

Tommy G. Thompson  
Governor

Linda Stewart, Ph.D.  
Secretary

J. Jean Rogers  
Division Administrator



State of Wisconsin

Department of Workforce Development

ECONOMIC SUPPORT  
201 East Washington Avenue  
P.O. Box 7935  
Madison, WI 53707-7935  
<http://www.dwd.state.wi.us/>

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Date: December 20, 1999

TO: Current Family Quality Improvement or Staff Retention Grantees

FROM: Laura Saterfield, Child Care Grant Administrator  
*L. Saterfield*

RE: Request for Proposals for Continuation Child Care Quality Improvement and Staff Retention Grants

Enclosed is a 2000 Child Care Quality Improvement/Staff Retention Grant Report and Application. If you have ever received a Child Care Quality Improvement Grant or Staff Retention Grant, you must return the Report and Application. If you are not requesting additional funds at this time, you will only need to complete the Report portion.

As part of the agreement you signed with the State when you first received a grant, you were required to submit program reports and meet the High Quality Standards. The only exception to the program reporting requirement is if you have met all the High Quality Standards **and** you have sent me a letter stating, in writing, that you do not wish to receive an application.

Even if you have only received one grant or partially used the grant, you are required to meet the High Quality Standards for training and accreditation. If you have not met the High Quality Standards by the date that you agreed to in your contract, please explain in the program report. Please comment on what steps you are taking to meet the standards if you are behind schedule. If the standards are not met in a timely fashion, you will be required to pay back the grant funds.

If you have met the Wisconsin's High Quality Standards, including the accreditation and staff qualification standards, you are eligible for a Staff Retention Continuation Grant. If you have not yet achieved the standards, you are eligible to apply for a Quality Improvement Continuation Grant. A Continuation grant means if you have ever received Quality Improvement or Staff Retention grant and are requesting new funds for either a quality improvement or staff retention grant.

We ask you to read all the materials carefully before calling.



Please respond to the Child Care Quality Grant Report and Application in the following ways:

- Grantees who are working to achieve the High Quality standards may use this packet to submit their report and apply for a Quality Improvement Continuation grant. If you are eligible, a grant for either one or two more years may be requested. **Family grantees who received grants in 1992-1996 are eligible for four years of grant funds. A family grantee who first received a grant in 1997, 1998, and 1999 are eligible for three years of grant funds.**
- Grantees who have already achieved the High Quality Standards may use this packet to submit their program report and apply for a Staff Retention Continuation Grant. A grant for one or two more years may be requested. You must meet all of the High Quality Standards by May 31, 2000, to be eligible for the grant. **There is currently no time limit for Staff Retention grants.**
- Grantees whose grant periods are ending in May 2000 who do not want to apply for additional funds at this time, but who want to extend their current grant period for one year may use this packet to request a grant extension. For a grant extension, applicants must submit all continuation application materials. The one-year extension cannot include any additional funds. It allows grantees an extra year to spend their current grant. The one-year extension will count as one of the four years allowed for Quality Improvement grants.
- All Grantees, past and current must use this packet to submit a Program Report. (If you have a two-year grant that ends in May 2000, you are not eligible for any additional funding, but you must submit pages 1-6 of the Program Report.)

The application packet includes due dates, amounts available, eligibility, uses of funds, and other information needed to complete the packet. Please read the materials. The due date for the complete packet is **February 7, 2000.**

#### Bonus Progress Amount

We have added a bonus progress amount for grantees that have received accreditation or have met the high quality training standards for the first time. Please read page 6 of the RFP carefully.

- This is a one time amount.
- It is only for first time accreditation and meeting the High Quality Standards. It is not for reaccreditation.
- Your program needs to qualify for a Quality Improvement or Staff Retention grant to be eligible.
- The standard must be met by February 7, 2000, and verification must be submitted with the application.
- It is your responsibility to submit proper documentation with the application when you apply. If you submit incorrect verification the request will be denied.

## Budget

Please provide a detailed justification for your budget. Under supplies and equipment, any request for computer, laminators, carpet appliances, remodeling, fences, or smoke alarms will not be approved.

## Accreditation Schedule

- The following is a schedule of when accreditation and the High Quality Standards need to be met:

<u>Year Received Grant</u>	<u>Accreditation</u>	<u>Training Standard</u>
1992	May 1995	1996
1993	May 1996	1997
1994	May 1997	1998
1995	May 1998	1999
1996	May 1999	2000
1997	May 2000	2001
1998	May 2001	2002
1999	May 2002	2003

- If you are behind on meeting the High Quality Standards, we highly recommend requesting your funds for training, staff time to work on the accreditation and hiring a consultant from WCCIP to help you. If you are behind schedule, we will not approve any funds for equipment, supplies, staff bonuses, or out-of-state travel.

## Application on the OCC WEB Page

The application can be produced on the OCC web page. See instructions in the packet for more information on page 12. Please call Gigi if you have any questions in completing the form from the web site. The application will be available toward the end of December.

## Grant Writing Session

You are not required to attend a grant writing session but we have a conferene call scheduled if you would like to attend. See page 15 for more information.

## Infant/Toddler Credential

You can obtain the Infant/Toddler Credential to meet the Level 2 High Quality Standards. This will meet your training standard. You will still need to obtain an accreditation standard (CDA or NFCC). You can use the quality improvement funds to match your required expenses. Please call WECA at (800) 783-9322 for more information.

## Questions

Good luck with the process. The packet contains most of the information you will need, but should you have any questions or problems, please contact me at (608) 266-3443, or email me at [saterla@dwd.state.wi.us](mailto:saterla@dwd.state.wi.us) or Gigi Trebatoski at (608) 261-5820 or email her at [trebagi@dwd.state.wi.us](mailto:trebagi@dwd.state.wi.us) or you can fax your questions at (608) 267-3240.

**CHILD CARE QUALITY GRANTS  
PROGRAM REPORT AND APPLICATION  
FOR QUALITY IMPROVEMENT CONTINUATION  
AND STAFF RETENTION CONTINUATION GRANTS  
FOR FAMILY CHILD CARE PROVIDERS**

**WISCONSIN DEPARTMENT OF WORKFORCE DEVELOPMENT  
DIVISION OF ECONOMIC SUPPORT  
DECEMBER 1999**

**Child Care Quality Continuation Grants  
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**ANTICIPATED TIMETABLE FOR QUALITY CONTINUATION GRANTS**

Program Report and Application Packet Mailed	approx. December 15, 1999
Technical Support Conference Call	January 13, 2000
Program Reports and Applications Due	February 7, 2000
Grant Agreements Issued to Grantees	May 1, 2000
Grant Period Begins	June 1, 2000
First Grant Funds Disbursed	June 1, 2000
Grant Period Ends	May 31, 2001 or May 31, 2002

## CHILD CARE QUALITY CONTINUATION GRANTS

### PART 1: GENERAL INFORMATION

#### 1.1 BACKGROUND AND PURPOSE

Grantees that received Child Care Quality Improvement or Staff Retention Grants for a grant period which began in 1992, 1993, 1994, 1995, 1996, 1997, 1998, or 1999, and ends May 31, 2000 or an earlier date, are required to submit a program report now and are invited to apply for a Continuation Grant.

Grantees that received Child Care Quality Improvement or Staff Retention Grants for a grant period which ends May 31, 2001, are not eligible to apply for a Continuation Grant at this time, but are required to submit a program report now.

The purpose of the Continuation Grant is the same as the original Quality Improvement Grant—to help family child care and group centers achieve the High Quality Standards in Attachment 1 and maintain the standards by keeping skilled staff or by helping skilled family child care providers continue. These standards include accreditation and staff training qualifications. If you are using this packet only to submit a Program Report and are not requesting additional funds or a grant extension, you may skip Sections 1.2 - 1.6 and 1.8 -1.11. Please read Section 1.7.

#### 1.2 FUNDING AVAILABLE AND MATCH REQUIREMENT

Single-site applicants may request either a one-year or a two-year grant. Multi-site agencies may only request a one-year grant, due to the complexities of contract administration. Grantees must make a matching contribution for quality improvement or staff retention purposes. The match may be cash or donated goods and services equal to 25 percent of the amount awarded.

##### A. Funds Available for Quality Improvement Continuation Grants

The maximum annual grant awards are \$750 for a family child care site; and \$30,000 for a group of family child care sites. A multi-site applicant may not receive more than \$750 per family child care site per year. Applicants may request either a one-year or a two-year grant. Two year maximums are double the annual maximum. Multi-site applicants may only request a one-year grant.

**GRANTEES ARE LIMITED TO FOUR YEARS OF QUALITY IMPROVEMENT GRANTS. FAMILY CHILD CARE GRANTEES WHO FIRST RECEIVED A GRANT IN OR AFTER 1997 ARE LIMITED TO THREE YEARS OF GRANT FUNDS.**

**Due to the increased cost of attaining NAFCC accreditation, applicants who anticipate submitting their self-study materials and receiving their validation visit during the upcoming grant period are eligible for an additional \$250. This should be included in the total grant request and may only be spent on the accreditation fee.**

##### B. Funds Available for Staff Retention Continuation Grants

Staff Retention grantees may receive either a **base grant** or a **per child grant**, whichever is larger.

1. For a **per child grant**, the amount available to each grantee is based on the number of low-income and special needs children served in the prior calendar year. The maximum grant award for a twelve-month grant period is \$200 per child (based on the number of **full-time equivalent children** - 52 weeks x 40 or more hours per week for calendar year 1999). Full Time Equivalent Children is defined as the number of enrolled children converted to equal full-time enrolled children. Full-time means more that six hours a day, five days a week, 52 weeks a year. One full-time child = 1 FTE; one child enrolled full days for 26 weeks = .5 FTE; one child enrolled less than six hours a day, five days a week, 52 weeks = .5 FTE; one child enrolled all year, full days, three days a week = .6 FTE.

There is a ceiling on grant awards, regardless of the number of children. The ceilings for a twelve-month period are \$1,500 for family child care.

NOTE: A child who is both low-income and special needs may only be counted once. Documentation must be on file in your center.

2. For a **base grant**, the maximum annual grant amount is \$400 for family child care. This amount is available to programs serving few or no low-income or special needs children. Applicants may request funds for one year or two years. Two year maximums are double the annual maximum. Multi-site agencies may only request funds for one year.

#### C. Staff Retention Documentation

1. **For a Staff Retention Continuation Grant, all high quality standards must be met by May 31, 2000.** Verification of accreditation must be submitted with the grant application. Verification that the family child care provider meets the High Quality staff training qualifications standard must also be submitted. This verification must be obtained from *The Registry*, and requires participation in *The Registry*.
2. **If you plan to meet the Staff Retention standards by May 31, 2000, but are still waiting to hear about accreditation or CDA awards,** you must submit proof that the appropriate documents have been submitted prior to the time of grant application to demonstrate that you will in fact receive notification PRIOR to May 31, 2000. For proof of pending accreditation, you should submit a copy of a receipt from the Post Office or courier showing the date that the materials were submitted to NAFCC. For proof of pending CDA applications, you should submit a copy of a receipt from the Post Office or courier showing the date that the materials were submitted to Council for Childcare Professional Recognition. For teachers expecting to complete a degree, you should submit a copy of a letter from an advisor verifying that teacher is expected to receive their degree prior to May 31, 2000.

For those applicants that have not yet met the standards but plan to meet the standards by May 31, 2000, your grant award decision will not be made until the Office of Child Care has received documentation that you have met the standards (i.e., until you have submitted copies of your accreditation award letter or certificate, copies of the CDA award or degree). The delay in the award decision could result in a delayed contract and delayed start to your grant period. All documentation must be received no later than Monday, July 3, 2000 to be eligible for a grant award during this grant period.

NOTE: Sites with validation visits scheduled in May will generally **not** receive their notification until mid-July or later.

**THERE IS CURRENTLY NO LIMIT ON THE NUMBER OF STAFF RETENTION GRANTS AVAILABLE TO APPLICANTS.**

D. Progress Bonus Award

A grant progress bonus may be awarded to grantees that have received accreditation for the first time and/or for grantees that have, for the first time, met the training standard. Grantees that have received accreditation, for the first time, or have, for the first time, met the training standard since their last grant application are allowed to "add-on" a progress amount to their Quality Improvement or Staff Retention grant request. Grantees are eligible for one progress bonus award for having achieved first-time accreditation since their last grant application. Grantees are also eligible for one progress bonus amount for having met, for the first time, the high quality training standard. A maximum of two progress bonus amounts may be awarded to a site. A family child care provider, who is using the CDA credential to meet both the training and the accreditation standards, may only receive one Progress Bonus Award.

The grant progress bonus amount allowed is \$250 for a family child care provider. The maximum bonus amount per site is \$500. Sites may only receive each progress bonus amount once. Re-accreditation does not qualify for a progress amount.

For a multi-site organization, each qualifying site is eligible for the progress amount(s).

Applicants which have received accreditation since their last grant application are eligible for one progress amount. Applicants which have met, for the first-time, the high quality training standard since their last application also qualify for one progress amount. Applicants who have both met the high quality training standard and accreditation may request to add-on two progress bonus amounts to their Staff Retention grant request. For example, if you have received accreditation for the first time (\$250 progress bonus) and your staff have just met the high quality training standards also for the first time (\$250 progress bonus), you can add-on \$500 to your total grant request for 2000 application. If you have only met, for the first time, the high quality training standard, you are eligible for a \$250 add-on to your grant request.

For grantees requesting the progress amount to be added on to the grant request, the high quality standard must be met by the date of the application. Verification must be submitted with your application.

In order to qualify for the add-on you must:

1. Be eligible to apply for a Staff Retention or Quality Improvement Continuation Grant.
2. You must have met the High Quality Staff Training Standard and/or achieved accreditation, for the first time, since your last grant application.
3. For grantees requesting the progress amount to be added on to the grant request, the high quality standard must have been fully met by the date of the application, Monday, February 7, 2000.
4. **Verification must be submitted with your application.** Requests for the progress bonus amounts submitted without the proper verification attached will be turned down. For the accreditation, a copy of your accreditation certificate or award letter must be submitted. For verification that the high quality training standard is met, a copy of *The Registry* certificates for each qualifying staff member must be submitted. (If you are waiting for a Registry certificate, you may submit a degree transcript showing the degree awarded or a copy of the CDA certificate.)

The progress bonus amounts should be included your total budget request. The funds may be used only for expenses directly related to maintaining the high quality standards. Refer to Section 1.4 for uses of funds. Be sure to complete the Progress Bonus Amount Calculation on the Budget Request

form.

### 1.3 ELIGIBLE APPLICANTS

- A. Individuals and organizations eligible to receive funding through the Application Process must have received a Quality Grant for a period ending May 31, 2000, or earlier. Eligible applicants must have complied with the terms and conditions of the original grant and demonstrated progress toward meeting the High Quality Standards.
- B. Eligible applicants also must not have had serious non-compliances with child care licensing requirements which led to enforcement actions since June 1, 1996.
- C. Multi-site center organizations which did not receive funds for all of their sites in the initial grant and want the non-funded sites to be added to this application must apply for a new Quality Improvement grant. The Requests for Proposals (RFP) for new grant sites were due on November 22, 1999.
- D. Family child care providers who are working toward the High Quality Standards are eligible for a Quality Improvement Continuation Grant. Family child care sites which already meet the High Quality Standards are eligible for a Staff Retention Continuation Grant. This means all of the items in the High Quality Standards have been achieved.
- E. For grantees requesting the progress amount to be added on to the grant request, the high quality standards must have been met by February 7, 2000. Progress bonus award amounts are only awarded once per provider.

### 1.4 USES OF FUNDS AND STANDARDS REQUIREMENTS

- A. The funds may be used only for expenses directly related to achieving or maintaining the high quality standards listed in Attachment 1. These expenses are:
  - 1. Application and validation fees for accreditation for family child care sites or for the CDA or Infant Toddler credential for family child care providers;
  - 2. Family child care provider planning time to complete the accreditation or CDA process and to reach the other high quality standards;
  - 3. Staff training costs, to achieve the provider qualifications standards listed in Attachment 1, including the cost of substitutes when provider attends training during normal working time hours;
  - 4. Fees for consultants or mentors and salary increases for experienced staff to become mentors or master teachers, to help the program become accredited and/or to reach the staff qualifications standards;
  - 5. The funds may also be used for expenses directly related to the state Child Care Mentor Teacher Training program. These expenses are:
    - salary increases upon successful completion of the state Child Care Mentor Teacher Training program for both mentors and protégés if applicable;
    - approval of funds for substitute costs, if not covered by child care mentor project;
    - CDA costs for second year plans. This could cover the costs of the Child Care Mentor Teacher Training program to be continued or begin as the protégés CDA advisor;

AND

- B. Family child care providers who demonstrate in their application that they will achieve the standards in Attachment 1 by May 31 of the third year after their grant award or sooner, may also use a portion of the funds for the following expenses:
1. Planning and implementing improved staff or family child care provider wages, benefits, and incentives, such as staff bonuses upon completion of training;
  2. Advanced professional development and continuing education;
  3. Application and validation fees for re-accreditation;
  4. Staff or family care provider planning time to complete the re-accreditation process;
  5. Staff training costs for new staff, to achieve the staff qualifications standards listed in Attachment 1, including the cost of substitutes when attending training during normal work time hours;
  6. Fees for consultants or mentors and salary increases for experienced staff to become mentors or master teachers, to help the program become re-accredited and/or to help new staff reach the training qualifications standards.
  7. Equipment and supplies necessary to achieve re-accreditation.

No more than 25 percent of the maximum grant award amount may be used for equipment and supplies.

- C. Organizations which are submitting an application on behalf of a group of family child care may request up to an additional ten percent of the amounts requested for the centers. These additional funds may be used to employ a project coordinator, contract with a trainer or mentor, or for other purposes to help the centers reach the high quality standards.
- D. No more than five percent of the funds requested may be used for general administration. General administration includes: indirect costs or salaries of non-teaching staff not directly involved in the grant activities; accounting, legal and audit fees; space and other overhead costs.
- E. The grant funds may only be used for expenses which are incurred and activities which are performed within the grant award period (June 1, 2000, through May 1, 2001, or June 1, 2000, through May 31, 2002). Funds may not be used to pay off prior debt, activities performed, expenses incurred or items acquired before or after the grant period.
- F. Staff Retention Continuation Grant applicants are reminded that the purpose of staff retention grants is to maintain the high quality of child care programs, help skilled family child care providers continue to provide child care, and help child care programs continue to meet High Quality Standards. While funds may still be used for training and costs associated with re-accreditation, Grant Budget Requests should reflect initiatives to increase benefits and compensation of staff.

## 1.5 ADDITIONAL REQUIREMENTS

All Quality Improvement Continuation Grant applicants, who received their first Quality Improvement grant award in 1999, are required to have a WCCIP consultant sign-off on their Quality Improvement application. If you are applying for a Staff Retention continuation grant, WCCIP does not need to sign off on your application.

1.6 DEFINITIONS

Continuation Grant	<p>For the purposes of this RFP, a continuation grant refers to all Quality Child Care grants issued to a particular site other than its first year of funding. Any grantee that has a site which has previously received a Quality Improvement or Staff Retention grant may apply for a Continuation Grant.</p> <p>Currently or previously funded sites which recently met the high quality standards and now applying as a Staff Retention grantee for the first time, apply for a Staff Retention Continuation grant under this RFP.</p>
Eligible for publicly funded child care	<p>For eligible recipients, the family income is at or below 200 percent of the Federal Poverty Level (FPL). Eligible recipient is defined as receiving child care funding. New applicants must have met at or below 200 FPL, eligibility is up to 165 percent of the Federal Poverty Level (FPL). Parent (s) is/are eligible for Wisconsin Shares Program. For purposes of a per child grant, documentation of family income must be on file at the child care program. See Attachment 2.</p>
Full-time-equivalent (FTE)	<p>Enrolled children converted to equal full-time enrolled children. Full-time means more than six hours a day, five days a week, 52 weeks a year. One full-time child = 1 FTE; one child enrolled full days for 26 weeks = .5 FTE; one child enrolled less than six hours a day, five days a week, 52 weeks = .5 FTE; one child enrolled all year, full days, three days a week = .6 FTE. A child who is both low-income and special needs may only be counted once.</p>
In-Kind	<p>Donated goods or services, such as free or reduced-price space, volunteer time, or donated supplies.</p>
Low Income	<p>Low income is defined as being eligible for publicly funded child care. For eligible recipients, the family income is at or below 200 percent of the Federal Poverty Level (FPL). Eligible recipient is defined as receiving child care funding. New applicants must have met at or below 200 FPL, eligibility is up to 165 percent of the Federal Poverty Level (FPL). Parent (s) is/are eligible for Wisconsin Shares Program. For purposes of a per child grant, documentation of family income must be on file at the child care program. See Attachment 2.</p>
Serious non-compliance	<p>Actions by the Department of Health and Family Services, Office of Regulation and Licensing causing surrender of license due to threat of revocation, significant conditions placed on license, license denial or non-renewal, second provisional license issued, license revocation, forfeiture, referral to law enforcement, or emergency closing.</p>
Special needs	<p>A child under the age of 13 who has cognitive, emotional, behavioral, or physical and personal needs that require more than the usual amount of care and supervision. This includes children with developmental disabilities. For purposes of a per child grant the special need must be documented by a physician, psychologist, special educator, or other qualified professional.</p>

## 1.7 SUBMITTAL OF APPLICATION

**Please note:** Program Reports and Applications are subject to the same submission requirements.

Due to the volume of grant applications, applications which do not comply with the following requirements will not be eligible and will be returned to the applicant,

1. Appearance. All reports and applications must be typed or produced on a word processor and clearly readable. Do not use type size smaller than that which you are now reading (10 point). Applications must be stapled in the upper left hand corner. Do **not** use binders or folders.
2. Number of Copies. Applicants for Quality Improvement and Staff Retention continuation grants or for grant extensions must submit **one** stapled original and **three** stapled copies of the entire Quality Continuation Grant Program Report and Application and required appendices to the Office of Child Care. This includes copies of all Registry certificates and accreditation materials.

Grantees which are only filing a program report must submit one stapled original copy of the Program Report Section.

Please remember to keep a copy for your files.

3. Attachments. No attachments, enclosures or additional pages beyond the appendices required or requested in the application will be accepted.
4. Due Date. The due date for the receipt of all reports and applications under this solicitation is Monday, February 7, 2000. Materials may be mailed or hand delivered. No fax material will be accepted. A proposal will be accepted and considered received on time if:
  - a. The report and/or application is mailed to the individual listed below and is received in the Division of Economic Support mail room by 4:00 p.m. Central Standard Time (CST) on Monday, February 7, 2000. Allow sufficient time for delivery by the U.S. Postal Service, because it can take three to five days to receive mail from some areas.

Laura Saterfield  
Office of Child Care  
201 E Washington Ave Room A100  
PO Box 7935  
Madison WI 53707-7935

If mailing the proposal or program report via a courier other than the UPS, use the address listed in (b) below.

OR

- b. The report and/or application is hand delivered to the person listed below by 4:00 p.m. CST on Monday, February 7, 2000.

Laura Saterfield  
Office of Child Care  
GEF 1 Room A100  
201 E Washington Ave  
Madison WI 53702

## 5. Program Reports

Any program which has ever received a Quality Improvement grant, regardless of the amount or number of years received, is required to submit a program report. Incomplete and late reporting has been the basis for denial of some continuation grant applicants. If you do not submit the required program report on Monday, February 7, 2000, we will begin collections on the grant funds you have received.

You do not need to submit program reports if you have previously demonstrated that you met all the high quality standards and you have requested in writing that you do not wish to receive further application materials.

## 1.8 REVIEW AND AWARD PROCEDURES

Applications meeting eligibility criteria will undergo administrative review. Applications meeting eligibility criteria will undergo administrative review. The applications will be evaluated according to the following criteria:

- |                  |  |
|------------------|--|
| <u>5 points</u>  | <u>Summary and Site Information</u> <ul style="list-style-type: none"><li>-Site profile(s) is completed correctly.</li><li>-Summary Information is completed correctly.</li></ul>  |
| <u>25 points</u> | <u>Quality Standards Checklist</u> <ul style="list-style-type: none"><li>-Checklist is complete and includes information about qualifications.</li><li>-Projected completion dates are within the time frames indicated in Section 1.4, under Uses of Funds and Standards Requirements.</li><li>-Accreditation and training activities are scheduled as early as possible.</li></ul>   |
| <u>25 points</u> | <u>Program Report Narrative</u> <ul style="list-style-type: none"><li>-Changes in the Checklist are described and consistent with the purposes of the grant.</li><li>-Objectives are consistent with the purpose of the grant program and address achievement of the high quality standards. Objectives must include accreditation and provider qualification standards. Objectives are measurable, describe outcomes, and are achievable. Project effectiveness can be assessed based on the objectives. Accreditation and staff training will be accomplished at the earliest possible completion dates.</li></ul> |
| <u>25 points</u> | <u>Budget</u> <ul style="list-style-type: none"><li>-Proposed uses of the requested funds are allowable.</li><li>-Budget request is clear and accurate.</li><li>-Proposed uses and amount of requested funds are reasonable for the scope of the project and number of staff and children at project sites.</li><li>-Funds requested are specifically for reaching the high quality standards.</li><li>-No more than five percent of the total request is for administration.</li><li>-Match of 25 percent of grant request is indicated.</li></ul>  |
| <u>20 points</u> | <u>Other Criteria</u> <ul style="list-style-type: none"><li>-Program Reports have been completed in a timely fashion.</li><li>-CARS reports have been completed in a timely fashion.</li><li>-Attachments are completed and attached.</li></ul>  |

The maximum points which an applicant can score is 100 points. An applicant must score a minimum of sixty points. The Division Administrator will make the final decisions on awards. DES reserves the right to negotiate the award amount, authorized budget items, and specific activities with the selected applicants prior to entering into a grant agreement. Awards will be made through grant agreements, except that an award to an Indian tribe will be made through the State/Tribal contract.

## 1.9 ELECTRONIC APPLICATION

Applicants may use the application on the Office of Child Care web site found at <http://www.dwd.state.wi.us/des/childcare/applications.htm> The application may be completed online and then printed. It will still need to be signed, copied and submitted according to the guideline previously outlines in Section 1.8.

The application is available on the web site as a PDF file. If you do not already have Adobe Reader 3.0 loaded on your PC, you will need to download a free copy of Adobe Reader before you will be able to view the application. Please follow the directions on the web page for obtaining your copy of Adobe Reader 3.0.

The application is a fill-in form which can only be saved if you have Adobe Acrobat 4.0 or similar software. Most users do not have this type of software. We suggest that you use one of two methods when completing the application form online. One method is to print each page or set of pages as you complete them. Then you will not lose the work that you have already completed should you be interrupted. The other method is to create a draft of the application text by hand and type the finalized version into the online form. Additional hints and suggestions are available on the web site.

## 1.10 GRANT AGREEMENT OBLIGATIONS AND PAYMENT OF GRANTS

### 1. Assignment.

No right or duty in whole or in part of the contractor under this contract may be assigned or delegated without the prior written consent of the State of Wisconsin.

### 2. Nondiscrimination Against Applicants or Applicants for Employment.

- a. In connection with the performance of work under this grant agreement, the grantee agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, marital status, physical condition, arrest or conviction record, developmental disability as defined in s. 51.01(5), Wis. Stats., sexual orientation as defined in s. 111.32(13m), Wis. Stats., or national origin. This provision shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Except with respect to sexual orientation, the grantee further agrees to take affirmative action to ensure equal employment opportunities.

Contracts estimated to be over twenty-five thousand dollars (\$25,000) require the submission of a written affirmative action plan by the contractor. An exemption occurs from this requirement if the contractor has a workforce of less than twenty-five (25) employees. Within fifteen (15) working days after the contract is awarded, the contractor must submit the plan to the contracting state agency for approval. Instructions on preparing the plan and technical assistance regarding this clause are available from the contracting state agency.

The contractor agrees to post in conspicuous places, available for employees and applicants or employment, a notice to be provided by the contracting state agency that sets forth the provisions of the State of Wisconsin's nondiscrimination law.

Failure to comply with the conditions of this clause may result in the contractor's becoming declared an "ineligible" contractor, termination of the contract, or withholding of payment.

- b. Notwithstanding paragraph a., federal regulations for the Child Care Development Fund allow a sectarian organization to require that employees adhere to the religious tenets and teachings of such organization and to rules forbidding use of drugs or alcohol.

3. Disclosure.

If a state public official (s. 19.42, Wis. Stats.), a member of a state public official's immediate family, or any organization in which a state public official or a member of the official's immediate family owns or controls a ten percent (10%) interest, is a party to this agreement, and if this agreement involves payment of more than three thousand dollars (\$3,000) within a twelve (12) month period, this contract is voidable by the state unless appropriate disclosure is made according to s. 19.45(6), Wis. Stats., before signing the contract. Disclosure must be made to the State of Wisconsin Ethics Board, 44 East Mifflin Street, Suite 601, Madison, Wisconsin 53703 (Telephone 608-266-8123).

State classified and former employes and certain University of Wisconsin faculty/staff are subject to separate disclosure requirements, s. 16.417, Wis. Stats.

4. Promotional Advertising / News Releases.

Reference to or use of the State of Wisconsin, any of its departments, agencies or other sub-units, or any state official or employee for commercial promotion is prohibited. News releases pertaining to this procurement shall not be made without prior approval of the State of Wisconsin. Release of broadcast e-mails pertaining to this procurement shall not be made without prior written authorization of the contracting agency.

5. Hold Harmless.

The contractor will indemnify and save harmless the State of Wisconsin and all of its officers, agents and employes from all suits, actions, or claims of any character brought for or on account of any injuries or damages received by any persons or property resulting from the operations of the contractor, or of any of its contractors, in prosecuting work under this agreement.

6. Dual Employment.

Section 16.417, Wis. Stats., prohibits an individual who is a State of Wisconsin employee or who is retained as a consultant full-time by a State of Wisconsin agency from being retained as a consultant by the same or another State of Wisconsin agency where the individual receives more than \$12,000 as compensation for the individual's services during the same year. This prohibition does not apply to individuals who have full-time appointments for less than twelve (12) months during any period of time that is not included in the appointment. It does not include corporations or partnerships.

7. Employment.

The contractor will not engage the services of any person or persons now employed by the State of Wisconsin, including any department, commission or board thereof, to provide services relating to this agreement without the written consent of the employing agency of such person or persons and of the contracting agency.

8. Conflict Of Interest.

Private and non-profit corporations are bound by ss. 180.0831, 180.1911(1), and 181.225, Wis. Stats., regarding conflicts of interests by directors in the conduct of state contracts.

9. Allowable Costs.

Grant recipients will be required to comply with the Department of Workforce Development Allowable Cost Policy.

10. Monitoring and Reports.

Grant recipients will cooperate with on-site monitoring visits and other monitoring activity by Department staff and Department agents to review activities and expenditures. Brief reports of both programmatic and fiscal activity will be required to document that the grantee met proposed objectives and conditions of the grant agreement. Reporting requirements will be specified in the agreement between the successful applicant and the Division of Economic Support. Failure of the successful applicant to meet reporting obligations may result in withholding of grant funds until the requirements are met or cancellation of the award by DES.

11. Payment Procedures.

A schedule of pre-payments and reimbursement payments will be provided in the grant agreement.

12. Return of Grant Funds or Equipment.

If a grant recipient fails to address high quality standards as described in the application and grant agreement, DWD may reclaim all or a portion of the grant award and/or any equipment and materials purchased with grant funds. If a grant recipient ceases operation of the child care program within three years of the grant award, DWD may reclaim a prorated share of the grant award and/or equipment and materials purchased with the grant.

13. RFP Specifications as Contractual Obligations.

The contents of this RFP and the application will become contractual obligations if a grant is awarded. The Division of Economic Support reserves the right to negotiate grantees' activities and expenditures with the selected applicants prior to entering into a grant agreement. Modifications may be made in the course of the grant period only through prior consultation with and written approval of the Division of Economic Support. Failure of the grantee to accept these obligations may result in cancellation of the grant award.

14. State Employment

The grantee will not engage the services of any person or persons now employed by the state, including any department, commission or board thereof, to provide services relating to this agreement without the written consent of the employer of such person or persons and of the Division of Economic Support.

15. Proprietary Information

Data contained in the proposal, all documentation provided therein, and materials and innovations developed as a result of this grant award cannot be copyrighted or patented without written authorization from the Department of Workforce Development (DWD). All data, documentation, and innovation become the property of the State of Wisconsin, Department of Workforce Development. Any copyright material authorized by DWD or distribution of material developed through this agreement will acknowledge use of DWD funds.

16. Assurances

An authorized official must sign the Assurances of Compliance with the Department of Workforce Development regulations form and comply with all the requirements contained therein. This signed form is to be included in the applicant's proposal and is part of Part 3 - Application Form.

17. Assignment

No right or duty in whole or in part of the contractor under this contract may be assigned or delegated without the prior written consent of the State of Wisconsin.

18. Termination of Agreement

DES may terminate this agreement at any time at its sole discretion by delivering seven days written notice to the grantee. Upon termination, DES's liability will be limited to the *pro rata* cost of the services performed as of the date of termination plus expenses incurred with the prior written approval of DES. In the event that the grantee terminates this agreement, for any reason whatsoever, it will refund to DES within fourteen days of said termination, all payments made hereunder by DES to the grantee for work not completed. Such termination will require written notice to that effect to be delivered by the grantee to not less than seven days prior to said termination.

1.11 OTHER TERMS AND CONDITIONS

All other terms and conditions of the Request for Proposals under which the applicant originally received a Quality Grant apply to this process.

1.12 WHERE TO GET HELP WITH THE GRANT APPLICATION

1. Training and Technical Assistance on Grant Writing

**Quality Improvement Continuation Grant applicants and first-time Staff Retention Continuation Grant applicants are encouraged to participate in a technical assistance conference call before submitting a proposal.** Staff Retention Continuation Grant applicants are not required to participate in the conference call but are welcome to participate as well.

The toll-free conference call will be held on Wednesday, January 13, 2000 from 6:30 PM to 8:30 PM. Providers may participate by dialing in from home.

Please follow these instructions to attend and participate in the seminar:

1. Dial either 265-1000 (Madison area) or 888/677-9189 (statewide toll-free) at 6:30 pm.
2. Enter 4230# at the prompt to access the conference.
3. Attendance will be taken so be sure that you have identified yourself before the conference call is over. There will be some explanations of the process and participants will be able to ask questions. All participants will be able to hear all questions and discussion.

REMINDER:

- This is a meeting and all participants will be able to hear everything that is happening. Please call in promptly at 6:30 PM to assure that you do not miss any important information.
- Please try to find a quiet place in your home to call from and try to keep background noise to a minimum. All callers will be able to hear background noise/activity and it can be very distracting.

If you plan to attend one of these sessions, please submit the registration form by Tuesday, January 4, 2000. We need to know in advance how many people will be attending each session.

2. Following is a list of the kinds of information you may need and where to find it.

Accreditation	<p>National Association for Family Child Care, 525 SW 5th Street Suite A, Des Moines, IA 50309-4501. Phone: (515) 282-8192 Fax: (515) 282-9117. Email: nafcc@nafcc.org Internet: <a href="http://www.nafcc.org">http://www.nafcc.org</a></p> <p>Contact the Child Care Information Center at (800) 362-7353 or (608) 266-1164 for free printed materials and videotapes.</p>
CDA	<p>Contact the Wisconsin Early Childhood Association at (608) 240-9880 or (800) 783-9322.</p> <p>Or</p> <p>Child Development Associate National Credentialing Program, The Council for Early Childhood Professional Recognition, 1341 G Street N.W., Suite 400, Washington, DC 20005, (800) 424-4310 or (202) 265-9090. Email: <a href="mailto:webmaster@cdacouncil.org">webmaster@cdacouncil.org</a> Internet: <a href="http://www.cdacouncil.org">http://www.cdacouncil.org</a></p> <p>Contact the Child Care Information Center at (800) 362-7353 or (608) 266-1164 for free printed materials and videotapes.</p>
Degree programs, equivalencies	<p>Contact a Wisconsin Technical College, University of Wisconsin campus, or private college in your area.</p> <p>Also contact <i>The Registry</i> at (608) 244-9723.</p>
Infant Toddler Credential	<p>Wisconsin Early Childhood Association (WECA), 2040 Sherman Avenue, Madison WI 53704, (608) 240-9880 or (800) 783-9322. Fax: (608) 240-9890. Email: <a href="mailto:weca@wecanaeyc.org">weca@wecanaeyc.org</a> Internet: <a href="http://www.wecanaeyc.org">http://www.wecanaeyc.org</a></p>
Grant writing	<p>Contact Gigi Trebatoski, Office of Child Care at (608)261-5820 or via email: <a href="mailto:trebagi@dwd.state.wi.us">trebagi@dwd.state.wi.us</a></p> <p>or</p> <p>Laura Saterfield, Division of Economic Support, Office of Child Care at (608)266-3443 or via email: <a href="mailto:saterla@dwd.state.wi.us">saterla@dwd.state.wi.us</a></p>

## PART 2: PROGRAM REPORT AND APPLICATION INSTRUCTIONS

### 2.1 GENERAL INFORMATION

Before beginning to complete a program report and/or application, carefully read all instructions. All required information must be provided in the application form. No additional materials, unless specifically requested in these instructions or the forms are to be submitted. If you are not requesting a Continuation Grant or an extension, complete only Section A, B, and C of the form.

Note that applications which do not comply with the requirements in Section 1.7 will be ineligible and will be returned to the applicant.

#### A. SUMMARY INFORMATION

1. Applicant Name. Enter the name and address of the person or organization, the legal entity, which will assume liability for the administration of grant funds and is responsible to the Wisconsin Department of Workforce Development for the performance of the project. For family child care providers, enter the legal name of the provider who is licensed, not the name of the family child care home. For example, enter Marilyn A. Smith, **not** Marilyn's Merry Tots Family Child care.
2. Purpose. Check one.
3. Number of sites. Complete as directed.
4. Grant Period. Check the preferred grant period and indicate amount requested. Multi-site organizations are only eligible to apply for a one-year grant period.
5. Official or Owner Authorized to Commit Applicant to Grant Agreement. Enter the name, title, and telephone number of the person authorized to commit the applicant organization to a grant agreement, and obtain the signature of that person.

#### B. SITE PROFILE

If reporting for more than one site, complete a two-page SITE PROFILE for each site. When assembling the application, please keep all pages related to an individual site together and in alphabetical order. Then number the pages sequentially. If the application is from an organization which operates programs at several sites, item B.3 and B.5(a) may be the same for all sites. In this case, the information only needs to be included on one SITE PROFILE and referenced on the other PROFILES.

1. Location and License. Enter the name of the family child care center/home and the address of the program. Check yes or no regarding whether the facility has had serious non-compliances which led to specific enforcement actions. See 1.6 DEFINITIONS.
2. Numbers of Children Served. Enter the total number of children currently enrolled and the number in each age group. Enter the number receiving publicly funded child care and the number of special needs children. See 1.6 DEFINITIONS.
3. Fees. Describe the fee schedule, including different fees for different age groups and any scholarships or sliding fee scale arrangements. You may attach a copy of your fee schedule, if you prefer.

4. Personnel.

Under a., summarize fringe benefits for staff, including any paid leave.

For family child care providers, enter average hourly wages. **To calculate the average hourly wage use the following formula: Net income (from your tax Schedule C) / Hours Worked = Average Hourly Wage.** If you employ an assistant, summarize your entry level training requirement and show the hourly wage range and the average hourly wage of current assistant(s).

Under c. Staff and Turnover, enter the number of years that you have been providing family child care. Enter the number of teachers and assistant teachers that work at that site.

NOTE: Please provide this information for each site profile. It is not acceptable to skip this section. If the wages or training level requirements have not changed since your previous application/program report, you still need to complete this section.

5. Amount Requested. Show the amount of the grant request to be used for this site. If the total grant request is for only one site, this line should be the same as item 4 under Summary Information and line 10 column (e) in the Budget Request section.

C. PROGRAM REPORT NARRATIVE

1. Quality Standards Checklist. Complete the checklist providing a date for each item. Multi-site applicants (separate legal entities) must submit one Checklist for each separate provider or family child care site.

If you have already completed some of the activities on the Quality Standards Checklist, indicate this under the column Actual Date.

Make the appropriate changes, if any, in dates since your previous application/program report. If any dates have been changed, please circle those dates and be sure to include an explanation if item 2 below.

2. Changes in Checklist. If you have changed ANY dates on the Quality Standards Checklist since your last report or application, explain the reasons for the changes.

If you have not changed the Quality Standards Checklist dates from the previous application/program report, you do not need to complete this section.

3. Changes in Objectives or Workplan. If you have made any changes in your objectives, provide an explanation of the changes and the reason for the changes. If you have made any changes in your workplan, please explain the changes and provide a revised workplan. **NOTE:** If you have made changes in your timeline (as indicated by date changes on the Checklist), you **MUST** provide a revised workplan. The revised workplan should reflect the date changes and demonstrate that you have a plan to achieve your goals in the time allotted.

If you are a Quality Improvement Continuation Grant applicant, provide a detailed work plan for the requested grant period.

If you are a Staff Retention Continuation Grant applicant and you have not made any changes since your previous application/program report, you do not need to complete this section.

4. Achievements. List and major achievements and or improvements as a result of the Quality Grant funds.
5. Obstacles and Resources. Discuss the major obstacles encountered in achieving the High Quality standards and any resources which have helped you work toward the standards.

**IF YOU ARE NOT APPLYING FOR A CONTINUATION GRANT OR A GRANT EXTENSION, DO NOT COMPLETE SECTIONS D AND APPENDICES.**

#### D. BUDGET INFORMATION AND REQUEST

##### 1. Type of Request

- Check the type of request you are making.
- If you are requesting a Progress Amount, check (d) and enter the amount for which you are eligible. This amount should be included in your Total Grant Request.

##### 2. Project Expenses

- Include in this section only the Quality Improvement or Staff Retention project expenses. The Budget Request should be for whichever grant period you are requesting. If you are asking for a Grant Extension, complete this budget as a Budget Revision for the full two-year period of June 1, 1999 - May 31, 2001.
- **USE WHOLE DOLLARS, NO CENTS, IN YOUR BUDGET REQUEST.**

##### Personnel

###### a. Title of Position

List each full-time and part-time positions whose time will be charged to the grant project by title.

###### b. Hourly Rate or Monthly Salary

List the monthly salary or hourly rate for each project position listed. If salary increases are to be effected during the contract period, this amount must be budgeted at the time of application.

###### c. Hours per Week or Month

Indicate the total number of hours per week to be spent on the project.

###### d. Number of Weeks or Months Budgeted

If you provided hourly wage rates under (b), indicate the total number of hours per week to be spent on the project. If monthly salary was listed in (b) indicate the total number of hours per month to be spent on the project.

- (1) Project Personnel Total Salary. Show totals of columns.
- (2) Fringe Benefits. List the total Fringe Benefits for project positions. If the position is assigned a fraction of time to the project, only that same fraction should be charged to the fringe benefits column. Enter the percentage used to compute fringe benefits.
- (3) Travel. Enter your proposed budget of travel expenses for professional staff, volunteers and/or program participants to be included in this grant. The rates which the state will reimburse may not exceed the State of Wisconsin travel allowances as specified in the Allowable Cost Manual. Current mileage allowance is .29 cents per mile. Meal allowances are: Breakfast \$7.00, Lunch \$8.00, Dinner \$16.00. Hotel room maximum is \$52.00.

The budget justification for travel must include the following:

- If you are including a budget for conference or training program participants, you must identify the conference or training program, its location, the number of people attending and provide an explanation of how attendance will help you meet the project goals.

For example:

\$50 Registration fee for provider to attend XYZ Child Care Conference to be held October 2000. Provider will participate in seminars to learn more about developmentally appropriate practice or to earn training necessary for obtaining CDA.

- If including mileage expenses, you must show your calculation (i.e. the projected number of miles, the rate per mile, and the destination or purpose of travel).

For example:

\$26 Mileage for attending WECA Conference in La Crosse to obtain training needed for CDA, calculated as:  
90 miles x \$.29/mile

\$300 Mileage for provider to take classes at UW Superior, calculated as follows:  
10 miles/day x 2 days/week x 15 weeks

- If including lodging and meal allowances, you should include the number the number of rooms, the number of nights and cost per room budgeted for lodging, and the number of people, the number of meals and the amount budgeted for meals.

For example:

\$104 Lodging for attending WFCCA Conference in Green Bay, calculated as follows: 1 room x \$52/night x 2 nights

\$62 Meals for attending WFCCA Conference in Green Bay, calculated as follows: 2 days x \$31.00/day (Breakfast \$7.00, Lunch \$8.00, Dinner \$16.00)

- (4) Equipment. Capital equipment costs are defined as all costs associated with the acquisition of assets having a unit value of at least \$500 and a useful life of at least two years. Grant funds may be used for capital equipment costs with approval by DES. List each piece of equipment in Budget Justification and explain why it is necessary to the project.
- (5) Supplies and Operating Expenses. Enter the costs for consumable supplies, toys, learning materials, equipment, rent, maintenance, printing and reproduction, telephone, postage, utilities, and/or other operating expenses. Supplies and equipment consist of items costing less than \$500. Include a detailed listing under 2. Budget Justification. Supplies and equipment cannot include items needed to maintain your licensing (i.e., fences, smoke alarms, or carpeting).
- (6) Contractual and Consultant Costs. Include a detailed listing of any consultants or services for which you intend to contract under 2. Budget Justification. Enter the cost per day of each contractual and consultant service, how many days you are proposing, and the dates of the contract. For example:

\$500	Consultant cost (@\$250/day for 2 days) to conduct a mock visitation visit and post-visit training session.
\$450	CDA advisor
===	
\$950	Total

- (7) Training. Enter your proposed amount for training. Under 2. Budget Justification, provide a detailed listing of the type of training, the trainer or training organization, and the cost.

Items which may be included under this category include tuition or enrollment fees, as well as course materials and books. Wages, travel expenses or other expenses related to training should be listed in the appropriate category.

- (8) Accreditation Fees. Each grantee is required to purchase their accreditation materials within the first grant year. Include the relevant cost for purchasing those materials. If you expect to be ready for a Validation Visit, specify the organization to who the fees will be paid Budget Justification.

Include cost of CDA materials and/or credential fees for each staff member who will work towards or complete a CDA during this grant period. Include an explanation of these expenses in the Budget Justification.

- (9) Other. Enter any other expenses of the project, which do not fall into any of the previous categories. This may include administrative overhead such as management, support, and overhead costs that are allocated to the project (not to exceed five percent of the total request), which should be clearly identified as administrative expense.

- (10) Total. Enter Total of Items 1 through 9 for column (e). If you have requested a progress amount, the total budget should include that amount.

- (11) Match. Enter the cash match or in-kind match in Line 11. Match may be used for any of the expenses in your project budget. Total match on Line 11 must equal at least 25 percent of the total grant request on Line 10. Cash match is any money you

are putting into the project, from parent fees or other sources. In-kind match is volunteer time, donated space, free training, or other donated goods and services.

(12) Total Project Cost. Total Line 10 and 11.

3. Progress Bonus Award Amount Calculation. Complete this section if you are eligible for a progress amount.
4. Staff Retention Calculation. Complete as indicated if you're applying for a Staff Retention Grant.
5. Budget Justification. Complete the Budget Justification section. For Personnel and Fringe, provide detail showing and explaining separate amounts for planning time to reach high quality standards, increased salary or time for new master teacher or mentor positions, and/or increased compensation and benefits.

Provide detail for each budget item 3 through 9, as discussed above. Do not assume that the need or purpose of the expenditure is obvious. Provide detailed explanation of projected in-kind and cash match expenditures.

E. Wisconsin Child Care Improvement Project (WCCIP) Sign Off

Obtain and attach a sign off from a WCCIP consultant if your site received a first year grant in 1999.

F. Assurances of Compliance

Complete and **sign** the Assurances of Compliance Page.

G. Taxpayer Identification Number

Complete and **sign** the Taxpayer Identification Number (TIN) Verification page. If you have a Federal Employee Identification Number, please use that number. If you do not, please use your Social Security number.

H. Certification Regarding Debarment, Suspension

Complete and **sign** the the Certification Regarding Debarment, Suspension page.

## 2.2 ASSEMBLY AND SUBMITTAL OF APPLICATION

### A. ASSEMBLY

After completing the Program Report or Grant Application, assemble the pages of your application. If you applying for more than one site, be sure that, for each site, both pages of the Site Profile and the Quality Standards Checklist are grouped together by site and that the sites are in alphabetical order.

Number the pages of your application sequentially, The total number of pages for each application will vary depending on the number of sites included in the application, and whether you have attached additional sheets where allowed.

### B. SUBMITTING THE PROPOSAL

**Please note:** Program Reports and Applications are subject to the same submission requirements, except for the number of copies that need to be submitted.

Copy the entire proposal including cover page, eligibility page, application and appendices. Consult Section 1.7 of this RFP for the required number of copies. Be sure to include an original copy with original signatures. You are advised to keep a copy for your own files.

Mail or deliver a stapled original proposal and the specified number of stapled copies to Laura Saterfield in the Office of Child Care. Consult Section 1.7 of this RFP for address and location.

**PART 3: PROGRAM REPORT AND APPLICATION  
FOR QUALITY CONTINUATION GRANT**

DO NOT INCLUDE ADDITIONAL PAGES, UNLESS THEY ARE REQUESTED HERE.

**A. SUMMARY INFORMATION**

1. Applicant Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Fax ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_  
(optional) (optional)

2. Purpose. Please check one of the following:

- a. \_\_\_ This is a Program Report only. We are not requesting Continuation Grant funds or a grant extension this time.
- b. \_\_\_ This is a Program Report and **Quality Improvement Continuation Grant Application**. We do not meet all the High Quality Standards yet.
- c. \_\_\_ This is a Program Report and **Staff Retention Continuation Grant Application**. We meet all the High Quality Standards.
- d. \_\_\_ This is a Program Report and request for one-year extension of our current grant, which ends May 31, 2000.

NOTE: If this is a multi-site application which is a combination of two or more of the above, please submit a separate program report and application for each category (i.e. report only, quality improvement, staff retention and/or extension).

3. Number of Sites.

- a. Number of sites funded for quality and/or staff retention activities in previous grant application: \_\_\_\_\_
- b. Number of sites requesting on this grant application: \_\_\_\_\_

4. Grant Period. If you are applying for Quality Improvement and Staff Retention Continuation Grant funds, indicate the amount requested.

One year (June 1, 2000 - May 31, 2001). Amount requested \$ \_\_\_\_\_

Two year (June 1, 2000 - May 31, 2002). Amount requested \$ \_\_\_\_\_

5. Official or Owner Authorized to Commit Applicant to Grant Agreement

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_

**B. SITE PROFILE**

Complete a two-page SITE PROFILE and CHECKLIST for each site for which funds are requested.

1. Location and License Information

Name of Child Care Facility \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Has this facility had serious non-compliances which led to licensing enforcement actions during the past two years?    \_\_\_No    \_\_\_Yes

2. Numbers of Children Served

Total number of children currently enrolled: \_\_\_\_\_

Under 1 Year    \_\_\_    1 to 2 Years    \_\_\_    2 to 3 Years    \_\_\_

3 to 5 Years    \_\_\_    5 to 7 Years    \_\_\_    7 to 13 Years    \_\_\_

Number receiving publicly funded child care \_\_\_\_\_

Number of special needs children \_\_\_\_\_

3. Fees. Describe the fee schedule at this site. (You may attach a copy of your fee schedule, if you prefer).

4. Personnel

- a. Benefits. Describe any benefits provided for staff. (You may attach a copy of your benefit schedule, if you prefer.)

- b. Training and Compensation.

Indicate entry level requirements and hourly wages for each type of position at this site. ***Be sure to read instructions on how to calculate your hourly wage.***

TITLE OF POSITION	ENTRY TRAINING REQUIREMENT	AVERAGE HOURLY WAGE
Family Day Care Provider	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	
Asst. Provider		

- c. Staff and Turnover

Number of years providing family day care \_\_\_\_\_

Total teachers 1/1/2000\* \_\_\_\_\_

Total assistant teachers 1/1/2000 \_\_\_\_\_

- \* This number should be the same as the number of teachers listed on the quality standards checklist OR difference explained.

5. Amount Requested for This Site \$\_\_\_\_\_

4. Quality Standards Checklist for Family Child Care

Quality Standards Activities	Projected Date Of Completion	Actual Date Completed
<b>1. <u>Accreditation Standard</u></b>		
Type of Accreditation (circle one):                      NAFCC      CDA		
a. Initial materials purchased	_____	_____
b. Self-study or CDA collection of documentation begun	_____	_____
c. Program description submitted to accrediting agency	_____	_____
d. Validator or CDA verification visit	_____	_____
e. Accreditation or CDA credential awarded	_____	_____
<b>2. <u>Personnel Policy Standards</u></b>		
a. Personnel policy written	_____	_____
b. Written contract with parents	_____	_____
<b>3. <u>Provider Training Qualifications Standard</u></b>		
a. Type of credential (circle one):                      CDA      I/TC      1-yr degree      2-yr degree      4-yr degree		
b. Name of credential/diploma: _____		
c. Name of training institution: _____		
d. Enrollment date	_____	_____
e. Completion date	_____	_____
<b>4. <u>Staff Improvement Standard</u></b>		
a. Program evaluation with parents completed	_____	_____
b. Written evaluation report with parents of provider's compensation and benefits	_____	_____

C. PROGRAM REPORT NARRATIVE (continued)

2. Changes in the Checklist. If you have changed any dates on your Quality Standards Checklist, please circle the dates which have changed and explain the reasons below. If you have not changed the checklist from the previous application, this does not need to be completed.

3. Changes in Other Objectives or Workplan. If you have changed other objectives, your workplan, or your timeline, please explain the changes and the reasons below. If you have not changed the workplan from the previous application, this does not need to be completed.



## D. BUDGET INFORMATION REQUEST

1. Type of Request (check all that apply)

- a.  Grant Extension, no additional funds, for June 1, 2000 - May 31, 2001. Complete The Budget Request below as a Budget Revision for the full two-year period of June 1, 1999 - May 31, 2001, using the amount of your grant as your grant request total in Line 10.
- b.  QI/SR Continuation Grant for one year, June 1, 2000 - May 31, 2001\*
- c.  QI/SR Continuation Grant for two years, June 1, 2000-May 31, 2002\*
- d.  Progress Bonus Amount requested (Complete calculation on following page)
- e.  NAFCC Validation Visit during upcoming grant period and requesting additional \$250

\* If applying for a Staff Retention Per Child Grant Amount, complete calculation on following page

2. Project Expenses. Include in this section only the expenses. See Application Instructions.

<u>Personnel</u> (a) Title of Position	(b) Hr. Rate or Mo. Salary	(c) Hrs.per Week or Month	(d) # Weeks or Mo.Budgeted	(e) Grant Request
	\$			\$
	\$			\$
	\$			\$
	\$			\$
<b>1. Project Personnel Total Salary</b>				\$
<b>2. Fringe Benefits(= _____ % of Salary) FICA, Worker's Compensation, Unemployment Insurance, Other</b>				\$
<b>3. Travel</b>				\$
<b>4. Equipment</b>				\$
<b>5. Supplies and Operating Expenses</b>				\$
<b>6. Contractual and Consultant Costs</b>				\$
<b>7. Training for Staff or Volunteer Workers</b>				\$
<b>8. Accreditation Fees</b>				\$
<b>9. Other Expenses</b>				\$
<b>10. Total Grant Request (Sum of lines 1 through 9)</b>				\$
<b>11. Match. Amount of proposed cash match or in-kind match. Total of match must equal 25% of line 10.</b>				\$
<b>12. Project Total (Sum of lines 10 and 11)</b>				\$

\*\* If you provide hourly wage rates under column (b), provide total weeks under column (d). If you provide monthly salary under column (b), provide total months under column (d).

**3. PROGRESS BONUS AWARD AMOUNT CALCULATION**

Complete the following if you are requesting a Progress Bonus Amount:

1. Did any of the sites on this application receive their first-time accreditation since your last grant application? Y  
N

If Yes:

a. How many sites? \_\_\_\_\_

To qualify for this amount, attach a copy of your accreditation certificate and label as Appendix A

2. Did any of the sites in this application meet the Staff Qualification Standard for the first time since your last grant application (all teachers are at a Registry Level 2 and program director(s) is/are at the Registry Level 4)? Y  
N

If Yes:

a. How many sites? \_\_\_\_\_

To qualify for this amount, attach a copy of your Registry certificate and label as Appendix B

**Calculation:**

Enter the number in 1a: \_\_\_\_\_ X \$250 = \$ \_\_\_\_\_

Enter the number in 2a: \_\_\_\_\_ X \$250 = \$ \_\_\_\_\_

=====

Total Progress Amount\*\* \$ \_\_\_\_\_

(Sum of all site amounts) \$ \_\_\_\_\_ + (Progress Amt\*\*) \$ \_\_\_\_\_ = \$ \_\_\_\_\_ (Total Grant Request)

**4. STAFF RETENTION PER CHILD GRANT AMOUNT CALCULATION**

Complete the following if you are requesting a Per Child Grant:

Number of Full-Time Equivalent (FTE) low-income children with documentation on file in 1999: \_\_\_\_\_

Number of Full-Time Equivalent (FTE) special needs children with documentation on file in 1999: \_\_\_\_\_

=====

TOTAL FTE: \_\_\_\_\_

**Calculation:**

Total FTE \_\_\_\_\_ X \$ 200 = \$ \_\_\_\_\_ + \$ \_\_\_\_\_ (Progress Amt\*\*) = \$ \_\_\_\_\_ (Total Grant Request)

4. Budget Justification. You may attach an additional sheet if necessary.

**WCCIP SIGN-OFF**

It is my opinion that this site(s) is(are) in good standing and their plans for meeting the high quality standards (is) are reasonable.

\_\_\_\_\_  
WCCIP Consultant

\_\_\_\_\_  
Date

Comments:

This must be submitted with your Quality Improvement application if you first received a new 1999 quality improvement grant. It does not need to be submitted with a Staff Retention application or a third year Quality Improvement continuation grant.

WISCONSIN DEPARTMENT OF WORKFORCE DEVELOPMENT  
Division of Economic Support

**ASSURANCES OF COMPLIANCE WITH  
DEPARTMENT OF WORKFORCE DEVELOPMENT REGULATIONS**

(Completion of this form is consistent with the intent of Title VI, Civil Rights Act & 45 CFR Part 80)

\_\_\_\_\_ (Name of applicant) (hereinafter called the "Applicant") HEREBY  
AGREES THAT it will comply with the following assurances.

The undersigned possess legal authority and capacity to enter into this contract and a motion has been duly passed as an official act of the governing body of the Applicant, authorizing the execution of this agreement, including all understandings and all assurances contained therein, and authorizing the person identified as the official representative for the Applicant to act in connection with the Applicant and to provide such additional information as may be required.

The Applicant agrees that (a) funds granted as a result of this request are to be expended for the purposes set forth in this application and in accordance with all applicable laws, regulations policies and procedures of the State of Wisconsin or the federal funding agency, as applicable; (b) no expenditures will be eligible for inclusion if occurring prior to the effective date of the grant; (c) funds awarded by the Wisconsin Department of Workforce Development may be terminated at any time for violation of any terms and requirement of this agreement.

The Applicant ensures compliance with the Title VI of the Civil Rights Act of 1964 (P.L. 88-342), and all requirements imposed by pursuant to the regulations of the Department of Workforce Development (4 CFR regulations, no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity in which the designated agency received federal assistance, or financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

The Applicant ensures compliance with Title IX of the Education Amendments of 1972 which states that no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives or benefits from federal financial assistance.

The Applicant shall comply with Section 504, Rehabilitation Act of 1973, which prohibits discrimination on the basis of physical condition or handicap, and the Age Discrimination Act of 1975, which prohibits discrimination because of age.

The Applicant shall ensure the establishment of safeguards to prevent employees, consultants, or members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as those with whom they have family, business, or other ties as specified in Wisconsin Statutes 946.10 and 946.13.

Date: \_\_\_\_\_, 20 \_\_\_\_\_ Applicant: \_\_\_\_\_

By: \_\_\_\_\_  
Director, Chair of Board, Owner or Comparable Authorized Official

Substitute **W-9**

DOA-6448 (C06/94)(R02/97)

**TAXPAYER IDENTIFICATION NUMBER (TIN)  
VERIFICATION**

Wisconsin Dept. of  
Administration  
**DO NOT send to IRS**

**PRINT OR TYPE**

Please see attachment or reverse for complete instructions. This form can be made available in alternative formats to qualified individuals upon request.

<p><b>LEGAL NAME</b> (As entered with IRS) If Sole Proprietorship enter your LAST, FIRST, MI</p> <hr/> <p><b>TRADE NAME</b> If doing business as (D/B/A) or business name of Sole Proprietorship</p> <hr/> <p><b>PRIMARY ADDRESS</b> (For return of 1099 Form) PO Box or number and street  City, State, Zip + 4</p> <hr/> <p><b>ORDER ADDRESS</b> (Where order should be sent if different from primary) PO Box or number and street  City, State, Zip + 4</p> <hr/> <p><b>REMIT ADDRESS</b> (Where check should be sent if different from primary) PO Box or number and street  City, State, Zip +4</p>	<p><b>ENTITY DESIGNATION</b> (Check ONE Only)</p> <p><input type="checkbox"/> INDIVIDUAL / SOLE PROPRIETOR</p> <p><input type="checkbox"/> CORPORATION (Includes Service Corporations)</p> <p><input type="checkbox"/> LIMITED LIABILITY COMPANY</p> <p><input type="checkbox"/> GOVERNMENT ENTITY</p> <p><input type="checkbox"/> HOSPITAL EXEMPT FROM TAX OR GOVERNMENT OWNED</p> <p><input type="checkbox"/> LONG TERM CARE FACILITY EXEMPT FROM TAX OR GOVERNMENT OWNED</p> <p><input type="checkbox"/> ALL OTHER ENTITIES</p> <p><b>TAXPAYER IDENTIFICATION NUMBER</b> (Please include hyphens) If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the requester.</p> <p>_____</p> <p>(Check only one)</p> <p><input type="checkbox"/> Social Security Number (SSN)</p> <p><input type="checkbox"/> Employer Identification Number (EIN)</p> <p><input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</p>
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**CERTIFICATION**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number, **AND**
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Please Print

FOR AGENCY USE ONLY	
Agency No. <b>445</b>	
W-9 Contact	Lois Heise (608) 266-5749
1099-Misc. Contact:	Mike O'Brien (608) 267-8898
1099	<input type="checkbox"/> Yes <input type="checkbox"/> No
VEND	<input type="checkbox"/> Addition <input type="checkbox"/> Change

Return this form to the address listed below. For your convenience this form has been designed for return in a standard window envelope.

## INSTRUCTIONS FOR COMPLETING THIS FORM

### Legal Name As entered with IRS

Individuals: Enter Last Name, First Name, MI

Sole Proprietorships: Enter Last Name, First Name, MI

All Others: Enter Legal Name of Business

### Trade Name

Individuals: Leave Blank

Sole Proprietorships: Enter Business Name

All Others: Complete only if doing Business as a D/B/A

### Order Address

Address where order should be sent if different from primary address

### Remit Address

Address where payment should be sent if different from primary address

### Entity Designation

Check ONE box which describes the type of business entity.

### Taxpayer Identification Number

If you do not have a TIN, apply for one immediately.

Individuals use federal form SS-05 which can be obtained from your local Social Security Administration Office. Business and all other entities use federal form SS-4 which can be obtained from your local Internal Revenue Service Office.

**Provide One Only:** Social Security Number **OR** FEIN Number.

### Certification

The person signing this document should be a partner in the partnership, an officer of the corporation, the name of the individual listed or sole proprietor listed under legal name.

In signing this document you are certifying that all information provided is accurate and complete.

You are also certifying that you have not been notified by the IRS that you are subject to backup withholding because:

A. You are exempt from backup withholding;

or

B. You are not subject to backup withholding as a result of a failure to report all interest or dividends;

or

C. That the IRS has notified you that you are no longer subject to such backup withholding.

### Penalties

If you fail to furnish your correct Taxpayer Identification Number (TIN) to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

### Privacy Act Notice

Section 6109 requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.

**CERTIFICATION REGARDING  
DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION  
LOWER TIER COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The regulations were published as Part 98 of the July 1, 1993 Code of Federal Regulations (pages 537-555).

**(Before Completing Certification, Read Attached Instructions  
Which Are an Integral Part of the Certification)**

1. The prospective lower tier participant certifies, by submission of this proposal, to the Department of Workforce Development, State of Wisconsin, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, to the Department of Workforce Development, State of Wisconsin, such prospective participant shall attach an explanation to this proposal/bid.

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Name and Title of Authorized Representative

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Signature

---

Date

---

Company/Organization Name

Contract/Bid/Bulletin Number

Definitions:

**Lower tier transaction:** Any procurement contract for goods or services between a participant and the Department of Workforce Development, State of Wisconsin, regardless of type expected to equal or exceed the Federal procurement small purchase threshold under a primary covered transactions.

**Primary covered transaction:** Any nonprocurement transaction between the Department of Workforce Development, State of Wisconsin and a Federal agency including: grants, cooperative agreements, scholarships, fellowships, contracts of assistance, loans, loan guarantees, subsidies, insurance, payments for specified use, donation agreements and any other nonprocurement transactions.

rev. 2/95

**INSTRUCTIONS FOR CERTIFICATION**

1. By signing and submitting this proposal, the prospective lower tier participant providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The term "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal, proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person in which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, declared ineligible, or voluntarily excluded from participation in the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**ATTACHMENT 1**  
**WISCONSIN'S HIGH QUALITY STANDARDS FOR FAMILY CHILD CARE CENTERS**

1. Accreditation Standards

- a. Accredited by the National Association for Family Child care (NAFCC Accreditation)  
OR
- b. Accredited by the Wisconsin Early Childhood Association (WECA Accreditation)  
OR
- b. A Child Development Associate through the National Credentialing Program for Family Child care Providers (CDA Credential for Family Child care)

2. Licensing Standards

- a. The family child care center has been licensed for at least one year. <sup>1</sup>
- b. There have been no licensing enforcement actions during the past three years.

3. Personnel Policy Standards

- a. When assistants and substitutes are employed, there is a written personnel agreement including job description, compensation, benefits, resignation, termination, and grievance procedures. Hiring practices are non-discriminatory.
- b. The provider has a written contract with parents which provides for paid leave (annual, sick and/or personal) for the provider. The provider has medical insurance; other options, such as retirement, subsidized child care, or educational benefits may be substituted or combined with medical insurance.

4. Provider Qualifications Standard <sup>2</sup>

The provider has at least a CDA credential, Infant Toddler credential or one-year degree in Early Childhood Education/Child Development or equivalent OR there is a training plan to meet this standard within one year of the date of accreditation and, upon review at that time, the standard is met.

5. Staff Improvement Standard

An annual program evaluation with parents examines the adequacy of provider compensation and benefits and a plan is developed to increase salaries and benefits if indicated.

**For accreditation and credential information, contact:**

National Association for Family Child Care, 3717 East Ridge Drive, Nashville, Tennessee 37211, (615) 834-7872.  
<http://www.nafcc.org>

**For credential (CDA) information, contact:**

Child Development Associate National Credentialing Program, The Council for Early Childhood Professional Recognition, 1341 G Street N.W., Suite 400, Washington, DC 20015, (800) 424-4310 or (202) 265-9090.

**For Infant/Toddler credential information, contact:**

T.E.A.C.H. Early Childhood Wisconsin, Wisconsin Early Childhood Association, 2040 Sherman Ave, Madison, WI 53704, (608) 240-9880 or (800).

**For qualification equivalency information contact:** The Registry, 2517 Seiferth Road, Madison WI 53716, (608) 222-1123. Fax number is (608) 222-9779. E-mail: [registry@execpc.com](mailto:registry@execpc.com)

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<sup>1</sup>Note that a longer period of licensing is required to receive a Quality Improvement Grant.

<sup>2</sup>Equivalencies will be based on The Registry - Wisconsin's Early Childhood Professional Recognition System. However, exemptions from credential or degree standards are not allowed.

**ATTACHMENT 2**  
**ELIGIBLE RECIPIENTS**  
**WISCONSIN SHARES CHILD CARE CO-PAY SYSTEM**

APPLICANT ELIGIBILITY UP TO 165% FEDERAL POVERTY LEVEL

	2	3	4	5	6	7	8	9	10+
Monthly income	\$1,521	\$1,909	\$2,296	\$2,684	\$3,072	\$3,460	\$3,847	\$4,235	\$4,623

For applicants applying for child care funding after 8/1/96

Note: This information is needed only if applying for a Staff Retention Grant.

ATTACHMENT 3

PRE-REGISTRATION FORM FOR GRANT WRITING SESSIONS

*Please submit this form no later than January 4, 2000 to allow time for mailing of maps and parking permits.*

Name: \_\_\_\_\_

Facility: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_ I am a family child care provider and would like to participate in the conference call on January 13.

Mail to: Gigi Trebatoski  
DWD Office of Child Care  
201 E Washington Ave Room 171  
PO Box 7935  
Madison WI 53707-7935

or Fax to: (608) 267-3240

*Please submit this form no later than January 4, 2000 to allow time for mailing of maps and parking permits.*