

# Child Care Counts: COVID-19 Emergency Payment Program

05/07/2020



Wisconsin Department of  
Children and Families

# About this guide

This guide contains information to help you get access to the **Child Care Provider Portal** (CCPP), and setting up your Fidelity National Information Services (FIS) Provider Registration.

These instructions are intended for people who have not previously used these systems.

The guide also contains a section to help you update your center and staff records in the Child Care Provider Portal.

These instructions are useful for first-time users, as well as a nice refresher for current users of the systems.

We are also providing some worksheets to help you with updating records for your center. Please print as many of these as you need.



If you need any assistance, please send an email to:

[DCFDECECOVID19CCPayments@wisconsin.gov](mailto:DCFDECECOVID19CCPayments@wisconsin.gov)

Or call and leave your details on:

608-535-3650



# **CHILD CARE PROVIDER PORTAL**



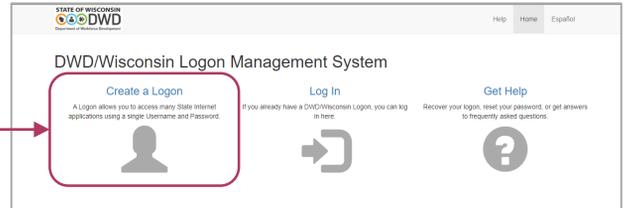
# CHILD CARE PROVIDER PORTAL

## DWD/WISCONSIN LOGIN

To get started, you must have a DWD/Wisconsin Login and password. If you have not yet created a DWD/Wisconsin Login, you will need to do so now. Log onto the [DWD Management](#) page to obtain a DWD/Wisconsin Login.



<https://accounts.dwd.wisconsin.gov/>



Fill in all fields on the login creation page. Follow the on-screen instructions. Create a username and password you will remember.



Enter a security question you will remember. This allows you to recover your account if you lose or forget your password.

Be sure to make note of your username and password and store them somewhere safe.



If you need help with Provider Portal access, please contact [DCFPlcBECRCBU@wisconsin.gov](mailto:DCFPlcBECRCBU@wisconsin.gov)



# CHILD CARE PROVIDER PORTAL

## Filling out Form DCF-F-5305

After you have successfully created the DWD/WISCONSIN Login ID, click on [DCF-F-5305](#) to access the [DCF Child Care Provider Portal Access Request Form](#).

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education

**Child Care Provider Portal (CCPP) Access Request**  
*Personal information you provide may be used for secondary purposes [Privacy Law, §15.04(1)(m)].*

This form must be completed and submitted to DCF Child Care Background Check Unit (CBU) in order to request access to the Child Care Provider Portal. All fields must be filled in. If you fail to provide required information, your request will be denied. Instructions for completing this form can be found on page 2.

**A. User Information**

Requested Action – Select One  
 First time request for access to CCPP     Modify existing access to CCPP     End access to CCPP

Effective Date (mm/dd/yyyy)    User ID (DWD / Wisconsin Account Creation Screen)

Name – User (Last, First, MI)    Mother's Maiden Name

Organization/Child Care Center Name

Daytime Telephone Number – User    Email Address – User

Licensee/Operator/Supervisor Name    Licensee/Operator/Supervisor Telephone

**B. Provider Number and Location Information**

You must enter information in the Provider Portal Access Request section, shown below, in order to gain access to the correct provider/location.

1. Enter the 10-digit Provider Number and the 3-digit Location Number. These numbers are commonly found in most direct communications from DCF. If you want access to more than one location, you must indicate each location (001, 002, etc.). If you need access to more than 10 locations, submit additional request forms.
2. Select the county in which the child care program is located.
3. Enter today's date in the "Effective Begin Date" field. Only enter a date in the "Effective End Date" field if the access should be terminated.

Provider #	Loc #	Facility #	County Name	Effective Begin Date	Effective End Date

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 Wisconsin Statutes §49.32(10), §49.81, §943.70(2), and with DWD policy (attached to new login approvals).

**C. Approval – I certify that I have read the above information and understand my responsibilities.**

SIGNATURE – User    Date Signed

Licensee/Operator/Supervisor Signature    Date Signed

DCF CBU Approval    Date Signed

DCF Security Signature    Date Signed

DCF-F-5305-E (R. 01/2020)

Once you have downloaded the document to your computer, go to where you saved it, and open it.  
**Note:** The default location is your Downloads folder.



To avoid any frustration, you should save as you go.



# CHILD CARE PROVIDER PORTAL

## DCF-F-5305 : Field Explanations

- **Effective Date** – Enter the effective date the user’s ID is to be added, modified, or ended.
- **User ID (DWD / Wisconsin Account Creation Screen)** – Enter the same User ID created on the DWD / Wisconsin Account Creation Screen.
- **Name** – Enter the User’s Last Name, First Name, and Middle Initial.
- **Mother’s Maiden Name** – Enter mother’s maiden name. The user needs to provide the maiden name as verification of their identity in order to receive support from the DCF Security Desk.
- **Organization / Child Care Center Name** – Enter the organization or child care center name.
- **Telephone Number** – Enter the user’s work/daytime telephone number.
- **Email** – Enter the user’s work email address.
- **Licensee / Supervisor / Operator Name** – Enter the full name of the licensee, supervisor, or operator.
- **Licensee / Supervisor / Operator Telephone Number** – Enter the telephone number of the licensee, supervisor, or operator.
- **Provider Number and Location Information** – Enter provider number and location information for each child care center for which you will need CCP access, up to 10 locations. If you need access for more than 10 locations, use a second access request form.
- **User’s Signature and Date** – The user must electronically sign and date the form by typing the information into the signature boxes. The user then emails, or sends via mail, the completed form.

Wisconsin Statutes: The User's Signature on this form constitutes acceptance of responsibility for compliance with Wisconsin Statutes §49.32(10), §49.81, §943.70(2), and with DWD policy (attached to new login approvals).

~~C. Approval – I certify that I have read the above information and understand my responsibilities.~~

<b>SIGNATURE</b> – User	Date Signed
<input type="text"/>	<input type="text"/>
<b>Licensee/Operator/Supervisor Signature</b>	Date Signed
<input type="text"/>	<input type="text"/>
<b>DCF CBU Approval</b>	Date Signed
<input type="text"/>	<input type="text"/>



**Temporary Digital Signing** – Under normal circumstances, we do not allow digital signatures. However, due to COVID-19, we are allowing digital signatures. To digitally sign this form, simply **TYPE** your name and date into the grey boxes in the fields indicated above.



# CHILD CARE PROVIDER PORTAL

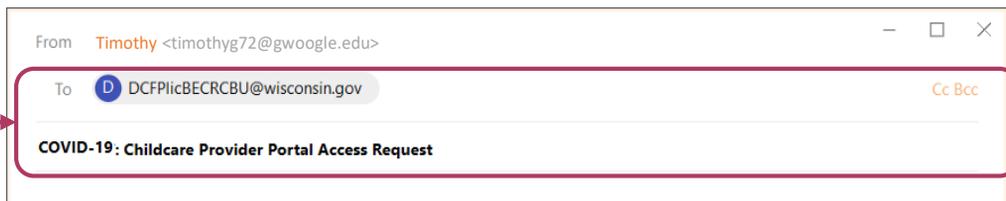
Statutes §49.32(10), §49.81, §943.70(2), and with DWD policy (attached to new login approvals).	
<b>C. Approval – I certify that I have read the above information and understand my responsibilities.</b>	
<b>SIGNATURE</b> – User Timothy Goodie	Date Signed 04/29/2020

Once you have digitally signed the signed form, see the above example for what that looks like, save the document one final time with your name as the document name.



[DCFPIicBECRCBU@wisconsin.gov](mailto:DCFPIicBECRCBU@wisconsin.gov)

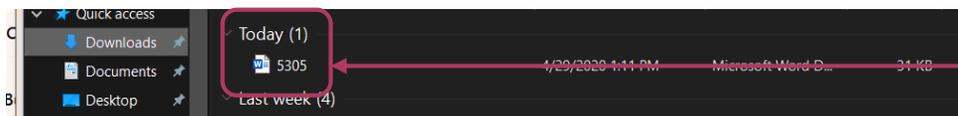
Click the link above to start a new email. It will have the subject: **COVID-19: Child Care Provider Portal Access Request** pre-populated for you.



Drag the completed document to the new email window to automatically attach the document, or look for the **Add attachment** icon and click it.



The **Add attachment** icon looks the same on all computers.

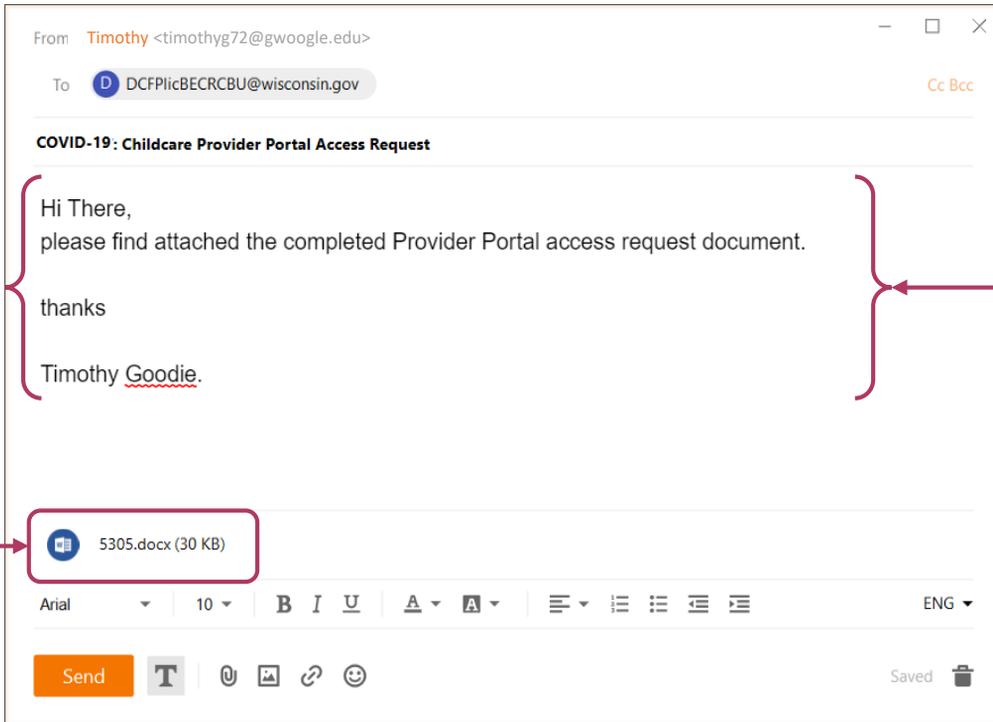


On a Windows PC, navigate to the folder where the file is located. In the example, the file is in the Downloads folder. Click *Open* to attach.





# CHILD CARE PROVIDER PORTAL



In our example, you will see an icon for the attachment, as well as a sample accompanying email.

You are now ready to submit your digitally signed document.

Click the send button when you are ready.





# **FIS PROVIDER REGISTRATION**



# FIS PROVIDER REGISTRATION

Fidelity National Information Services (FIS), is Wisconsin's Electronic Benefit Transfer (EBT) card vendor. In order to receive funds from DCF as Electronic Funds Transfer, you must do the following as part of your FIS Provider Registration:

- **If you are not currently set up with FIS you will receive a Provider Welcome Letter from DCF, and you are encouraged to begin your registration process right away.**
- You will need your FIS Provider ID. This is found in the Provider Portal header and in the **Provider Welcome Letter**.
- Include your Tax Identification Number (TIN). Future annual 1099K documents will be sent to you from FIS.
- Submit your checking account number. Payments from Electronic Funds Transfer go directly into your checking account.

The screenshot shows the 'Child Care Provider Portal' interface. At the top, it says 'Welcome, Chocolate'. Below this, the provider's information is listed: 'Chocolate Cakes Daycare, 2414 E Cakery Dr, Dane, WI 53214-4144'. A 'Logout' link is visible in the top right corner. A red box highlights the provider's identification numbers: '1800039971-001 Facility ID 1123204 FIS Provider ID D217957'. Below this, there is a section for 'COVID-19 Emergency Information' with instructions to update information. The main form area contains fields for 'Address' (2414 E Cakery Dr, Dane, WI 53214-4144), 'Is this location currently open?' (radio buttons for Yes and No, with 'No' selected), and 'Are you able to provide care for more children with special needs?' (radio buttons for Yes and No, with 'Yes' selected). There are also input fields for the number of open slots available for different age groups: 'For children under 2 years?' (2), 'For 2 and 3 year-olds?' (0), 'For 4 and 5 year-olds?' (0), and 'For 6 year-olds and older?' (0). A final instruction asks for the total number of open slots.



# FIS PROVIDER REGISTRATION

You can also find your FIS Provider ID at the top of your **New Provider Welcome letter**, and in the body of the letter.

Division of Early Care and Education 201 East Washington Avenue, Room E200 P.O. Box 8916 Madison, WI 53708-8916	 <b>State of Wisconsin</b>	<b>Provider #</b> 2800040092/001 <b>FIS Provider ID</b> D217957
Date: 07/20/2018		
LAKELAND GROUP CENTRE 123 MAIN ST ANYTOWN WI 45454		
The State of Wisconsin is an equal opportunity service provider. This letter contains information about the Wisconsin Shares Child Care Subsidy Program. If you need this material in a different format because of a disability, or if you need this letter translated or explained in your own language, please call the number below and press 4. State your language when the call is answered. These services are free.		
Child Care: 1-888-947-6583 TTY: 711		
<h2>Welcome New Child Care Provider</h2>		
<p>The Wisconsin Shares Child Care Subsidy Program assists eligible working parents with child care expenses. The Wisconsin Department of Children and Families has implemented a new payment process called MyWICildCare (MWCC). MWCC puts the power of paying for child care services into the hands of parents through the MyWICildCare EBT card.</p> <p>The State of Wisconsin Department of Children and Families has contracted with Fidelity National Information Services (FIS) to help to achieve our Electronic Benefit Transfer (EBT) program goals. New Wisconsin child care providers who wish to accept Wisconsin Shares authorizations are required to have a FIS Provider Agreement in place so that electronic funds may be transferred directly into your bank account.</p> <p>The MyWICildCare card allows parents enrolled in Wisconsin Shares to transfer state subsidies electronically for fast, easy payments to child care providers.</p> <p>FIS identifies providers by the below FIS Provider ID that is specific to your business. This ID is needed to complete the FIS Provider Agreement. Please keep this letter for future reference.</p> <p><b>Your FIS provider ID is D217957.</b></p> <p>The FIS Provider Agreement is located online at <a href="http://www.ebtedge.com">http://www.ebtedge.com</a>. Visit the FIS website and select the child care provider section. Select Complete your Contract or Register Online. Follow the instructions to complete the FIS contract. If you need help with the contract, call FIS at 1.800.894.0050 between 8 a.m. and 5 p.m. CST Monday-Friday.</p> <p>If you have questions about Wisconsin Shares Child Care Subsidy Program, contact your local child care agency during regular business hours.</p>		
CCPF	Date: 07/20/2018	Page 1 of 1



# FIS PROVIDER REGISTRATION

Start by copying and pasting the link below into your web browser.



<https://www.ebtedge.com/gov/portal/provider-public/ProviderRegistration.do>

The screenshot shows the FIS Provider Registration web form. At the top, there are logos for FIS and ebtEDGE. The page title is 'Provider Registration'. Below the title, there is a section for 'Provider Identification' with fields for 'FIS Provider ID', 'Provider Phone #', 'State or Program' (a dropdown menu), and 'Last 4 digits of Provider's Bank Account #'. There is a 'Help?' link next to the bank account field. Below this is the 'User Access' section with fields for 'User ID', 'Re-enter User ID', 'Password', 'Confirm Password', and three challenge questions (Challenge Question 1, 2, and 3) with corresponding response fields. A CAPTCHA challenge is displayed with the text '43tg1Fd9'. At the bottom of the form, there are 'Continue' and 'Cancel' buttons. A note at the bottom of the form states: 'Note: If you have questions or experience problems with the registration process, call 1-800-894-0050.' The footer of the page includes links for 'Online Privacy Notice', 'FIS Privacy Policy', and 'Terms and Conditions', and a copyright notice: '© 2020 Fidelity National Information Services, Inc. and its subsidiaries. All rights reserved.'

If you have difficulties or questions, you can contact FIS Merchant Services at **800-894-0050** for specific assistance with the FIS Provider Registration process.

This assistance is available from 8 a.m. to 5 p.m. Monday through Friday.



**Please Note: FIS may take up to a week to review and approve the FIS Provider contract. You are encouraged to begin this process immediately if you are not already set up with FIS.**



# **UPDATE YOUR CENTER RECORDS**

# Updating Your Center's Records

Once you have access to the Child Care Provider Portal, we strongly encourage you to take the time to gather all your records together regarding staff and family information.

Please refer to the [Child Care Provider Portal \(CCPP\) User Guide](#) for instructions on entering your information.

A [training video](#) is also available explaining the Child Care Provider Portal under the [CCPP Training and Resources section](#).

**Printable information sheets** are available in the **Appendices** section of this guide, which you may find helpful.

***Please note** that if you are awarded Child Care Counts: COVID-19 Emergency Payment Program emergency payment funds, the monetary payment is **subject to audit review** to ensure the funds are spent according to the terms and conditions. We strongly recommend filing all related expenditure documents in a safe place.*

**Appropriate Expenditure:** Premises mortgage or rent, staff wages, hazard pay, cleaning supplies or services, utilities, and facilities reopening efforts.



If you need any assistance, please send an email to:  
[DCFDECECOVID19CCPayments@wisconsin.gov](mailto:DCFDECECOVID19CCPayments@wisconsin.gov)

Or call and leave your details on:  
608-535-3650

# Essential Worker Classifications

Essential workers are defined as employees, contractors, and other staff in jobs that keep our communities healthy and functional.

As [outlined in Governor Ever's Safer at Home Order](#), essential workers are grouped into two tiers, with tier one taking priority over tier two.

**Tier One:** employees, contractors, and other support staff working in health care.

**Tier Two:** employees, contractors, and other staff in vital areas including, but not limited to military; long term care; residential care; pharmacies; child care; child welfare; government operations; public safety and critical infrastructure such as sanitation, transportation, utilities, telecommunications; grocery and food services; supply chain operations; and other sectors as determined by the department.

Practically, this means when filling availability, providers should prioritize slots for families who fall under the essential worker definitions - **specifically Tier One**. If providers receive additional inquiries on availability from essential worker families, and the department cannot find a different placement for that family, providers will be asked to accommodate essential worker families, which may mean displacing existing families.

More information on the process can be found in the [COVID-19 Emergency Child Care Authorization Manuals on the Agency Worker website](#).



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# Child Care Counts: COVID-19 Emergency Payment Program Checklist

## Provider Portal Login Username and Password

Make sure you have these credentials and keep them in a safe and secure place. Having them on hand makes accessing and updating of your center's details easier in the Child Care Provider Portal.

## FIS Account Details

Once you have your FIS account set up, you can receive your funds electronically.

## The dates your program opened or closed due to COVID-19

Be sure of the payment period start and end dates that you will be applying for. Was your facility open on the start dates and end dates of this period?

## Staff Details

Staff Names. Part- or Full time? On Payroll? Weekly Hours? Listed in the Provider Portal? Will they be staying with you after the pandemic?

## Parents Details

Are they a front-line worker or other. Are they Tier 1 or Tier 2 front-line workers? Be sure to read the section of this guide that explains the tiers.

## Information about the children at your facility

Did your facility serve any children with disabilities?

Did your facility serve any children who speak languages other than English?

Did your facility serve any children who are experiencing homelessness?

Did your facility serve any children from tribal communities?

Did your facility serve any children living in rural areas?

## Other COVID-19 Funding from Sources Other than DCF or Wisconsin Shares

Did you receive any funds for COVID-19 other than from DCF or Wisconsin Shares (e.g., Small Business Administration grant)? If you did, be sure to have the amount of the funds you received and the name and details of the funding source.

## Payment Details for Support for Closed Child Care Programs

Expected number of children enrolled when reopened.

Any additional information in support of your specific grant application.



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# APPENDICES

# Appendix A. Updating Family Information

Child Names	Child DOB	Essential Workforce? Yes/No	If Yes, Essential Workforce Tier 1 or Tier 2	Full time (21 hours or more) or Part-time (20 hours or less per week)	Receives Wisconsin Shares?

Print out and use to help organize your information. You may need several copies.

# Appendix B. Staff Information

Staff Name	Part-time or Full time	On Payroll Y/N	Will remain with program after COVID-19 pandemic	Average Hours Per Week	Added to Provider Portal Y/N

Print out and use to help organize your information. You may need several copies.



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