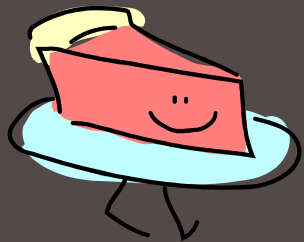


Welcome!

Provider
Information
Exchange

Licensing Webinar



July 18th, 2014

BACKGROUND ON PIE

- The Department of Children and Families (DCF) has created the Provider Information Exchange (PIE) for sharing electronic documents and files between state program staff and your facility's staff.
- Information exchanged is associated with the Caregiver Background Checks on facility staff. In addition, it will now be utilized for the submission of license continuation materials.
- PIE is a secure venue for sharing data between DCF and private providers.







LICENSING PROCEDURE




- Sixty days prior to the end of the probationary license or the continuation of a regular license, the Licensing Assistant will email the facility's PIE Lead notifying them that their continuation materials are ready to be viewed within the Licensing folder in PIE.
- All materials need to be uploaded into PIE within 30 days of the license continuation date. This date will be specified in the email to the PIE Lead.
- The Email sent to the PIE Lead will be the only notification from the Department regarding continuation of the facility license.
- Each facility should have at least one individual designated to have access to the Licensing Folder.
- Licensing Fees and Caregiver Background Check Fees are required to be sent in the mail.

PIE LICENSING FOLDER

- When logging into PIE, providers will see two folders displayed:

<input type="checkbox"/> Type	Name	Modified
	Caregiver Background Checks	8/3/2012 9:44 AM
	Licensing	3/14/2014 10:23 AM

- In order to access Licensing materials, click on the Licensing Folder. This will prompt you with three separate folder options:

<input type="checkbox"/> Type	Name	Modified
	Completed Forms	7/14/2014 10:56 AM
	Forms to Fill Out	7/2/2014 3:02 PM
	Resources	7/2/2014 3:02 PM

“FORMS TO FILL OUT” FOLDER

Type	Name	Modified
Folder	Completed Forms	7/14/2014 10:56 AM
Folder	Forms to Fill Out	7/2/2014 3:02 PM
Folder	Resources	7/2/2014 3:02 PM

In the “Forms to Fill Out” folder, you will find the required forms that need to be filled out and uploaded in order to continue the facility license.

For all facilities this folder includes:

- [License Continuation Process](#)
- [License Continuation Application](#)
- Background Information Disclosure (BID)
- [Licensing Checklist](#)
- [Policy and Procedure Checklist](#)





201 East Washington Avenue, Room E200
 P.O. Box 8916
 Madison, WI 53708-8916
 Telephone: 608-266-8787
 Fax: 608-266-5547

Governor Scott Walker
 Secretary Eloise Anderson

Division of Safety and Permanence

[Back](#)

Date

Application and Fee Payment for Obtaining A Regular 2-Year License License Continuation Process

To: Licensee: Facility ID Number:
 Facility Name: Facility Type:
 Facility Address: Licensor:
 County:

From: Emily Tofte, Child Welfare Licensing Section Manager
 Division of Safety and Permanence
 Bureau of Permanence and Out-of-Home Care

In order to obtain a regular 2-year license or maintain your current license, please follow the directions on the CONTINUATION PROCEDURE sheet.

Probationary License Expiration Date: License Continuation Date:
 Application Materials and Fee(s) Due Date: Continuation Materials and Fee(s) Due Date:

REQUIREMENT: Application / continuation materials and fee(s) are due **30 days** prior to the probationary license expiration date / license continuation date. Background Information Disclosure Forms and fees are due to obtain a regular 2-year license and **at each license continuation**.

All continuation applications and supporting materials must be submitted via the Provider Information Exchange (PIE).

All fee payments must be mailed to the Department at the address specified below.

Based on your present capacity of , your license fee is \$.

License Fee:	\$
Caregiver Background Check Fee (\$10.00 per person):	\$
Total Amount of the Check or Money Order:	\$

A late fee of \$5.00 per day, as of , will be assessed for every day that the Department has not received your full license continuation materials and fee(s) payment.

Payment in the form of a check or money order should be made payable to the "Department of Children and Families."
 Payments must be mailed to the following:

Child Welfare Licensing
 DCF/DSP – E200
 P.O. Box 8916
 Madison, WI 53708-8916

PLEASE RETURN THIS PAGE WITH YOUR CHECK.

Continuation License Application – Child Placing Agency

Use of form: Completion of this form is mandatory to continue a license to operate a Child Placing Agency (CPA) as required under ch. DCF 54 "Child Placing Agencies." **An application is officially received by the department only if it is completely filled out, signed, dated and submitted with all required fees and materials as indicated in the document checklist.** Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay. **Instructions:** Before completing this form, read Section K, "Authorization."

Application is for: Continuing regular license Progressing to regular license from probationary license

Provider ID Number:	Information from Department Records	Print Updated Information Here
A. FACILITY INFORMATION		
1. Name – Child Placing Agency (CPA)		
2. Physical Address – CPA		
3. County – CPA		
4. Telephone Number – CPA		
5. Fax Number – CPA		
6. Email Address – CPA		
7. Name – Primary Contact		
8. Telephone Number – Primary Contact		
9. Fax Number – Primary Contact		
10. Email Address – Primary Contact		
B. BUSINESS ORGANIZATION INFORMATION (PARENT AGENCY)		
1. Name – Legal Name of Organization		
2. Name – Agency Executive / Licensee of Organization		
3. Mailing Address – Organization		
4. Telephone Number – Organization		
5. Fax Number – Organization		
6. Email Address – Organization		
7. Type of Organization Ownership		
8. Federal Employer Identification Number (FEIN)		
C. CONTACT AND MAILING ADDRESS FOR ALL OFFICIAL NOTICES		
1. Name - Addressee		
2. Position Title		
3. Mailing Address		
4. Telephone Number		
5. Fax Number		
6. Email Address		

Child Placing Agency Continuation Application Document Checklist

Submit the following application materials to the Provider Information Exchange (PIE) website. In the Applicant Use column, check the box indicating that your application contains the identified document. Make your check or money order for fee(s) payable to the Department of Children and Families and mail to:

**Child Welfare Licensing
DCF/DSP – E200
P.O. Box 8916
Madison, WI 53708-8916**

Applicant Use	Dept. Use
1. <input type="checkbox"/> Included License Fee *mail to the address listed above	<input type="checkbox"/>
2. <input type="checkbox"/> Included Caregiver Background Check Fee *mail to the address listed above	<input type="checkbox"/>
SUPPORTING INFORMATION / DOCUMENTATION	
3. <input type="checkbox"/> Included <input type="checkbox"/> N/A A copy of the annual report – Form number DCF-F-2585-E (ONLY APPLICABLE IF YOU ANSWERED "YES" TO J2)	<input type="checkbox"/>
4. <input type="checkbox"/> Included The agency's budget for the current fiscal year and most recent financial audit	<input type="checkbox"/>
5. <input type="checkbox"/> Included Board of Directors list that includes each member's: <input type="checkbox"/> title <input type="checkbox"/> address <input type="checkbox"/> telephone number <input type="checkbox"/> dates of office including position start dates <input type="checkbox"/> the current definition of board responsibilities as defined by the board	<input type="checkbox"/>
6. <input type="checkbox"/> Included List of current staff members that identifies: <input type="checkbox"/> names <input type="checkbox"/> qualifications <input type="checkbox"/> classifications <input type="checkbox"/> position descriptions and specifications for all job titles <input type="checkbox"/> staff development and in-service training plan with the number of hours completed	<input type="checkbox"/>
7. <input type="checkbox"/> Included Organization chart showing: <input type="checkbox"/> chain of command <input type="checkbox"/> all staff positions <input type="checkbox"/> number of children served per staff	<input type="checkbox"/>
8. <input type="checkbox"/> Included A description or report of the program review / evaluation (ONLY APPLICABLE IF YOU ANSWERED "YES" TO J3)	<input type="checkbox"/>
9. <input type="checkbox"/> Included A statement showing whether or not the requirements on which a provisional license was based have been met, or if not, plan for meeting them (ONLY APPLICABLE IF THE EXPIRING LICENSE IS PROBATIONARY)	<input type="checkbox"/>
10. <input type="checkbox"/> Included Updated policy and procedure documents with the Child Placing Agency Policy / Procedure Checklist – Form Number DCF-F-2850-E (ONLY APPLICABLE IF YOU ANSWERED "YES" TO J1)	<input type="checkbox"/>
11. <input type="checkbox"/> Included Written documentation from referring placement sources indicating that there is a demonstrated need for the services your agency is offering per 48.60(3) Wis. Stats	<input type="checkbox"/>
12. <input type="checkbox"/> Included Background Information Disclosure Form (BID) – DHS Form Number F-82064	<input type="checkbox"/>
13. <input type="checkbox"/> Included Liability insurance certificate indicating limits of liability and expiration date of coverage	<input type="checkbox"/>
14. <input type="checkbox"/> Included Verification of authorization by the Department of Financial Institutions to do business in Wisconsin	<input type="checkbox"/>
15. <input type="checkbox"/> Included <input type="checkbox"/> N/A If the agency provides adoption services, provide the current fee policy and contract for adoptive applicants	<input type="checkbox"/>
16. <input type="checkbox"/> Included <input type="checkbox"/> N/A If the agency / business is incorporated in a state other than Wisconsin provide the following: Subcommittee members list that includes each member's: <input type="checkbox"/> address <input type="checkbox"/> telephone number <input type="checkbox"/> dates of office including position start dates (Per DCF 54.02(2)(b)2 – a subcommittee must include three Wisconsin residents, one of whom shall be a member of the board)	<input type="checkbox"/>
17. <input type="checkbox"/> Included <input type="checkbox"/> N/A If the agency / business is a LLC provide the following: List of all owners and members of the LLC that includes each person's: <input type="checkbox"/> title <input type="checkbox"/> address <input type="checkbox"/> telephone number <input type="checkbox"/> dates of office including position start dates	<input type="checkbox"/>

**** This example only shows the first and last page of the Application ****

Licensing Checklist – Group Homes DCF 57

Use of form: Completion of this form by group home licensees is mandatory under DCF 57.49(1) and 57.51 and constitutes one portion of a complete application for a probationary license, for advancement to a regular two year license from probationary status, or for continuation of a regular two year license to operate a group home. Licensing specialists use this form to review a group home's compliance with ch. DCF 57. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The applicant completes the "Applicant" column and submits the completed form to the Department of Children and Families along with any other materials necessary for obtaining or continuing the group home license. The licensing specialist completes the "Licensing Specialist" column during the subsequent monitoring visit(s).

Name – Facility	Telephone Number – Facility	Facility ID Number
Address – Facility (Street, City, Zip Code)		License Continuation Date (mm/dd/yyyy)
Name – Program Director	Name – Group Home Manager	Ages Accepted

FOR DEPARTMENT USE ONLY

	Code Section	Page No.	Date Reviewed		Code Section	Page No.	Date Reviewed
57.015	Compliance with administrative rule and law	1		57.36	Custodial parents and expectant mothers	26	
57.045; .05	Inspections; Group home program and policies	1		57.37	Children 6 years of age or younger	27	
57.05(2)(p)	Documentation for each shift of resident care workers	2		57.38	Resident records	29	
57.06	Emergency planning and preparation	3		57.39	Confidentiality	30	
57.06(5)	Disaster Plan	3		57.40	Physical plant and environment	30	
57.07 - .09	Rates and bookkeeping; Insurance; Weapons	4		57.41; .42	General safety precautions; Fire safety	33	
57.10 - .12	Pets and animals; Telephone; Transportation	4		57.425	Carbon Monoxide Detector	34	
57.13	Licensee reporting requirements to the department	5		57.43	Furnishings and appliances	34	
57.135	Responsibility to placing agencies	7		57.44 - .46	Sanitation; Location; Other licenses and uses	35	
57.14	Personnel requirements	8		57.47	Group home capacity limits	35	
57.15	Hiring and employment	9		57.48	General conditions for approval of application	35	
57.16; .17	Training; Personnel policies and records	10		57.51	Probationary and regular license	35	
57.18	Staff member and volunteer responsibilities	12		57.515; .53	License provisions; Transferability	36	
57.19	Admissions	12		57.60	Rate Regulation	36	
57.20; .205	Discharge; Principles for nurturing care	14					
57.21	Staff to resident ratios and supervision	14					
57.22; .23	Resident activities; Treatment plan & assessment	15					
57.24; .25	Resident rights; Medical care	17					
57.28 - .30	Clothing; Hygiene; Household duties	24					
57.305; .31	Spending money; Food and nutrition	24					
57.32; .33	Education; Sleeping arrangements	25					

Date(s) – Monitoring Visit

Notes:

UPLOADING DOCUMENTS

- After the documents are **completely** filled out and ready to be uploaded, go back to the Licensing Folder and select the “Completed Forms” folder

<input type="checkbox"/> Type	Name	Modified
	Completed Forms	7/14/2014 10:56 AM
	Forms to Fill Out	7/2/2014 3:02 PM
	Resources	7/2/2014 3:02 PM

- You will then be prompted with this screen:

<input type="checkbox"/> Type	Name	Modified
There are no items to show in this view of the "ABC Provider" document library. To add a new item, click "New" or "Upload".		
+ Add document		

- Within 30 days of the license continuation date, the Licensing Assistant will check the “Completed Forms” folder to make sure all documents were submitted on time.
- An application is officially received by the Department only if it is fully completed, signed, dated, and includes all supporting documentation

“RESOURCES” FOLDER

Type	Name	Modified
Folder	Completed Forms	7/14/2014 10:56 AM
Folder	Forms to Fill Out	7/2/2014 3:02 PM
Folder	Resources	7/2/2014 3:02 PM

In the “Resources” folder, you will find various documents that are informational regarding child welfare licensing.

The following forms are especially useful for the license continuation process:

- [License Continuation Procedure](#)
- [Background Check Information Schedule](#)



LICENSE CONTINUATION PROCEDURES – SHELTER CARE FACILITIES

1. **Enclosed are forms requiring completion as part of the license continuation review process:**
 - (a) License Application – Shelter Care Facility
 - (b) Licensing Checklist – Shelter Care Facilities
 - (c) Background Information Disclosure (BID) form (make copies of this form as needed)
2. **Return the completed forms and the appropriate fees 30 days prior to the expiration / continuation date of the license.** If the application and fee payment are not returned by the expiration / continuation date, you will be assessed a late fee of \$5.00 per day and enforcement action may be taken. If the licensee is an individual or partnership, the forms should be signed by the person(s) named on the license certificate. If the licensee is a corporation, the forms should be signed by the board chair or person previously authorized by the board. The juvenile court judges of the counties in which the facility operates must countersign the application. If the licensee is a public agency, the chairpersons of the county board of supervisors and the presiding juvenile court judges must sign the application.
3. **Caregiver Background Checks:** The Bureau of Permanence and Out-of-Home Care is required to collect Background Information Disclosure (BID) forms and conduct Caregiver Background Checks (CBC) at issuance of a regular, two-year license and every two years thereafter at license continuation for the licensee and for all adult, non-client residents who are not staff. Completed BID forms and CBC fees must be submitted with your continuation materials. If the licensee is a corporation, a BID form must be completed on either the board chairperson, president, or other authorized individual. The completed BID forms are used to complete the CBCs. The CBC fees can be included on the same check or money order with your license fee. See the enclosed Background Check Information Schedule for fee information.

Note: Wis. Admin. Code DHS 12.07(3) states that when a person begins residing at or is expected to reside at an entity, or the signatory for licensure changes, the entity shall, as soon as possible, but no later than the department's next business day, report the residency, expected residency, or signatory change to the department and submit to the department a completed BID form for the new non-client resident or new signatory.
4. **License Fee:** The two-year license fee is \$60.50 plus \$18.15 for each resident the facility is licensed to serve. If you are requesting a change to your licensed capacity, use this formula to recalculate the fee due. Send a check or money order in the appropriate amount along with your completed application materials. This fee must be paid by the expiration or continuation date of your current license or you will be assessed a late fee of \$5.00 per day for each day past the expiration or continuation date. Any forfeiture under s.48.715(3)(a) or penalty under s.48.76 that is due must be paid or the license will not be continued.
5. **Total Fees Due:** Make check or money order payable to the Department of Children and Families.

\$	License fee [\$60.50 + (\$18.15 x capacity)]
+ \$	Caregiver Background Check Fee
<u>\$</u>	<u>Total Amount of the Check or Money Order</u>
6. **Return Completed Materials:** Before uploading completed forms and all supporting documents to PIE, make sure the forms are completely filled out and signed by the proper representatives. The License Fee and Caregiver Background Check Fee payments must be mailed to the following:

CHILD WELFARE LICENSING
DCF/DSP – Room E200
P.O. Box 8916
Madison WI 53708-8916

GENERAL PROCEDURES FOR LICENSING INSPECTIONS: Under the authority of s. 48.73, Wisconsin Statutes, the department shall be granted unrestricted access to the premises for the purpose of monitoring compliance with licensing rules. Licensing specialists make unannounced inspections during the licensing period to assess various aspects of your program. If necessary, an announced visit may be made. If non-compliances are discovered during a visit, a Statement of Noncompliance (DCF-F-CFS0294-E) will be issued. After you have completed your Plan of Correction, the original white copy must be returned to the licensing specialist.

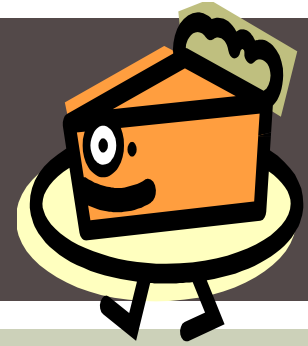
Background Check Information Schedule Group Home, Shelter Care, and Residential Care Centers for Children and Youth

The Department of Children and Families (DCF) is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact (608) 266-3400 or the Wisconsin Relay Service (WRS) – 711. For civil rights questions, call (608) 422-6889 or the Wisconsin Relay Service (WRS) – 711.

- Explanation of Abbreviations:**
- DCF:** Department of Children and Families
 - BID:** Background Information Disclosure form (please make necessary copies of this form)
 - CBC:** Caregiver Background Check
 - DOJ:** Department of Justice

ITEMS TO BE SUBMITTED TO DCF	ITEMS TO BE MAINTAINED FOR YOUR LICENSING FILES
<p>Initial Application: Submit completed BID form(s) at initial application for the individuals listed below.</p> <ul style="list-style-type: none"> ▪ Licensee – i.e., owner, president of the board of directors of the corporation. ▪ All adult non-client residents who are not staff. ▪ Non-client residents age 12 through 17. ▪ NOTE: Submit a BID immediately following a change/addition of a board president or a non-client resident 12 years of age or older to the home / facility. <p>License Continuation: Include \$10.00 for each of the individuals listed below.</p> <ul style="list-style-type: none"> ▪ Licensee – i.e., owner, president of the board of directors of the corporation. ▪ All adult non-client residents who are not staff. ▪ Non-client residents age 12 through 17. ▪ NOTE: Submit a BID immediately following a change/addition of a board president or a non-client resident 12 years of age or older to the home / facility. <p>Incomplete BID forms will be returned to you and will delay the issuance or continuation of your license. See our web site for contact information http://dcf.wisconsin.gov/childrenresidential/contacts.htm.</p>	<p>You (licensee / owner) are responsible for conducting CBCs (which includes collecting BID forms, submitting completed *DJ-LE-250 or DJ-LE-250A forms and *fees to DOJ, and conducting any necessary investigations) for the individuals listed below.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Administrator and employees age 18 or older, including relief help. <input type="checkbox"/> Any person under contract who will have access to children in care. <p>Send completed Single or Multiple Records Request form (*DJ-LE-250 or DJ-LE-250A) with appropriate *fees to: <u>Do not send the BID form(s).</u></p> <p style="text-align: center;">Crime Information Bureau Attn: Record Check Unit PO Box 2688 Madison WI 53701-2688</p> <p>CBCs are to be completed every 4 years for the individuals listed above. Keep the most recent BID form(s) along with the DOJ results and DHS/DRL response to CBC memo on file in the center. The licensing specialist will review at a future visit.</p> <p>*Forms and information may be obtained from the DOJ web site at http://www.doj.state.wi.us/dles/cib/ or CBCs may be completed electronically for those that have registered for an on-line account at https://wi-recordcheck.org/account/html/logon.jsp.</p>

PIE REMINDERS



- **The PIE Lead is the only individual from the facility that can grant others access to folders within PIE.**
- **If the PIE Lead changes, the Licensing Assistant needs to be notified within 10 days of this change.**
- **All facilities must contact the Licensing Assistant to create access to the PIE Licensing Folder. This must be done in order to follow the new license continuation process.**



CONTACT INFORMATION

- Central Office Contact:
Email: DCFMBCWLS@wisconsin.gov
- PIE Frequently Asked Questions
Website:
<http://dcf.wisconsin.gov/pie>
- PIE Website
<https://share.dcf.wisconsin.gov/pie/default.aspx>