CTCARES for Child Care Businesses (Care Package)

Your Guide to the Expense Kickstart and Supply Subsidy

Including Frequently Asked Questions

The Expense Kickstart and Supply Subsidy use a 2-step process: Registration and Application. Use this guide to help navigate the screens. Find FAQs at the end.

Registration

Registering allows you to receive a check from the State of Connecticut.

- 1. Go to <u>https://oec.ct.gov</u>
- 2. Review the information and eligibility
- 3. Click on the *Registration for CTCARES for Child Care Businesses* button
 - a. If you have already been receiving checks for another CTCARES program, log in and go to #8 in this document

Home Page - Connecticut Cares 🛛 🗙 🧐 CTCARES for Child Care Business: 🗙 🕇 🕂			
← → C 🔒 oec.ct.gov			
Connecticut Office of Early Childhood	Home	Log In	Register
Welcome to CTCARES			
CTCARES for Child Care Businesses			
CTCARES for Child Care Businesses, also called the Care Package, is designed to help with p two subsidy programs available: Expense Kickstart and Supply Subsidy. Both are one-time l licensed program. These are NOT first come-first serve. Applications will be accepted durin July 6, 2020 through September 19, 2020. A 20% increase is applied for programs with NAF 5% for those in process.	orogram exper ump sum pay g designated o CC or NAEYC	nses. There ments per open perioc Accreditatio	are ds from on, and
Eligible Programs Must: • For DCFH / DCGH / DCCC: Program had to be licensed and op children attending • All programs must be open / verified reopening • All programs have registered for CTCARES for Child Care Busi	perating in Jan nesses	uary 2020 v	with
Registration for CTCARES for Child Care Businesses Program: To receive payments, you must register your business here in order to get a State of Conne complete contact information and an IRS Form W-9. Please click on the link below	cticut supplier	· ID. You wil	1
If you are already registered for a different CTCTARES program, please login and you will be CTCARES for Child Care Businesses to your existing registration and supplier ID. Registration for CTCARES for Child Care Businesses	e given a link t	to add the	
Click Here to Contact Us About the CTCARES for Child Care Businesses Program			

4. Create your login

- a. Use the email address on file with OEC licensing
- b. Create a password using the rules identified below; enter it twice as indicated
 - Write down your email address and password in a safe place so you can quickly login each time!
- c. Click the *Create Account and Continue* button

CTCARES for Child Care Business: X 5 CTCARES for Child Care Business: X -	ł
← → C	
Connecticut Office of Early Childhood	Home Log In Register
CTCARES for Child Care Businesses Registration.	
Please Create Your Login to Continue.	
OEC licensed programs must use the contact email address on file with the OEC licensing division. If you are unsure of your current contact email address, or need to change your address on file, please reach out to your licensing specialist.	rd
If you have received an invitation to register, your email address on file will be included with the invitation. However, an invitation is not required to register.	ium Lenght of 6 Characters. Include: Uppercase, Lowercase,
Note: You will not be able to create a login using any email address other than the one on file with the OEC licensing division.	Character (i.e. !\$*).
	ate Account and Continue

5. You will get a success notice. Click the *Login to CTCARES* button



6. Login to your account

- a. Enter the email address and password you just set up
 - If you have forgotten your password, click the Forgot Your Password button
- b. Click the *Log in* button

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Connecticut Office of Early Childhood	Home	Log In	Register
Connecticut Cares for Child Care Programs Login.			
Please Login to Continue.			
Email			
Password			
Remember me?			
Forgot your password?			

7. On the success screen, click *Continue to Registration* to enter information needed to get you a check



- 8. Complete the Contact / Payment Address Information page
 - a. Pay special attention to the instructions This is where you identify who is the contact and where you want the check mailed
 - b. Click the Save button after you have filled in all of the information and checked all of the attestations (See the FAQs for more detail about these)

Connecticut Office of Early Childhood		Home Log off
Registration Step 1 - Cor	tact/Payment Address Information	
Contact Info and Payment Address: Enter the main of Connecticut Cares for Child Care Businesses Program. person listed below with any questions or issues that n where you want the payments mailed; you must co from the address information listed on your W-9 form.	contact information below for the The OEC will reach out to the nay arise. The address below is mplete this. It can be different	Continue
Contact Information for CCCC Program		Save
Phone Number	Mobile Phone	
Phone Number	Mobile Number	
First Name	Last Name	
First Name	Last Name	
Address for payment, can	be different than reported on W-9.	
Address Line 1	Address Line 2	
Address Line 1	Address Line 2	
City	State Zip Code	
City	State Zip code	
By checking each statement below, I agree to the followi (You must agree to all terms below.) By applying for these funds, I attest that the infor I understand that the Office of Early Childhood m I understand in order to qualify, my program mu my status).	ng terms for every program I enroll: rmation I am providing is factual. ay audit this application for up to three years. st be open or verified reopening (OEC licensing	will verify
 I understand that if I receive these funds but clos I acknowledge that any funds received through t 	e, I must repay the OEC. his application are reportable for taxes.	

- 9. Program Enrollment: use this page to indicate the licensed facility for which you are going to apply for Expense Kickstart / Supply Subsidy funds.
 - a. This page is auto-loaded with the licensed facility/ies for which your email address is linked in OEC licensing
 - b. Click *Enroll* next to the licensed facility
 - c. Identify if the facility has an F/EIN or SSN
 - d. Fill in the F/EIN or SSN
 - e. Identify your role: Owner /Co-Owner, Director or Principal, Board Member, Acct or Financial Rep, HR Representative, Manager or Admin
 - f. Click the *Save* button
 - g. Click the *Continue to W-9* button

	Ginariood			
	Registr	ation Step 2 - Progra	m Enrollment	
Program box next to use the sa your chang	Enrollment: For each Program listed o the listing and select/enter the appr me Tax Id for multiple programs wher ges, click the Continue to W-9 butto	below you would like ropriate Tax ld Type a re applicable. Click th n to fill out and subn	e to enroll in the CCC and Number, and you ne Save button to sav nit your W-9s.	CCB at this time, please check th ur Role at the program. You may ve your changes. Once you save
Enroll Your	Locations	Identification	Tax Payer Identification	2.1
Enroll Your	Locations Provider Name	Identification Number Type	Tax Payer Identification Number	Role
Enroll Your	Locations Provider Name Margaret Gustafson - Hartford - DOEC.99979	Identification Number Type	Tax Payer Identification Number	Role

10. Create your W-9

- a. This is taxable income so you must create an IRS Form W-9
 - If No is listed under W-9 Created, you need to complete this step
 - If Yes is listed under W-9 Created, you have already created a W-9, click Continue
- b. Click the Create W-9 button for each licensed facility to make a W-9
 - Do NOT email the OEC a W-9 unless we specifically request it
 - If you are unsure of your business type, see the FAQs in this document for more help

	Registration Step 3 - W-9 Form	
Create or Edit your W	9 Form(s): Select either Create or Edit buttons below to create	or update your W-9 form data for
The OFC revet have see	mpeted W-9s in order to set up vendor id's and process payment	ents.
The OEC must have con		
The OEC must have cor		
Your Current W. 9s		
Your Current W-9s		
Your Current W-9s W-9 Created	Tax Payer Identification Number	
Your Current W-9s W-9 Created No	Tax Payer Identification Number	Create W-9

11. Complete the screens for the W-9

- a. Use the ?s for help, and refer to the FAQs
- b. Click the *Save W9 Form* button when you have finished

Completing the W-9: Screen shot #1

Connecticut Office of Early Childhood	Home Log off
Registrat	tion Step 3 - W-9 Form
dd/Update W-9 Form Information: Please use the for odate and submit your W-9 form below. You will be abl accessary, until it is processed. If you require any change ontact the OEC.	rm below to create, le to make changes, if es afterward you must
View	IRS W9 Instructions
Federal W9 Form	? = help.
Identification Number Type:(Required) ?	Federal Tax Payer Identification Number:(Required)
✓ F/EIN □ SSN	11-111111
Start here by selecting an Identification Number Type	Select the Identification Number Type, Then enter your TIN in the box above. The TIN provided must match the Name given in the Name field below.
\Box I am subject to backup withholding (Check only if	you have been notified by the IRS.) ?
1. Name:(Required) ?	2. Business Name:
Enter Name	Enter Business Name
Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Do not use a DBA unless you have a bank account set up in its name.	Business name/disregarded entity name, if different from line 1
3. Business Entity Type:(Required)	
(If you have not registered your business with the Secretary of S	tate, you should choose Individ./sole proprietor or single-member LLC)
\Box Individ,/sole proprietor or single-member LLC	C Corporation
□ S Corporation	Partnership
Limited liability company	□ Trust/estate
□ Other	
Select appropriate choice for federal tax classification of the perso only one of the following seven boxes.	on whose name is entered on line 1. Check

Completing the W-9: Screenshot #2

Exempt payee co	ode (if any)		Exemption from FATCA reporting code (if any)		
Enter code(s	5)		Enter Fatca code(s)		
Name (as shown Name is required line blank.	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		Business name/disregarded entity name, if different from line 1		
5. Address:(Requ	ired)				
Number	Street Name		Apt/Suite #		
Number	Street Name		Apt/Suite		
number, street, and	apt. or suite no.) See instruction	ons.	Zincodo		
City		state	Zipcode		
City		State	Zipcode		
inter City, State Code Certification and Under penalti 1. The number s issued to me); au	e, and Zip Code Signature es of perjury, I certify th hown on this form is my nd	iat: y correct taxp	ayer identification number (or I am waiting for a number to b		
Enter City, State Code Certification and Under penalti 1. The number s issued to me); and 2. I am not subjet notified by the I report all interest and	e, and Zip Code Signature es of perjury, I certify th hown on this form is my nd ect to backup withholdir nternal Revenue Service st or dividends, or (c) the	at: y correct taxp ng because: (a : (IRS) that I ar e IRS has noti	ayer identification number (or I am waiting for a number to b a) I am exempt from backup withholding, or (b) I have not bee m subject to backup withholding as a result of a failure to fied me that I am no longer subject to backup withholding;		
Enter City, State Code Certification and Under penalti 1. The number s issued to me); and 2. I am not subjent notified by the I report all interest and 3. I am a U.S. citi	e, and Zip Code Signature es of perjury, I certify th hown on this form is my nd ect to backup withholdin nternal Revenue Service st or dividends, or (c) the izen or other U.S. person	at: y correct taxp ng because: (a : (IRS) that I ar e IRS has noti n (defined bel	ayer identification number (or I am waiting for a number to b a) I am exempt from backup withholding, or (b) I have not bee m subject to backup withholding as a result of a failure to fied me that I am no longer subject to backup withholding; low); and		
Enter City, State Code Certification and Under penalti 1. The number s issued to me); and 2. I am not subje notified by the I report all interes and 3. I am a U.S. cit 4. The FATCA co	e, and Zip Code Signature es of perjury, I certify th hown on this form is my nd ect to backup withholdir nternal Revenue Service st or dividends, or (c) the izen or other U.S. person de(s) entered on this for	at: y correct taxp ng because: (a : (IRS) that I a e IRS has noti n (defined bel rm (if any) ind	ayer identification number (or I am waiting for a number to b a) I am exempt from backup withholding, or (b) I have not bee m subject to backup withholding as a result of a failure to fied me that I am no longer subject to backup withholding; low); and licating that I am exempt from FATCA reporting is correct.		
Enter City, State Code Certification and Under penalti 1. The number s issued to me); and 2. I am not subjet notified by the I report all interest and 3. I am a U.S. citt 4. The FATCA co- Signed By	e, and Zip Code Signature es of perjury, I certify th hown on this form is my nd ect to backup withholdir nternal Revenue Service st or dividends, or (c) the izen or other U.S. person de(s) entered on this for	at: y correct taxp ng because: (a e (IRS) that I ar e IRS has noti n (defined bel rm (if any) ind	ayer identification number (or I am waiting for a number to b a) I am exempt from backup withholding, or (b) I have not bee m subject to backup withholding as a result of a failure to fied me that I am no longer subject to backup withholding; low); and licating that I am exempt from FATCA reporting is correct.		
Enter City, State Code Certification and Under penalti 1. The number s issued to me); and 2. I am not subje notified by the I report all interes and 3. I am a U.S. citi 4. The FATCA co Signed By Type Full Lee	e, and Zip Code Signature es of perjury, I certify th hown on this form is my nd ect to backup withholdir nternal Revenue Service st or dividends, or (c) the izen or other U.S. person de(s) entered on this for gal Name	at: y correct taxp ng because: (a e (IRS) that I ar e IRS has noti n (defined bel rm (if any) ind	ayer identification number (or I am waiting for a number to b a) I am exempt from backup withholding, or (b) I have not bee m subject to backup withholding as a result of a failure to fied me that I am no longer subject to backup withholding; low); and licating that I am exempt from FATCA reporting is correct.		
Enter City, State Code Certification and Under penalti 1. The number s issued to me); and 2. I am not subject notified by the I report all interess and 3. I am a U.S. citic 4. The FATCA coords Signed By Type Full Ley Please type your full	e, and Zip Code Signature es of perjury, I certify th hown on this form is my nd ect to backup withholdir nternal Revenue Service st or dividends, or (c) the izen or other U.S. person de(s) entered on this for gal Name	at: y correct taxp ng because: (a e (IRS) that I a e IRS has noti n (defined bel rm (if any) ind	ayer identification number (or I am waiting for a number to k a) I am exempt from backup withholding, or (b) I have not be m subject to backup withholding as a result of a failure to fied me that I am no longer subject to backup withholding; low); and licating that I am exempt from FATCA reporting is correct.		

- 12. When you have successfully created the W-9, you will return to this screen and see
 - a. You will see Yes under W-9 Created, and can view and/or download your W-9
 - b. Click *Return to Enrollment* if you need to make a W-9 for another facility, OR Click *Continue* when you have finished your W-9.

of Early Childho	ce od	Home	Log of
	Registration Step 3 - W-9 Form		
Create or Edit your each Tax Id Number The OEC must have	W9 Form(s): Select either Create or Edit buttons below to create or update your W- you entered in the previous step. One completed you may View/Download a copy fo competed W-9s in order to set up vendor id's and process payments.	9 form data r your reco	for rds.
Your Current W-9s			
W-9 Created	Tax Payer Identification Number 11-1111111 Edit W-9 View/Download	d W-9	
* Indicates W9 is rec ** W9 currently bein	eived through E-Mail or by USPS g processed by OEC Return to Enrollment	Continue	e

13. Congratulations!

- a. Your final page confirms that you have submitted the contact information and W-9
- b. As a result of completing the registration, you will receive a supplier ID # via email
- c. Remember to click the Log off button to safely close your registration information

Connecticut Office of Early Childhood	Home I	Log of
Welcome to the Connecticut Cares for Child Care Busines	ses	
Thank you for registering your business for: CTCARES for Child Care Businesses (Care Package)		
What happens next?		
If there are any questions about your registration, you will be notified by the OEC.		
You will receive an email with your supplier ID. This can take up to 21 days. You do not have to ID to apply for the Expense Kickstart and / or Supply Subsidy, but your payment cannot be pro supplier ID.	o wait for your supplier ocessed until you have	a
If you have questions about CTCARES for Child Care Businesses, please email OEC.CarePackage	e@ct.gov.	
Thank you!		
Log off		

Guidance for Step 2: Application

Applications accepted beginning July 23, 2020. Applications close on September 19, 2020.

By applying you confirm that you:

- completed registration and can receive checks from the State of CT; and
- attest to meeting eligibility and accuracy of the information provided.
- 14. Each licensed facility that registered will receive an email from 211 Child Care to gather final program information. The email contains program contact data, and instructions and a link to complete the requirements. The email will read as follows:

License number Program name Program address



We received your registration for the CTCARES for Child Care Businesses subsidies. Please complete this attestation and request for enrollment form by clicking here. Please do not share your link as it is unique to this program.

For more information about the requirements, please visit the Office of Early Childhood <u>CTCARES for</u> <u>Child Care Businesses</u> website.

Please contact 211 Child Care at 1-800-505-1000 with any questions.

- a. Click on the link in the email. This link is specific to the licensed program. Do Not Share!
- b. The page you arrive at will be specific to your program and the type of care you provide (DCCC, DCGH, DCFH, YCYC) and the screen will show the license type and license number. You need to complete the remaining required fields.

LDCARE	HOME	PARENTS	PROVIDERS	REPORTS	SEARCH FOR CHILD CARE	ANNOUNCEMENTS	CONTAC
CTCARES for Child Car	e Businesse:	s Attestatio	on				
1 Program Info 2 Nour Info	3. Attestation						
License Type *							
Family Child Care Home (DCF	H)		×				
License Number*							
12332							
First Name *							
-10							
k Kh							
Last Name *							
			1				
56							
current Status *							
O Open							
O Opening within 2 weeks with chil	dren in enrollment						
O Closed, not opening within 2 wee	ks with enroliment						
Please verify the program	s that you are	interested in	n and eligible i	o apply for:	ż.		
Expense Kickstart							
Supply Subsidy							
What is your accreditation	status *						
O NAEYC or NAFCC accredited							
O Not accredited							
O In Process of NAEYC or NAFCC	accreditation						
Your Public Funding Amou	int*						
Based on your January 2020 revenue (through Care4Kids, S	School Readiness	. Child Day Care cont	ract, State or Fede	ral Head Start, DCF, municipal funds)		
O less than 50% publicly funded							
O more than 50% publicly funded							

15. If your program is in the process of NAEYC or NAFCC Accreditation:

a. Select the 'In process' button as indicated below.

What is your accreditation status *

- O NAEYC or NAFCC accredited
- O Not accredited
- In Process of NAEYC or NAFCC accreditation

You will be asked to provide evidence that you are in the accreditation process.

- b. Continue to the end of the application process.
- c. At the end of the application process you will receive further information about how to submit your evidence of accreditation in process.

- 16. Provide information for the primary contact for the license holder.
 - a. Name
 - b. Role in the program
 - c. Contact phone number

2:1:1 CHILDCARE	HOME	PARENTS	PROVIDERS	REPORTS	SEARCH FOR CHILD CARE	ANNOUNCEMENTS	CONTACT US
CTCARES for Child Care Busines	sses Att	estation					
1 Program Info 2 Your Info 3 Atlestation							
Your Name *							
First			[ast			
Your Program Role							
Your Phone Number *							
Previous Next							

- 17. Next you will "self-attest" or confirm that the information provided is true and accurate.
 - a. Read each statement carefully
 - b. Choose the box that says "I attest all of the information provided is true and accurate".

Sample Attestation for DCCC, DCFH and DCGH: Screen shot #1

2:1:1 CHILDCARE	HOME PARENTS PROVIDERS REPORTS SEARCH FOR CHILD CARE ANNOUNCEMENTS CONTACT	i US
	CTCARES for Child Care Businesses Attestation	
	1 Program Info 2 Your Info 3 Attestation	
	emailonfile@sample.com Email Address on License (do not change this field)	
	Please self-attest to the following information:	
	Your licensed facility was operating January 2020 with children in attendance	
	I understand the Office of Early Childhood may audit this application for up to three years.	
	I understand in order to qualify, my program must be open or can verify that it will be re-opening within 2 weeks with children in attendance. (OEC licensing will verify my status).	
	I understand that if I receive these funds but do not reopen, I must repay the OEC.	
	I acknowledge that any funds received through this application are reportable for taxes.	
	Attestation *	
	I attest all of the information provided is true and accurate	
	Previous Submit	

Sample Attestation for Youth Camps (YCYC): Screen Shot #2

	HOME PARENTS	PROVIDERS	REPORTS	SEARCH FOR CHILD CARE	ANNOUNCEMENTS	CONTACT US		
CTCARES for Child Care Businesses Attestation								
1 Program Info 2 Your Info 3 Attestatio	n							
sample@test.com								
Email Address on License (do not change this field)								
Please self-attest to the following inform	ation:							
I understand that the Office of Early Ch	ildhood may audit thi	is application fo	or up to three	years.				
• I understand in order to qualify, my program must be open at least 2 weeks in the Summer 2020 (OEC licensing will verify my status).								
I understand that if I receive these funds but do not reopen, I must repay the OEC.								
 I acknowledge that any funds received 	through this applicati	ion are reportal	ble for taxes					
Attestation *								
☐ I attest all of the information provided is tru	ie and accurate							
Previous Submit								

- 18. Once you click submit for the attestation, a message will display on the screen:
 - **a.** Notifying you that the process is complete; or
 - b. Providing instructions if you indicated that accreditation is in process. The instructions:
 - a. Provide a link to upload evidence immediately by clicking a link; or
 - b. Inform you that an email will be sent with a link to provide evidence of the accreditation process; and
 - c. Once evidence is submitted, you will receive email notification that the evidence will be reviewed.

19. Congratulations!

- a. Your final page confirms that you have completed the process.
- b. Your application will be reviewed to verify eligibility.
- c. You will receive an email receipt confirming your application was submitted.
- d. Once eligibility is confirmed you will receive an email with the amount of funding provided to your program.

20. Questions?

a. Contact 211 Child Care at 1-800-505-1000.

Frequently Asked Questions:

Expense Kickstart and Supply Subsidy

1. How can I get the funds? How much will I get?

Follow the 2-step process (Registration and Application) outlined in this document. Additional information including amounts is available <u>here.</u>

2. If I have already been receiving checks from another CTCARES program, do I have to register again?

Yes, you need to register but you will go through a modified registration process – we will autofill certain information from your prior registration and you will complete the new attestation.

3. How can I use the Expense Kickstart funds? The Supply Subsidy?

In our business survey and through emails and calls, providers have identified the need for funds to pay for basic <u>business operating expenses</u>. The goal of the funds is to help your program stay open by reducing these vital expenses. Programs must keep records of how they spent the funds. Funds cannot be used for personal expenses.

The Expense Kickstart is for business expenses such as rent/mortgage, utilities and payroll. The Supply Subsidy is for COVID-19 related expenses like increased cleaning supplies, PPE, and nurse / medical consultation needed for a healthy environment for children, families, and staff.

4. Eligibility says my program has to be open or "verified reopening". What does that mean?

The funds are to help your program be open, actively providing care for children.

Programs need to let 211 Child Care and their OEC licensing specialist know they are open.

A program can apply for the subsidies if they are planning to reopen within 2 weeks. The program should have all the necessary confirmations to reopen, and have staffing, child enrollment, and supplies ready.

5. I opened my program in May 2020. Is my program eligible?

No. The licensed facility had to be operating January 2020 with children in attendance.

6. Is this money taxable?

Yes. You must report this as income and pay taxes on it.

7. The registration says if my program closes, I need to repay the funds. What if I close next year?

If you attest to the verified reopening but do not reopen, you must return the funds. In order to accept the funds, the program should have all the necessary confirmations to reopen, and have staffing, child enrollment, and supplies ready. This plan supports the business to stay open. If the program does not feel confident it can be reopen, it should not apply for the funds. These funds are not enough to make a program whole.

8. How quickly do I need to spend the funds?

A program should deposit the check as soon as it is received. There is no time limit on when the program can spend the funds.

9. I'm not sure what kind of business I am for the W-9. Where can I learn more about the W-9?

If you're not sure what kind of business you have, the IRS has <u>additional information about filling out</u> <u>your W-9</u> that will help. You can also call the <u>Women's Business Development Council</u> at 203-751-9550.

10. NAEYC and NAFCC Accredited programs receive 20% increases. What does "accreditation in process" mean?

Programs with current National Association for Family Child Care (NAFCC) or National Association for the Education of Young Children (NAEYC) Accreditation receive a 20% increase. This has been automatically entered into the system by license number.

If your program is not currently accredited but is in the process of getting accreditation from NAEYC or NAFCC as of January 2020, you will receive a 5% increase. You will need to provide evidence to OEC that you have accreditation in process. The evidence you submit in the electronic application will be manually reviewed. You can either:

- Provide current NAEYC portal evidence that shows status of enrolled, applied, or candidate as of January 2020.
- Provide a copy of evidence from NAFCC from between January 2019 to January 2020, which may include one of the following: self-study enrollment (NAFCC email to provider at enrollment); application (outcome of eligibility review); observation (scheduling or; confirmation)

11. What if I have other questions?

You can email us at OEC.CarePackage@ct.gov or call 211 Child Care at 800-505-1000 for assistance.