**Child Care Online Systems (CCPP/CSAW) Access Request *for Agency Staff Only***

**Use of form:** This form must be completed and submitted to the DCF Service Desk in order to request access to the Child Care online systems. *See complete instructions on reverse side.*

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| 1. **APPLICANT INFORMATION**
 |
| 1. Requested Action

[ ]  Activate User ID [ ]  Delete User ID [ ]  Change (type of access, etc.)  | 1. Effective Date (mm/dd/yyyy)
 |
| 1. Organization Name / County / Tribe Applicant Represents
 |
| 1. Applicant Roles (Check all that apply)

[ ]  **Pattern Access After Specific Person (use full name):**       [ ]  Child Care Licensing [ ]  Child Care Resource and Referral Agency [ ]  W-2 Agency[ ]  Child Care Certification [ ]  Child and Adult Care Food Program [ ]  State Staff (not DECE)[ ]  DCF Staff Bureau      [ ]  Child Care Coordinator / Supervisor [ ]  MiLES[ ]  Child Support Agency [ ]  Local Child Care Subsidy Agency [ ]  FSET Agency[ ]  Other Organization – Specify:       |
| 1. Type of Access Requested
 |
| [ ]  CCPP (Child Care Provider Portal) | [ ]  CSAW (Child Care Statewide Administration on Web) |
|  | Name of County(ies) / Tribe      |
| 1. **SECURITY INFORMATION**
 |
| 1. DWD / Wisconsin Login ID
 | 1. Secret Word (for security purposes)
 |
| 1. Applicant Name (Last, First, MI)
 | 1. Applicant Telephone Number (Work)
 |
| 1. Applicant Email Address (Work) – Print Clearly
 |
| Use of this login and password provides access to confidential information, which must be safeguarded in accordance with Wisconsin Statutes. The User’s signature on this form constitutes acceptance of responsibility for compliance with §49.32(10), §49.32(10m), §49.81, §49.83 and §943.70(2) and with DWD policy (attached to new login approvals). |
| 1. **SIGNATURE** - Applicant
 | Date Signed      |
| 1. Supervisor Name – (Print)

      | Supervisor Telephone Number      |
| **SIGNATURE** – Supervisor | Date Signed      |
| 1. **LOCAL AGENCIES ONLY**
 |
| Return this form to your Local Child Care Coordinator for approval. The Coordinator will forward it to the Local Agency Security Officer. The Local Agency Security Officer forwards it to DCF Service Desk (dcfservicedesk@wisconsin.gov). You will receive an email notice when your access is approved. |
| 1. **SIGNATURE** – Child Care Coordinator
 | Date Signed      |
| 1. **SIGNATURE** – County / Tribal Security Officer
 | Date Signed      |
| 1. **DCF SECURITY**
 |
| 1. Name – DCF Security Officer (Print)

      | Telephone Number      |
| **SIGNATURE** – DCF Security Officer | Date Signed      |

**INSTRUCTIONS**

1. Check the appropriate box for the action you are requesting.
2. Indicate the date by which you need to begin, change, or remove the access.
3. Enter the organization name/County/Tribe you represent.
4. Select **Pattern Access After Specific Person** and type in the **full name of a user** who has the access needed, **or select all others that apply**.
5. Indicate the **type of access** you are requesting and **include all Counties and Tribes you need to view or update**.
6. Indicate the User ID entered on the DWD / Wisconsin Account Creation screen—instructions can be found at <https://accounts.dwd.wisconsin.gov/>.
7. Enter your mother’s maiden name for security purposes.
8. Enter your full name (Last, First, Middle Initial).
9. Enter your work telephone number.
10. Enter your work email address. Make sure to print clearly, so you receive an email notice once security has been approved.
11. Sign and date the form.
12. Present the form to the Child Care Coordinator/Supervisor for signature.
13. Child Care Coordinator / Supervisor signs and dates the form; then sends it to the Local Agency (County/Tribal) Security Officer.
14. The Local Agency (County/Tribal) Security Officer signs and dates the form, and then emails it to DCF Security. DCFServiceDesk@wisconsin.gov (*Please scan or photograph and email to DCF Service Desk.*)
15. DCF Security signs and dates the form. You (the applicant) will receive a notice via email when access is approved.