

Wisconsin Child Care Regulatory System (WISCCRS) Access Request

Use of form: This form must be completed and submitted to the DCF Security Officer in order to request access to the Wisconsin Child Care Regulatory System (WISCCRS) web-based program.

A. APPLICANT INFORMATION	
1. Requested Action <input type="checkbox"/> Activate User ID <input type="checkbox"/> Delete User ID <input type="checkbox"/> Change (type of application, name, etc.)	2. Effective Date (mm/dd/yyyy)
3. Type of Organization Applicant Represents <input type="checkbox"/> Child Care Licensor <input type="checkbox"/> Child Care Resource and Referral Agency <input type="checkbox"/> County / Tribal Child Care Agency <input type="checkbox"/> Child Care Certifier <input type="checkbox"/> Child and Adult Care Food Program <input type="checkbox"/> DCF Staff (Central Office) <input type="checkbox"/> Other Organization – Specify: _____	
4. Name – Organization / County / Tribe Applicant Represents	
5. Access Requested <input type="checkbox"/> DCF Access (DCF central office) <input type="checkbox"/> View Access Certification: <input type="checkbox"/> Update Access Counties / Tribes: Licensing: <input type="checkbox"/> Update Access Regions: _____	
6. DWD / Wisconsin User ID	7. Name – Mother's Maiden (for security purposes)
8. Name – Applicant (Last, First, Middle) (Print)	9. Telephone Number (Work) – Applicant
10. Email Address (Work) – Applicant (Print clearly)	
Use of this logon and password provides access to confidential information, which must be safeguarded in accordance with Wisconsin Statutes. The applicant's signature on this form constitutes acceptance of responsibility for compliance with s.49.32(10), s.49.32(10m), s.49.81, s.49.83 and s.943.70(2) and with DWD / DCF policy (attached to new logon approvals).	
11. SIGNATURE – Applicant	Date Signed
12. Name – Supervisor (Print)	Telephone Number
SIGNATURE – Supervisor	Date Signed
B. CERTIFICATION APPROVALS	
13. Name – Child Care Coordinator (Print)	Telephone Number
SIGNATURE – Child Care Coordinator (Certification access only)	Date Signed
14. Name – County / Tribal / W-2 Security Officer (Print)	Telephone Number
SIGNATURE – County / Tribal / W-2 Security Officer (Certification access only)	Date Signed
C. DCF SECURITY OFFICER	
15. 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 the access.
3. Indicate the type of organization the applicant represents.
4. Enter the name of the organization the applicant represents.
5. Indicate the type of program and degree of access the applicant requires, and include all counties, tribes, or regions the applicant needs to view or update:
 - Certification: Indicate if View or Update access is needed. If Update access is requested, enter all the counties / tribes for which the applicant needs access.
 - Licensing: Indicate if View, Central Office or Update access is requested. If Update is requested, indicate the BECR region the applicant needs to update.
6. Indicate the User ID entered on the DWD / Wisconsin Account Creation screen—instructions can be found at <http://dcf.wisconsin.gov/childcare/wisccrs/default.htm>.
7. Enter the applicant's mother's maiden name for security purposes.
8. Enter the full name (Last, First, Middle) of the applicant.
9. Enter the applicant's work telephone number.
10. Enter the applicant's work email address. Make sure to print clearly so the applicant will get an email notice once security has been approved.
11. Applicant shall sign and date the form and present it to the supervisor.
12. 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 <http://dcf.wisconsin.gov/childcare/wishares/pdf/coordinators.pdf>.
 - Licensing and other organizations: Fax the form to Central Office at (608) 267-7252.
13. The county / tribal child care coordinator will sign and date the form and forward it to the county / tribal / W-2 security officer for approval.
14. The county / tribal / W-2 security officer will sign and date the form and forward it to the DCF Security Officer for approval.
15. The DCF Security Officer will sign and date the form. The applicant will receive a notice via email when access is approved.