

Completing a Child Care Stabilization Grant Application in WA Compass

In order for the provider to apply, they need to have an open license in good standing.

For Questions About the Child Care Stabilization Grant, Contact:

Imagine Institute

<http://www.imaginewa.org/CCSG-Support>

phone: 206-492-5249

email: CCSG@imaginewa.org

Voices of Tomorrow (serving East African child care providers)

<https://voicesoftomorrow.socialsolutionsportal.com/apricot-intake/eb24b194-5588-4594-a0a5-3f8573356bf6>

phone: (206) 278-8290

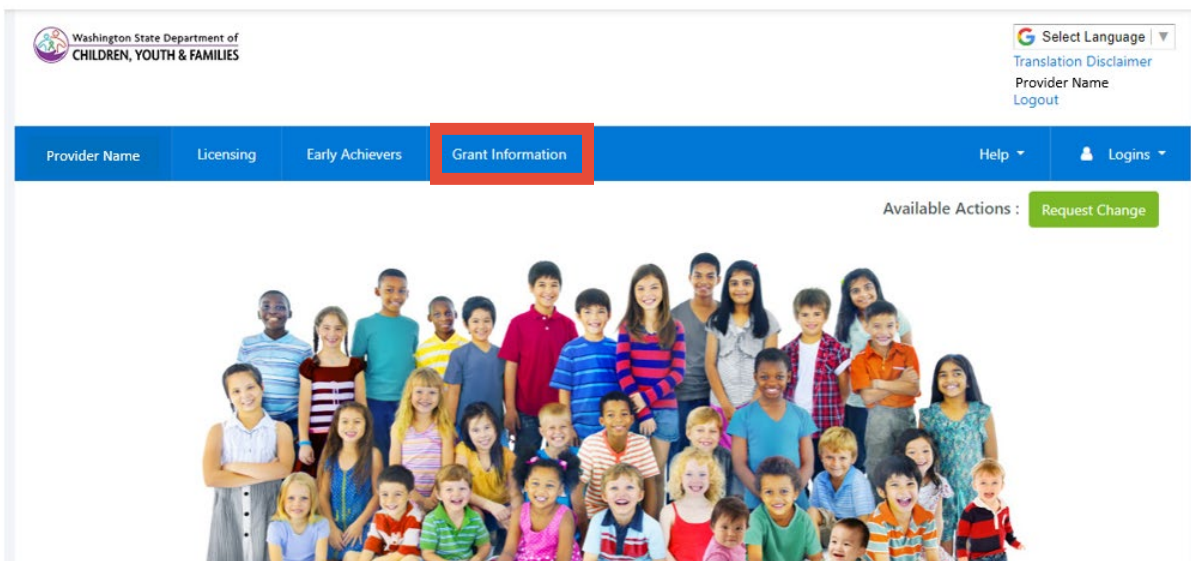
email: childcaresupport@tomorrowvoices.org

Stabilization Grant email inbox: dcyf.stabilizationgrant@dcyf.wa.gov.

For Provider Portal Support, Contact: dcyf.providerportal@dcyf.wa.gov or 1-866-627-8929.

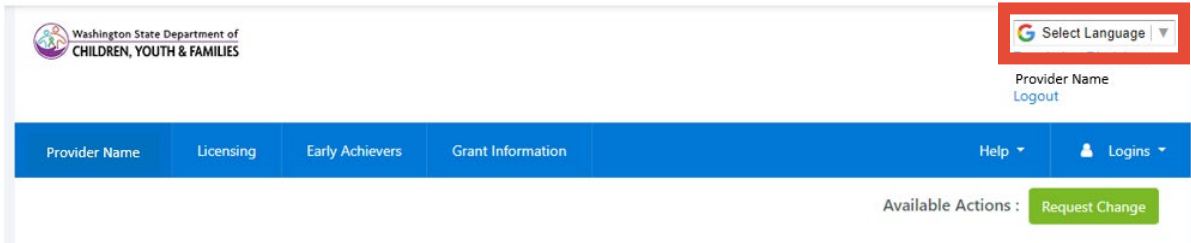
To Complete a Child Care Stabilization Grant Application in the Provider Portal, Follow the Steps Below

1. Log into the WA Compass Provider Portal.
2. Click on the “Grant Information” tab:

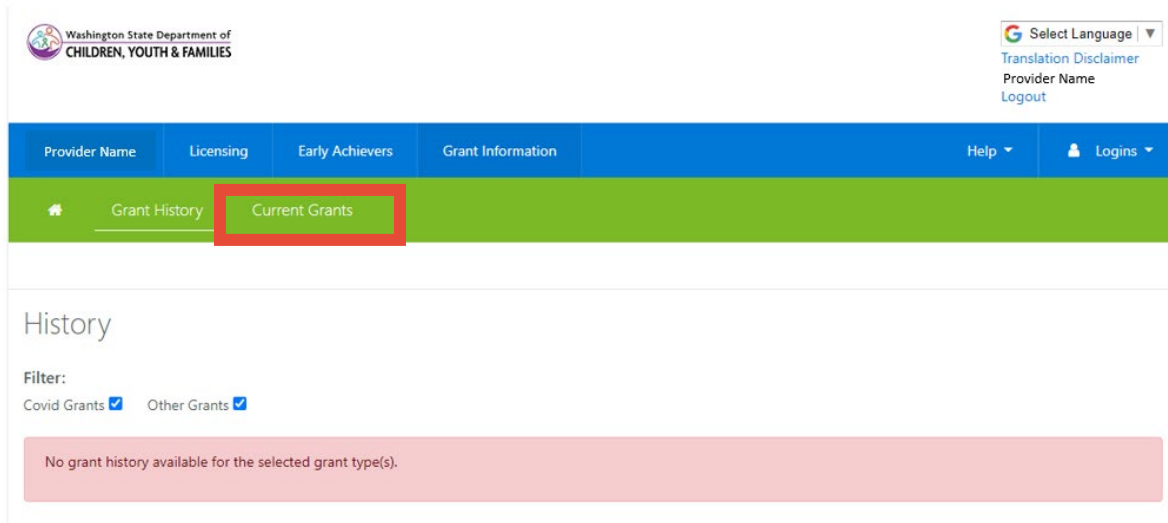


Washington State Department of
CHILDREN, YOUTH & FAMILIES

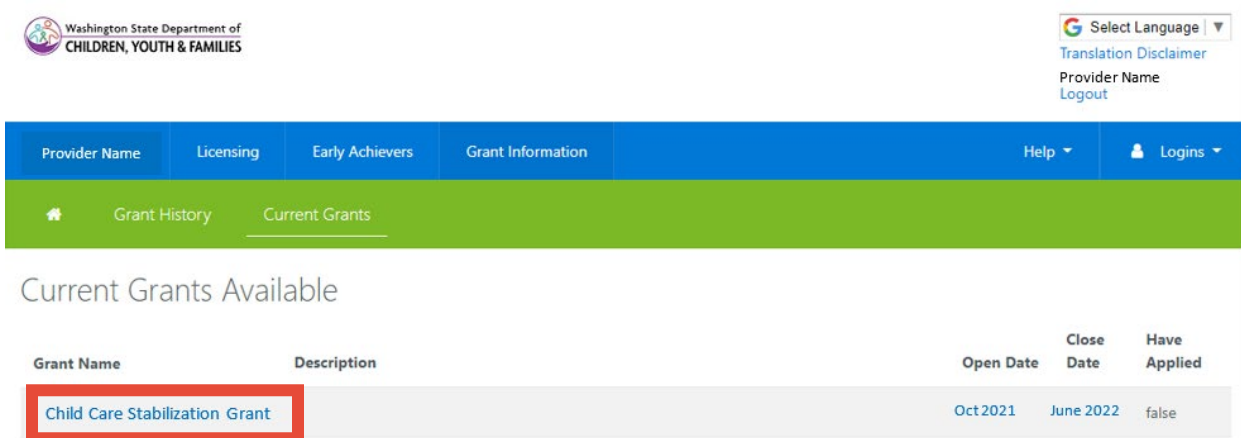
3. Select Language, if you would like to view the page in a language other than English.



4. Click “Current Grants” .



5. “Current Grants” shows all grant opportunities that are currently open, with a check box to show whether or not a provider has already applied. Click on “DCYF Child Care Stabilization Grant”.



6. Application opens in a new window.

Eligibility Criteria
Licensed or certified providers must have an open license in good standing at the time of application and the time of award. Providers must submit one application for each licensed location.
For more information and frequently-asked questions, please click [here](#)

Grant Amounts
The Child Care Stabilization Grant consists of **program amount + workforce amount + add-ons**. DCYF will use licensed capacity data to calculate a **program amount**, and a **workforce amount**. Rates are reflective of the different costs associated with each program size, as follows:

Program Amount:
This amount is reflective of different costs associated with each program size and is based on licensed capacity. The minimum program amount is \$15,000 and the maximum is \$75,000.

Licensed capacity	Program Amount
30 or less	\$15,000
31 - 149	\$500 x licensed capacity
150 or more	\$75,000

Workforce Amount:
This amount is awarded **in addition to** the program amount, and is based on estimated worker units at your facility, assuming a 5:1 child to staff ratio. The minimum workforce amount is \$9,000 and the maximum amount is \$42,000. This amount must be used for increasing wages (increases in payroll) or other recruitment and retention activities (ex: sign on bonus, retention incentive, marketing positions, etc.).

Licensed capacity	Worker Unit (5:1 ratio)	Workforce Amount
15 or less	3	\$9,000

7. Read and answer all application questions. **These questions are for DCYF data and your answers will not change the grant amount your facility is eligible to receive.**

Application Questions:

*(You must fill out all fields with a * next to them in order to submit the application.)*

1. Is your program currently open and able to care for children? *
2. How many children are currently enrolled and receiving care at the time of this application? (This is not your licensed capacity, but the actual amount of children enrolled) *
3. How many **infants** are enrolled and receiving care at the time of this application? *
4. How many **toddlers** are enrolled and receiving care at the time of this application? *
5. How many **preschool children** are enrolled and receiving care at the time of this application? *
6. How many **school-age children** are enrolled and receiving care at the time of this application? *
7. How many open slots to care for new children do you have at the time of this application? *

8. **Spend Plan:**

How will you spend the Child Care Stabilization Grant? (check all that apply)*

* Please note: grant funds may not be used for construction or major renovations

Program Amount + Add-ons Spend Plan *

- Payroll (Salary, Benefits)
- Copayment or tuition waivers for families receiving care



8. Read and agree to all terms and conditions.

Terms and Conditions:

*(You must fill out all fields with a * next to them in order to submit the application.)*

I certify that the information I have provided on this application is true and correct. *

I will implement policies that follow Washington State Department of Health and local health jurisdiction guidance, and to the greatest extent possible I will implement the Center for Disease Control (CDC) guidelines when open and available to provide child care service. *

I will pay employees their base pay, and benefits if applicable. I will not reduce an employee's pay or benefits by wage reduction or involuntary furlough. This begins at the date of application and continues for one year after I receive my funds. *

I will increase employee's pay and may add benefits with the workforce amount of my grant award. This must go above and beyond what is currently provided. If I am a licensed family home with no other employees, I will use my workforce amount to increase my own compensation. *

I have reviewed and updated all staff records associated with my facility in MERIT, and I have end-dated all employees who are no longer working at my facility. All staff records in MERIT are now accurate and up-to-date. *

I will provide enrolled families relief from fees to the extent possible, and prioritize families who are struggling to pay when providing such relief. *

I will stay open and able to care for children through the 2021-22 school year calendar of my local school district, and will make every effort to continue to serve children past that time. *

I agree to keep all receipts from purchases made with this grant money for five years. *

I understand that DCYF may ask me to provide these receipts from expenses or purchases made with money from this grant and, if I cannot provide these receipts and documentation when asked, I will be required to repay part or all of the grant money to the State of Washington. *

Cancel

Submit

9. Click "Submit".

I will stay open and able to care for children through the 2021-22 school year calendar of my local school district, and will make every effort to continue to serve children past that time. *

I agree to keep all receipts from purchases made with this grant money for five years. *

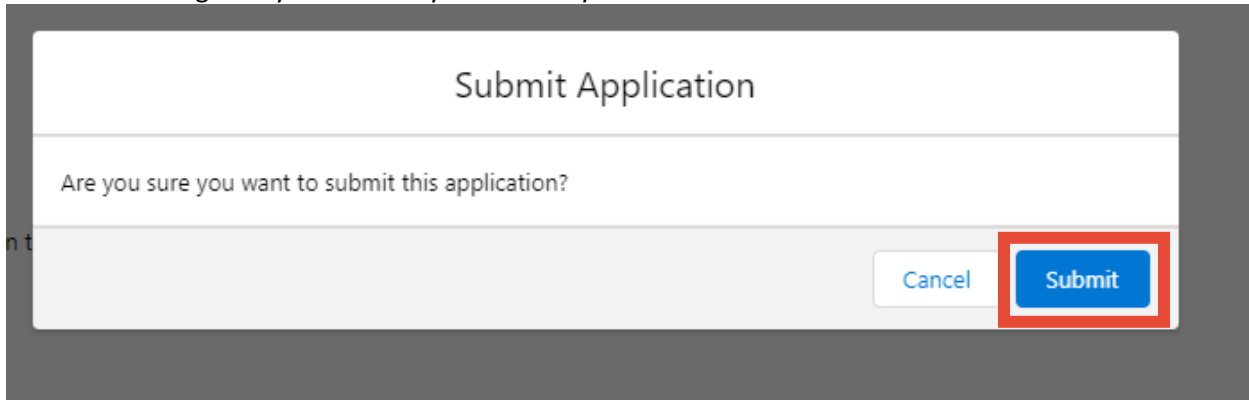
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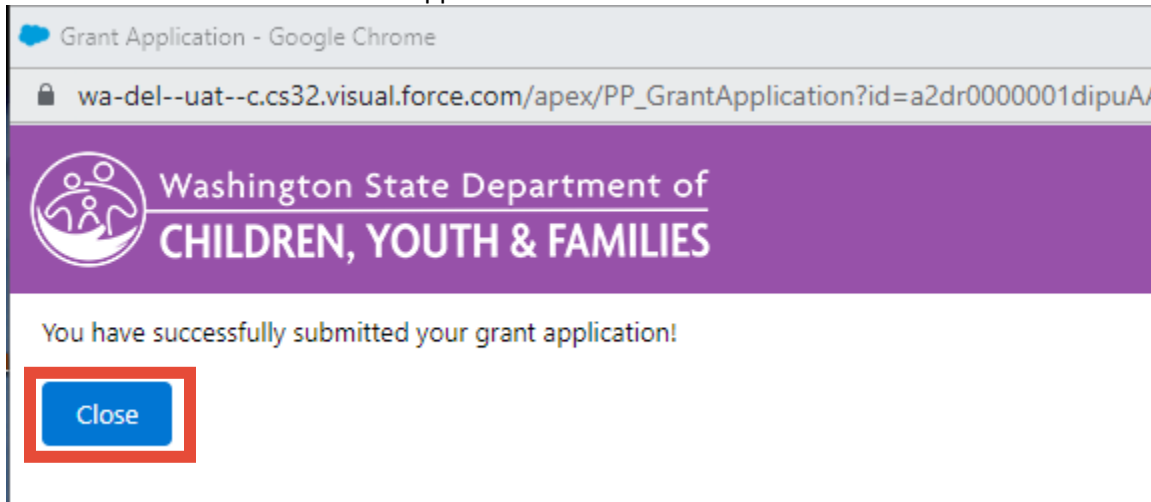
Submit



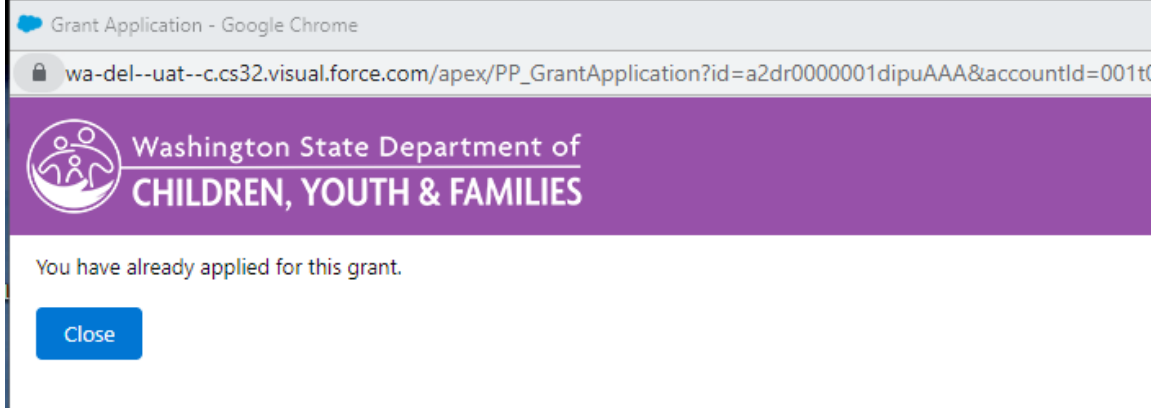
10. Click “submit” again if you are sure you are ready to submit.



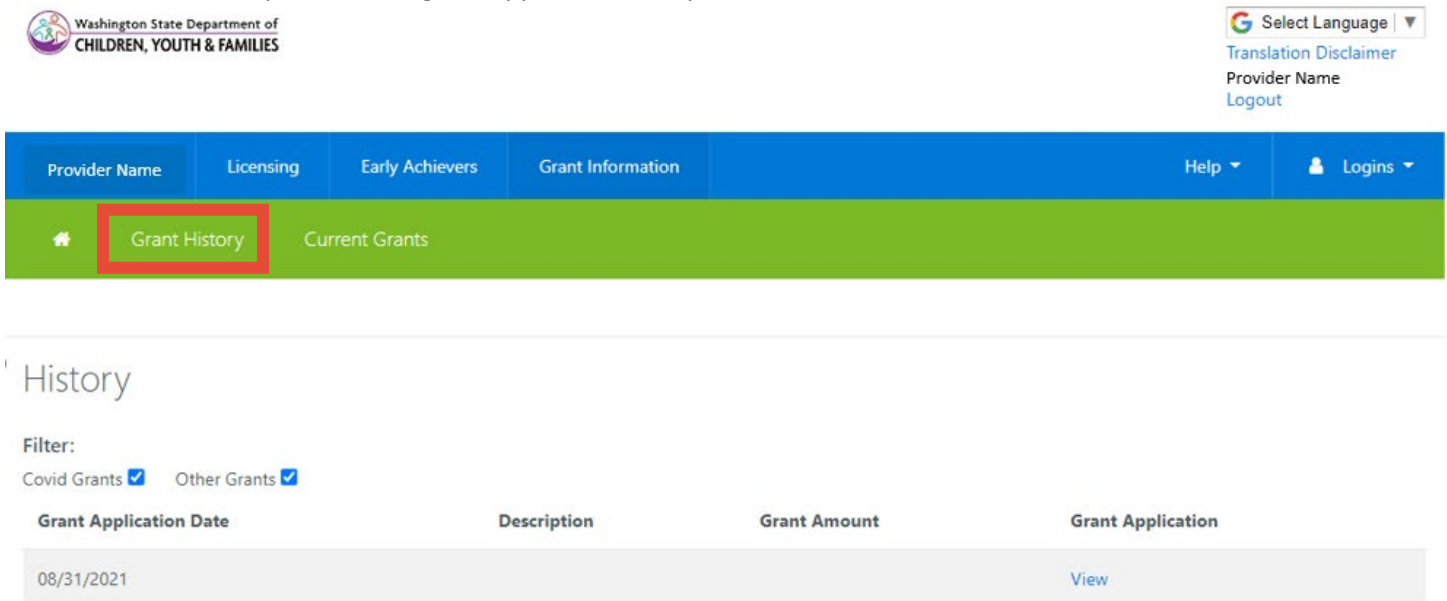
11. Successful Submission screen will appear. Click “close”.



12. If you attempt to click on the grant application again, a “you already applied” message will appear.



13. Click on “Grant History” to see the grant application that you submitted.



14. Click “View” to open a PDF of the submitted grant application

The screenshot shows the Washington State Department of CHILDREN, YOUTH & FAMILIES Provider Portal. At the top right, there are links for 'Select Language', 'Translation Disclaimer', 'Provider Name', and 'Logout'. Below this is a navigation bar with tabs for 'Provider Name', 'Licensing', 'Early Achievers', 'Grant Information', 'Help', and 'Logins'. Underneath, there are sub-tabs for 'Grant History' and 'Current Grants'. The main content area is titled 'History' and includes a filter section with checkboxes for 'Covid Grants' and 'Other Grants'. Below the filter is a table with columns: 'Grant Application Date', 'Description', 'Grant Amount', and 'Grant Application'. A single row is visible with the date '08/31/2021' and a 'View' button in the 'Grant Application' column, which is highlighted with a red box.

15. Click “Download as PDF” to save a copy of your application

The screenshot shows a dark grey bar at the top with two download options: 'Download' and 'Download as PDF'. The 'Download as PDF' button is highlighted with a red box. Below this bar, the content of the PDF is displayed. It features the Washington State Department of CHILDREN, YOUTH & FAMILIES logo and the title 'DCYF Child Care Stabilization Grant'. Underneath the title is a section titled 'Eligibility Criteria' in blue text. The text reads: 'Providers must have an open license in good standing at the time of application and the time of award. Providers must submit one application for each licensed location.' At the bottom, it says: 'For more information and frequently asked questions, please click [here](#)'.