



# Wisconsin Child Care Regulatory System (WISCCRS)

## User Guide

### Creating New Providers

**June** 2024

#### Division of Early Care and Education

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## Table of Contents

Creating New Licensed / Certified Provider Records .....	3
W9 – Form.....	5
W-9 Form Instructions .....	6
*New Applicant Screen.....	7
Address Clearance .....	9
Applicant Clearance .....	10
*Location Details .....	11
Application Details Section .....	11
Facility/Location Address .....	12
Facility/Location Contact Details .....	12
Child Care Center Information .....	13
Applicant Information:.....	14
Applicant Identification: .....	14
*Applicant.....	16
Applicant Information.....	16
Applicant Details .....	16
W9 Refusal – No longer used.....	16
W9 Details .....	17
Licensee/Applicant Address/Phone .....	17
Assignments .....	18
Invoices .....	19
Other Licenses – Licensing only .....	20
DOR Requests & DWD Requests – Licensing Only .....	21
Child Care Finder Listing .....	21
CCRR Location Details .....	21
Subsidy Details.....	21
Public Collaborations .....	22
Add 3K/4K/Head Start Program .....	22
Adding Head Start Programs .....	23
Add Classrooms .....	23
Pets .....	24
Other Licensees.....	25
Transportations.....	25
Transportation:.....	25
Vehicles:.....	25
Closures .....	26
Insurances.....	27
Comments.....	28
Messages.....	28
<b>Communications .....</b>	<b>29</b>
<b>Opt-in Details .....</b>	<b>29</b>
<b>Confirmations Sent.....</b>	<b>29</b>
Alternate Addresses .....	29
Transactions (Collections) .....	30
*Individuals.....	30
*Training (Certification).....	30
CBC Compliance Details.....	33
SOR Address Match .....	33
Location Tasks .....	33
Registry Details/Registry Staff .....	33
*Monitoring Plans – Licensing only .....	33
*Site Visits .....	34
Monitoring/Health and Safety Results .....	35
Complaints/Incidents.....	36

## WISCCRS User Guide – Creating New Providers

Enforcements .....	37
Documents .....	37
CBC Fee Deduction – No longer used .....	37
BID Forms (Lic Only)– No longer Used .....	37
*Applications .....	38
*Hours of Operation .....	40
Licensing .....	40
Certification .....	41
Overnight Care .....	41
Hours of Operation – History .....	42
*Checklist – Licensing only .....	44
*Decision .....	45
*Included in IBIS: .....	47
Decision Screen – History .....	47
<b>EOI Decision</b> .....	47
Face Sheet (Licensing) .....	48
*New Category .....	49
Certification – In-home .....	50
*Ages Served .....	51
Exceptions to Ages Served .....	52
Modifying Ages Served .....	52
Conditions .....	53
Serving Relatives – No longer used .....	53
*Grant Regulation .....	54
Public School (PSCH), Out-of-State, Training/Contracted Services and Tribal/Migrant Stand Alone Head Start Facilities .....	55

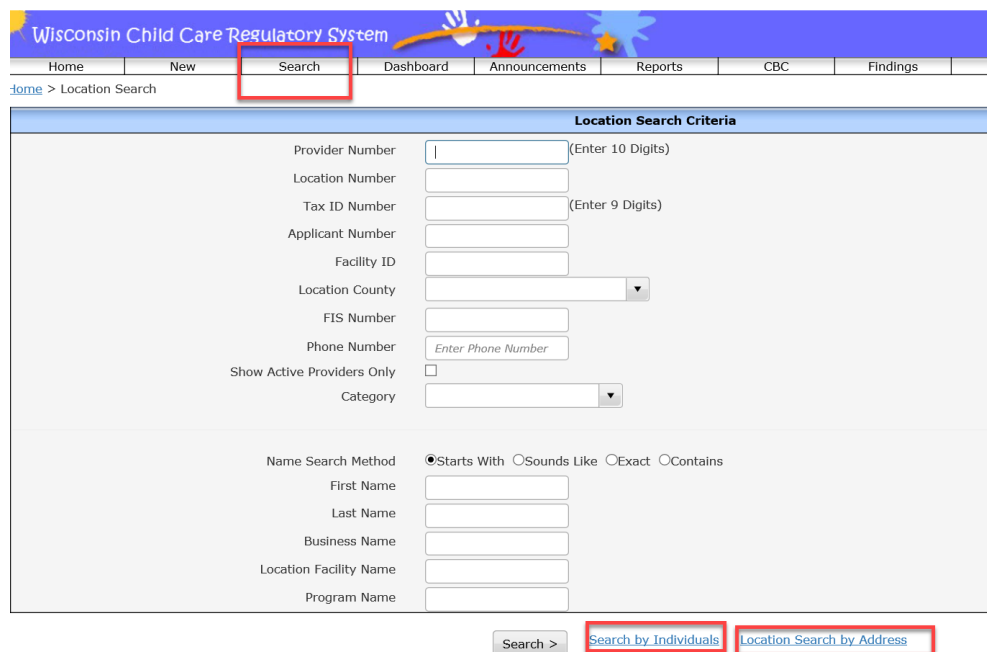
## Creating New Licensed / Certified Provider Records

When the applicant submits their application for certification/licensing, the regulatory agency should promptly start a provider record in WISCCRS. This document walks through all automation-related steps required for the applicant to be approved for a license/certificate. If the screen is mandatory for license/certificate approval, the heading in the user guide will have an asterisk\* next to it.

Document links are listed on multiple sections in the WISCCRS system. Instructions on how to access, view and upload documents are explained in the [Documents](#) user guide.

See [WISCCRS Decision Change Chart](#) for clarification when a new provider/location is required.

Before you start a new provider record, first conduct a thorough search in WISCCRS to determine if the applicant is already known to the system. A search should first be conducted on the initial WISCCRS page labeled Location Search. This page allows user to search by provider number/location number, tax ID number, applicant number, facility ID, location county, FIS number, phone number, category, first name, last name, business name, location facility name, and program name.



You should also utilize links at the bottom of the location search page labeled Search by Individuals (first name, last name, SSN) and Location Search by Address (provider number, applicant number, first name, last name, business name, program name, location county, location address, city address, zip address) to ensure a comprehensive search has been completed.

Below are scenarios that might happen:

**A. A provider exists in the system but is located in another county/region**

Do the following:

- a. **Licensors:** If the old provider record is in a county in another region, start a new location. If the record is in a county within your region, use the same location.
- b. **Certifiers:** Click on the New Location link on the Locations screen to start a new application for the *new* county/tribe.

**B. A provider with in-home certification history**

A provider who has been certified as in-home (care provided in the child's home) is applying for certification in his/her own home or vice versa. In this scenario, click on the New Location.

## WISCCRS User Guide – Creating New Providers

[Home](#) > Locations

Applicant Details							
Applicant Number	1800054815			Name	Fred Flintstone		
Tax ID Number	787-98-6521			Tax ID Number Type	SSN		
Date Of Birth	1/1/1900						

Locations For This Applicant								
Location/ Facility	Address	Regulation	Application Status	Category	Status	Begin Date	Expiration Date	End Date
001	Flintville Day Care 333 Rocky Rd Flintville WI 45454 Portage County 454-544-5454	Certificate	Approved	Provisional Certified	Approved	03/15/03	05/09/03	05/09/03

[New Location](#)

### C. Provider with an unlicensed complaint record

The Regulation Type and Application Status for these providers are Unregulated. If a certification/licensing applicant has a record with an unregulated complaint in WISCCRS and you are sure that the two records match, it is recommended that you use the existing provider location, rather than using the New Location link, so the unlicensed complaint record becomes history for the provider. See the [Unlicensed Provider Records](#) user guide for further information.

Applicant Details							
Applicant Number	5800077055			Name	Ella Erickson		
Tax ID Number	000-00-0000			Tax ID Number Type			
Date Of Birth	12/31/9999						

Locations For This Applicant								
Location/ Facility	Address	Regulation	Application Status	Category	Status	Begin Date	Expiration Date	End Date
001	123 Main St Anytown WI 45454 Milwaukee County	Unregulated	Unregulated					

[New Location](#)

D. If the provider is not found, Use the New Provider link from the WISCCRS home page.

## W9 – Form

It is important that the applicant's Tax ID is accurately entered into the WISCCRS system because this ID is used for the DOR and DWD interfaces (licensed providers). Applicants for licensed group and camp may submit a [W9 Form](#) with the licensing application. Applicants for family child care licensure/certification may submit their Tax Identification number using the application for licensure/certification.

**Note:** Administrative rules require that a certified child care applicant/operator or applicant/licensee for a family child care center be an individual and not a corporation, partnership, limited liability company, non-incorporated association, or cooperative.

**Form W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**  
Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**  
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Part II Certification**  
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person Date

Below are explanations of the key fields on this form:

Name of Field	Description
Name	<b>FEIN:</b> The applicant/licensee must enter the name that they used when they applied for the FEIN. If both personal name and business names are used on the FEIN application, the name that appears on the first line of the IRS confirmation letter (Form SS-4) should be entered as the legal name.  <b>SSN:</b> The applicant/licensee must use the name that is filed with the Social Security Administrator (First and Last name).
Business Name	This field is often used for the Facility name and does not have to be recorded with the IRS or SSA and does not have to be associated with the FEIN/SSN.
Federal Tax Classification	The applicant/licensee must indicate the type of business they operate.
Taxpayer Identification Number	The applicant/licensee must write the Tax ID number they will be using for their business and check the box for the type. Most commonly, SSN and FEIN are used. <b>NOTE:</b> If ITIN is used, check SSN as the business type in WISCCRS.

## **W-9 Form Instructions**

The [DCF-P-5240](#) is available for instructions on how a provider should complete the W-9 Form.

## \*New Applicant Screen

To start a new application in WISCCRS for an applicant who is not known to the system, do the following:

1. Click on the New link on the top navigation menu.



2. Complete the New Applicant screen.

Applicant Basic Details	
First Name *	<input type="text" value="amy"/>
Middle Initial	<input type="text"/>
Last Name *	<input type="text" value="applicant"/>
Business Name	<input type="text" value="Amy's amazing kids"/>
Tax ID Number Type *	<input type="radio"/> SSN <input checked="" type="radio"/> FEIN
Tax ID Number *	<input type="text" value="68-5989895"/> (SSN: xxx-xx-xxxx)(FEIN: xx-xxxxxxx)
Additional ID Number Type	<input type="radio"/> N/A <input checked="" type="radio"/> SSN <input type="radio"/> FEIN
Additional SSN/FEIN	<input type="text" value="123-12-1245"/> (SSN: xxx-xx-xxxx)(FEIN: xx-xxxxxxx)
Date Of Birth *	<input type="text" value="1/1/1975"/>

Name of Field	Description
First Name, Middle Initial and Last Name	Enter the names as listed on the W9 form or application.
Business Name	If a FEIN is used, Business Name must be entered. Use the Legal Name the applicant lists on the W9 form or application. Leave this field blank if an SSN is used.
Tax ID Type	Indicate the Tax ID Type the applicant lists on the W9 form or application. Licensing: The IRS rules require any entity that employs staff to have a FEIN. Since all group centers will have employees, the FEIN is required.
Tax ID Number	Enter the Tax ID Number the provider lists on the W9 form or application.
Additional ID Number Type	If the applicant uses a FEIN under the primary Tax ID, the SSN is entered here, however it can be left blank if an FEIN is used. NOTE: The SSN should be entered under Individuals screen (explained later in this guide).
Additional SSN/FEIN	If the applicant uses a FEIN under the primary Tax ID, the applicant's SSN should be entered here.
Date of Birth	Enter the applicant's date of birth.



- After clicking the Next button on the New Applicant screen, the Location Address screen displays. This screen should capture the physical address where the applicant will be providing child care. This address should NOT include Post Office Box addresses.

Location Address

Exit ? Help

Wisconsin Child Care Regulatory System

Home New Search Tasks Announcements Reports CBC

Home > New Applicant > Location Address

Facility/Location Address

Street Number

Unit

Direction

Street/Rural Rt/Box# \*

Suffix

Quadrant

Apt#

Address Line 2

City \*

State \*

Zip Code \*

Map This Address


Below are explanations of the fields on this screen.











Field Name	Description
Street Number	Enter the street number for the location of care.
Unit	Enter the unit number for the location of care if one exists. Or use this when there is an overflow of numbers from the Street Number field. This field can be left blank.
Direction	Choose the direction from the dropdown box, if applicable. This field can be left blank
Street/Rural Rt/Box#	Enter the name of the street where the care is being provided.
Suffix	Choose from the pull-down menu (Road, Street, Court, etc.)
Quadrant	Choose the quadrant from the dropdown box (north, east, etc.), if applicable. This can be left blank
Apt #	Enter apartment number, suite, if applicable. This can be left blank.
Address Line 2	Enter any additional information that would assist in delivering mail to the applicant.
City	Enter the name of the city where the care is being provided.
State	Enter state.
Zip code	Enter a valid zip code.
Map This Address	This link takes user to the Google Maps website showing the entered address.

## WISCCRS User Guide – Creating New Providers

After you click Submit, the system will check Finalist software (used by the US Postal Service) to check if the address provided is a valid address. If not, an Error message displays.

[Home](#) > [New Applicant](#) > Location Address

 **Error - The Following Problems Have Occurred**

-  **Finalist:** Zip Code: Value not found.
-  **Finalist:** City: Name could not be determined.
-  **Finalist:** Carrier: Carrier route not determined. Non-deliverable
-  **Finalist:** Address(1): Street name could not be matched to the database.
-  **Finalist:** Address(1): Valid building number range could not be determined for the street name provided.
-  **Finalist:** Address(1): Suffix(Street, Trail)/Directional(North, East) could not be determined.
-  **Finalist:** Address(1): Alias street name could not be matched to the database.
-  **Finalist:** Address(2): Secondary address error. Unexpected content.
-  **Finalist:** Address(2): Unit (Apartment, Suite) number invalid.
-  **Finalist:** Address: Address does not match any expected formats. Non-conventional address.

The system displays three options:

- **Use the address as suggested by Finalist (recommended).** This will change the address to match the Finalist software.
- **Resubmit the address to finalist.** Modify or correct something about the address and click Next.
- **Use the address as entered.** If this option is chosen, there might be problems with mail delivery and mapping the address on the Child Care Finder site.

When appropriate and possible, choose the address suggested by Finalist to assure accurate mail delivery.

## Address Clearance

If the address matches another provider location / facility that exists in the system, those provider records are displayed.

**Wisconsin Child Care Regulatory System**

[Home](#) | [New](#) | [Search](#) | [Tasks](#) | [Announcements](#) | [Reports](#) | [CBC](#) | [CSAW](#)

[Home](#) > [New Applicant](#) > Location Address Clearance

**You Entered**

Location Address  
201 E Washington Ave Madison, WI 537032866

**List Of Possible Matches**

Applicant Number	Location Number	Facility ID	Tax ID Number	Name	Business Name	Location Name & Address	Provider Number
<a href="#">0800072600</a>	<a href="#">001</a>		S 555334657	Peg Jacobson	Jacobson Initial Button	Locan Nam Addr 201 E Washington Ave Madison WI 53703	
<a href="#">1800073613</a>	<a href="#">001</a>		S 234661423	Finalist8test Finalist8test		Finalist8test 201 E Washington Ave Madison WI 537032866	
<a href="#">4800072740</a>	<a href="#">001</a>		S 739812245	Complaint Investigation		Test Location 201 E Washington Ave Madison WI 537032866	
<a href="#">6800072761</a>	<a href="#">001</a>		S 987333698	Location Details	Location Details	Location Details Day Care 201 E Washington Ave N Po Box 333 Madison WI 537032866	4800039294
<a href="#">7800074976</a>	<a href="#">001</a>	1122415	F 045689408	Address Test Address Test	Address Test	Address Test 001 201 E Washington Ave Madison WI 537032866	
<a href="#">8800072585</a>	<a href="#">001</a>		F 123344556	Peg Jacobson	Jacobson Decision Page	Locn Addr Locn Nam 201 E Washington Ave Madison WI 53703	
<a href="#">9800072594</a>	<a href="#">001</a>		S 555123421	School Age Jacobson	Jacobson Decision Pg Schl Age	Locn Nam Pcr 40726 Testing Modify 201 E Washington Madison WI 53703	3800039363

[< Back To Create New Location](#) [Continue With New Location >](#)

You can either choose one of the records that exist for the address (if the applicant/licensee is the same) or start a new record by clicking on Continue with New Location. See section Creating New Licensed / Certified Provider Records to determine if existing location should be used.

**ATTENTION:** If a record with identical address is found, carefully review the found record to see if the name, Tax ID and DOB matches with the one you are entering. If the applicant is known to the system with another Tax ID. If that is the case, the old record should be used. If a new record is created with a

different Tax ID and the applicant/licensee decides to use a previous Tax ID, the two records cannot be merged.

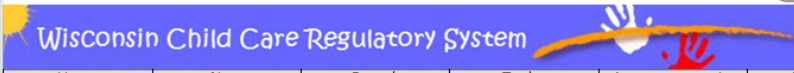
## Applicant Clearance

If similar records exist, you are taken to Applicant Clearance screen.

- If the Tax ID matches 100% with another record, WISCCRS does not allow you to create a new record. In this case, you will be taken to the Location screen that lists regulatory history pertaining to the applicant.
- If the name and DOB is matching with another applicant, the match score will be 75%. In this case, carefully review the record that already exists in the system. If they are not the same person, you may start a new record by clicking the Continue With New Applicant button on the bottom of the screen. You will be taken to Location Details screen. If the person is the same, continue using the historic record by clicking Back to the Create New Applicant Screen.

Applicant Clearance

Exit ? Help



[Home](#)
[New](#)
[Search](#)
[Tasks](#)
[Announcements](#)
[Reports](#)
[CBC](#)
[CSAW](#)

Home > [New Applicant](#) > Applicant Clearance

You Entered

Name	Tax ID Number	Additional ID Number	Business Name	Date Of Birth
Mary Mattson	S 978899661	645978522		1/1/1981

List Of Possible Matches

Applicant Number	Name	Tax ID Number	Additional ID Number	Business Name	Date Of Birth	Provider Number	Score %
<a href="#">1800074411</a>	Mattson Mary	S 978899666	645978522		01/01/81		75

[< Back To Create New Applicant](#)
[Continue With New Applicant >](#)

## \*Location Details

This screen collects information on the type of regulatory approval the applicant is seeking. There are multiple sections to this screen.

### Application Details Section

Below are explanations on the first section of this screen:

Field Name	Description
Application Type	<p>Choose one of the options in the drop down menu:</p> <ul style="list-style-type: none"> <li>• <b>Licensed:</b> Family, Group or Camp,</li> <li>• <b>Out of State Program</b> (to be entered by DCF central office staff only)</li> <li>• <b>Public School</b> (PSCH)</li> <li>• <b>Certification:</b> Family</li> <li>• <b>Tribal or Migrant Head Start Program</b></li> <li>• <b>Unregulated</b></li> </ul> <p><b>ATTENTION:</b> This screen cannot be modified once it is saved. An informational message will pop up if the facility/provider location had another application type. Example: A facility is/was licensed as a group center. At continuation, if the user chooses the Family value as the application type, the system will alert the user of the fact that the site has been licensed as a group center in the past. This edit is only informational and can be overridden.</p>
Application Mode	<p>Choose one of the options in the drop-down menu:</p> <ul style="list-style-type: none"> <li>• <b>Continuation:</b> Use this mode when processing continuation/renewal applications.</li> <li>• <b>Initial:</b> This mode is defaulted and cannot be changed for brand new applicants who are not known to the system.</li> <li>• <b>Relocation:</b> Use this mode when the provider/center is moving to a new location.</li> </ul>
Application Materials Received Date	Enter the first date the applicant submitted partial application materials.
Application Entered Date	This is a date that the system automatically generates when the application is started in WISCCRS. This date cannot be changed.
Date Complete Application Received	Enter the date the complete application was received. This date cannot be more than 12 months from the Application Materials Received Date. Note: certification has a specific definition of “complete application date”. Certified providers’ Certificate of Approval can be backdated to this date.
Date Applicant Determined Fit or Unfit	Enter date the applicant was determined fit or unfit by the regulatory agency. The CBU enters this date for new applicants when the initial background checks have been completed and final eligibility status determined.

## Facility/Location Address

This section is auto populated from the Location/Facility Address screen above.

## Facility/Location Contact Details

This section collects information pertaining to the site:

**Facility/Location Contact Details**

Do you intend to participate in YoungStar? ☐ Yes ☐ No ☒ Unknown

**Facility/Location Name \*** Jones Family Child Care

**Entered County \*** Ashland County

**Location County \*** Ashland County

**First Name \*** Fred

Middle Initial

**Last Name \*** Jones

Suffix

E-Mail fredapplicant@jonesfcc.com

**Phone Numbers**

**Primary \*** (715) 401-1777

Secondary Enter Phone Number

Pager Enter Phone Number

Cell Enter Phone Number

Below are explanations of the key fields:

Field Name	Description
Do you intend to participate in YoungStar?	The radio button can be checked Yes, No or Unknown based on what is entered on the application. If checked Yes, the system triggers a letter to the provider with instructions on how to enroll in the MyWICChildCare program. The letter is sent once the regulation is approved.
Facility/Location name	This field contains the facility name the person's name can be entered here if there is no facility name.
Entered County	This field can be used for certifying agencies that have <b>subcontracts</b> with one or more counties. Example: Dane county has a subcontract to certify providers in Columbia County. When approving certifications for Columbia County, the Dane county certifier will choose Dane as the Entered county. The location county would be Columbia because the child care is physically located in Columbia County.
Location County	Enter the county the facility address is in.
First/Last name	A group center director's name is entered here. For family providers, enter the applicant's first and last name.
Suffix	Jr, Sr, etc. can be entered here. This can be left blank
Email	Enter the director's email here or the center's general email address. Certifiers enter the applicant/operator's email address. This email may be used to send the program/provide non-compliance or compliance statements.
Phone Number Primary	Enter the phone number here. <b>Note:</b> this number is also displayed in the subsidy system and on the Child Care Finder.

## Child Care Center Information

Child Care Center Information	
Do you have employees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Type of Care *	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Before and After School Care <input type="checkbox"/> Summer Care For School Age Children
Public Water	<input checked="" type="radio"/> Yes <input type="radio"/> No
Date of Water Test	<input type="text"/>
Do you rent the property where the care will be provided?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Date permission to operate a child care service from the residence received	<input type="text"/>
Do you hold a license/certificate to care for children and/or adults?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Date Regulatory Agency Approval form received	<input type="text"/>
Original License Date	1/12/2013

Below are explanations for fields in this section:

Field Name	Description
Do you have employees?	All group centers have employees. Some family child care programs have employees. Enter what the applicant listed on the application.
Type of Care	<p>Either Full or Part Time should be used. Before and After School Care and Summer Care can also be added, if applicable. The options are sent to the Child Care Finder website and should be determined based on the hours of operation and months of operation.</p> <p><b>Licensing:</b> Definition of part-time: before and after school programs that operate during the school year only; day camps that do not operate 12 months of the year; summer-only group child care programs; part-day preschools; and Head Start programs; group child care centers that operate for less than 12 months of the year; and school-age programs that operate before and/or after school during the school year and full-time during the summer.</p>
Public Water	<p>Mark if the facility/home has public water or not. If the program does not have public water, the Date of Water Test must be entered.</p> <p>For licensing a soft edit error / informational message will appear to enter water test date. This can be bypassed by licensing, if unknown.</p>
Do you hold a license (Certification)	Enter if the applicant holds a license/certificate to care for other children/adults. For certified family providers who hold another license (example Foster Care), the Date Regulatory Agency Approval form was received must be entered prior to approving the application.
Original License Date (Licensing only)	This field displays after the applicant decision of Application Approved has been entered. Then, enter the date the facility was originally licensed (date the application will be issued). This date will display on the license certificate.

After submitting the above information, you will be taken to the Applicant screen.

## Applicant Information:

For new providers, this information is auto populated from the initial screens entered. The info can be verified or modified.

Below are explanations for key fields on this screen:

Name of Field	Description
Business Name	Required if FEIN is used. If an applicant wants to use SSN, leave this field blank.
First and Last Names	Make sure that the name is accurate.
Confirm Name Change	This check box must be checked when the name is changed.
Is Translator Needed?	This field can be used to identify providers who speak another language. Only check Yes if the provider indicates this on their application.
Translator Language	Choose the language the provider listed on their application, from the drop-down list.

## Applicant Identification:

Below are explanations of the fields on this screen:

Name of Field	Description
Tax ID Type	This is the Primary Tax ID that will be used for DOR/DWD interfaces and is used as the unique identifier for a provider. If a FEIN is used, the system requires a business name.
Confirm Tax ID/Number change	Every time a change is made to the Tax ID Number or Type, the system requires confirmation to prevent accidental changes.
Tax ID Verification Switch	No longer used.
Additional ID Number	For an applicant, who uses FEIN as their Tax ID, the regulatory agency may enter the applicant's SSN into this field. This SSN will be imported to the Individual screen and will be used to conduct child care background checks, and DWD/DOR matching for licensed providers.
Date of Birth	Enter the provider's date of birth.
Email	Enter the applicant's preferred email address if known.

## WISCCRS User Guide – Creating New Providers

After the screen has been completed, click Submit to save the data. The system will now check the data with other existing provider records to avoid duplicates.



## \*Applicant

Now the system has established an applicant and provider number for the child care applicant. Also, the left-side navigation menu is visible. From here on, the screens can be completed in any order. There are several sections on the Applicant screen.

### Applicant Information

Applicant's basic demographical information is auto populated on this screen from the initial screens that were entered. This information can be verified or modified on this screen.

The screenshot shows the 'Applicant Information' screen. At the top, there is a breadcrumb trail: Home > Locations > Applicant Details > Applicant. Below this, there is a header bar with 'Provider # 9800035869' and 'Name New Provider'. Below the header, there is a section titled 'Applicant Information'. On the left side, there is a navigation menu with the following items: Application Navigation, Assignments, Invoices, Applicant Details (highlighted), Applicant (highlighted), Other Licenses, DOR Requests, DWD Requests, Documents, Location Details, Location, Subsidy Details, Pets, Other Licenses, Transportations, Insurances, Comments, Alternate Addresses, Transactions, and Collections. The main content area contains the following fields: Business Name (New Provider), First Name \* (Beth), Middle Initial, Last Name \* (Seth), Suffix, Confirm Name Change (checked), Is A Translator Needed ? (radio buttons for Yes and No), and Translator Language (Hmong).

### Applicant Details

This section contains information on the Tax ID the applicant wishes to use for their business and the SSN used for the applicant/licensee for background check purposes. If you change the primary Tax ID or Type, you must click on the Confirm Tax ID Type or Number change before the change can take place.

### W9 Refusal – No longer used

## W9 Details

This section includes information on the business/corporation status of the applicant. Before completing this form, carefully review the W9 form so the information in the system is accurate. Family child care providers are not required to submit a W9 form, and regulation may be granted only to the business type Individual.

W9 Details	
Business Type *	Individual
Corporation / Individual	<input checked="" type="radio"/> Individual/Sole Proprietor/Partnership <input type="radio"/> Corporation/Non Profit/Government
Reason For Change	<input type="checkbox"/>
Headquarters Location	001

Below are explanations for the above fields:

Field Name	Description
Business Type	From the menu above, choose the appropriate value
Corporation/Individual	Click the radio button for Individual/Sole Proprietor/Partnership or Corporation/Non-Profit/Government based on what the provider listed on the W9 form or application.
Headquarters Location	<p>This is defaulted at 001 for new providers. If the licensee/provider has several locations, the HQ can be changed to any valid location number that is an active location. <b>NOTE:</b> The HQ should always reflect an <b>active</b> location.</p> <p><b>NOTE:</b> Child care background check invoicing uses the HQ location address.</p>

## Licensee/Applicant Address/Phone

Enter the licensee/applicant address. For family providers, the address is usually the same as the facility/location address. The system copies the address entered on the prior applicant pages.

The following sections explain the pages in the left side navigation menu from top to bottom.

## Assignments

As soon as the record has been established in WISCCRS, it can be assigned to a Licensing or Certification Specialist by clicking on the Assignments link on top of the left-side navigation menu (you can also get to this screen from the Home page link Facility/Location Assignments).

**Note:** See [Facility-Location Assignments](#) user guide for further information.

## Invoices

This link takes the user to the background check invoice details for the provider. The Invoicing is explained in the [CBC Fee Invoicing User Guide](#).

## Other Licenses – Licensing only

There are two Other Licenses screens in WISCCRS.

- The Other Licenses link under the Applicant Details is used to record other licensed programs that the applicant/licensee holds.
  - Drop-down menu options: Adult Day Care, Alcohol and Other Drug Abuse Program, Child Placing Agency, Community Based Residential Facility, Group Family Home – child, mental health program, nursing home, other, residential care centers, shelter care.
- The Other Licenses link under the Location Details heading is used in situations where the licensee operates another care giving program in the same facility with child care.
  - Drop-down menu options: Adult Family Home, Foster Home, Other.

**NOTE:** Certifiers can view the information.

## DOR Requests & DWD Requests – Licensing Only

Wisconsin state statutes require the department to check the records in the Department of Revenue (DOR) for tax delinquencies and Department of Workforce Development (DWD) for Unemployment Insurance concerns for all license applicants. BECR must deny/revoke a child care license if DOR or DWD certifies the applicant liable for delinquent taxes or unemployment insurance contributions. See [DWD UI Interface user guide for further details](#).

## Child Care Finder Listing

Providers can submit a request to have their website (URL) posted on the Child Care Finder. If a request has been made, it is displayed on this page. The [Basics](#) user guide explains the functionality in detail.

## CCRR Location Details

These pages show information brought to WISCCRS from the SFTA database pertaining to the provider location. The [Basics](#) user guide and the [CCPP guide](#) explain the interface in detail.

## Subsidy Details

The only fields on this screen currently used are the Subsidy Language and This Location is HQ.

The Subsidy Language is used for majority of system generated notices, including licensing continuation application and letters. If the licensing regional office needs those letters to go out in Spanish, the language must be changed here. This selection will also trigger all subsidy related documents go out in the same language so it may be modified by certifiers for that purpose. This field can also be modified in CSAW.





Below are explanations of the fields on the above screen:

Field Name	Description
Payee Name	No longer used.
Payment Method	No longer used.
This Location is HQ	Defaulted to a Yes if there is only one location. If there are multiple locations, and you are viewing a non-HQ location, this field will display No. The HQ can be changed on the Applicant screen.
Subsidy Language	The system defaults the language to English. If you select any language other than Spanish from the pull-down menu, the subsidy correspondence will be sent in English. This language is also used in licensing system-generated continuation letters.

## Public Collaborations

When a facility collaborates to provide publicly funded services in addition to their own service, the detailed information will be captured in this module as a Public Collaboration Program Type.

This information is also brought into the CSAW authorization module and is exported to the Child Care Finder (CCF) to help families find services that meet their needs. YoungStar staff can enter this information in the YoungStar CMS. Licensing and certification staff should not enter anything into this screen.


Provider/Loc Number 9800039629 / 001					Name Rumma Cake					
Facility Number 1122594					Applicant/Loc Number 9800077493 / 001					
Facility Address 5789 Lively Ln Madison, WI 58999					Facility Name Cup Cake Daycare					
Licensor Name Dawn Moyer					Certifier Name					
Public Collaboration List										
Add 3K/4K/Head Start Program										
Program Type	Begin Date	End Date	School District	Head Start Program	Head Start Grantee	Publicly Funded Hours	Child Care Funded Hours	Teacher Employed By Program		
4K	01/01/2018	06/29/2021	Madison Metropolitan			4	6	Yes	<a href="#">Classrooms</a>	 
EHS-CCP	09/08/2020			Partner	Dane County Parent Council Inc.	4	0	Yes	<a href="#">Classrooms</a>	 


### Add 3K/4K/Head Start Program

Click on the Add 3K/4K/Head Start Program link.

Add Public Collaborations

Program Type \* ☐ 3K ☐ 4K ☐ Head Start ☐ EHS-CCP

Begin Date \*  

End Date  

School District \*

Head Start Type \*

Grantee \*

Teacher Employed By Program \* ☐ Yes ☐ No

Publicly Funded Hours \*

Child Care Funded Hours \*

Comments

0 of 500 characters.

Below is a table that explains the fields for 3K and 4K:

Field Name	Description
Program Type	Choose the type of program the facility offers. If the facility offers multiple types, enter a new record for each type.

Begin Date	Enter the date the facility started offering the program. If begin date is not known, enter today's date.
End Date	Enter an end date if the facility has stopped offering the program, if applicable.
School District	Choose the school district associated with the program
Teacher Employed by Program	If the teacher is employed by the center, choose 'Yes'. If the teacher is employed by the school district or Head Start, choose 'No'.
Publicly Funded Hours	Enter the average number of hours per day that are paid by public funds for the publicly funded classrooms of this type.
Child Care Funded Hours	Enter the average number of hours per day that are not paid by public funds for the publicly funded classrooms of this type.
Comments	Enter comments if necessary.







## Adding Head Start Programs

The screen for adding Head Start or Early Head Start -CCP is almost identical to 3K/4K except there following fields.

Field Name	Description
Head Start Type	Options are Delegate, grantee, or partner.
Grantee	Choose the grantee from the list.

## Add Classrooms

To add classrooms to the program, click the Classrooms link on the Public Collaborations page. This page collects information about each classroom that provides services of this type (4K, Head Start, etc.).

Provider/Loc Number 9800039629 / 001					Name Rumma Cake					
Facility Number 1122594					Applicant/Loc Number 9800077493 / 001					
Facility Address 5789 Lively Ln Madison, WI 58999					Facility Name Cup Cake Daycare					
Licensor Name Dawn Moyer					Certifier Name					
Public Collaboration List										
Add 3K/4K/Head Start Program										
Program Type	Begin Date	End Date	School District	Head Start Program	Head Start Grantee	Publicly Funded Hours	Child Care Funded Hours	Teacher Employed By Program	Classrooms	 
4K	01/01/2018	06/29/2021	Madison Metropolitan			4	6	Yes	Classrooms	 
EHS-CCP	09/08/2020			Partner	Dane County Parent Council Inc.	4	0	Yes	Classrooms	 

On the New Public Collaboration Classroom page, you can add details.



Public Collaborations	
Program Type 4K	Program Period 1/1/2018 - 6/29/2021
School District Name Madison Metropolitan	
Add New Classroom	
<div style="margin-bottom: 10px;">Classroom Name * <input style="width: 150px;" type="text"/></div> <div style="margin-bottom: 10px;">Begin Date * <input style="width: 100px;" type="text"/> </div> <div style="margin-bottom: 10px;">End Date <input style="width: 100px;" type="text"/> </div> <div style="margin-bottom: 10px;">Days *            <div style="display: flex; flex-direction: column; gap: 2px;"> <input type="checkbox"/> Sunday             <input type="checkbox"/> Monday             <input type="checkbox"/> Tuesday             <input type="checkbox"/> Wednesday             <input type="checkbox"/> Thursday             <input type="checkbox"/> Friday             <input type="checkbox"/> Saturday           </div> </div> <div style="margin-bottom: 10px;">Begin Time * <input style="width: 100px;" type="text"/> </div> <div style="margin-bottom: 10px;">End Time * <input style="width: 100px;" type="text"/> </div> <div style="margin-bottom: 10px;">Number of Children Enrolled <input style="width: 50px;" type="text"/></div> <div style="margin-bottom: 10px;">Maximum Capacity <input style="width: 50px;" type="text"/></div> <div style="margin-bottom: 10px;">Comments <div style="border: 1px solid #ccc; height: 30px; width: 150px;"></div></div> <div style="text-align: right; font-size: 0.8em; color: #666;">0 of 150 characters</div>	

Field Name	Description
Classroom Name	Enter the name of the classrooms
Begin Date	For 3K and 4K programs, this is usually the start of the school year (example, 9/2/2020). Publicly funded programming is not supported year-round.
End Date	For 3K and 4K programs, this is usually the last day of the school year (example, 6/11/2021). Publicly funded programming is not supported year-round.
Days	Indicate the days the classroom is in operation.
Begin/End Time	Enter the begin and end times for the classroom.
Number of Children Enrolled	Enter the number of children enrolled.
Maximum Capacity	Enter the maximum capacity for the classroom.
Comments	Comments about the classroom can be entered.

## Pets

If the facility/home has pets that are required to have rabies vaccinations, this screen can be used to track vaccination dates. Licensing staff should enter rabies information for cats or dogs on premise of a child care center. Certification workers are encouraged to use this module to document compliance with rules related to pet vaccinations. Web Intelligence has a report that can be used to identify providers who have pets needing vaccinations.

Select New Pet and fill in screens accordingly, then select Add. After the pet is added a Documents link will appear where you can upload vaccination documents.

## Other Licensees

If the provider holds another license to care for children or adults, enter it here. The options are Adult Family Home, Foster Home, and Other.

## Transportations

This screen can be used to track transportation-related information. The screen has two sections:

1. Transportation
2. Vehicles

### Transportation

To add a transportation record, click on the New Transportation link.

Transportation
<a href="#">New Transportation</a>
There is no Transportation information for this location.
Vehicle
<a href="#">New Vehicle</a>
There is no Vehicle information for this location.

If the center/provider is providing transportation, check the Yes radio button and enter the begin date. For licensing: If the center is not providing transportation check the No radio button and the same date for Begin and End Date.

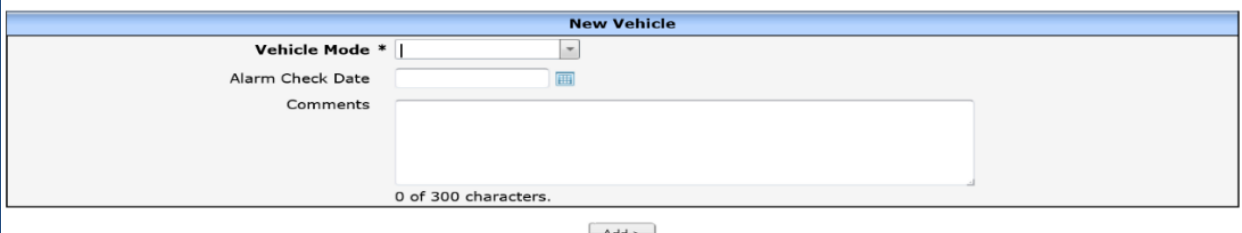
**Note:** The transportation records cannot be deleted, however, the record can be ended, modified and comments added.

Transportation
Transportation Provided * <input checked="" type="radio"/> Yes <input type="radio"/> No  <b>Begin Date</b> <input type="text" value="4/5/2018"/> <b>End Date</b> <input type="text"/> <b>Comments</b> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> 0 of 300 characters. <div style="text-align: right;"><a href="#">Add &gt;</a></div>

Transportation					
<a href="#">New Transportation</a>					
Begin Date	End Date	Transportation Provided	Comments	Updated Date	
01/01/15	06/30/15	Yes		<a href="#">12/01/15</a>	
08/01/15		Yes		<a href="#">12/01/15</a>	
Vehicle					
<a href="#">New Vehicle</a>					
Vehicle ID	Vehicle Mode	Alarm Check Date	Comments	Updated Date	
2000000823	Owned By Center	08/01/15	Dodge 8 passenger van. license plate xxx-111	<a href="#">12/01/15</a>	<a href="#">Documents</a>

### Vehicles

To add vehicle information used for transportation, click on the New Vehicle Link. Select either Center Contracted or Owned by Center from Vehicle Mode drop-down menu. The alarm check date and comments can be added. This can be left blank. Click the Add button. WISCCRS will assign a Vehicle ID as noted in print screen above.



The screenshot shows a web form titled "New Vehicle". It contains the following fields:

- Vehicle Mode \***: A dropdown menu.
- Alarm Check Date**: A date input field with a calendar icon.
- Comments**: A large text area for entering comments.

Below the text area, it says "0 of 300 characters." At the bottom right of the form is an "Add >" button.

## Closures

Providers can submit information on various closure types using the Provider Portal. The information is populated on this page. See [Changes](#) user guide for further details.

## Insurances

This screen is used to record child care insurance information. All licensed group centers need proof of liability insurance. All providers are required to have auto/vehicle liability insurance if they transport children in care. Licensed family centers need proof of liability insurance if pets are on premise and are accessible to the children in care.

To add insurance information, select New Insurance:

Insurance
<a href="#">New Insurance</a>
There is no Insurance information for this location.
<a href="#">Next &gt;</a>

The types of insurances that can be recorded are:

- Liability (policy that covers the child care business)
- Non-owned auto (insurance on rented/contracted vehicle)
- Vehicle (insurance on a vehicle owned by the provider)

Add Insurance	
<b>Insurance Type *</b>	Liability
<b>Start Date *</b>	3/1/2018
<b>Expired Date *</b>	3/1/2019
<b>Number of Children Covered</b>	8
<b>Pets Covered?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Comments</b>	<div></div>
	0 of 300 characters.
<a href="#">Submit &gt;</a>	

Insurance						
<a href="#">New Insurance</a>						
Insurance Type	Start Date	End Date	Number of Children Covered	Pets Covered?	Comments	Updated Date
Liability	03/01/18	03/01/19	8	Yes		04/05/18
<a href="#">Next &gt;</a>						

Documents such as proof of insurance can be uploaded to the documents folder once an insurance type is entered.

## Comments

The location/facility comments are used to record events such as summarizing provider contacts with the regulatory agency. Certification and licensing comments are displayed in CSAW, and subsidy comments displayed in WISCCRS. **NOTE: The comments cannot be deleted or modified after they have been added!**

To add a new comment, click on the link for “new comment”

Below are explanations of the fields on this screen:

Field Name	Description
Comment Type	If licensing staff enters the comment, License is displayed in the Comment Type field. If a certifier enters the comment, Certification is displayed in the field.
Comments	Comments up to 3,500 characters long can be entered into the system.

Both certifiers and licensing staff can enter comments to any provider in the system. WISCCRS displays the comments in a chronological order, latest one on top of the screen by comment type.

Comments			
<a href="#">New Comment</a>			
Group	Type	Entered Date	Comments
001	Certification	03/18/11	This Is A Comment Related To The Certifier Comment.
001	Certification	03/18/11	This Is A Comment Added By The Certifier
002	License	03/18/11	Second Licensing Comment.
001	License	03/18/11	This Is A Comment Related To The First Licensing Comment.
001	License	03/18/11	This Is A Licensing Comment.

The Group number increases every time a new comment is entered. The arrow pointing to the Modify icon is visible if you want to add a comment that relates to the first comment.

## Messages

CBU, **certification, and licensing** staff can send messages to the provider. The provider can view them on CCPP Messages screen. The [Basics](#) user guide **and CCPP Communications Manual explains the functionality in detail.**

## Communications

This screen allows the worker to view/update communication preferences for a facility. This page is explained in the [Basics](#) user guide.

## Opt-in Details

This page shows the history of communication preferences opt-in/out for a facility. This page is explained in the [Basics](#) user guide.

## Confirmations Sent

The Confirmations Sent page shows the history of system generated text messages to the phone number on the Communication Preferences page. This page is explained in the [Basics](#) user guide.



## Alternate Addresses

If the applicant/licensee wants licensing/certification mailings to be sent to another address, such as a PO Box, enter the mailing address on the Alternate Addresses screen. The WebI label reports default to the Alternate Mailing Address if one exists in WISCCRS. If not, the reports will use the Location address.

**Note:** If the mailing and physical address of the center are the same, there is no need to enter the address in the Alternate Address screen.

Certified In-home providers (care provided in the child's home) should always have the provider's mailing address in the alternate address field so the mail will be sent to the provider's address instead of the home where the care is being provided.

To enter an alternate address, select the New Mailing Address' link and enter the information below

New Mailing Address	
<b>Address Type *</b>	<input type="checkbox"/> Subsidy/YoungStar Notices/Letters <input type="checkbox"/> Certification Mailing Address <input type="checkbox"/> Licensing Mailing Address
<b>Begin Date *</b>	<input type="text"/> 
<b>End Date</b>	<input type="text"/> 

Below are explanations on the key fields of this screen:

Field Name	Description
Address Type	Select any/all of the options available for mailing. The first value is related to subsidy, Youngstar and Child Care Counts mailings. When the licensing staff accesses this screen, the last address they see is Licensing Mailing Address. If a certifier accesses the screen, the last address will display Certification Mailing Address.

Begin Date	Enter the date you want the alternate address to be effective from. This cannot be in the past.
End Date	If the alternate address is no longer in use, enter End Date. This must be done before a new alternate address can be entered. Once the alternate address has been ended and no new alternate address exists, the system and WebI reports automatically use the location address again.

## Transactions (Collections)



Regulatory agencies can record various fees and collections in WISCCRS. See the [Transactions](#) User Guide for further details.

## \*Individuals

Regulatory agencies capture information on the applicant/licensee, household members and employees. See the [Individuals](#) or [Background Checks](#) chapters of the WISCCRS User Guide for further details. To approve the license/certificate, the Applicant/Licensee information must be imported to the provider location.

## \*Training (Certification)

To access this screen, click on the Individuals link and then the Training link under the Applicant/Licensee.

Applicants/Licensees							
<a href="#">Add Applicant/Licensee</a>							
..	Name	Date of Birth	Employment Period	Effective Period	Role(s)	Background Check Status	
	<a href="#">Annie Autumn</a>	01/01/1988	10/13/2023	10/13/2023	Applicant/Licensee		 
<a href="#">Request Form</a>   <a href="#">Aliases</a>   <a href="#">Background Check</a>   <a href="#">Fingerprint Request</a>   <a href="#">Training</a>   <a href="#">Documents</a>   <a href="#">Confidential Documents</a>   <a href="#">DOR Request</a>   <a href="#">DWD Request</a>   <a href="#">Tasks</a>							

This screen is used to record training information for certified providers. The WISCCRS system will not allow the agency to grant a regular certified category if entry level training details have not been recorded. SIDS and SBS/AHT training entries by certifiers are also linked to the Ages Served screen, allowing certified providers to care for children under age 1 and/or under age 5.

To add training details, click on the New Training link.

Individual	
<b>Name</b>	Mary Mattson-Smith
<b>Relationship</b>	
<b>Role</b>	Applicant/Licensee
New Individual Training	
<b>Training Type *</b>	Intro To Child Care, Module A. ▾
Hours	25
Credits	
<b>Completion Date *</b>	3/1/2011 ▾
Next Due Date	▾
Comments	Madison College.

Below is a table that lists various types of trainings for certified providers and if the training meets the requirement for SIDS/SBS prevention and granting regular certified category.

Training Type	Meets SIDS Requirement	Meets SBS Requirement	Meets Regular Certification Requirement
<b>CPR:</b> Use this to record for completion of CPR training. CPR training must be current/valid. <b>Note:</b> CPR training must be entered for an initial Regular Certification or Recertification to be approved.	No	No	Yes, if current CPR certificate and combined with Intro. to Child Care Prof. and Fund. of Family Child Care
<b>Continuing Education:</b> Use this to record annual continuing education hours for Regular certified providers.	No	No	No
<b>Fundamentals of Family Child Care:</b> (Both Fundamentals of Family Child Care with Introduction to the Child Care Profession are required for Regular certification)	No	No	Yes, if combined with Intro. to Child Care Prof., Module A.
<b>Intro to Child Care Profession, Module A:</b> (Fundamentals with Intro and CPR are required for Regular certification)	No	No	Yes, if combined with Fundamentals of Family Child Care and CPR
<b>15 hr. Course or Equiv w/ SIDS:</b> Use this if the person has completed credit-based training that meets the criteria under DCF 202 or if the person completed the certification entry-level training after September 2001 but prior to September 1, 2003.	Yes	No	Yes, if CPR training is also completed.
<b>15 hr. Course or Equiv w/o SIDS:</b> Use this if the person has completed credit-based training that meets the criteria under DCF 202 or if the person completed the certification entry-level training prior to September 1, 2001.	No	No	Yes, if CPR training is also completed.
<b>MECA Training:</b> Training offered by MECA	No	No	No
<b>Other:</b> This value can be used for recording miscellaneous trainings.	No	No	No



Training Type	Meets SIDS Requirement	Meets SBS Requirement	Meets Regular Certification Requirement
<b>Shaken Baby Syndrome:</b> Use this to record the SBS/AHT training. If the applicant has not completed the training, the agency cannot approve the applicant to care for children under age 5 years.	No	Yes	No
<b>SIDS:</b> Use this to record SIDS prevention training. If the provider has not completed a SIDS training, the agency cannot approve the applicant to care for children under age 12 months.	Yes	No	No
<b>2-Year Degree:</b> Use this to record a 2-year degree in early childhood. If the applicant has a non-related degree, do not use this option. If s/he has taken credit-based EC courses, enter it as “15-hour course or <b>equivalent</b> ”.	No	No	Yes, if CPR training is also completed.
<b>4-Year Degree:</b> Use this to record a 4-year degree in early childhood. If the applicant has a non-related degree, do not use this option. If s/he has taken credit-based early childhood courses, enter it as “15-hour course or <b>equivalent</b> ”.	No	No	Yes, if CPR training is also completed.

**\*\*Note:** See the Department Training Page at <https://dcf.wisconsin.gov/cccertification/training> for more information regarding Certified Child Care Training Requirements.

## CBC Compliance Details

See [Background Checks User Guide](#) for further detail.

## SOR Address Match

This page shows SOR address matches for the location. See [Background Checks User Guide](#) for further details.

## Location Tasks

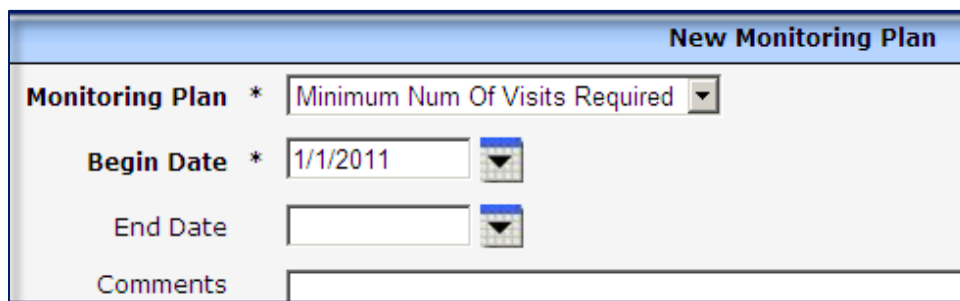
This page shows tasks generated for the provider location. The [Dashboard](#) user guide explains this functionality.

## Registry Details/Registry Staff

A daily interface brings information from the Registry. The interface is explained in the [Registry](#) User Guide.

## \*Monitoring Plans – Licensing only

The monitoring plans have five different modes: Minimum number of visits required, Moderate, number of visits required, Maximum number of visits required, Public School and Probationary. Providers with Maximum plans are monitored more frequently than those with Moderate or Minimum plans. Probationary plans are monitored 2 or more times in 6 months. Public school (PSCH) programs are monitored once per year.

A screenshot of a web form titled "New Monitoring Plan". The form has a light blue header bar with the title. Below the header, there are four fields: "Monitoring Plan" with a dropdown menu showing "Minimum Num Of Visits Required", "Begin Date" with a text box containing "1/1/2011" and a calendar icon, "End Date" with an empty text box and a calendar icon, and "Comments" with a text area.

If the monitoring plan must be changed to another mode, end date the current plan and create a new monitoring plan record.

**Note:** Do not enter an End Date to the Monitoring Plan unless you are assigning the program to a new Monitoring Plan because doing so will change the Visit Due Date.

There should not be a lapse in monitoring plan dates as you end a plan one day and begin the new plan the following day.

## **\*Site Visits**

Prior to approving a new license/certificate, a site visit (for certification) or initial licensing study site visit is required (for licensure) is required. The system also requires a site visit at continuation/renewal\* and relocation. Please see the [Site Visits](#) user guide for further details on entering site visits.

## **Monitoring/Health and Safety Results**

See [Monitoring Results User Guide](#) for further information.

## **Complaints/Incidents**

See [Complaints/Incidents User Guide](#) for further information.

## **Enforcements**

See [Enforcements User Guide](#) for further information.

## **Documents**

Location Documents, Confidential Documents, List of All Documents and Batch Documents are explained in the [Documents](#) user guide.

## **CBC Fee Deduction – No longer used**

## **BID Forms (Lic Only)– No longer Used**

This screen was previously only used by licensing to enter BID information. The BID form has been replaced by the Background Check Request (BCR) form.

## \*Applications

To approve an application, click on the Applications link in the left side navigation menu. If the applicant has a history of both certification and licensing, both types of applications are displayed on the screen. If you have licensing access, you can only update the licensing application and vice versa.

<ul style="list-style-type: none"> <li>✓Pets</li> <li>Other Licenses</li> <li>Transportations</li> <li>Closures</li> <li>Insurances</li> <li>✓Comments</li> <li>Messages</li> <li>Alternate Addresses</li> <li>✓Transactions</li> <li>✓Collections</li> <li>Individuals</li> <li>SOR Address Match</li> <li>Location Tasks</li> <li>Registry Details</li> <li>Registry Staff</li> <li>Monitoring Plans</li> <li>✓Site Visits</li> <li>✓Monitoring Results</li> <li>Health &amp; Safety Results</li> <li>Complaints/Incidents</li> <li>✓Enforcements</li> <li>Documents</li> <li>Confidential Documents</li> <li>List All Documents</li> <li>Batch Documents</li> <li>CBC Fee Deduction</li> <li>BID Forms(Lic Only)</li> <li>Provider Portal</li> <li><b>Applications</b></li> </ul>	Licensed Applications For This Location 003								
	Application Sequence #	Application Entered Date	Application Status	Category	Category Status	Category Begin Date	Category Expiration Date	Category End Date	Option
	015	09/29/20	Category Approved	Licensed Family	Approved	11/01/20	10/31/22		
	013	09/24/18	Category Approved	Licensed Family	Approved	11/01/18	10/31/20	10/31/20	
	011	09/14/16	Category Approved	Licensed Family	Approved	11/01/16	10/31/18	10/31/18	
	009	09/26/14	Category Approved	Licensed Family	Approved	11/01/14	10/31/16	10/31/16	
	007	09/18/12	Category Approved	Licensed Family	Approved	11/01/12	10/31/14	10/31/14	
	006	04/20/06	Conversion	Licensed Family	Approved	04/28/06	10/31/12	10/31/12	
	Certified Applications For This Location 003								
	Application Sequence #	Application Entered Date	Application Status	Category	Category Status	Category Begin Date	Category Expiration Date	Category End Date	Option
	014	01/17/19	Category Approved	Regular Certified	Withdrew Certification	04/01/19	09/30/19	09/30/19	Initial
	012	02/20/17	Category Approved	Regular Certified	Approved	04/03/17	03/31/19	03/31/19	
	010	04/02/15	Category Approved	Regular Certified	Approved	04/03/15	04/02/17	04/02/17	
	008	04/05/13	Category Approved	Regular Certified	Approved	04/03/13	04/02/15	04/02/15	
	005	03/30/11	Category Approved	Regular Certified	Approved	04/03/11	04/02/13	04/02/13	
	004	03/17/09	Category Approved	Regular Certified	Approved	04/03/09	04/02/11	04/02/11	
	003	03/26/07	Category Approved	Regular Certified	Approved	04/03/07	04/02/09	04/02/09	
	002	05/16/06	Category Approved	Regular Certified	Approved	05/01/06	04/02/07	04/02/07	
	001		Conversion						

To complete the Application Details, click on the Application Sequence Number. The following screen displays:

Application Details	
Application Type *	<input type="text"/>
Application Mode *	Initial
Application Materials Received Date *	<input type="text"/>
Application Entered Date	3/25/2015
Date Complete Application Received	<input type="text"/>
Date Applicant Determined Fit or Unfit	<input type="text"/>
Date Pre-licensing TA Completed	<input type="text"/>

Below are explanations of the fields on this screen:

Field Name	Description
Application Type	<p>Choose one of the options in the drop-down menu:</p> <ul style="list-style-type: none"> <li>• <b>Licensed:</b> Family, Group, or Camp</li> <li>• <b>Out of State Program</b> (to be entered by DCF central office staff only)</li> <li>• <b>Public School</b> (PSCH)</li> <li>• <b>Certification:</b> Family</li> <li>• <b>Tribal or Migrant Head Start Program</b></li> <li>• <b>Unregulated</b></li> </ul> <p><b>ATTENTION:</b> This screen cannot be modified once it is saved. An informational message will pop up if the facility/provider location had another application type currently. Example: A facility was previously unregulated and is applying to be a licensed family child care.</p>
Application Mode	<p>For new applications, the screen shows the option chosen on the initial application entry screen. Options are:</p> <ul style="list-style-type: none"> <li>• <b>Continuation:</b> Use this mode when processing continuation/renewal applications.</li> <li>• <b>Initial:</b> This is the default and cannot be changed for new applicants</li> <li>• <b>Relocation:</b> Use this mode when the provider/center is moving to a new location.</li> </ul>
Application Materials Received Date	Enter the first date the applicant submitted application materials.
Application Entered Date	This is a date that the system automatically generates when the application is started in WISCCRS. This date cannot be changed.
Date Complete Application Received	<p>Enter the date complete application materials are received. This date cannot be more than 12 months from the Application Materials Received Date.</p> <p>Certification: Date the applicant submits a complete application, BCR forms, fees (if collected by the certification agency) and documentation of SBS/AHT training if the provider wishes to care for children under age 5.</p> <p>Certified providers' Certificate of Approval can be backdated to this date.</p>
Fit date	<p>Enter date the applicant was determined fit or unfit by the regulatory agency.</p> <p>The CBU enters this for new applicants when the initial background checks have been completed and final eligibility status determined.</p>
Date Pre-Licensing TA Completed	Enter the date pre-licensing technical assistance was completed (if applicable).



## \*Hours of Operation

Both certification and licensing must indicate the Months, Days, and Hours the provider will be approved to provide regulated care.

If the program has different operational hours for summer and winter, the system allows the agency to complete more than one screen for a site. Example: A program is open part-time during September through May but is open full-time during summer June, July, and August. In this scenario, two separate entries must be completed. Both will be displayed on the Certificate of Approval and/or License.

To access this screen, click on the New Hours of Operation link. The following screen will display:

### Licensing

Months of Operation				
From Month * <input type="text" value="January"/>		To Month * <input type="text" value="December"/>		
Day Time Capacity <input type="text" value="8"/>		Night Time Capacity <input type="text"/>		
Hours of Operation				
	Open	Close	Open	Close
Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monday	<input type="text" value="6:00 AM"/>	<input type="text" value="6:00 PM"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text" value="6:00 AM"/>	<input type="text" value="6:00 PM"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text" value="6:00 AM"/>	<input type="text" value="6:00 PM"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text" value="6:00 AM"/>	<input type="text" value="6:00 PM"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text" value="6:00 AM"/>	<input type="text" value="6:00 PM"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Updated Information				

Below is an explanation of the fields on the above screen:

Field	Description
From Month	Enter the month the program is open from. For providers/programs that are open year around, enter January.
To Month	Enter the last month of the year the program is open to. For providers/programs that are open year around, enter December.
Day Time Capacity	Enter the maximum number of children the center can provide care for during the day.
Night Time Capacity	Enter the maximum number of children the center can provide care for during nighttime. For licensing, night care is defined as any time between 10 p.m. and 5 a.m.
Open	Enter the time of the day the program is open from.
Close	Enter the time of the day the program closes.

## Certification

Months of Operation				
From Month *	January	To Month *	December	
Children Under 7 Years	3	Group Size	6	

Hours of Operation				
	Open	Close	Open	Close
Sunday				
Monday	6:00 AM	6:00 PM		
Tuesday	6:00 AM	6:00 PM		
Wednesday	6:00 AM	6:00 PM		
Thursday	6:00 AM	6:00 PM		
Friday	6:00 AM	6:00 PM		
Saturday				

Below is an explanation of the fields on the above screen:

Field	Description
From Month	Enter the month the program is open from. For providers/programs that are open year around, enter January. January should be entered even if the certification is granted during another month.
To Month	Enter the last month of the year the program is open to. For providers/programs that are open year around, enter December.
Children Under 7 Years	Enter 3 for providers approved to do care in their own home. For in-home provider (providers caring for children in the child's home), enter the number of children in care.
Group Size	Enter the maximum number of children the operator is certified to care for. Usually, the group size is 6, unless restricted by the agency. For in-home provider (providers caring for children in the child's home), enter the number of children in care.
Open	Enter the time of the day the program is open from.
Close	Enter the time of the day the program closes.

## Overnight Care

If the provider is approved to be open during the night, the agency must enter two sets of open and close times for each day.

Example 1: A certified family provider is open during 2<sup>nd</sup> and 3<sup>rd</sup> shift, from Sunday evening to Saturday morning. Below is a screen print demonstrating the correct way of entering the hours of operation:

Hours of Operation				
	Open	Close	Open	Close
Sunday	3:00 PM	11:59 PM		
Monday	12:00 AM	6:00 AM	3:00 PM	11:59 PM
Tuesday	12:00 AM	6:00 AM	3:00 PM	11:59 PM
Wednesday	12:00 AM	6:00 AM	3:00 PM	11:59 PM
Thursday	12:00 AM	6:00 AM	3:00 PM	11:59 PM
Friday	12:00 AM	6:00 AM	3:00 PM	11:59 PM
Saturday	12:00 AM	6:00 AM		

## WISCCRS User Guide – Creating New Providers

Example 2: if a provider is licensed for care 7 days a week from 6 a.m. to 1 a.m., WISCCRS entry would require 2 entries: open Sunday 12 a.m. to 1 a.m., and a second entry open at 6 a.m. to 11:59 p.m.

**Note:** When entering the start time to be midnight, enter 00:00 to the Open field. This will automatically convert to 12 a.m. WISCCRS recognizes 12 a.m. as beginning for daytime hour entry.

The hours of operations are printed on the Certificate of Approval and the License Certificate.

Below is an example of a school-age program that is open in the afternoon during the school year (Sept through May) and full-time during summer months.

Hours of Operation List						
<a href="#">New Hours of Operation</a>						
From Month	To Month	Day Time Capacity	Night Time Capacity			
September	May	50	0			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	3:00 PM	3:00 PM	3:00 PM	3:00 PM	3:00 PM	
	To	To	To	To	To	
	6:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 PM	
June	August	100	0			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	6:00 AM	6:00 AM	6:00 AM	6:00 AM	6:00 AM	
	To	To	To	To	To	
	6:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 PM	

## Hours of Operation – History

The history screen for the Hours of Operation looks different from other screens. To view history, click on the Scroll icon on the right-side of the screen.

Hours of Operation List						
<a href="#">New Hours of Operation</a>						
From Month	To Month	Day Time Capacity	Night Time Capacity			
January	December	8	0			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	6:00 AM	6:00 AM	6:00 AM	6:00 AM	6:00 AM	
	To	To	To	To	To	
	6:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 PM	

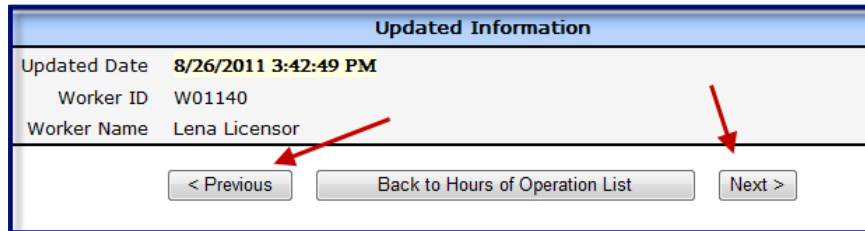
The following screen highlights all the changes in yellow. In the screen print below, begin and end times for Tuesday through Friday were changed. Also, the system highlights the date and time they were changed and by whom.

Months of Operation			
From Month	January	To Month	December
Day Time Capacity	8	Night Time Capacity	8
Hours of Operation			
Sunday	Open	Close	Open
Monday	6:00 AM	6:00 PM	
Tuesday	6:00 AM	6:00 PM	
Wednesday	6:00 AM	6:00 PM	
Thursday	6:00 AM	6:00 PM	
Friday	6:00 AM	6:00 PM	
Saturday			
Updated Information			
Updated Date	8/26/2011 3:42:49 PM		
Worker ID	W01140		
Worker Name	Lena Licenser		

## WISCCRS User Guide – Creating New Providers

To view further history, keep clicking on the '**Next**' button on the bottom of the screen. If the 'next' is not active, the system does not have further history. If you want to view a recent record, click on 'Previous' button.

Updated Information	
Updated Date	8/26/2011 3:42:49 PM
Worker ID	W01140
Worker Name	Lena Licensor
<div><input data-bbox="354 430 472 457" type="button" value=" &lt; Previous "/><input data-bbox="500 430 873 457" type="button" value=" Back to Hours of Operation List "/><input data-bbox="901 430 976 457" type="button" value=" Next &gt; "/></div>	

A screenshot of a web form titled "Updated Information". The form contains three fields: "Updated Date" with the value "8/26/2011 3:42:49 PM", "Worker ID" with the value "W01140", and "Worker Name" with the value "Lena Licensor". Below these fields are three buttons: "< Previous", "Back to Hours of Operation List", and "Next >". Two red arrows are drawn on the image: one points from the "Previous" button to the "Worker Name" field, and the other points from the "Next" button to the "Updated Date" field.

## \*Checklist – Licensing only

The screen lists all documents needed before a license can be approved. The regional staff must choose one of the three values by the document. If the value is Received, then a date must be entered.

Check List Items To Be Completed			
Item	Status	Received Date	
Articles Of Organization/Incorporation/By-Laws	<input type="radio"/> Received <input type="radio"/> Not Applicable <input type="radio"/> Not Received	<input type="text"/>	
Building Inspection Report	<input type="radio"/> Received <input type="radio"/> Not Applicable <input type="radio"/> Not Received	<input type="text"/>	
Diagram Indoor Floor Plan	<input type="radio"/> Received <input type="radio"/> Not Applicable <input type="radio"/> Not Received	<input type="text"/>	
Diagram Outdoor Play Space, Buildings, Bodies Of Water, Base Camp	<input type="radio"/> Received <input type="radio"/> Not Applicable <input type="radio"/> Not Received	<input type="text"/>	
Forfeitures Due	<input type="radio"/> Received <input type="radio"/> Not Applicable <input type="radio"/> Not Received	<input type="text"/>	
Initial Licensing Check List	<input type="radio"/> Received <input type="radio"/> Not Applicable <input type="radio"/> Not Received	<input type="text"/>	
Insurance Certificate	<input type="radio"/> Received <input type="radio"/> Not Applicable <input type="radio"/> Not Received	<input type="text"/>	
Licensing Fee	<input type="radio"/> Received <input type="radio"/> Not Applicable <input type="radio"/> Not Received	<input type="text"/>	
List Of Board Members	<input type="radio"/> Received <input type="radio"/> Not Applicable <input type="radio"/> Not Received	<input type="text"/>	
List Of Staff	<input type="radio"/> Received <input type="radio"/> Not Applicable <input type="radio"/> Not Received	<input type="text"/>	
Policy And Procedure Checklist	<input type="radio"/> Received <input type="radio"/> Not Applicable <input type="radio"/> Not Received	<input type="text"/>	
Required Bid Fee	<input type="radio"/> Received <input type="radio"/> Not Applicable <input type="radio"/> Not Received	<input type="text"/>	
Required Bid Forms	<input type="radio"/> Received <input type="radio"/> Not Applicable <input type="radio"/> Not Received	<input type="text"/>	
Vehicle Safety Inspection/Insurance	<input type="radio"/> Received <input type="radio"/> Not Applicable <input type="radio"/> Not Received	<input type="text"/>	
Water Test, If Private Well	<input type="radio"/> Received <input type="radio"/> Not Applicable <input type="radio"/> Not Received	<input type="text"/>	
Written Delegation Of Administrative Authority	<input type="radio"/> Received <input type="radio"/> Not Applicable <input type="radio"/> Not Received	<input type="text"/>	
Written Policy And Procedures	<input type="radio"/> Received <input type="radio"/> Not Applicable <input type="radio"/> Not Received	<input type="text"/>	

If an error is made on the checklist, click on the Not Received checkbox. This will open the three options again.

Check List Items Completed			
Item	Status	Delete ?	Received Date
Vehicle Safety Inspection/Insurance	Not Applicable	<input type="checkbox"/> Not Received	
Required Bid Fee	Not Applicable	<input type="checkbox"/> Not Received	
Forfeitures Due	Not Applicable	<input type="checkbox"/> Not Received	
Diagram Outdoor Play Space, Buildings, Bodies Of Water, Base Camp	Received	<input type="checkbox"/> Not Received	04/05/18
Required Bid Forms	Received	<input type="checkbox"/> Not Received	04/05/18
Written Policy And Procedures	Received	<input type="checkbox"/> Not Received	04/05/18
Written Delegation Of Administrative Authority	Received	<input type="checkbox"/> Not Received	04/05/18
Water Test, If Private Well	Received	<input type="checkbox"/> Not Received	04/05/18
Policy And Procedure Checklist	Received	<input type="checkbox"/> Not Received	04/05/18
List Of Board Members	Received	<input type="checkbox"/> Not Received	04/05/18
Insurance Certificate	Received	<input type="checkbox"/> Not Received	04/05/18
Initial Licensing Check List	Received	<input type="checkbox"/> Not Received	04/05/18
Diagram Indoor Floor Plan	Received	<input type="checkbox"/> Not Received	04/05/18
Building Inspection Report	Received	<input type="checkbox"/> Not Received	04/05/18
Articles Of Organization/Incorporation/By-Laws	Received	<input type="checkbox"/> Not Received	04/05/18

Check List Items To Be Completed			
Item	Status	Received Date	
Licensing Fee	<input type="radio"/> Received <input type="radio"/> Not Applicable <input type="radio"/> Not Received	<input type="text"/>	
List Of Staff	<input type="radio"/> Received <input type="radio"/> Not Applicable <input type="radio"/> Not Received	<input type="text"/>	

## \*Decision

Access the Decision screen to approve, deny or withdraw the application.

Decision	
<b>Application Status *</b>	Application Approved
Date Complete Application Received	3/15/2015
Date Applicant Determined Fit or Unfit	3/25/2015
Date Of Decision	3/25/2015
Comments	

To approve the application, choose **Application Approved** from the Application Status pull-down menu and enter the Date of Decision. The Date Complete Application Received and Date Application Determined Fit or Unfit are populated from the Application page but can be changed here if needed. The system will now check several screens to make sure that certain conditions are met.

Below is a list of checks that the system will perform:

Requirement	Certification	Licensing
Site Visit: If you receive an error message that a site visit has not been completed, make sure that the visit date is <b>after</b> the Complete Application Received date.	Yes	Yes
Import applicant/licensee information (Individual screen)	Yes	Yes
Import all individuals (if they exist in the old CCPC system)	Yes	Yes
Background checks for applicant/licensee and individuals > 18 years must be completed (DOJ/DHS or FBI/DOJ, CPS/CRL, SOR)	Yes	Yes
Capacity must be completed (Located in Hours of Operations screen)	Yes	Yes
Hours of Operation must be completed	Yes	Yes
TB test/screening results must be completed (Individual Details screen)	Yes	No
Water test (if public water is marked No on Location screen)	Yes	No
Other Regulatory Agency Approval (if Location screen indicates that the applicant holds another license/certificate to care for children and/or adults).	Yes	No
Checklist	No	Yes
Monitoring Plan	No	Yes
Original License Date	No	Yes

Application Status field has the following values:

Value in Pull-down Menu	Used for Certification	Used for Licensing	*Included in IBIS
<b>Application Pending:</b> System assigns this status as soon as application is initiated in WISCCRS.	Yes	Yes	No
<b>Category Approved:</b> System assigns this value once application has been marked Application approved and a license/certificate is issued (i.e., grant regulation is set).	Yes	Yes	No
<b>Application Approved:</b> This is used for applications that are approved and ready to be issued a category (license/certificate).	Yes	Yes	No
<b>Denied – 5-year bar:</b> Used when an application is denied due to 5-year-bar pertaining to the applicant/licensee.	Yes	Yes	Yes
<b>Denied – DHS 13 Bar W / Rehab:</b> Used when an applicant is denied due to an offense that requires the applicant to be approved by a rehabilitation review panel to lift the bar.	Yes	Yes	Yes
<b>Denied - DCF 202:</b> Used for certification denials when an applicant does not meet the standards in DCF 202 – certification rules.	Yes	No	No
<b>Denied - DHS 13 – Other:</b> Used when an applicant is denied due to caregiver related issued <b>other</b> than barred or substantially related offenses. Use this value when an ineligible background check determination is made for a household member rather than the applicant.	Yes	No	No
<b>Denied - DHS 13 – Subst Related:</b> Used when an applicant is denied due to an offense that substantially relates to care of children.	Yes	Yes	No
<b>Denied – Other:</b> This value displays old records when the application was denied due to compliance issues.	No	No	No
<b>Denied – Permanent Bar:</b> Used when an applicant is denied due to an offense that permanently bars the person.	Yes	Yes	Yes
<b>Denied – Permanent Bar Provider:</b> Used when an applicant is denied due to an offense that bars the applicant/licensee.	Yes	Yes	Yes
<b>Incomplete:</b> Used when an applicant has not completed the application process within the time frame given by the agency.	Yes	Yes	No
<b>Application Withdrawn:</b> Used when the applicant requests the application to be withdrawn.	Yes	Yes	No
<b>Not eligible:</b> This is used when an applicant is not eligible to apply for certification/licensing due to a previous denial/revocation within time frame that prevents the applicant for applying for certification/licensing. Certification: Please review Certification Policy Module 9 – Sanctions (section 2.5) for further guidance.	Yes	Yes	No

**\*Included in IBIS:**

If the column has a Yes and the decision was entered into WISCCRS after 6/6/11, the denial record is included in the IBIS (DHS) letter.

If certification/license is denied with category status marked above, the information will become part of the DHS (IBIS) letter if/when a background check is conducted on the applicant in the future.

If the denial is due to background check results pertaining to an individual other than the applicant, select Denied DHS 13-Other.

**Date of Decision:** Enter the date the decision was made to either grant or deny the applicant regulatory approval or the date when the application was withdrawn.

**Note:** When a location application is marked to inactive (withdrawn, denied, etc.), the system locks all applicant fields.

## Decision Screen – History

The Decision screen history can be viewed by clicking on the Scroll icon on the right.

The following screen shows the changes.

Application Details History										
Type	Status	Mode	Materials Received Date	Entered Date	Date Complete Application Received	Fit/Unfit Date	TA Completed Date	Decision Date	Comments	Updated Date
Certified Family	Application Approved	Initial	03/01/15	03/25/15	03/02/15	03/25/15		03/25/15		<a href="#">03/25/15</a>
Certified Family	Application Pending	Initial	03/01/15	03/25/15	03/15/15	03/25/15				<a href="#">03/25/15</a>
Certified Family	Application Pending	Initial	03/01/15	03/25/15						<a href="#">03/25/15</a>

## EOI Decision

If the applicant has submitted an Expression of Interest, the status is changed on this screen. See [Reviewing Online Applications](#) user guide for details.



## Face Sheet (Licensing)

The face sheet is a summary of basic information pertaining to a licensed/certified site that can easily be printed.

## \*New Category

After the application has been marked Application Approved on the Decision screen, the next screen asks you to enter a new category (type of regulatory approval).

Below is a screen print of this screen for a new licensed family provider.

Category Code	Licensed Family
Issue Date	9/3/2019
Begin Date	9/3/2019
Mode	Probationary
Expiration Date *	3/31/2020 
End Date	
Status *	Approved 

Below are explanations for the fields on this screen:

Field	Description
Category Code	<b>Licensing:</b> <ul style="list-style-type: none"> <li>Group (used for both camp and group)</li> <li>Family</li> <li>Public School Program (PSCH)</li> </ul> <b>Certification:</b> <ul style="list-style-type: none"> <li>In-home Provisional (care provided in child's home)</li> <li>In-home Regular (care provided in child's home)</li> <li>Provisional</li> <li>Regular</li> </ul> <b>Note:</b> If you choose Regular certification category, the entry level training information must exist on the training screen (training link is located on the Individual screen).
Begin Date	The date the regulatory approval is valid from. <b>ATTENTION:</b> Once submitted, this date cannot be modified! Certification may back date this date to the date the applicant submitted complete application. If Provisional certification is backdated this decreases the amount of time a provider has to complete required preservice training.

Field	Description
Expiration Date	<p>The date the regulatory approval is valid to.</p> <p><b>Licensing:</b></p> <p>The date for a probationary license cannot exceed 6 months.</p> <p>The date for a regular license (2 years) cannot exceed 24 months.</p> <p>Public School (PSCH): The date for a regulation period cannot exceed 48 months.</p> <p><b>Certification:</b> (certification expiration and end dates are treated the same)</p> <p>Provisional certification maximum is 6 months.</p> <p>Regular Certification is granted for two years (includes any time spent in Provisional status) The total number of months cannot exceed 24 months.</p>
End Date (Licensing)	Left blank for licensing.
Mode	This will only display for licensed providers (probationary, regular).

**ATTENTION:** Once approved, the type and the begin date cannot be changed. If category type is entered incorrectly, it must be deleted and re-entered. However, the system does not allow deletion once Wisconsin Shares authorizations are in place.

## Certification – In-home

The interface between WISCCRS and YoungStar is programmed so that in-home provider records are not sent to the YoungStar and the Child Care Finder website. If an in-home category is accidentally granted (the correct category should have been provisional or regular) and approval was granted with the in-home category, take the following steps:

1. Delete the category.
2. Click on the 'Initial' button to start a new application.
3. Approve the application and create the correct category (provisional or regular).

## \*Ages Served

This screen captures the ages of the children the center/provider is approved to care for during the hours of operation. The ages served is transferred to CSAW so Wisconsin Shares authorizations cannot be issued for children who fall outside this age range. Also, if the ages served is modified it will have effect on subsidy authorizations. Licensing should not enter an end date for ages served because it will restrict authorization being entered beyond the ages served end date.

If a certified provider has not completed SIDS/SBS prevention training, WISCCRS is programmed so that the Ages Served must start from 12 months (if no SIDS) and 5 years (if no SBS). See the training table under Training section for further details on types of training that meets the SIDS/SBS requirement.

Below is a screen shot of the New Ages Served screen:

New Ages Served			
From Year(s)	<input type="text" value="0"/>	From Month(s)	<input type="text" value="1"/>
To Year(s)	<input type="text" value="12"/>	To Month(s)	<input type="text" value="11"/>
From Week(s)	<input type="text" value="0"/>	To Week(s)	<input type="text" value="0"/>
Begin Date	<input type="text" value="3/9/2011"/>		
End Date	<input type="text"/>		

Below are explanations of the fields on the above screen:

Field	Description
From Age	The years, months and weeks on the top row of this screen indicate the youngest age the provider is given regulatory approval.
From Year(s)	Enter the year for the lowest age. Example: If the provider is approved to care for newborns enter 0. If the certified provider has not completed the SIDS training, the From Year should be one (1). If the certified provider has not completed SBS training, the From Year should be 5.
From Month(s)	Enter the month of the lowest age. Example: if a provider is approved to care for children one month enter one (1) in the From Month field and leave the Years and Weeks as zero.
From Week(s)	Enter the week of the lowest age. Example: if a provider is approved to care for children 6 weeks old, enter six (6) in the From Week column. <b>Note:</b> If weeks are used, you cannot use years and months. Example: Provider wants to care for children 6 weeks you cannot enter 1 Month and 2 Weeks. A six (6) must be entered in the From Weeks column.
To Year(s)	Enter the year for the highest age. If the provider is approved to care for children up to age 13 years, enter 12 here and 11 in the To Months column. The Certificate of Approval, License and the Child Care Finder will display the 'To' as 13 years. <b>Note:</b> The Ages Served can cover children up to age 18 to accommodate children over age 13 who have a disability and might need care.
To Month(s)	Enter the month of the highest age. Example: provider is approved to care for children up to 2 and a ½ years old, enter 2 in the To Years and 6 in the To Months. This means that the provider is approved to care for children through 2 years and 6 months.
Begin Date	Enter the date the new ages served is valid from. For new license/certification, this would be the start date of their license.
End Date	This is required for certified providers. Leave blank for licensed centers.

## Exceptions to Ages Served

On a case-by-case basis, the regulatory agency may allow the licensee/certified provider to care for a child whose age falls outside the approved age range. If the child is receiving subsidy, the agency must enter a new Ages Served record into WISCCRS for the time period when the exception is approved, and the child is in care.

**Example:** A provider's approved Ages Served is from 2 and a 1/2 years to 13 years. The regulatory agency grants an exception to allow the provider care for one two-year-old child. In this event, the agency must enter a new Ages Served record as follows: From Age: 2 years, 0 months. To Age: 2 years, 5 months. The dates when the exception is in effect must be entered for the new ages served record.

All Exception Forms for licensing should be re-uploaded to the current application sequence documents folder at time of continuation.

## Modifying Ages Served

The system allows modification of the "To" Ages Served (oldest in care) but does not allow modification of the "From" Ages Served (youngest in care). When the **From** age must be modified, a new Ages Served record must be added. Before adding a new record, add the end date to the previous one.

## Conditions

This screen is used to capture applicable conditions on the license/certificate that are set by the regulatory agency. WISCCRS does not allow duplicate condition types with overlapping dates.

Below is a screen print of this screen.

Below are explanations of the fields on this screen.

Field	Description
Condition Type	<p>The values are:</p> <ul style="list-style-type: none"> <li><b>Exception/Exemption:</b> This is used if a provider is granted an exception to an administrative rule or an exemption to outdoor play space (licensing).</li> <li><b>Recurring change of Location:</b> Licensing uses this value for facilities that operate at one location for part of the year and at another for the rest of the year on a recurring basis.</li> <li><b>Stipulations:</b> These are agreements between the provider and the regulatory agency pertaining to an issue or concern to assure compliance with regulatory standards.</li> </ul>
Begin Date	Enter the date the condition is valid from.
End Date	Enter the date the condition expires. An end date is mandatory for certified providers. Application/continuation Expiration date can be used as an end date.
Print on Certificate	<p>The condition can be printed onto the Certificate of Approval. <b>NOTE:</b> No confidential information should be displayed on the certificate.</p> <p>Conditions for licensed facilities that have the "Print on Certificate" indicator checked are displayed on the Child Care Finder site.</p>
Comments	<p>This is a description of the condition. If the print option above is chosen, the text in this field is printed onto the certificate. Comments in this field for <b>licensed</b> providers will be transmitted to the Child Care Finder if the Print on Certificate is checked. Make sure that the text does not include confidential information. <b>NOTE:</b> Due to space restriction on the Certificate of Approval/License, the comment field size is 400 characters. Use this space to summarize the condition. Refer to the <a href="#">Conditions of Licensure Chart</a> procedure for information on standard verbiage of conditions identified on the license certificate.</p>

## Serving Relatives – No longer used

## \*Grant Regulation

When the applicant's record is complete and the agency is ready to issue a license/certificate, click on Grant Regulation link in the navigation menu.

The next screen displays a summary of all information entered onto various screens in WISCCRS.

Example screen shot below. To review, scroll through the summary page and click next at the bottom to continue the review and to access the Print Certificate button.

<b>Provider/Loc Number</b> 2800039572 / 001 <b>Facility Number</b> <b>Type</b> Certified Family <b>Facility Address</b> 32466 E Main St Madison, WI 537033360		<b>Name</b> Sally's Day Care <b>Applicant/Loc Number</b> 0800076708 / 001 <b>Status</b> Category Approved <b>Facility Name</b> Johnnys Kids	
<b>Licensors Name</b>		<b>Certifier Name</b> Adams Certifier	
<b>Applicant Information</b>			
Business Name		Sally's Day Care	
First Name		Sally	
Middle Initial			
Last Name		Bowman	
Suffix			
Is A Translator Needed ?		No	
Translator Language			
<b>Applicant Identification</b>			
Tax ID Number Type		FEIN	
Tax ID Number		01-3652655	
Additional ID Number			
Date Of Birth		11/20/1956	
Email			
<b>W9 Information</b>			
Business Type		Individual	
Individual/Sole Proprietor/Partnership		Yes	
Corporation/Non Profit/Government		No	
Reason For Change			
Headquarters Location		001	
Tax Levy / Wage Claim Outstanding		No	
<b>Applicant/Licensee</b>			
Name		John Bowman	
Relationship			
Position/Role		Applicant/Licensee	
TB Screening		12/02/2011	
Aliases			
There is no Alias attached to this Individual.			

**NOTE:** Grant Regulation must be completed for the license/certification to be active.

Once the Grant Regulation button has been clicked on the bottom of the screen, WISCCRS sends the provider information to CSAW, YoungStar, and the Child Care Finder systems. Once the provider is participating in the YoungStar program, subsidy authorizations can be created.

Print the Certificate of Approval. For licensed providers, print the Letter of Transmittal.

## **Public School (PSCH), Out-of-State, Training/Contracted Services and Tribal/Migrant Stand Alone Head Start Facilities**

See the [Public School, Out-of-State, Training and Contracted Services Facilities User Guide](#) for further information.