

Child Care Counts: Stabilization Payment Program Round 5

Application Guide

JULY 2024



Wisconsin Department of
Children and Families

The Department of Children and Families is an equal opportunity employer and service provider. If you have a disability and need to access services, receive information in an alternate format, or need information translated to another language, please call the Division of Early Care and Education at 608-422-6002. Individuals who are deaf, hard of hearing, deaf-blind or speech disabled can use the free Wisconsin Relay Service (WRS) – 711 to contact the department.

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About This Guide

This guide details how providers will use DCF's Child Care Provider Portal (CCPP) to apply for the ***Child Care Counts: Stabilization Payment Program Round 5***.

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

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

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

IMPORTANT NOTICE

Child Care Counts programs are time-limited 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. Use of the word "grant" is incidental.



Child Care Counts Support Center


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

System Notes



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



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



Child Care Provider Portal
Welcome, Laura

PROC Site
123 Government Street
Milwaukee, WI 53215-1234

Logout
0800035730-003
Facility ID 1123352
FIS Provider ID D217937

COVID-19 Payments - Add Application Details

Add common and payment program details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Grantee Details

Payment Month: July 2024

Grantee First Name: Lisa

Grantee Middle Initial:

Grantee Last Name: Licensed

Grantee Email: Lisa@Licensedcenter.com

Grantee Phone: (212) 212-1212

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

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

Tell us about the children at your facility

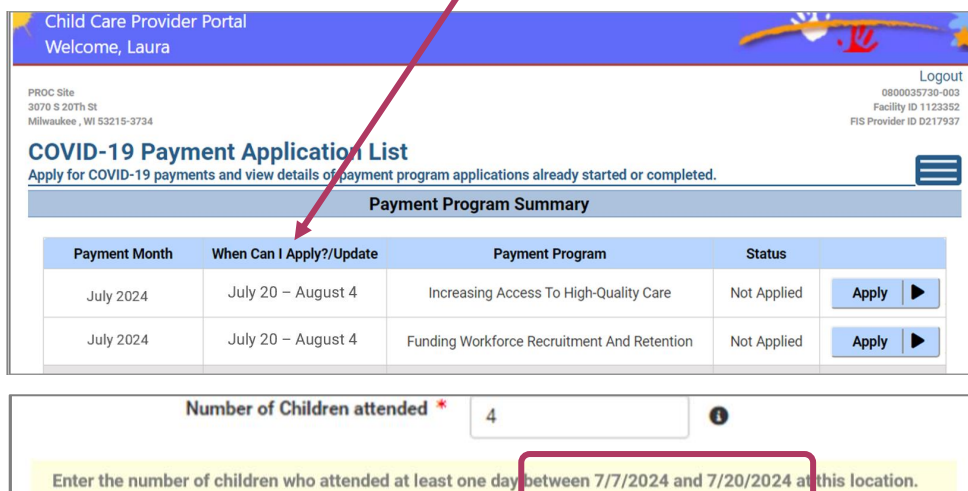
Did your facility serve any children with disabilities? ☐ Yes ☒ No 

Did your facility serve any children who has an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) and receives special education services and/or supports? ☐ Yes ☒ No

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



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



Child Care Provider Portal
Welcome, Laura

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


Logout
0800035730-003
Facility ID 1123352
FIS Provider ID D217937

COVID-19 Payment Application List

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

Payment Program Summary

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

Number of Children attended * 

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

Important Notes

The ***Child Care Counts: Stabilization Payment Program*** is a monthly payment program to support Wisconsin's early care and education community.

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

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


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

Pre-Application Document Checklist

The *Child Care Counts: Stabilization Payment Program* requires you to upload Verification Documents when submitting your initial application, and when requested during future monthly Update Weeks.

Be sure to have the following documents available when submitting your *Child Care Counts* Application:

- ☐ Child Attendance Records
- ☐ Staff Employment Records


**Upload
Verification
Document**

Verification Documents

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

This includes:
Child Attendance Records
Staff Employment Records

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

How to Submit an Application

Child Care Provider Portal

Login

1

User ID

Password

☐ Show Password

☒ Remember Me

☐ Enable Keyboard Accessibility Features

☐ Enable Screen Reader Features

Login

[...Hide Options](#)

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

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

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

Expression of Interest

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Report Child Abuse

Report Fraud

1. Login Screen


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









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



Care Provider Portal

Home, Laura



PHIC Site 323 Lombard Street New, WI 45434-3453	6000015716-001	
Tracy Co 700 Belmont St Shrewsbury, WI 34734	5000015864-001	
Lakeland Group Centre 514 W Main St Madison, WI 53703-3113	2000040001-001	
Lakeland In Remedia New Day Camp 907 Regatta Dr Milwaukee, WI 53213	2000040002-001	
Emergency Care 523 Urgent Care Greenfield, WI 45434-3434	2000040003-001	
Stanley's Recreational Fit 201 Corporate Dr New, WI 73324	6000016763-001	
Capital Cities Health Plan 3000 S New Street St Milwaukee, WI 53225-3444	4000040004-001	
Nelly's Barbers 1315 Pitt Ave Milwaukee, WI 53206-3733	7000030777-001	

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Update SPA CNA Profiles

B

Case Provider Portal
Anna, Laura

Logout

Home

Search Criteria Search Results

*View by Applicant Number Location Sequence Number

Business Name	Provider-Loc	Facility ID	FIS Number	Address
Anna's Child Care Etc Anna Applicant Smith	2800099412-001	1122341	0205263	113 New Address Annapolis, WI 12345-6789

View

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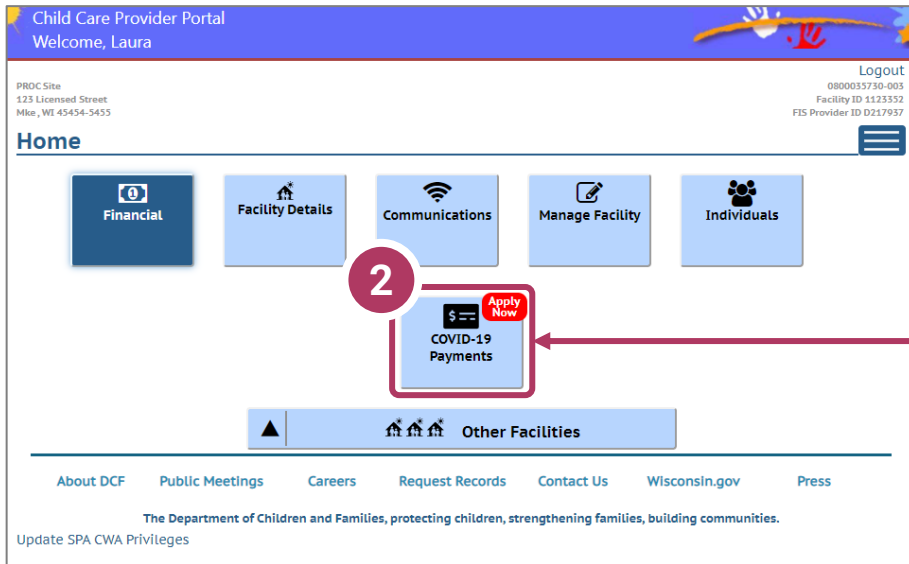
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Update SPA CWA Privileges

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

Click the location you want to make your application for.

How to Submit an Application



2. Select COVID-19 payments

To proceed to the application page, click the **COVID-19 Payments** button.

Beginning Your Application

COVID-19 Payment Application List



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

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

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

3. Start Application

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



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

Payment Program Summary Page

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COVID-19 Payment Application List				
Apply for COVID-19 payments and view details of payment program applications already started or completed.				
Payment Program Summary				
Payment Month	When Can I Apply?/Update	Payment Program	Status	
July 2024	July 20 – August 4	Increasing Access To High-Quality Care	Not Applied	Apply ▶
July 2024	July 20 – August 4	Funding Workforce Recruitment And Retention	Not Applied	Apply ▶

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

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

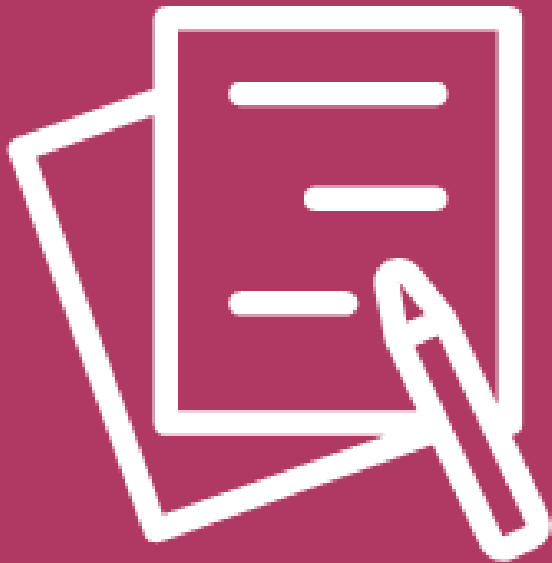
Incomplete If you have started an application for the program, but your application has not been submitted or if you were approved for the previous month of the *Stabilization Round 4*, and have not yet submitted your initial application for Round 5, your application status will display as **Incomplete**. Click **Details** to complete your application.

Review Needed if you were approved for the previous month of Round 5, your status will show as Review Needed at the beginning of each Update/Application Week. You must review and re-submit your applications during Update Week. Click **Review** to begin your review and re-submit your application.

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



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



APPLYING FOR PAYMENT PROGRAM A

Increasing Access to High-Quality Care

Beginning Your Application

1

COVID-19 Payment Application List

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

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

1. Begin Application

Once you have selected your **Payment Program**, you will be taken to the *COVID-19 Payments Information* page. Here you will review the details of the specific program you have selected. In this case, we have chosen *Increasing Access to High-Quality Care* in the Payment Program Summary.

2. Review Payment Program Information

This screen details the following information:

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

3. Continue

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

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Child Care Provider Portal
Welcome, Laura

PROC Site
3079 S 207th St
Milwaukee, WI 53215-3734

0800035739-003
Facility ID 1123582
FIS Provider ID 5217927

COVID-19 Payments

Please read all the below details before proceeding with application

COVID-19 Payments Information

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

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

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

When Can I Apply?

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

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

The following information will be collected:

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

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

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

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

What happens after I submit my application?

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

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

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

Continue

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Add Application Details for Your Location

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

Grantee Details

Payment Month: July 2024

Grantee First Name: Lisa

Grantee Middle Initial:

Grantee Last Name: Licensed

Grantee Email: Jayamaheshwari1.Prabakaran...

Confirm Grantee Email: Jayamaheshwari1.Prabakaran...

Grantee Phone: (121) 212-1212

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

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

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

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

4. Add Grantee Details

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

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

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

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

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

Was your facility open during Count Week?

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

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



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

Add Application Details for Your Location

Tell us about the children at your facility

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

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

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

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

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

Payment Program Increasing Access To High-Quality Care

Number of Children attended * ⓘ

Comments

Add

7. Enter the Number of Children Attended

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

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

Payment Program Increasing Access To High-Quality Care

Number of Children attended * ⓘ

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

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

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



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

Adding Children Detail

8. Add Children to the Application

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

COVID-19 Payments – Child List

Common Details

Payment Month July 2024

Grantee Name Licensed, Lisa

More

Name	Date of Birth	Care Type	Attended
No results found.			

8 Add Child

Verify

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

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

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

You can also add new children to this application.

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


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

Previous Payment Child List

9. Verify Previous Child List

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

Children not copied from previous application

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

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COVID-19 Payments – Add Child

Common Details

Payment Month: July 2024
Grantee Name: Licensed, Lisa

Child Details

First Name: Hexx
Middle Initial:
Last Name: Boltt
Date of Birth: 01/28/2023
Care Type: ☒ Full-time Care ☐ Part-time Care

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

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

Does the child receive Birth to 3 Services? ☐ Yes ☐ No

Speaks language other than English? ☐ Yes ☐ No

Experiencing homelessness? ☐ Yes ☐ No

Living in tribal community? ☐ Yes ☐ No

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

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

Comments:

Add

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

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

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

Adding Children Detail

10. Add Children to the Application

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

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

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

Common Details

Payment Month: July 2024
Grantee Name: Licensed, Lisa

Child Details for COVID-19 Payments

First Name: Hexx
Middle Initial:
Last Name: Bolt
Date of Birth: 01/28/2023

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

Modify Child

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

Remove this child from the grant? ☐

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

Save

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

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

Verify

Upload Verification Documents

11

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

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

Verify

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

For example:

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

COVID-19 Verification Documents

Date	Type
No results found.	

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

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

Failure to upload documents may result in denial of Program A funds.
If you have any questions or need assistance, please refer to Provider Portal Upload Guide or contact the call center at: DCF@CECOVID19CCPayments@wisconsin.gov

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

Document Type *
Upload File
Upload Document
Save Documents

Application Details

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OW:
as PDF, JPG, or Word format.
t be larger than 10MB. If you have a scanner/copier that does multiple pages into a PDF
ges.

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

Application Details

COVID-19 Verification Documents

Date	Type
No results found.	

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

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

Failure to upload documents may result in denial of Program A funds.
If you have any questions or need assistance, please refer to Provider Portal Upload Guide or contact the call center at: DCF@CECOVID19CCPayments@wisconsin.gov

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

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

Application Details

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Child Care Provider Portal
Welcome, Laura

COVID-19 Verification Documents

Date	Type
03/25/2024	Child Document: Children Attendance Records

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

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

Failure to upload documents may result in denial of Program A funds.
If you have any questions or need assistance, please refer to Provider Portal Upload Guide or contact the call center at: DCF@CECOVID19CCPayments@wisconsin.gov

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

Document Type *
Children Attendance Records
Upload File
Upload Document
Save Documents
Submit Application

Application Details

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Finalizing Your Application

12. Review Your Submission

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

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COVID-19 Payments - Submit Application

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

Common Details
Payment Month: July 2024
Grantee Name: Licensed, Lisa

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 Incomplete

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

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

COVID-19 Payments - Submit Application

Common Details
Payment Month: 1 January 2024
Grantee Name: Licensed, Lisa

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: Incomplete

Terms and Conditions

Definition of terms
Application Week: The time frame during which providers can enter or re-enter the Child Care Subsidization Payment Program.
Court Week: The period in time for which child and staff information is selected for payment calculations.
Monthly Update Week: The time frame during which providers report any changes or confirm child attendance and staffing from the previous Court Week.
Payment Review Days: The days when DCF reviews applications and updates to ensure the provider remains eligible for payments.

Payment Program A: Increasing Access To High-Quality Care Includes:
Per-Child Amount: Program A payment amount for each child entered in the application for the Court Week.
Minimum 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 Minimum Shares Authorization during the Court Week.
Inclusive Birth to 3 Paid 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 fulltime/parttime staff listed in the application.
Quality Incentive Per-Staff Amount: Program B additional payment amount based on Youngflier rating for each eligible fulltime/parttime staff listed in the application.

Requirements Applicable to Program A and B:

- By accepting Child Care Subsidization Payment Program funds, I agree to all requirements, understandings, and conditions included in these Terms and Conditions.
- I must keep 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 (the 2023) I will not be eligible and must apply during the next monthly Application Week. This applies to closures for COVID or other reasons.
- If I received payment in the previous month, and I have a temporary closure due to COVID exposure for the duration of a subsequent Court Week, I must plan to reopen within 14 days of the date of the closure in order to receive funding.
- If I have a temporary closure for non-COVID reasons during the duration of a subsequent Court Week, I will not be eligible for payments that month.
- If my program will not be able to reopen within 14 days of the temporary closure, I must notify the Child Care Courts call center at 800-858-0400 or CCSC@dcf.wisconsin.gov.
- My program must be regulated and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
- I will, to the extent that I am able, maintain existing compensation (wages, bonuses, or benefits) for each staff person included in that month's application for the duration of the payment program for which I receive funding.
- I will, to the extent that I am able, when not involuntarily furloughed (pay off without pay) staff who appear on my center's application, Child Care Subsidization Payment Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
- I must submit child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.
- I must provide monthly updates to the number of children attending and staff employed during the Court Week.
- I agree to update child and staff information as requested, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.
- I will keep all original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of my last payment.
- Program records and supporting documentation related to my application include:
 - Documentation to verify attendance of children entered on my application and during each Court Week.
 - Documentation to verify staff employed at time of application and during each Court Week.
 - Required program records for spending are described later under each program.

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

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

- I understand and agree that this is a non-refundable payment program that runs from May 2023 through January 2024.
- I am not 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 is restored or reinstated, I may reapply during a future Application Week.
- If an awarded funding, 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: change in enrollment or staffing reported as required by the program's 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 award funds for the one month amount as indicated in my Payment Letter.
- I understand that I must meet the following qualifications to be eligible for payments:
 - My program must be regulated and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
 - My program must be in compliance with background check requirements.
 - My program must be in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
 - If my program has a substantiated Minimum Shares or Child Care Courts overpayment, I must be in compliance with any DCF Finance Required Agreement. If there is no agreement, I must be making regular monthly payments toward the debt.
- I understand that DCF may require payment 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 awarded. 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 awarded 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 awarded between January 1, 2023 and 120 days from the date of the payment letter.
- I understand that expenses cannot have already been funded by a prior DCF program or reimbursed by another state or federal fund source.

☐ I agree to above Qualifications terms.

Allowable Use of Funds

- If I receive funding for Program A: Increasing Access To High-Quality Care, I agree to the following:
 - I will use the funds to support necessary and reasonable costs of maintaining or enhancing high-quality care:
 - Operating expenses necessary to sustain open, including but not limited to: mortgage, rent/lease costs, utilities, insurance, business-related taxes, and payroll/benefits.
 - Expenses related to mitigating the risk of COVID-19, including but not limited to: personal protective equipment (PPE) and supplies for cleaning and sanitation.
 - Materials and supplies for enhancing the program environment and curriculum, and social and emotional development supports.
 - Professional development and/or continuing education.
 - Additional costs to ensure high-quality programming.
 - Mental health services for children and employees.
 - Real-time payments and tuition payments for families.
 - You are encouraged to grant families need-to-know financial aid.
 - Minimum Shares payments for families cannot be reimbursed.
- Funding from Program B may only be used for:
 - Purchase or improvement of land.
 - Purchase, construction, or major renovation of any building or facility.
 - Major renovation means:
 - Structural changes to the foundation, roof, floor, exterior, or load-bearing walls of a facility, or the extension of a facility to increase its floor area, or
 - Extensive alteration of a facility such as to significantly change its function or purpose, even if such renovation does not include any structural change.
 - Purchases include all costs associated with a purchase of real estate including down payments, mortgages, points, appraisal fees, and closing costs.
 - Funds may not be expended for any 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 Court Week.
 - Documentation to verify staff employed at time of application and during each Court Week.
 - Expenditure records and supporting documentation related to costs incurred and how program funding was spent, including, but not limited to:
 - Real-estate cost statements.
 - Utility statements.
 - Payroll and benefits records.
 - Documentation of staff or tuition or support for families.
 - Expenditures for mental health supports for families and staff.
 - Original invoices and/or receipts for purchases of materials/supplies including PPE, cleaning and sanitation supplies, and all other materials and services related to mitigating the risk of COVID-19.
 - Materials and supplies for enhancing the program environment and/or curriculum, and social and emotional development supports.
 - Educational supplies and learning materials.

☐ I agree to above Documentation terms.

Application Details

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Finalizing Your Application

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13. Review the Terms and Conditions

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



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

14. Submit Your Application

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

COVID-19 Payments - Submit Application

Common Details

Payment Month: February 2024
Student Name: [Redacted]
Payment Program Details for Increasing Access To High-Quality Care
Payment Program: Care
Grant Application ID: P00001000
Number of Children attended: 6
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 enrolled in the application for the Court Week
Wisconsin Shares Add-On Amount: Program A payment amount given in addition to the Per-Child Amount for each child included in the application who had a Wisconsin Shares Authorization during the Court Week
Inclusive Birth to 2 Private 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 2 Child Care Plan

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

Requirements Applicable to Program A and B:

- By accepting Child Care Courts Stabilization Payment Program Funds, I agree to all requirements, understandings, and conditions included in these Terms and Conditions.
- I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Court Week identified for each month.
- If I have a temporary closure for the entire initial court weeks (May 2023) I will not be eligible and must apply during the next monthly Application Week. This applies to closures for COVID or other reasons.
- If I received payment in the previous month and have a temporary closure due to COVID exposure for the duration of a subsequent Court Week, I must give to resume within 14 days of the date of the closure in order to receive funding.
- If I have a temporary closure for non-COVID reasons during the duration of a subsequent Court Week, I will not be eligible for payments that month.
- If my program will not be able to reopen within 14 days of the temporary closure, I must notify the Child Care Courts call center at 800-558-5588 or DCFCOVID@DCF.GOV for assistance.
- My program must be required and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
- I will, to the extent that I am able, maintain existing compensation (wages, bonuses, or benefits) for each staff person included in this monthly application for the duration of the payment program for which I receive funding.
- I will, to the extent that I am able, retain and not involuntarily furlough (lay off without pay) staff who appear on my current application. Child Care Courts Stabilization Payment Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and will to the greatest extent possible, implement practices in line with guidance from the Center for Disease Control (CDC) for child care programs.
- I must submit child attendance records and staff employment records with my initial application and after requested during Monthly Update Weeks.
- I must provide monthly updates to the number of children attending and staff employed during the Court Week.
 - Failure to update child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.
 - I will keep all original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of my last payment.
 - Program records and supporting documentation related to my application include:
 - Documentation to verify attendance of children entered on my application and during each Court Week.
 - Documentation to verify staff employed at time of application and during each Court Week.

I agree to above Confirmation and Acceptance of Funds terms.

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

- I understand and agree that this is a non-recurring payment program that runs from 2023 through January 2024.
- I can opt out of the program by withdrawing my application before the end of the monthly Application Week.
- If at any time during the program, I am found to be ineligible or not adhering to the terms and conditions, my payments will be discontinued. When eligibility issues are resolved, I may reapply during a future Application Week.
- If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following changes in enrollment or staffing reported as required by the program Terms and Conditions, available funding, and adjustments DCF makes to the program. This ongoing monthly amount will be included in my Payment Letter. DCF will report funds for the next month amount as indicated in my Payment Letter.
- No program must be required and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
- My program must be in compliance with background check requirements.
- No 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 Stabilization Payment Program Agreement, I must be in compliance with any DCF Financial Reporting Agreement. If there is a Agreement, I must be making regular monthly payments toward the debt.
- I understand that DCF reserves the right to request documentation of use of this funding for audit purposes up to five (5) years after I receive the funds. I agree to supply this documentation upon request.
- I understand that funds received each month under the program must be spent within 120 days of the date of Payment Letter for the given month. Funds must have been incurred between January 1, 2023 and 120 days from the date of the payment letter.
- Funds already been funded by a prior DCF program or re-funded by another state or federal fund source.

I agree to above Qualifications terms.

Allowable Use of Funds

- If I receive funding for Program A - Increasing Access To High-Quality Care, I agree to the following:
 - I will use the funds to support necessary and reasonable costs of maintaining or enhancing high-quality care.
 - I will use the funds for the following purposes:
 - Operating expenses necessary to remain open, including but not limited to mortgage, rent/lease costs, utilities, insurance, business-related taxes, and payroll/benefits.
 - Expenses related to mitigating the risk of COVID-19, including but not limited to personal protective equipment (PPE) and supplies for cleaning and ventilation.
 - Professional development and/or continuing education.
 - Additional costs to ensure high-quality programming.
 - Mental health services for children and employees.
 - Relief from obligations and tuition payments for families.
 - You are encouraged to purchase facilities that meet or exceed financial relief.
 - Wisconsin Shares payments to families cannot be reimbursed.
 - Funding from Program A may not be used for:
 - Purchase or improvement of land.
 - Purchase, construction, or major renovation of any building or facility.
 - Major renovation means:
 - Structural changes to the foundation, roof, floor, exterior, or load-bearing walls of a facility, or the exterior of a facility to increase its floor area, or
 - Extensive alteration of a facility such as to significantly change its function or purpose, even if such renovation does not include any structural change.
 - Purchase includes all costs associated with a purchase of real estate including down payments, mortgages, points, appraisal fees, and closing costs.
 - Funds may not be expended for any sentence purpose or activity, including extensive working or instruction.
 - Funds may not be used to pay for school tuition or other education related expenses for children enrolled in grades 1 through 12.

I agree to above Allowable Use of Funds terms.

Documentation

- I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of my 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.
- Expenditure records and supporting documentation related to costs incurred and how program funding was spent, including but not limited to:
 - Rent/lease cost statements.
 - Utility statements.
 - Payroll and benefits records.
 - Documentation of relief of tuition or payment for families.
 - Expenditures for mental health supports for families and staff.
 - Original invoices and/or receipts for purchases of materials/supplies including PPE, cleaning and sanitation supplies, and all other materials and services related to mitigating the risk of COVID-19.
 - Materials and supplies for enhancing the program environment and/or curriculum, and social and emotional development supports.
 - Learning materials.

I agree to above Documentation terms.

Application Details

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Update DCF OSA Privileges

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Modifying After Submission

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15. Updating After Submitting

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

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

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

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

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

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

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

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

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

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



APPLYING FOR PAYMENT PROGRAM B

Funding Workforce Recruitment and Retention

Beginning Your Application

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

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

1. Begin Application

Once you have selected your **Payment Program** you will be taken to the *COVID-19 Payments Information* page. Here you will review the details of the specific program you have selected. In this case, we have chosen *Funding Workforce Recruitment And Retention* in the Payment Program Summary.

2. Review Payment Program Information

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

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

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

COVID-19 Payments Information

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

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

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

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

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

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

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

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

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

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

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

Continue

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Update SPA CWA Privileges

3. Continue

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

Add Application Details for Your Location

4. Add Grantee Details

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

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

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

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

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

Was your facility open during Count Week?

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

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




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

Add Application Details for Your Location

Tell us about the children at your facility


Did your facility serve any children with disabilities? *

☐ Yes ☒ No 

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

☐ Yes ☒ No

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

☐ Yes ☒ No 

Did your facility serve any children from tribal communities? *

☐ Yes ☒ No


Payment Program Details for *Funding Workforce Recruitment And Retention*

Payment Program

Funding Workforce Recruitment And Retention

7


Number of Children attended *




Comments

Add

7. Enter the Number of Children Attended

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

Number of Children attended *




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

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

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

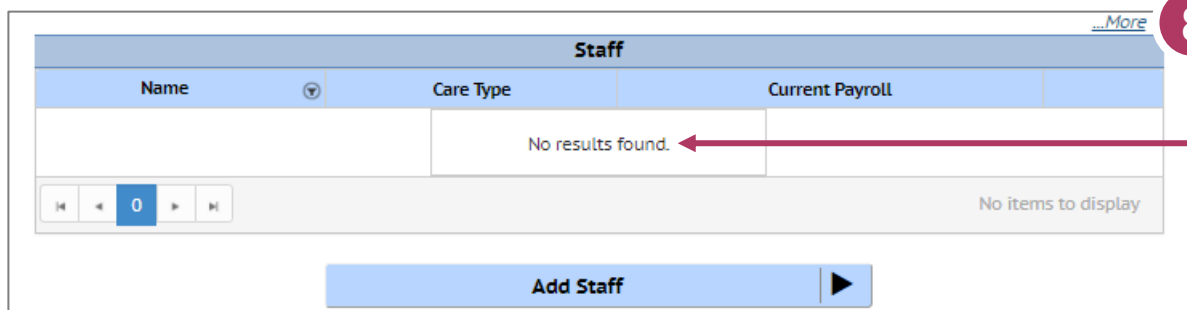


NOTE: If you see the  icon next to a field and you are unsure about what to enter, click the icon to get more information about what you are being asked to enter.

Attaching Staff to the Program

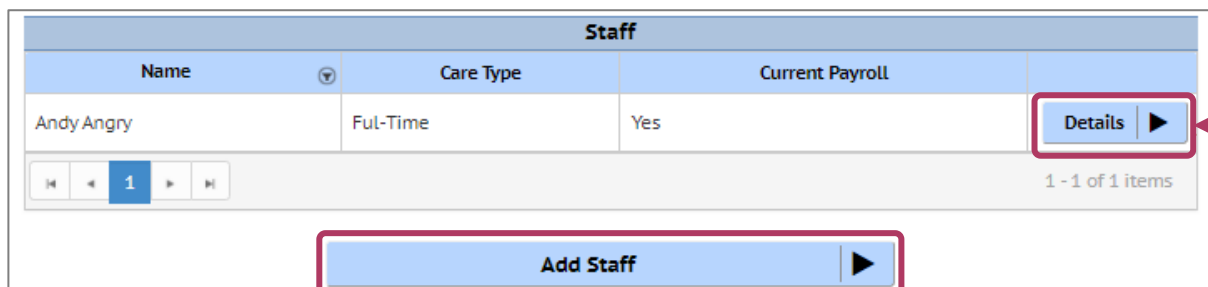
8. Review Staff Associated with Location

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



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

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



A screenshot of the same web application interface, but now the "Staff" table contains one row of data: "Andy Angry" under "Name", "Full-Time" under "Care Type", and "Yes" under "Current Payroll". The pagination bar shows "1" and "1 - 1 of 1 items". A red box highlights the "Details" button with a right-pointing arrow in the last column of the table. Another red box highlights the "Add Staff" button at the bottom. A red arrow points from the "Details" button to the "Add Staff" button.

Click here to add staff.

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



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

Adding Individual Staff

9. Add Staff to Be Considered for Funding

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

9

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

◀ 1 ▶

[Add Staff](#) ▶

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

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

◀ 1 ▶

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

COVID-19 Payments - Staff

[Add Staff](#)

Common Details	
Payment Month	July 2024
Grantee Name	Lake, Laura

[More](#)


Individual	
Name	Eeva Emergency
Employment Period	07/02/2024


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

[Add Staff](#)

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

[Verify](#)

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

Individual	
Name	 Erik Emergency
Employment Period	7/1/2024

Adding Children Detail

10. Add Children to the Application

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

COVID-19 Payments – Child List

Common Details

Payment Month: July 2024

Grantee Name: Licensed, Lisa

More

Name	Date of Birth	Care Type	Attended
No results found.			

10 Add Child

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

Verify

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

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

COVID-19 Payments – Previous Funding Period Child List

Common Details

Payment Month: July 2024

Grantee Name: Licensed, Lisa

More

Children not copied from previous application

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

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

Name	Date of Birth
No results found.	

Add Child

Child List

You can also add new children to this application.

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


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

Previous Payment Child List

11. Verify Previous Child List

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

Children not copied from previous application

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

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COVID-19 Payments – Add Child

Common Details

Payment Month: July 2024
Grantee Name: Licensed, Lisa

Child Details

First Name: Hexx
Middle Initial:
Last Name: Boltt
Date of Birth: 01/28/2023
Care Type: ☒ Full-time Care ☐ Part-time Care

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

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

Does the child receive Birth to 3 Services? ☐ Yes ☐ No

Speaks language other than English? ☐ Yes ☐ No

Experiencing homelessness? ☐ Yes ☐ No

Living in tribal community? ☐ Yes ☐ No

WI Shares recipient during 7/07/2024 - 7/20/2024? ☐ Yes ☐ No

Attend during 7/07/2024 - 7/20/2024? ☒ Yes, Child Attended ☐ No, Child Did Not Attend ☐ No, Child Did Not Attend Due To Exposure To Covid-19

Comments:

Add

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

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

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

Adding Children Detail

12. Add Children to the Application

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

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

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

Child Details for COVID-19 Payments

First Name: Hexx
Middle Initial: Bolt
Last Name: Rivett
Date of Birth: 01/28/2023

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

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

Remove this child from the grant? ☐

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

Save

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

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

Verify

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

For example:

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

Wisconsin Department of Children and Families

Finalizing Your Application

COVID-19 Payments - Submit Application

Common Details

Payment Month: February 2024
Grantee Name: Liceland, Lisa

Payment Program Details for Funding Workforce Recruitment And Retention

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

Terms and Conditions

Definition of terms

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

Payment Program B: Funding Workforce Recruitment And Retention includes:

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

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

Requirements Applicable to Program A and B:

- By accepting Child Care Courts Stabilization Payment Program funds, I agree to all requirements, understandings, and conditions included in these Terms and Conditions.
- I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Court Week identified for each month.
- If I have a temporary closure for the entire initial court weeks (May 2022), I will not be eligible and must apply during the next month's Application Week. This applies to closures for COVID or other reasons.
- If I received payment in the previous month and have a temporary closure due to COVID exposure for the duration of a subsequent Court Week, I must plan to reopen within 14 days of the date of the closure in order to receive funding.
- If I have a temporary closure for non-COVID reasons during the duration of a subsequent Court Week, I will not be eligible for payments that month.
- If my program will not be able to reopen within 14 days of the temporary closure, I must notify the Child Care Courts call center at 608-555-5600 or CCCSupport@dcf.wisconsin.gov.
- My program must be registered and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
- I will, to the extent that I am able, maintain existing compensation (wages, bonuses, or benefits) for each staff person included in that month's application for the duration of the payment program for which I receive funding.
- I will, to the extent that I am able, retain and not involuntarily furlough (pay off without pay) staff who appear on my center's application, Child Care Courts Stabilization Payment Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
- I must upload child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.
- I must provide monthly updates to the number of children attending and staff employed during the Court Week.
- Failure to update child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.
- I will keep all original, supporting documentation related to my application and how 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 are described later under each Program.

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

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

- I understand and agree that this is a nine-month payment program that runs May 2022 through January 2024.
 - I can opt out of the program by withdrawing my application before the end of the monthly Application Week.
 - If, at any time during the program, I am found to be ineligible or not adhering to the terms and conditions, my payments will be discontinued. When eligibility issues are resolved, I may reapply during a future Application Week.
 - If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following changes in enrollment or staffing reported as required by the program Terms and Conditions, available funding, and adjustments DCF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. DCF will not make any adjustments to the nine-month amount as indicated in my Payment Letter.
- I understand that I must meet the following qualifications to be eligible for payments:
 - My program must be registered and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
 - My program must be in compliance with background check requirements.
 - My program must be in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
 - If my program has an outstanding Wisconsin Shares or Child Care Courts overpayment, I must be in compliance with any DCF Finance Recoupment Agreement. If there is an agreement, I must be making regular monthly payments toward it.
- 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. Funds must have been incurred between January 1, 2022 and 120 days from the date of the payment letter.
- I understand that expenses cannot have already been funded by a prior DCF program or reimbursed by another state or federal fund source.

☐ I agree to above Qualifications terms.

Allowable Use of Funds

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

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

☐ I agree to above Allowable Use of Funds terms.

Documentation

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

☐ I agree to above Documentation terms.

Submit

Application Details

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14. Review Your Submission

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

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

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

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

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

Finalizing Your Application

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15. Review the Terms and Conditions

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



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

16. Submit Your Application

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

COVID-19 Payments - Submit Application

Common Details

Payment Month: February 2024
Grantor Name: Licensed, LLC

Payment Program Details for Funding Workforce Recruitment And Retention

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

Terms and Conditions

Definition of terms

Application Week: The time frame during which providers can enter or re-enter the Child Care Courts Stabilization Payment Program
Court Week: The period in time for which child and staff information is collected for payment calculations
Monthly Update Week: The time frame during which providers report any changes or confirm child attendance and staffing from the previous Court Week
Payment Review Days: The days when DCF reviews applications and updates to ensure the provider remains eligible for payments
Payment Program A: Increasing Access To High-Quality Care includes:
Per-Child Amount: Program A payment amount for each child entered in the application that was in attendance during the Court Week
Wisconsin Shares Add-On Amount: Program A payment amount given in addition to the Per-Child Amount for each child included in the application who had a Wisconsin Shares Subsidization during the Court Week
Inclusive Birth to 3 Pilot Add-On Amount: Program A payment amount given in addition to the Per-Child Amount for each child included in the application who is participating in the Inclusive Birth to 3 Child Care Pilot
Payment Program B: Funding Workforce Recruitment And Retention includes:
Base Per-Staff Amount: Program B payment amount for each eligible full-time/part-time staff listed in the application
Quality Incentive Per-Staff Amount: Program B additional payment amount based on YoungStar rating for each eligible full-time/part-time staff listed in the application

Requirements Applicable to Program A and B:

- By accepting Child Care Courts Stabilization Payment Program funds, I agree to all requirements, understandings, and conditions included in these Terms and Conditions.
- I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Court Week identified for each month.
- If I have a temporary closure for the entire 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 608-535-5650 or CCCS@dcf.wisconsin.gov.
- My program must be registered and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
- I will, to the extent that I am able, maintain existing compensation (wages, bonuses, or benefits) for each staff person included in that month's application for the duration of the payment program for which I receive funding.
- I will, to the extent that I am able, retain and not involuntarily furlough (pay off without pay) staff who appear on my center's application. Child Care Courts Stabilization Payment Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
- I must upload child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.
- I must provide monthly updates to the number of children attending and staff employed during the Court Week.
- Factors to update child and staff information may result in an overpayment, and I must return any funds that have not been awarded based on the actual child or staff counts for the month.
- I will keep at original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of my last payment.
- Program records and supporting documentation related to my application include:
 - Documentation to verify attendance of children entered in my application and during each Court Week.
 - Documentation to verify staff employed at time of application and during each Court Week.
 - Record of compensation for providers 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 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 meet the requirements of 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 Request 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 distributed 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 application 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 for up to five (5) years after I receive the funds. I agree to supply this documentation upon request.
- I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month. Funds must have been incurred between January 1, 2023 and 120 days from the date of the payment letter.
- I understand that amounts cannot be refunded from funding by a prior DCF program or reimbursed by another state or federal fund source.

☐ I agree to above Qualifications terms.

Allowable Use of Funds

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

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

☐ I agree to above Allowable Use of Funds terms.

Documentation

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

☐ I agree to above Documentation terms.

Submit

Application Details

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Modifying After Submission

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17. Updating After Submitting

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

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

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

COVID-19 Payments – Application Details

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

Modify Common Details

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

Modify Application Details

Temporary Closure

Staff

Children

Upload Verification Document

Payment Documents

Program Integrity Documents

Payment Program Summary

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Update SPA CWA Privileges

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

Update or Verify Location Temporary Closures

18. Temporary Closures

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

COVID-19 Payments - Temporary Closure

Common Details

Payment Month: July 2024
Grantee Name: Licensed, Lisa

Verify Temporary Closure

From	To	Closure Reason	Comments
No closures			

The closure periods should reflect any periods of time your facility was closed during the funding period (7/7/2024 – 7/20/2024). You must verify the closure periods above by checking the box below and selecting Verify. If you need to add a new closure period, select the 'Add' button.

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

Add Temporary Closure

Verify

COVID-19 Payments - Add Closure Schedule

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

Common Details

Payment Month: July 2024
Grantee Name: Licensed, Lisa

Verify Temporary Closure

From Date: 07/08/2024
To Date: 07/12/2024

Closure Reason

COVID-19 Business decision
COVID-19 Exposure of Staff to COVID-19
COVID-19 Exposure of Children to COVID-19
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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Enter the closure dates and select the appropriate reason for the closure from the drop-down menu.

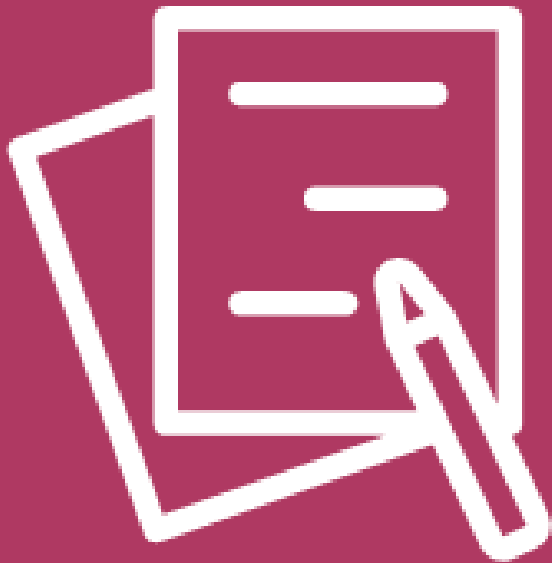
Enter your comments in the **Comments** box. After including all temporary closures, click the checkbox indicating that you have accurately recorded and verified the temporary closures for your location.



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

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

Verify



Appendix

APPENDIX I

Adding Individuals to the Child Care Provider Portal

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

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

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

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



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