**Wisconsin Child Care Regulatory System (WISCCRS/CCPP) Access Request**

**Use of form:** This form must be completed and submitted to the DCF Service Desk in order to request access to the Wisconsin Child Care Regulatory System (WISCCRS) and Child Care Provider Portal (CCPP) 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 Role(s) (Check all that apply)   **Pattern Access After Specific Person (use full name):**  Child Care Licensing  Child Care Resource and Referral Agency  County / Tribal Child Care Agency   Child Care Certification  Child and Adult Care Food Program  BECR Staff (Central Office)  State Staff  View Access  Other Organization – Specify: | | |
| DCF DECE Central office – Specify Section: | | |
| 1. Type of Access Requested:  WISCCRS  CCPP (Child Care Provider Portal (Inquiry) | | |
| Certification: Counties / Tribes: | | |
| Licensing: Regions: | | |
| 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. **COUNTY / TRIBAL AGENCIES ONLY** | | |
| Return this form to your County / Tribal Child Care Coordinator for approval. The Coordinator will forward it to the County / Tribal Security Officer. The County / Tribal Security Officer forwards it to DCF Service Desk ([dcfservicedesk@wisconsin.gov](mailto:dcfservicedesk@wisconsin.gov)). You will receive an email notice when your access is approved. | | |
| 1. Name – Child Care Coordinator (Print) | | Telephone Number |
| **SIGNATURE** – Child Care Coordinator | | Date Signed |
| 1. Name – County /Tribal / W-2 Security Officer (Print) | | Telephone Number |
| **SIGNATURE** – County /Tribal / W-2 Security Officer (Certification access only) | | 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 name of the organization / County / Tribe the applicant represents.
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 program** the applicant requires, and include all Counties, Tribes, or regions the applicant needs to view or update.

* **Certification:** If Update access is requested, enter all the Counties / Tribes for which the applicant needs access.
* **Licensing:** If Update is requested, indicate the BECR region the applicant needs to update.   
  See list of regional offices here: <https://dcfweb/childcare/regulation>
* **CCPP - Child Care Provider Portal:** Indicate if you need access to the Provider Portal.

1. Indicate the User ID entered on the DWD / Wisconsin Account Creation screen—instructions can be found at <https://accounts.dwd.wisconsin.gov/>.
2. Enter the applicant’s mother’s maiden name for security purposes.
3. Enter applicant’s full name (Last, First, Middle Initial).
4. Enter the applicant’s work telephone number.
5. Enter the applicant’s work email address. Make sure to print clearly, so the applicant will receive an email notice once security has been approved.
6. Applicant signs and dates the form, and presents it to the supervisor.
7. Enter applicant supervisor’s name (print clearly) and telephone number and have supervisor sign and date the form.

* **Certification (counties / tribes):** Submit form to the County / Tribal child care coordinator for approval.   
  A list of Coordinators is found at: https://dcf.wisconsin.gov/files/wishares/pdf/coordinators.pdf.
* **Licensing and other organizations:** Submit form to DCF Service Desk via email. *Scan or photograph document and email to* [*dcfservicedesk@wisconsin.gov*](mailto:dcfservicedesk@wisconsin.gov)*.*

1. The County / Tribal child care coordinator signs and dates the form, and forwards it to the County / Tribal / W-2 security officer for approval.
2. The County / Tribal / W-2 security officer signs and dates the form, and emails it to DCF Service Desk. *(Please scan or photograph and email to DCF Service Desk at* [*dcfservicedesk@wisconsin.gov*](mailto:dcfservicedesk@wisconsin.gov)*.)*