

Child Care Counts: Stabilization Payment Program Round 4

Application Guide

FEBRUARY 2024



Wisconsin Department of
Children and Families

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About This Guide

This guide details how providers will use DCF's Child Care Provider Portal (CCPP) to apply for the ***Child Care Counts: Stabilization Payment Program Round 4***.

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 in the Portal](#). 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 53215-3734

Logout
0800025730-003
Facility ID 1123352
FIS Provider ID 0217937

COVID-19 Payments – Add Application Details

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

Payment Month: October 2021

Grantee First Name: Lisa

Grantee Middle Initial:

Grantee Last Name: Licensed

Grantee Email: Lisa@Licensecenter.com

Grantee Phone: (221) 212-1212

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

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

Tell us about the children at your facility

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

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

Did your facility serve any children who speak... Yes No

Did your facility serve any children with disabilities? * 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
0800025730-003
Facility ID 1123352
FIS Provider ID D217937

COVID-19 Payment Application List

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

Payment Program Summary

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

Number of Children attended * 

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

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 February, 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

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

1

User ID: lauratake

Password:

Show Password

Remember Me

Enable Keyboard Accessibility Features

Enable Screen Reader Features

[...Hide Options](#)

Login

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

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

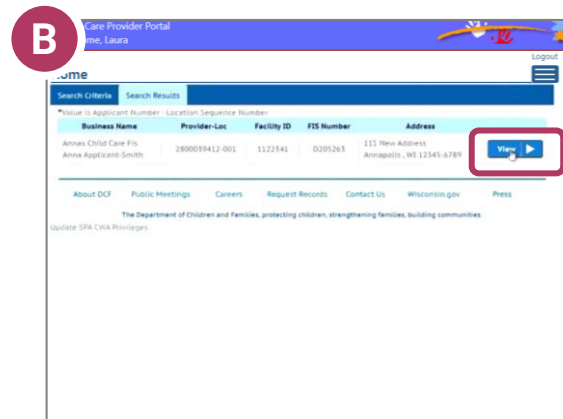
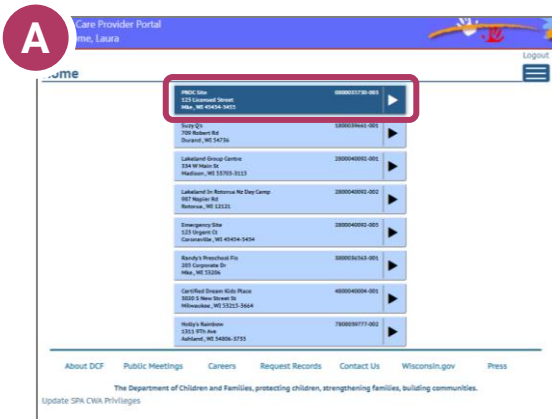
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1. Login Screen

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

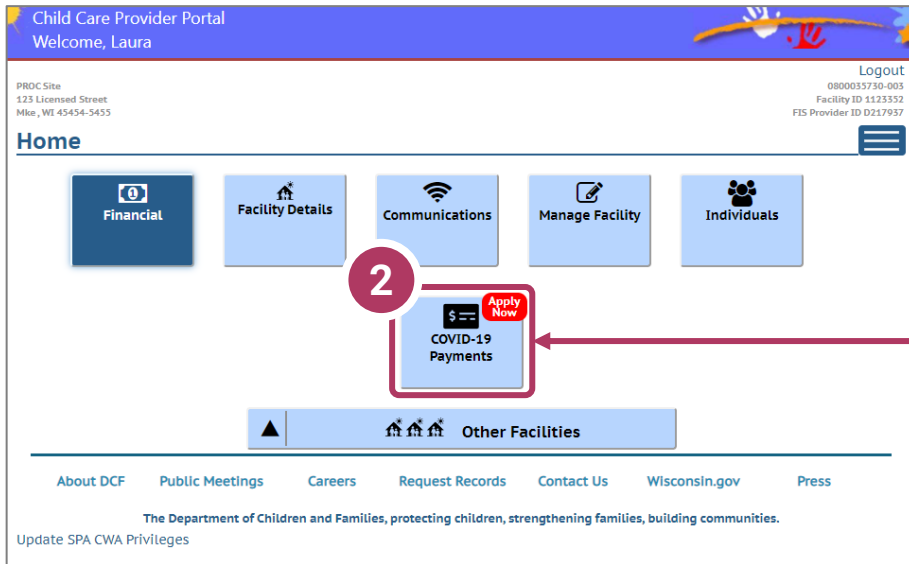
Type your **User ID** and **Password** into the appropriate fields. Click the **Login** button to continue.



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

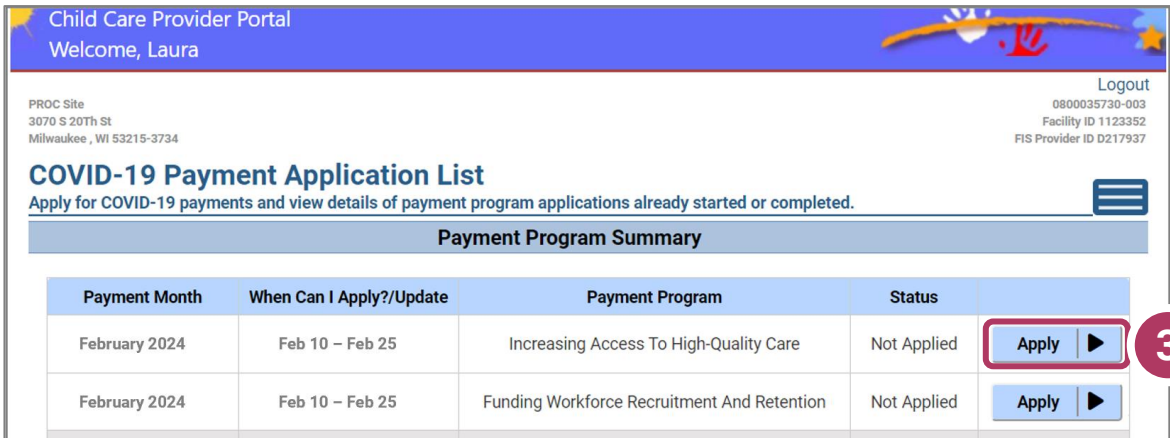


2. Select COVID-19 payments

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 Program Summary


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

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 web page.](#)**

Payment Program Summary Page

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

4

Payment Program Summary

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

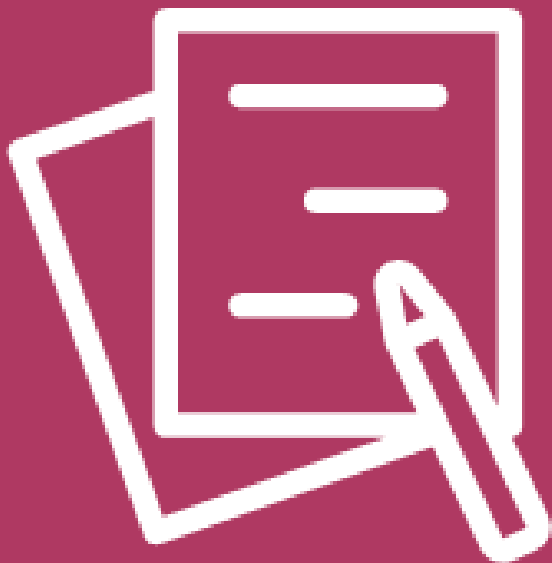
Incomplete If you have started an application for the program, but your application has not been submitted or if you were approved for the previous month of the *Stabilization Round 3*, and have not yet submitted your initial application for Round 4, your application status will display as **Incomplete**. Click **Details** to complete your application.

Review Needed if you were approved for the previous month of Round 4, 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**



COVID-19 PAYMENTS

Feedback Questions

COVID-19 Payments Feedback Questions

New to this round of *Child Care Counts* is a set of **Feedback Questions**. You will only need to complete these questions once at your initial application to the new Payment Program A or Program B.

This information will be used by DCF to understand the amount of unfilled enrollment spots in child care programs statewide and identify potential causes, as well as impacts on families and communities. This is also an opportunity for you to provide information to help inform potential future programs to support child care providers and strengthen their child care programs.

These feedback questions **will only be used for information gathering purposes**.

- This information will not be used for audit purposes.
- There is no need to gather documentation for your answers.
- Please estimate if you do not know the exact answer to the question.
- Feedback results will not be published with your facility name, nor with any identifying information related to your child care.


These questions will only need to be completed one time for the duration of *Stabilization Round 4*. These will appear in a provider's initial Round 4 application.

View the [Feedback Questions](#) to see what questions will be included in the Round 4 application.

COVID-19 Payments Feedback Questions

⏪ Previous Next ⏩

When you are finished entering any feedback, click **Next** to continue. You will be taken to the **Payment Program Information** page where you can enter details for your selected Payment Program application.

 Remember, **these Feedback Questions will only need to be completed once at your initial application** to the new Payment Program A or Program B.



APPLYING FOR PAYMENT PROGRAM A

Increasing Access to High-Quality Care

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	
February 2024	Feb 10 – Feb 25	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.

Child Care Provider Portal

Welcome, Laura

PROC Site: 2079 S 207th St, Milwaukee, WI 53215-3734
0800052730-003
Facility ID 1122582
FIS Provider ID 0217927

COVID-19 Payments

Please read all the below details before proceeding with application

COVID-19 Payments Information

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

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

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

When Can I Apply?

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

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

The following information will be collected:

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

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

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

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

What happens after I submit my application?

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

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

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

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Update SPA CWA Privileges

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 *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 1/28/2024 and 2/10/2024 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*.

Name	Date of Birth	Care Type	Attended
No results found.			

8 Add Child

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.

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

Add Child

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	7/15/2011	Full-Time Care	Copy ▶ 9

COVID-19 Payments – Add Child

Common Details

Payment Month: February 2024
Grantee Name: Licensed, Lisa

Child Details

First Name *
Middle Initial
Last Name *
Date of Birth *
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**.

10

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

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.

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

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

[Save](#)

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

[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 01/28/2024 to 02/10/2024

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:

- 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.

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

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
Upload File
Upload Document
Save Documents

COVID-19 Verification Documents

Documents

Date Type

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

COVID-19 Verification Documents

Date	Type
02/25/2024	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 *
Upload File
Upload Document
Save Documents
Submit Application

Finalizing Your Application

12. Review Your Submission

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

COVID-19 Payments - Submit Application

Common Details

Payment Month: February 2024
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: P00001660
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 Stabilization Payment Program.
Court Week: The point in time for which child and staff information is selected for payment evaluations.
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 Day: The day when DCF reviews applications and updates to ensure the provider remains eligible for payments.

Per-Child Amount Program A: Increasing Access To High-Quality Care includes:

- Minimum Share Add-On Amount:** Program A payment amount given in addition to the Per-Child Amount for each child included in the application who has a Wisconsin Shares Authorization during the Court Week.
- Inclusion Week 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 Inclusion Week to 3-Paid Add-On Program.

Payment Program B: Funding Workforce Retainment 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 YoungFives 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 file open and active 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 month's Application Week. This applies to closures for COVID or other reasons.
- If I received payment in the previous month, I must file a temporary closure due to COVID application 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 800-553-0800 or COVIDCOURTS@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 small business funding.
- I will, to the extent that I am able, when not incidentally paying (pay off without pay) staff who appear on my center's application, Child Care Courts Stabilization Payment 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 rules, 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 to 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 will update child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.
- I will keep all original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of my last payment.
- Program records and supporting documentation related to my application include:
 - Documentation to verify attendance of children entered on my application and during each Court Week.
 - Documentation to verify staff employed at time of application and during each Court Week.
 - Required program records for spending are described later under each program.
- I agree to above Confirmation and Acceptance of Funds terms.

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

- I understand and agree that this is a non-refundable program grant that will run from 1/1/2023 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 abiding by 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 next 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 rules.
 - If my program has an outstanding Wisconsin Shares or Child Care Courts overpayment, I must be in compliance with any DCF Finance Requirement 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 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 issued each month under this program must be spent within 120 days of the date of Payment Letter for the given month. Costs must have been incurred between January 1, 2023 and 120 days 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 receiving 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 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.
 - Identical health services for children and employees.
 - Staff training and/or tuition payments for families.
 - There are no restrictions on how these funds may be used.
 - Wisconsin Shares payments to families cannot be reimbursed.
 - 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, mortgage, points, agent fees, and closing costs.
 - Funds may not be expended for any welfare purpose or activity, including but not limited to recreation or institution.
 - Funds may not be used to pay for school tuition or other education-related expenses for children enrolled in grades 1 through 12, 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:
 - Time/expense cost statements.
 - Utility statements.
 - Payroll and benefits records.
 - Documentation of staff utilization or equipment 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

About DCF | Public Information | The Department of Children and Families, promoting children, strengthening families, building communities. Update: EPS CRA Privileges

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: February 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: P00001660
Number of Children attended: 4
Grant Status: Incomplete

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

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

Finalizing Your Application

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.

Modifying After Submission

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.

COVID-19 Payments – Application Details

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

Modify Common Details

Payment Program Details for Increasing Access To High-Quality Care	
Payment Program	Increasing Access To High-Quality Care
Grant Application ID	P00001660
Number of Children attended	4
Grant Status	Submitted (view Terms and Conditions)

Modify Application Details

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

Payment Program Summary

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Update SPA CWA Privileges

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

Update or Verify Temporary Closure

16. Temporary Closures

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

COVID-19 Payments - Temporary Closure

Common Details

Payment Month: February 2024
Grantee Name: Licensed, Lisa

Verify Temporary Closure

From	To	Closure Reason	Comments
No closures			

The closure periods should reflect any periods of time your facility was closed during the funding period (4/9/2023 - 4/22/2023). You must verify the closure periods above by checking the box below and selecting Verify. If you need to add a new closure period, select the 'Add' button.

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

Add Temporary Closure

Verify

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.

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: February 2024
Grantee Name: Licensed, Lisa

Verify Temporary Closure

From Date: 02/02/2024
To Date: 02/08/2024

Closure Reason: COVID-19 Business decision

Comments

Add

Temporary Closure

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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 01/28/2024 to 02/10/2024

Verify



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 Month	When Can I Apply?/Update	Payment Program	Status	
February 2024	February 10 – February 25	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 1/28/2024 and 2/10/2024 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.

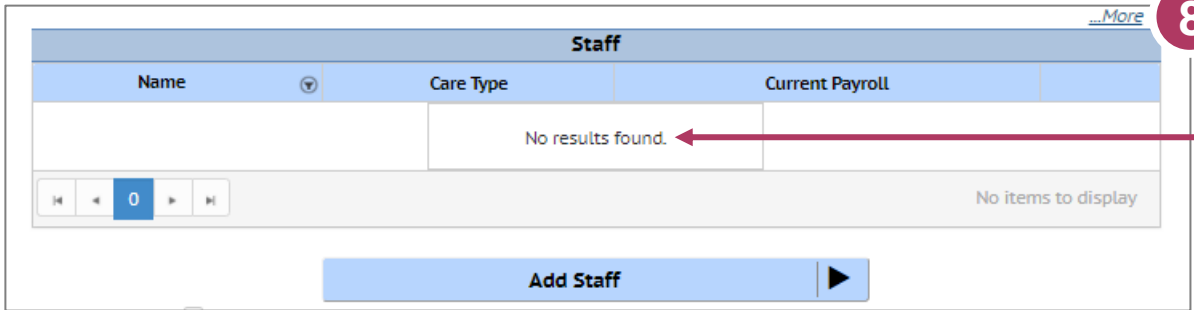


NOTE: If you see the ⓘ icon next to a field and you are unsure about what to enter, click the icon to get more information about what you are being asked to enter.

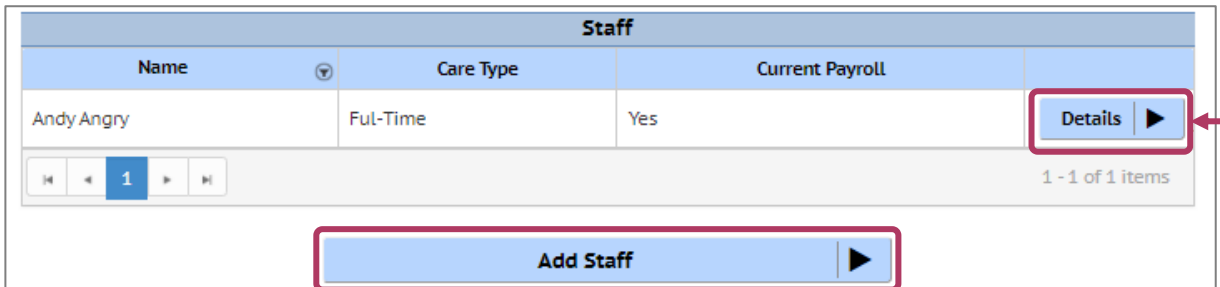
Attaching Staff to the Program

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**.



Here you can view and add staff. To add staff, click 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.

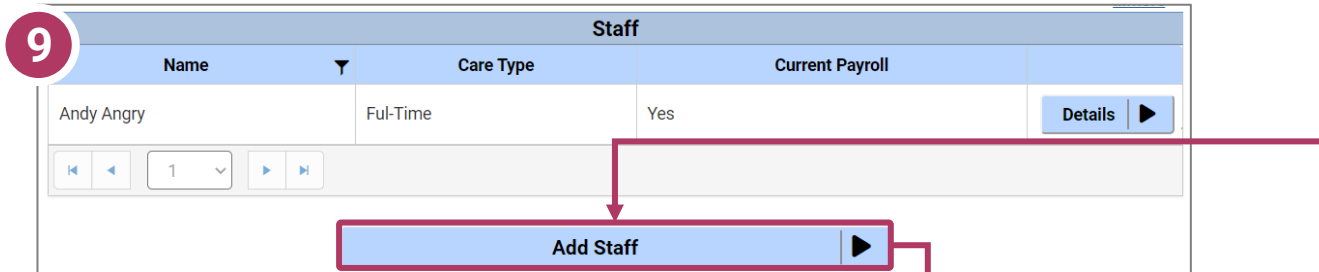


If you are a family provider, and you are the only employee at your location, you will only need to add yourself.

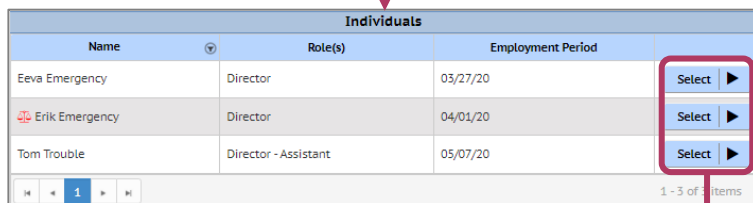
Adding Individual Staff

9. Add Staff to Be Considered for Funding

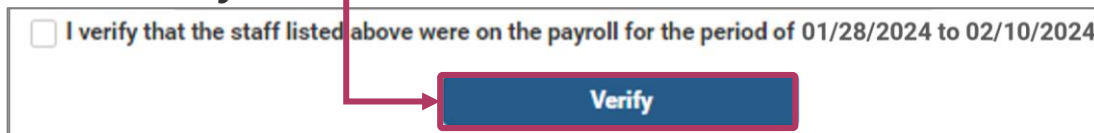
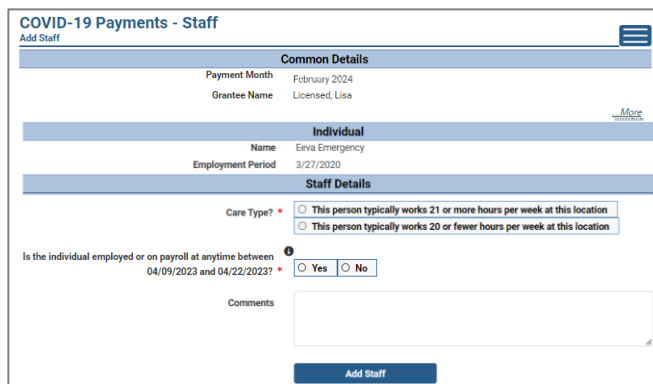
You are then taken to the *Staff* page to review all the individuals attached to the application.





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



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



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	4/1/2020

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 February 2024

Grantee Name Licensed, Lisa

...More

Name	Date of Birth	Care Type	Attended
No results found.			

10 Add Child

Children listed above were enrolled for the period of 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.

You can also add new children to this application.

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

COVID-19 Payments – Previous Funding Period Child List

Common Details

Payment Month April 2023

Grantee Name Licensed, Lisa

...More

Children not copied from previous application

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

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

Name	Date of Birth
No results found.	

Add Child

Child List

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.

Name	Date of Birth	Care Type	
Hexx Boltt	7/15/2011	Full-Time Care	Copy ▶ 11

COVID-19 Payments – Add Child

Common Details

Payment Month: February 2024
Grantee Name: Licensed, Lisa

Child Details

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

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

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

Does the child receive Birth to 3 Services? Yes No

Speaks language other than English? Yes No

Experiencing homelessness? Yes No

Living in tribal community? Yes No

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

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

Comments:

Add

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**.

12

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

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.

COVID-19 Payments - Child Details

Common Details

Payment Month: February 2024
Grantee Name: Licensed, Lisa

[...More](#)

Child Details for COVID-19 Payments

First Name: Hexx
Middle Initial:
Last Name: Boltt
Date of Birth: 7/15/2011

[...More](#)

[Child List](#)

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

[Save](#)

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

[Verify](#)

Upload Verification Documents

13

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

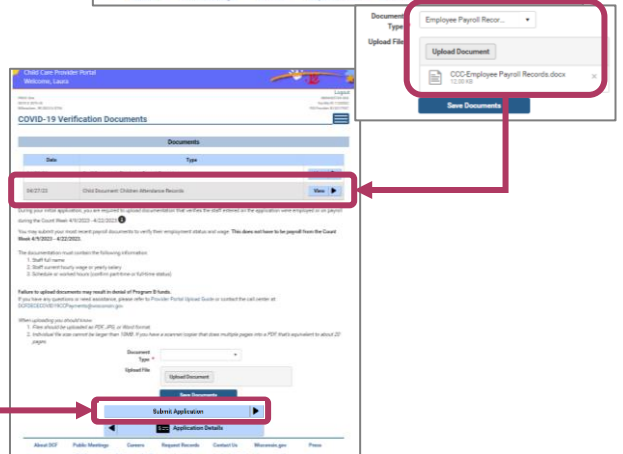
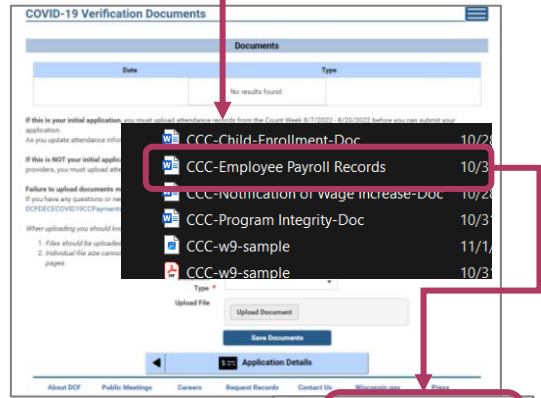
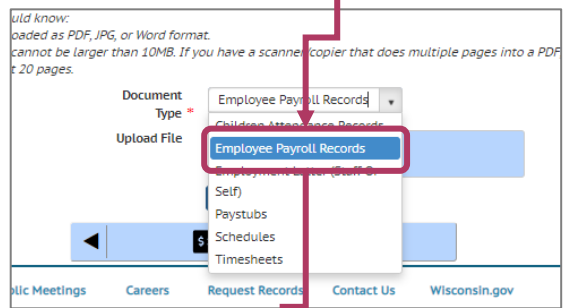
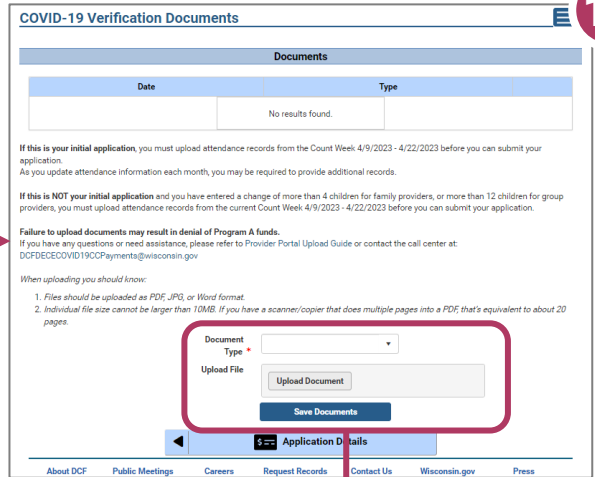
I verify that the children listed above were enrolled for the period of 01/28/2024 to 02/10/2024

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:

- 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.



Finalizing Your Application

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.

COVID-19 Payments - Submit Application

Common Details

Payment Month	February 2024
Operator Name	Licensed, Lisa

Payment Program Details for Funding Workforce Recruitment And Retention

Payment Program	Funding Workforce Recruitment And Retention
Grant Application ID	800001705
Number of Children enrolled	4
Grant Status	Incomplete

Terms and Conditions

Definition of terms

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

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

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

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

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

- Per-Child Amount: Program A payment amount for each child entered in the application that was in attendance during the Court Week
- Wisconsin Shares Add-On Amount: Program A payment amount given in addition to the Per-Child Amount for each child included in the application who has a Wisconsin Shares Authorization during the Court Week
- Inclusive Births to 3 Pilot Add-on Amount: Program A payment amount given in addition to the Per-Child Amount for each child included in the application who is participating in the Inclusive Births to 3 Child Care Pilot

Payment Program B: Funding Workforce Recruitment And Retention includes:

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

Requirements Applicable to Program A and B:

- By accepting Child Care Courts Stabilization Payment Program funds, I agree to all requirements, understandings, and conditions included in these Terms and Conditions
- I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Court Week identified for each month.
 - If I have a temporary closure for the entire initial court weeks (May 2023) I will not be eligible and must apply during the next month's Application Week. This applies to closures for COVID or other reasons.
 - If I received payment in the previous month and have a temporary closure due to COVID exposure for the duration of a subsequent Court Week, I must plan to reopen within 14 days of the date of the closure in order to receive funding.
 - If I have a temporary closure for non-COVID reasons during the duration of a subsequent Court Week, I will not be eligible for payments that month.
 - If my program will not be able to reopen within 14 days of the temporary closure, I must notify the Child Care Courts call center at 608-335-9600 or CCS@dcf.wisconsin.gov.
- My program must be registered and in good standing during the Court Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
 - I will, to the extent that I am able, maintain existing compensation (wages, bonuses, or benefits) for each staff person included in that month's application for the duration of the payment program for which I receive funding.
 - I will, to the extent that I am able, retain and not involuntarily furlough (lay off without pay) staff who appear on my center's application. Child Care Courts Stabilization funding for staff may be halted only upon their termination for cause or their voluntary separation from my center.
 - I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
 - I must upload child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.
 - I must provide monthly updates to the number of children attending and staff employed during the Court Week.
 - Failure to update child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.
 - I will keep all original, supporting documentation related to my application and how this funding was spent for at least five (5) years from the date of my last payment.
 - Program records and supporting documentation related to my application include:
 - Documentation to verify attendance of children entered on my application and during each Court Week.
 - Documentation to verify staff employed at time of application and during each Court Week.
 - Required program records for spending are described later under each Program.
- I agree to above Confirmation and Acceptance of Funds terms.

Understandings of 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 an awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following: changes in enrollment or staffing reported as required by the program Terms and Conditions, available funding, and adjustments DCF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. DCF will not make any retroactive 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 Recovery Agreement. If there is a recovery agreement, I must be making regular monthly payments toward the debt.
- I understand that DCF may require repayment of funds disbursed to me if the terms and conditions are not met, and I agree to repay the funds as required.
- I understand that by applying for funds that I am certifying that all information provided in my application is true and correct to the best of my knowledge.
- I understand that the Department of Children and Families may monitor and review my application and use of program funds at any time.
- I understand that DCF is required to conduct audits to ensure accuracy of applications and the proper use of funds issued. If I am subject to an audit, I will be required to submit supporting documentation.
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to supply this documentation upon request.
- I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month. Costs must have been incurred between January 1, 2023 and 120 days of the date of the payment letter.
- I understand that expenses cannot have already been funded by a prior DCF program or reimbursed by another state or federal fund source.

I agree to above Qualifications terms.

Allowable Use of Funds

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

- If I receive funding for Program B - Funding Workforce Recruitment And Retention, I agree to the following:
 - I will use at least the Base Per-Staff amount for each staff person included in that month's Court Week toward the goal of maintaining existing compensation (wages, bonuses, or benefits).
 - For programs participating in Youngflier, I will use the awarded Quality Incentive Per-Staff amount towards one or more of the following: wages, bonuses, benefits, recruiting, professional development, and staff training, scholarships, or other continuing education expenses.
- Restrictions:
 - I will not use the funds to pay volunteers.
 - I will not use the funds to pay household members who are not on staff and actively caring for children.
 - High-level administrative staff 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 licenses.
- Certified Provider:
 - In accordance with DCF 202.08(1)(b) all providers must also be approved by the certification roster prior to working in the program.
 - As a certified provider, I agree that all staff listed on my application have been approved by the certification roster prior to working in the program.

I agree to above Allowable Use of Funds terms.

Documentation

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

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.

COVID-19 Payments - Submit Application

Common Details	
Payment Month	FEBRUARY 2024
Grantee Name	Licensed, LLC
Payment Program Details for Funding Workforce Recruitment And Retention	
Payment Program	Funding Workforce Recruitment And Retention
Grant Application ID	R000001705
Number of Children attended	4
Grant Status	Incomplete

Terms and Conditions

Definition of terms

Application Week: The time frame during which providers can enter or re-enter the Child Care Counts Stabilization Payment Program Count Week. The point in time in which child and staff information is collected for payment calculations.

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

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

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

- Per-Child Amount:** Program A payment amount for each child entered in the application that was in attendance during the Count Week.
- Wisconsin Shares Add-On Amount:** Program A payment amount given in addition to the Per-Child Amount for each child included in the application who has a Wisconsin Shares enrollment during the Count Week.
- Inclusive Birth to 3 PIII 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:** Additional payment amount based on YoungStar rating for each eligible full-time/part-time staff listed in the application.

Requirements Applicable to Program A and B:

- By accepting Child Care Counts Stabilization Payment Program funds, I agree to all requirements, understandings, and conditions included in these Terms and Conditions.
 - I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Count Week identified for each month.
 - If I have a temporary closure for the entire initial count weeks (May 2023) I will not be eligible and must apply during the next month's Application Week. This applies to closures for COVID or other reasons.
 - If I received payment in the previous month and have a temporary closure due to COVID exposure for the duration of a subsequent Count Week, I must give 14 days notice of the date of the closure in order to receive funding.
 - If I have a temporary closure for non-COVID reasons during the duration of a subsequent Count Week, I will not be eligible for payments that month.
 - If my program will not be able to reopen within 14 days of the temporary closure, I must notify the Child Care Courts call center at 608-335-9500 or DCFCare@COV19DCFCarements@wisconsin.gov.
 - My program must be regulated and in good standing during the Count Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
 - I will, to the extent that I am able, maintain existing compensation (wages, bonuses, or benefits) for each staff person included in that month's application for the duration of the payment program for which I receive funding.
 - I will, to the extent that I am able, retain and not involuntarily furlough (pay off without pay) staff who appear on my center's application. Child Care Counts Stabilization Payment Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
 - I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
 - I must upload child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.
 - I must provide monthly updates to the number of children attending and staff employed during the Count Week.
 - Factors to update child and staff information may result in an employment, 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 including:
 - Documentation to verify attendance of children entered in my application and during each Count Week.
 - Documentation to verify staff employed at time of application and during each Count Week.
 - 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 2023 through January 2024.
 - I can opt out of the program by withdrawing my application before the end of the monthly Application Week.
 - If, at any time during the program, I am found to be ineligible or not adhering to the terms and conditions, my payments will be discontinued. (When eligibility issues are resolved, I may reapply during a future Application Week.
 - If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following changes in enrollment or staffing reported as required by the program Terms and Conditions, available funding, and adjustments DCF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. DCF will reserve funds for the nine-month amount as indicated in my Payment Letter.
- I understand that I must meet the following qualifications to be eligible for payments.
 - My program must be regulated and in good standing during the Count Week, the Application Week, Monthly Update Weeks, and on Payment Review Days.
 - My program must be in compliance with background check requirements.
 - My program must be in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
 - If my program has an outstanding Wisconsin Shares or Child Care Courts overpayment, I must be in compliance with any DCF Finance Requirement Agreement. If there is no Agreement, I must be making regular monthly payments towards 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 applications and the proper use of funds issued. If I am subject to an audit, I will be required to submit supporting documentation.
 - I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to supply this documentation upon request.
 - I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month. Costs must have been incurred between January 1, 2023 and 120 days 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 YoungStar will receive a Quality Incentive Per-Staff amount. These amounts will be included in the monthly Payment Letter. Program B funds must be used to support necessary and reasonable costs associated with recruiting and retaining high-quality staff.

- If I receive funding for Program B - Funding Workforce Recruitment And Retention, I agree to the following:
 - I will use at least the Base Per-Staff amount for each staff person included in that month's Count Week toward the goal of maintaining existing compensation (wages, bonuses, or benefits).
 - For programs participating in YoungStar, I will use the awarded Quality Incentive Per-Staff amount towards one or more of the following wages, bonuses, benefits, 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 outlined 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 DR12(1)(f) 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 Count Week.
 - Documentation to verify staff employed at time of application and during each Count 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

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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	February 2024
Was your facility open during Count Week 04/09/2023-04/22/2023?	Yes
Did your facility serve any children with disabilities?	No
Did your facility serve any children who speak languages other than English?	No
Did your facility serve any children who are experiencing homelessness?	No
Did your facility serve any children from tribal communities?	No

Modify Common Details

Payment Program Details for Funding Workforce Recruitment And Retention

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

Modify Application Details

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

Payment Program Summary

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Update SPA CWA Privileges

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: February 2024
Grantee Name: Licensed, Lisa

Verify Temporary Closure

From	To	Closure Reason	Comments
		No closures	

The closure periods should reflect any periods of time your facility was closed during the funding period (4/9/2023 - 4/22/2023). You must verify the closure periods above by checking the box below and selecting Verify. If you need to add a new closure period, select the 'Add' button.

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

Add Temporary Closure **Verify**

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.

Closure Schedule

Common Details

Payment Month: February 2024
Grantee Name: Licensed, Lisa

Verify Temporary Closure

From Date: 2/3/2024
To Date: 2/9/2024

Closure Reason: COVID-19 Business decision

Comments:

Add

Temporary Closure

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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 1/28/2024 to 2/10/2024.

Verify



Appendix

APPENDIX I

Adding Individuals to the Child Care Provider Portal

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

Individuals
Select Staff to Attach to COVID-19 Payments Request

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

Common Details

Payment Month: February 2024
Grantee Name: Licensed, Lisa

Individuals

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

Staff List

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

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

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

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