**Child Care Agency Annual Summary: Certification Contract Function Only**

**For Agencies Performing ONLY the CERTIFICATION Contract Function of Child Care (CC) Administration**

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

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

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

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

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| **CONTRACT INFORMATION** | | | | | | | |
| Contract Period – Calendar Year (CY) or Tribal Federal Fiscal Year (FFY) | | |  | | | | |
| **AGENCY INFORMATION** | | | | | | | |
| County/Tribe Name | | |  | | | | |
| CC Agency Mailing Address | | |  | | | | |
| CC Agency Physical Address | | |  | | | | |
| Consortium Name | | |  | | | | |
| Name of Consortium CC Contact | Title | | Email Address | | | Direct Telephone Number | |
| **SECTION A – Purchase-of-Service and Budget Information** ([SPARC County Contract Codes](https://dcfsparc.wisconsin.gov/codes/cty-contract): <https://dcfsparc.wisconsin.gov/codes/cty-contract>)  **COMPLETE SECTION A ONLY IF** your agency subcontracts or has a purchase-of-service agreement or memo of understanding for the certification portion of the CC Contract with another county, tribe, consortium, or private provider.  **IN ADDITION, PLEASE SUBMIT** 1) a signed copy of the subcontract, purchase-of-service agreement, or memo of understanding, and 2) your monitoring plan that describes how your agency will be monitoring this contract. | | | | | | | |
| **CC Administration Contract Function:**  ***CC Certification***  ***(SPARC contract code 0831)*** | | **Purchase-of-Service Information** | | | | | **Budget Information** |
| Specify “All,” **or** describe in detail which “Part” of the CC function will be purchased. | | List contractor name and contact information. | | | Record the amount you are budgeting for this function. |
| **Certification**  Charge personnel, travel, and training costs associated with certification, recertification, or relocation of certified CC providers to this line. Include staff time spent screening applicants, reviewing background check results, investigating and documenting complaints about providers, monitoring, providing technical assistance, etc. Include costs for provider orientations, printed materials, provider tool kits, and certification reviews. Charge costs related to subcontracting for certification services to this line. | | All  Part – please describe in detail: | | Contractor Name:  Name of Contact Person:  Email Address:  Direct Telephone Number: | | | $ |
| **SECTION B – Local Contribution** **and Revenue** | | | | | | | |
| 1. a) **Yes:**  **No:** Does your agency dedicate additional funds to certification activities, over and above the DCF allocation? | | | | | | | |
| b) If yes, what amount does your agency plan to spend over and above the DCF allocation for certification activities? | | | | | | **Certification** $ | |
| 1. a) **Yes:**  **No:** Does your agency charge certification fees? | | | | | | | |
| b) If yes, what does your agency charge for initial certification, re-certification, and relocation? | | | | | **Initial Certification**  $ | **Re-Certification**  $ | **Relocation**  $ |
| c) If yes, what is your agency’s expected revenue from CC certification fees collected (reported on SPARC line 0833)? | | | | | | $ | |
| **SECTION C – Agency Contacts:** It is the county’s/tribe’s responsibility to notify the [DCF Bureau of Regional Operations (BRO) Child Care Coordinator](https://dcf.wisconsin.gov/files/regionaloperations/pdf/bro-contacts.pdf) (<https://dcf.wisconsin.gov/files/regionaloperations/pdf/bro-contacts.pdf>) in your [region](https://dcf.wisconsin.gov/files/regionaloperations/pdf/child-care-map.pdf) (<https://dcf.wisconsin.gov/files/regionaloperations/pdf/child-care-map.pdf>) within 30 days of staff vacancies and other changes affecting the following contacts within the agency. | | | | | | | |
| 1. List your agency director. | | | | | | | |
| Name | Title | | Email Address | | | Direct Telephone Number | |
| 2. List your agency financial manager. | | | | | | | |
| Name | Title | | Email Address | | | Direct Telephone Number | |
| 3. a) List your agency’s designated contact who supervises the CC certification function **or** certification subcontract and monitoring plan. | | | | | | | |
| Name | Title | | Email Address | | | Direct Telephone Number | |
| 3. b) List below **or** attach a list of your agency’s designated certifier(s) and their contact information for your agency.  **NOTE:** Indicate by using an (**\***) all certifier(s) who are employed by, volunteer for, or own a regulated CC program. | | | | | | | |
| Name | Title | | Email Address | | | Direct Telephone Number | |
| Name | Title | | Email Address | | | Direct Telephone Number | |
| Name | Title | | Email Address | | | Direct Telephone Number | |
| Name | Title | | Email Address | | | Direct Telephone Number | |
| **SECTION D –** [Child Care Resource & Referral Agencies](https://supportingfamiliestogether.org/child-care-providers/find-ccrr/), or [CCR&Rs](https://supportingfamiliestogether.org/child-care-providers/find-ccrr/) (<https://supportingfamiliestogether.org/child-care-providers/find-ccrr/>), are available to support families in selecting child care arrangements that meet the needs of the family. | | | | | | | |
| **Yes:**  **No:** Does your agency staff have opportunities for ongoing communication and/or meetings with staff from your local CCR&R?  If YES, what types of communication and/or meetings have occurred within the past year with your local CCR&R?    If NO, please describe your reason(s) for not having ongoing communication and/or meetings with your local CCR&R. | | | | | | | |
| **SECTION E –** The following information is used by DCF to assist agencies statewide. | | | | | | | |
| 1. What technical assistance or support does your agency need from DCF? | | | | | | | |
| 1. What training does your agency need from DCF? | | | | | | | |
| 1. What concerns or issues would your agency like DCF to be aware of? | | | | | | | |
| **SECTION F** **–** Name of the individual DCF can contact for questions regarding this form. | | | | | | | |
| Name | Title | | Email Address | | | Direct Telephone Number | |