**Child Care Agency Annual Summary: All Contract Functions**

**For Agencies Performing ALL CONTRACT FUNCTIONS (Administration, Fraud, and Certification) of Child Care (CC) Administration**

(If your agency performs CC **certification only**, please do **not** complete this form; instead, complete [Form DCF-F-425B-E](https://dcf.wisconsin.gov/files/forms/doc/425b.docx).)

**Due by** **October 31**: Submit this **completed form** and a **copy of your agency organization chart**. If possible, the agency organization chart should include names, titles, email addresses, and direct telephone numbers. If CC functions are provided by another agency, include **1) draft copies of all planned subcontracts, purchase-of-service agreements, or memos of understanding** **and 2) the monitoring plan** you will use for the upcoming year to ensure the service agency is complying with all rules/regulations.

**Due by January 31**: Submit **finalized, signed** copies of **subcontracts, purchase-of-service agreements, or memos of understanding** to the [DCF Bureau of Regional Operations (BRO) Child Care Coordinator](https://dcf.wisconsin.gov/files/regionaloperations/pdf/bro-contacts.pdf) (<https://dcf.wisconsin.gov/files/regionaloperations/pdf/bro-contacts.pdf>) in your [region](https://dcf.wisconsin.gov/files/regionaloperations/pdf/child-care-map.pdf) (<https://dcf.wisconsin.gov/files/regionaloperations/pdf/child-care-map.pdf>).

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

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| **CONTRACT INFORMATION** |
| Contract Period – Calendar Year (CY) or Tribal Federal Fiscal Year (FFY) |       |
| **AGENCY INFORMATION** |
| County/Tribe Name |       |
| CC Agency Mailing Address |       |
| CC Agency Physical Address |       |
| Consortium Name |       |
| Name of Consortium CC Contact      | Title      | Email Address      | Direct Telephone Number      |
| Does your agency subcontract or have a purchase-of-service agreement or memo of understanding for any portion of the CC Administration Contract with another county, tribe, consortium, or private provider?[ ]  **Yes** [If yes, please complete SECTION A, and submit 1) a signed copy of the subcontract, purchase-of-service agreement, or memo of understanding, and 2) your monitoring plan that describes how your agency will be monitoring this contract.][ ]  **No** [If no, please proceed to SECTION B.] |
| **SECTION A – Purchase-of-Service and Budget Information** ([SPARC County Contract Codes](https://dcfsparc.wisconsin.gov/codes/cty-contract): <https://dcfsparc.wisconsin.gov/codes/cty-contract>) |
| **CC Administration Contract Function:*****CC Administration and Operations*** ***(SPARC contract code 0852)*** | **Purchase-of-Service Information** | **Budget Information** |
| Specify “All,” **or** describe in detail which “Part” of the CC function will be purchased. | For all contractors, list contractor name and contact information. | Record the amount you are budgeting for this function. |
| * **Administrative Services**

Include county/tribal administrative costs for agency accounting services, audit services, and other costs related to agency oversight and administration.* **Eligibility and Authorizations**

Include personnel, travel and training costs incurred for CC casework, including processing applications, verifying eligibility, documenting CC needs, determining parental co-payment amounts, entering authorization codes, etc. Charge Call Center staff time allocated to CC to this line. | [ ]  All[ ]  Part – please describe in detail:      | Contractor Name:      Name of Contact Person:       Email Address:      Direct Telephone Number:      Contractor Name:      Name of Contact Person:       Email Address:      Direct Telephone Number:       | $      |
| **CC Administration Contract Function:*****CC Fraud*** ***(SPARC contract code 0840)*** | **Purchase-of-Service Information** | **Budget Information** |
| Specify “All,” **or** describe in detail which “Part” of the CC function will be purchased. | For all contractors, list contractor name and contact information. | Record the amount you are budgeting for this function. |
| * **Fraud Prevention and Investigation Services**

Include personnel, travel, and training costs spent on fraud prevention, investigation, and enforcement. Include time spent developing and using error-prone profiles and conducting any special front-end verifications for fraud purposes. Charge costs related to subcontracting for fraud services to this line.* **Hearings and Other Legal Costs**

Include time spent preparing for or participating in administrative appeals or judicial hearings. | [ ]  All[ ]  Part – please describe in detail:      | Contractor Name:      Name of Contact Person:       Email Address:      Direct Telephone Number:      Contractor Name:      Name of Contact Person:       Email Address:      Direct Telephone Number:       | $      |
| **CC Administration Contract Function:*****CC Certification*** ***(SPARC contract code 0831)*** | **Purchase-of-Service Information** | **Budget Information** |
| Specify “All,” **or** describe in detail which “Part” of the CC function will be purchased. | List contractor name and contact information. | Record the amount you are budgeting for this function. |
| **Certification**Charge personnel, travel, and training costs associated with certification, recertification, or relocation of certified CC providers to this line. Include staff time spent screening applicants, reviewing background check results, investigating and documenting complaints about providers, monitoring, providing technical assistance, etc. Include costs for provider orientations, printed materials, provider tool kits, and certification reviews. Charge costs related to subcontracting for certification services to this line. | [ ]  All[ ]  Part – please describe in detail:      | Contractor Name:      Name of Contact Person:       Email Address:      Direct Telephone Number:       | $      |
| **SECTION B – Local Contribution** **and Revenue** |
| 1. a) **Yes:** [ ]  **No:** **[ ]** Does your agency dedicate additional funds to administration, fraud, and/or certification activities, over and above the DCF allocation?
 |
| b) If yes, what amount does your agency plan to spend over and above the DCF allocation for administration, fraud, and/or certification activities? | **Administration**$      | **Fraud**$      | **Certification**$       |
| 1. a) **Yes:** [ ]  **No:** **[ ]** Does your agency charge certification fees?
 |
| b) If yes, what does your agency charge for initial certification, re-certification, and relocation? | **Initial Certification**$      | **Re-Certification**$      | **Relocation**$      |
| c) If yes, what is your agency’s expected revenue from CC certification fees collected (reported on SPARC line 0833)? | $      |
| **SECTION C – Agency Contacts:** It is the county’s/tribe’s responsibility to notify the [DCF Bureau of Regional Operations (BRO) Child Care Coordinator](https://dcf.wisconsin.gov/files/regionaloperations/pdf/bro-contacts.pdf) (<https://dcf.wisconsin.gov/files/regionaloperations/pdf/bro-contacts.pdf>) in your [region](https://dcf.wisconsin.gov/files/regionaloperations/pdf/child-care-map.pdf) (<https://dcf.wisconsin.gov/files/regionaloperations/pdf/child-care-map.pdf>) within 30 days of staff vacancies and other changes affecting the following contacts within the agency. |
| 1. List your agency director. |
| Name      | Title      | Email Address      | Direct Telephone Number      |
| 2. List your agency financial manager. |
| Name      | Title      | Email Address      | Direct Telephone Number      |
| 3. List your agency’s designated Security Officer for systems such as CWW, EBT CSAW, WISCCRS, YoungStar, WebI, and ECF. |
| Name      | Title      | Email Address      | Direct Telephone Number      |
| 4. List your agency’s designated contact to discuss CC provider subsidy payment issues. This contact will be listed on the DCF [Wisconsin Shares for Child Care Providers](https://dcf.wisconsin.gov/wishares/providers) webpage (<https://dcf.wisconsin.gov/wishares/providers>), in the “Local Agency Contact List.” |
| Name      | Title      | Email Address      | Direct Telephone Number      |
| 5. a) List your agency’s designated contact who supervises the CC certification function **or** certification subcontract and monitoring plan. |
| Name      | Title      | Email Address      | Direct Telephone Number      |
| 5. b) List below **or** attach a list of your agency’s designated certifier(s) and their contact information for your agency. **NOTE:** Indicate by using an (**\***) all certifier(s) who are employed by, volunteer for, or own a regulated CC program. |
| Name      | Title      | Email Address      | Direct Telephone Number      |
| Name      | Title      | Email Address      | Direct Telephone Number      |
| Name      | Title      | Email Address      | Direct Telephone Number      |
| Name      | Title      | Email Address      | Direct Telephone Number      |
| 6. List your agency’s designated Child Care Coordinator(s). |
| Name      | Title      | Email Address      | Direct Telephone Number      |
| Name      | Title      | Email Address      | Direct Telephone Number      |
| Name      | Title      | Email Address      | Direct Telephone Number      |
| 7. List your agency staff who have confidential case access. |
| Name      | Title      | Email Address      | Direct Telephone Number      |
| Name      | Title      | Email Address      | Direct Telephone Number      |
| Name      | Title      | Email Address      | Direct Telephone Number      |
| **SECTION D –** [Child Care Resource & Referral Agencies](https://supportingfamiliestogether.org/child-care-providers/find-ccrr/), or [CCR&Rs](https://supportingfamiliestogether.org/child-care-providers/find-ccrr/) (<https://supportingfamiliestogether.org/child-care-providers/find-ccrr/>), are available to support families in selecting child care arrangements that meet the needs of the family.  |
| 1. **Yes:** [ ]  **No:** **[ ]** Does your agency staff refer families to your local CCR&R?
 |
| 1. **Yes:** [ ]  **No:** **[ ]** Does your agency staff have opportunities for ongoing communication and/or meetings with staff from your local CCR&R?

If YES, what types of communication and/or meetings have occurred within the past year with your local CCR&R?      If NO, please describe your reason(s) for not having ongoing communication and/or meetings with your local CCR&R.       |
| **SECTION E –** The following information is used by DCF to assist agencies statewide. |
| 1. What technical assistance or support does your agency need from DCF?

       |
| 1. What training does your agency need from DCF?

      |
| 1. What concerns or issues would your agency like DCF to be aware of?

       |
| **SECTION F** **–** Name of the individual DCF can contact for questions regarding this form. |
| Name      | Title      | Email Address      | Direct Telephone Number      |