive Per-Staff amount towards one or more of the following wages, bonuses, benefits, 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 that per-staff amount (Base per-staff amount plus Quality Incentive per-staff amount), as reflected in the Payment Letter. High-level administrative staff are individuals responsible for management of the child care center. These roles include, but are not limited to center directors, center administrators, and licensees.
- Certified Providers.
  - In accordance with DCF 202 DR 12(1)(i) all providers must also be approved by the certification worker prior to working in the program.
  - As a certified provider, I agree that all staff listed on my application have been approved by the certification worker prior to working in the program.

I agree to above Allowable Use of Funds terms.

**Documentation**

- I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of my last payment.
  - Program records and supporting documentation related to my application including:
    - Documentation to verify attendance of children entered on my application and during each Count Week.
    - Documentation to verify staff employed at time of application and during each Count Week.
  - Expensive 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**

**16**

**Application Details**

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# Realizar Modificaciones Después del Envío

17

## 17. Realizar actualizaciones después de enviar la solicitud

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

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

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

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)?	No
Payment Month	February 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

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

# Actualizar o Verificar Cierres Temporales de la Ubicación

## 18. Cierres temporales

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

**COVID-19 Payments - Temporary Closure**

**Common Details**

Payment Month: February 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 (4/9/2023 - 4/22/2023). You must verify the closure periods above by checking the box below and selecting Verify. If you need to add a new closure period, select the 'Add' button.

I verify that the closures listed above are accurate and complete for the period of 4/9/2023 to 4/22/2023.

**Verify**

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

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

**COVID-19 Payments - Add Closure Schedule**

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

**Common Details**

Payment Month: February 2024  
Grantee Name: Licensed, Lisa

**Verify Temporary Closure**

From Date: 4/20/2023  
To Date: 4/24/2023

**Closure Reason**

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

**Add**

**Temporary Closure**

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

I verify that the closures listed above are accurate and complete for the period of 4/9/2023 to 4/22/2023.

**Verify**



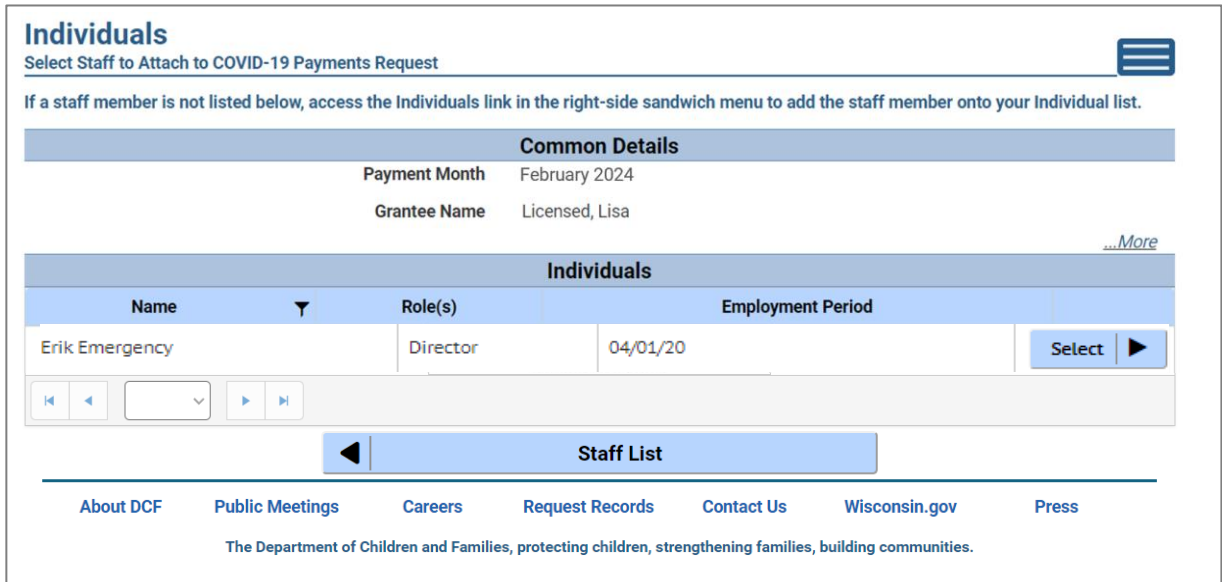


# Apéndice

# APÉNDICE

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

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



**Individuals**  
Select Staff to Attach to COVID-19 Payments Request

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

**Common Details**

Payment Month: February 2024  
Grantee Name: Licensed, Lisa

*...More*

**Individuals**

Name	Role(s)	Employment Period	
Erik Emergency	Director	04/01/20	Select

**Staff List**

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

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

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

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