



Wisconsin Child Care Regulatory System (WISCCRS)

User Guide

Public School, Out-of-State, Training and Contracting
Services Facilities

May 2024

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Background

This user guide explains how to enter the following programs:

1. Public School Programs
2. Licensed/Certified programs in neighboring states (Out-of-State Providers)
3. Training and Contracting Services Facilities

Programs Operated by a Public School Board

The Bureau of Early Care Regulation (BECR) monitors license-exempt providers, (programs operated by a public school board (PSCH)) in limited health and safety areas due to requirements of the Child Care and Development Block Grant (CCDBG) Act of 2014.

Out-of-State Providers

Licensed and certified programs that are located outside Wisconsin sometimes enroll children served by the Wisconsin Shares Program. These provider records are entered by the BECR Central Office staff.

Training and Contracting Services Facilities

Training facilities that offer early childhood courses, must be able to submit child care background checks on enrolled students who will be working in child care centers as Student Interns or Student Teachers. Staff who are employed by a Contracting Services agency but are placed in regulated child care centers must also comply with child care background check laws. An application type has been created for these agencies. BECR Central Office Staff will be entering these facilities into WISCCRS.

Entering Public School Operated Programs (PSCH) into WISCCRS

The steps below have an asterisk * if the step is mandatory for creating a PSCH program.

Conduct a search using the Tax ID, name, and address to find out if the program already exists in WISCCRS.

- If the applicant has history in WISCCRS and the previous category is PSCH, start a new application by clicking on the *Initial* button.
- If it is currently an open program, see the *Converted Programs* section later in this document.
- If the applicant exists in WISCCRS but the previous category is NOT PSCH, start a new location. WISCCRS does not allow the same location to have PSCH and licensed/certified category.
- If the applicant has no history in WISCCRS, start a new application by clicking the *New* link in the upper navigation bar and complete the steps below.

1. *Complete the *Applicant Basic Details* screen. Enter the School Board President as the Applicant/Licensee.

Applicant Basic Details	
First Name *	SCHOOL
Middle Initial	
Last Name *	Superintendent
Business Name	Anytown School District
Tax ID Number Type *	<input type="radio"/> SSN <input checked="" type="radio"/> FEIN
Tax ID Number *	12-6899666 (SSN: xxx-xx-xxxx)(FEIN: xx-xxxxxx)
Additional ID Number Type	<input checked="" type="radio"/> N/A <input type="radio"/> SSN <input type="radio"/> FEIN
Additional SSN/FEIN	(SSN: xxx-xx-xxxx)(FEIN: xx-xxxxxx)
Date Of Birth *	1/1/1960

2. *Complete the *Facility/Location Address* by entering the physical address of the program.

Facility/Location Address	
Street Number	123
Unit	
Direction	East
Street/Rural Rt/Box# *	SCHOOL
Suffix	Road
Quadrant	
Apt#	
Address Line 2	
City *	SCHOOLVILLE
State *	Wisconsin
Zip Code *	45454-_____

3. *On the *Application Details* section, enter *Public School* as the *Application Type*.
 - a. Enter *Application Mode* as follows:
 - i. **Initial:** Applicant without prior history.
 - ii. **Continuation:** Choose this for programs that have been converted from CSAW and have an active category. PSCH programs are not required to submit a continuation application. However, the category will be 48 months, or less, in length.
 - iii. **Relocation:** Choose this value when a PSCH is relocating to a new site.

b. Enter application dates.

Application Details	
Application Type *	Public School
Application Mode *	Initial
Application Materials Received Date *	3/1/2016
Application Entered Date	3/1/2016
Date Complete Application Received	3/1/2016
Date Applicant Determined Fit or Unfit	
Date Pre-licensing TA Completed	

c. Complete the *Facility/Location Contact Details* section.
 d. The *Do you intend to participate in YoungStar* should be marked Yes for these programs so the system will automatically generate the *FIS Provider Letter*.

Facility/Location Contact Details	
Do you intend to participate in YoungStar?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Facility/Location Name *	Anytown Elementary
Entered County *	Dane County
Location County *	Dane County
First Name *	patty
Middle Initial	
Last Name *	principal
Suffix	
E-Mail	
Phone Numbers	
Primary *	(454) 545-4545
Secondary	Enter Phone Number
Pager	Enter Phone Number
Cell	Enter Phone Number

e. Complete the *Child Care Center Information* section.

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 type="checkbox"/> Full Time <input checked="" type="checkbox"/> Part Time <input type="checkbox"/> Before and After School Care <input type="checkbox"/> Summer Care For School Age Children

4. *Most of the fields on the *Applicant* screen have been populated by data entered on the previous fields, except the Business Type and Corporation/Individual sections.
 a. Choose *Public School* as the *Business Type* and click on the *Corporation/Non-Profit/Government* radio button.

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

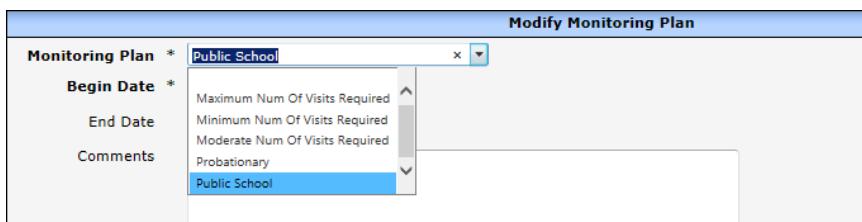
Explanations of other links and screens on the left hand side navigation panel:

Applicant Details screens:

5. *Other Licenses*: Optional
6. *DOF Requests*: Does not apply to PSCH programs.
7. *DWD Requests*: Does not apply to PSCH programs.
8. *Documents (Applicant)*: Upload applicable documents.

Location Details screens:

9. *Child Care Finger Listing*: Provider website can be entered here. Can be updated, if needed.
10. *Subsidy Details*: Can be updated, if needed.
11. *Public Collaborations*: Does not apply to PSCH programs.
12. *Pets*: Can be updated, if needed.
13. *Other Licenses*: Can be updated, if needed.
14. *Transportation*: Can be updated, if needed.
15. *Closures*: Can be updated, if needed.
16. *Insurance*: Can be updated, if needed.
17. *Comments*: Can be updated, if needed.
18. *Messages*: Does not apply to PSCH programs.
19. *Alternate Address*: Can be updated, if needed.
20. *Transactions*: Annual DOJ background check fees are automatically generated for PSCH programs. No initial regulation fees or continuation fees are collected for PSCH programs.
21. **Individuals*: Import the applicant/licensee into the Individual module.
 - a. The Role for the applicant/licensee for PSCH should be marked *Applicant/Licensee – Exempt*.
 - i. Like other governmental programs, background checks are not completed on the applicant/licensee.
 - ii. Additional individuals entered into WISCCRS or CCPP (employees, etc.) are subject to background check requirements.
22. **Monitoring Plans*: A monitoring plan is required to grant a category.
 - a. Select *Public School* for the monitoring plan.
 - b. Enter the begin date as today's date or when the regulation will be granted. This date cannot be in the past.



23. *Site visit*: Any site visit completed for a PSCH program must be entered directly into WISCCRS. An Initial Licensing Study visit must be entered in order to approve a public school program.
 - a. Select "N/A" as the visit type if no site visit was done.

The Next Visit Due Date is automatically set at 12 months from the latest visit.

Site Visits						
New Site Visit		Type Of Visit	Date Of Visit	Visit Reasons	Date of Next Visit	Date of Visit Due
Follow-up	License	Follow-up	09/01/16 03/01/16	Monitoring For Licensing No Site Visit - Public School	09/01/17	03/01/17
Follow-up	License	Follow-up				

24. *Monitoring Results*
 - a. Monitoring results are entered for the PSCH programs and brought to the Public Search website when a site visit is completed.
25. *Health and Safety Results*: Will be entered when a monitoring site visit is completed.

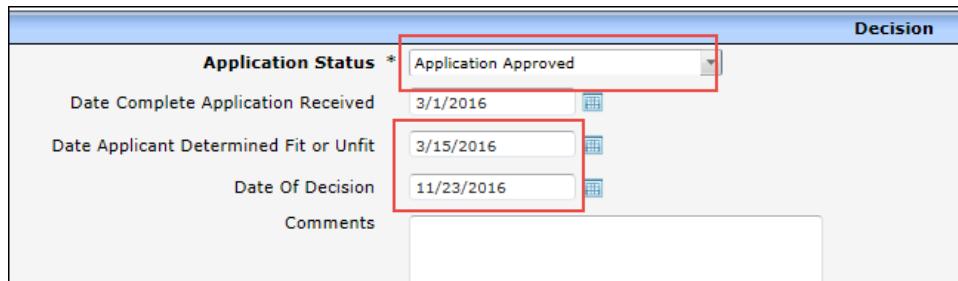
26. *Complaints*: Complaints or self-reports/incidents can be entered into WISCCRS in the same manner as they are entered for licensed programs. **These complaints are investigated by licensing staff.**

27. *Enforcements*: Only warning letters are issued and entered for a PSCH program.

The functionality of the rest of the screens listed under the *Location Details* function the same way as they do for licensing.

Application/Application Details screens:

28. **Hours of Operation*: Enter Hours of Operation and Capacity.
29. *Check List*: Check the appropriate boxes under Check List Items Completed.
 - a. *Select*: Received, Not Applicable, Received for each item.
 - b. *If Received is checked, enter the Received Date.*
30. **Decision*: Complete the Decision page to mark the application approved.

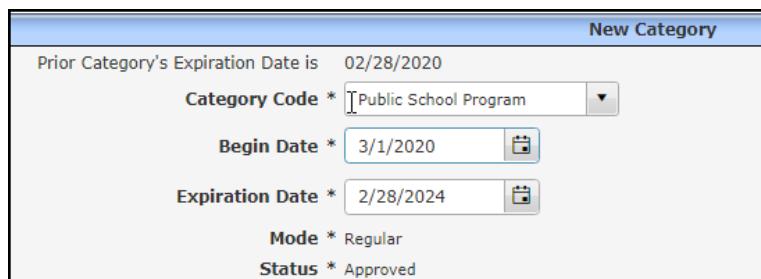


The screenshot shows a 'Decision' screen with the following fields and values:

Field	Value
Application Status *	Application Approved
Date Complete Application Received	3/1/2016
Date Applicant Determined Fit or Unfit	3/15/2016
Date Of Decision	11/23/2016
Comments	[Empty text area]

Categories/View Categories screens:

31. **Category*: Grant a category for the program.
 - a. *Category Code*: Public School
 - b. *Issue Date*: date regulation is granted
 - c. *Begin Date*: date regulation is granted
 - d. *Expiration date*: the length will be four years, or less. This date will be September 30, 20XX for consistency across all PSCH. The date can only be 48 months or less from the Begin Date. If needed, enter September 30 of the previous year (3 years in the future).
 - e. *Mode*: will be *Regular* for PSCH.
 - f. *Status*: Approved



The screenshot shows a 'New Category' screen with the following fields and values:

Field	Value
Prior Category's Expiration Date is	02/28/2020
Category Code *	Public School Program
Begin Date *	3/1/2020
Expiration Date *	2/28/2024
Mode *	Regular
Status *	Approved

*To grant the regulation, you will need to return to the Location Details – Location screen to enter the *Original License Date: Enter the category begin date into this date field.*

Return to the Categories screen and select Ages Served:

32. **Ages Served*: Enter the age range the program is serving.
33. *Conditions*: Can be updated, if needed.
34. **Grant Regulation*: Click on the Grant Regulation button so the program details are sent to CSAW and the YS CMS.

Converted Programs

Public School programs that had an active category in CSAW prior to 2017, have been converted into WISCCRS. When a new application is received for these programs, take the following steps:

1. End the PSCH category expiration and end dates into the application sequence that is in *Conversion* status.

Provider/Loc Number 0800039590 / 002 Facility Number 1123114 Facility Address Any Road Madison, WI 45454		Name Public School District Applicant/Loc Number 6800077062 / 002 Facility Name Public Shool - 2-Star					
Location Details Public Shool - 2-Star Any Road Madison, WI 45454 Dane County							
Licensed Applications For This Location 002							
Application Sequence #	Application Entered Date	Application Status	Category	Category Status	Category Begin Date	Category Expiration Date	Category End Date
001	01/01/11	Conversion	Public School Program	Approved	01/01/11		

2. After the category is ended, the *Initial* button displays.
3. Click on the *Initial* button to start a new application.
4. Choose *Continuation* as the Mode.

Licensed Applications For This Location 005							
Application Sequence #	Application Entered Date	Application Status	Category	Category Status	Category Begin Date	Category Expiration Date	Category End Date
001	01/01/11	Conversion	Public School Program	Approved	01/01/11	11/30/15	

5. Complete the *Application Details* pages.
6. Complete the *Location* page by entering data into the mandatory fields (*Center Contact, Phone, Type of Care* and *Original License Date*, etc.).
7. On the *Individuals* page, choose *Select Individuals from other Locations* link.
8. Import individuals if they exist. If not, add a new individual.
9. The *Role* for the applicant should be *Applicant/Licensee – Exempt*.
10. Enter monitoring plan as *Public School*.
11. Enter *No Site Visit – Public School* for the site visit
12. Enter *N/A* as the visit type if a site visit was not conducted.
13. Enter hours of operation.
14. Enter the checklist items that were received.
15. On the *Decision* page, change the *Application Status* to *Application Approved* and enter the *Date of Decision*.
16. This creates a new category. Enter the needed information (see above).
17. Enter ages served.
18. Grant Regulation.

My Assignments

The PSCH programs assigned to a Licensing Specialist will appear on the *My Assignment* module if there is a site visit with a *Next Visit Due Date*. Programs converted from CSAW will not appear in the *My Assignment* module until a new PSCH application has been created in WISCCRS with a site visit

Facility Location Assignments

Like the licensed programs, PSCH programs can be assigned to a Licensing Specialist.

Provider/Loc Number 9800040039 / 001 Facility Number 1122907 Facility Address 123 E School Rd Schoolville, WI 45454		Name Anytown School District Applicant/Loc Number 0800083301 / 001 Facility Name Anytown Elementary								
List Of Possible Matches										
Check All	Licensor/Certifier	Region	County	City	Zip	Full/Part Time	Category/Class	Active	Facility Name/ID	Applicant/Location #
<input type="checkbox"/>	<input checked="" type="checkbox"/>	004 - Southern	Dane County	Schoolville	45454	Part Time	Public School Program	Yes	Anytown Elementary 1122907	0800083301 001
Assigned To										
Assigned To		Licensor - Sro, Lars								

Security

Users with licensing update access can enter the public school programs into WISCCRS for the counties they have access to.

Mobile App

PSCH programs have are available in the Licensing Checklist Mobile App and visits can be completed these.

Public Search

PSCH license exempt programs that have been granted regulation by DCF are listed on the Public Search / Child Care Finder website. Enforcements, Site visit information, etc. also displays there.

Web-I

Web-I reports include information on PSCH programs.

Entering Out-of-State Providers into WISCCRS

If a regulated (licensed or certified) provider located outside the State of Wisconsin is caring for a Wisconsin Shares child, those providers must be entered into WISCCRS. The provider must submit the following information:

- A copy of a current license/certificate from the state the program is located in.
- A W9 form that lists the provider's Tax ID and Type.
- Wisconsin Shares Contract at <https://dcf.wisconsin.gov/files/forms/doc/2587.docx>
- Provider prices (if licensed). The prices are submitted to the County that will be creating Wisconsin Shares authorizations (Entered County).
- Child care provider's birthday.
- The county the WI Shares funded family reside in.
- Ages of children served and hours of operation if not provided on the license.
- Date WI Shares funded children began attending the child care program (if recently enrolled).

Below are steps on how to enter a provider located outside the state.

1. Conduct a search using the Tax ID, name and address to find out if the program already exists in WISCCRS.
 - a. If the applicant has history in WISCCRS, start a new application by clicking on the *Initial* button on the Application screen.
 - b. If the applicant has no history in WISCCRS, start a new application by clicking the *New* link in the upper navigation bar and complete the steps below.
2. *New Applicant Page:* Complete all fields on this page using the W9 form submitted by the provider.

Applicant Basic Details	
First Name *	Mandy
Middle Initial	
Last Name *	Minnesota
Business Name	
TAX ID Number Type *	<input checked="" type="radio"/> SSN <input type="radio"/> FEIN
TAX ID Number *	486-65-5588 (SSN: xxx-xx-xxxx)(FEIN: xx-xxxxxx)
Additional ID Number Type	<input checked="" type="radio"/> N/A <input type="radio"/> SSN <input type="radio"/> FEIN
Additional SSN/FEIN	
Date Of Birth *	1/1/1985

3. *Location Address:* Enter the address as listed on the License/Certificate.

Facility/Location Address	
Street Number	123
Unit	
Direction	
Street/Rural Rt/Box# *	main
Suffix	Street
Quadrant	
Apt#	
Address Line 2	
City *	rochester
State *	Minnesota
Zip Code *	45454-_____

4. *Location Details page:*

Complete the required sections.

Application Details	
Application Type *	Out Of State Program
Application Mode *	Initial
Application Materials Received Date *	11/28/2016
Application Entered Date	11/28/2016
Date Complete Application Received	
Date Applicant Determined Fit or Unfit	
Date Pre-licensing TA Completed	

- a. On the *Application Details* section, enter *Out of State Program* as the *Application Type*.
- b. Enter *Application Mode* as follows:
 - i. **Initial:** Applicant without prior history.
 - ii. **Continuation:** Choose this for programs that have been converted from CSAW and have an active category and a license/certification renewal has been received.
 - iii. **Relocation:** Choose this value when a program has relocated to a new site.
- c. Enter *Application Materials Received Date* (*this date can be in the past for purposes of backdating for WI Shares funding*).
- d. Facility/Location Contact Details:

Facility/Location Contact Details	
Do you intend to participate in YoungStar? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Facility/Location Name *	Mandy's Marvelous Munchkins
Entered County *	La Crosse County
Location County *	Out Of State
First Name *	Mandy
Middle Initial	
Last Name *	Minnesota
Suffix	
E-Mail	mandy@yahoo.com
Phone Numbers	
Primary *	(454) 545-4545
Secondary	Enter Phone Number
Pager	Enter Phone Number
Cell	Enter Phone Number

Below is a table that describes each value in this section in more detail.

Field Name	Description
Do you intend to participate in YS?	Check Yes so the FIS letter is generated and sent to the provider.
Location Name	Enter the name on the license/certificate.
Entered County	Choose the county that will be creating the authorizations to the OOS provider. Example: La Crosse should be chosen for MN providers if the Wisconsin Shares authorizations are issued by La Crosse County. La Crosse will be updating the provider's private prices (if licensed) in CSAW.
First/Last Names	Enter the provider's names. If a group center, the director's name can be used.

- e. *Child Care Center Information:* Choose the *Type of Care*.

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

5. *Applicant* page:

The information on this page is populated by the first two screens in the driver flow. In the *W9 Details* section, choose the *Business Type* indicated on the W9 form. Also, make sure that the *Headquarters Location* is set to reflect the active site (if multiple sites).

W9 Details

Business Type * Individual

Corporation / Individual Individual/Sole Proprietor/Partnership Corporation/Non Profit/Government

Reason For Change

Headquarters Location 001

6. *Hours of Operation*:

If the license/certificate received from the state where the provider is regulated includes hours of operation, enter the information into WISCCRS.

Provider/Loc Number Not established
Facility Number 1122911
Type Out Of State Program
Facility Address 123 Main St
Rochester, MN 45454

Name Mandy Minnesota
Applicant/Loc Number 2800083329 / 001
Status Application Pending
Facility Name Mandy's Marvelous Munchkins

Months of Operation

From Month * January To Month * December

Day Time Capacity 8 Night Time Capacity

Hours of Operation

	Open	Close	Open	Close
Sunday	Open <input type="text"/>	Close <input type="text"/>	Open <input type="text"/>	Close <input type="text"/>
Monday	6:00 AM <input type="text"/>	6:00 PM <input type="text"/>	Open <input type="text"/>	Close <input type="text"/>
Tuesday	6:00 AM <input type="text"/>	6:00 PM <input type="text"/>	Open <input type="text"/>	Close <input type="text"/>
Wednesday	6:00 AM <input type="text"/>	6:00 PM <input type="text"/>	Open <input type="text"/>	Close <input type="text"/>
Thursday	6:00 AM <input type="text"/>	6:00 PM <input type="text"/>	Open <input type="text"/>	Close <input type="text"/>
Friday	6:00 AM <input type="text"/>	6:00 PM <input type="text"/>	Open <input type="text"/>	Close <input type="text"/>
Saturday	Open <input type="text"/>	Close <input type="text"/>	Open <input type="text"/>	Close <input type="text"/>

7. *Decision*:

Change the *Application Status* to *Application Approved*. All date fields are required on this page. Enter the date the provider submitted the materials to BECR. (The complete application materials date may be backdated to WI Shares eligibility date or child's first date of attendance, if necessary, for backdating WI Shares)

Decision

Application Status * Application Approved

Date Complete Application Received 11/28/2016

Date Applicant Determined Fit or Unfit 11/28/2016

Date Of Decision 11/28/2016

Comments

8. *Category*:

Create a category for the program as follows:

- Inhome Provisional*: Does not apply to OOS providers
- Inhome Regular*: Does not apply to OOS providers
- License Family*: Choose this if the out-of-state provider corresponds to a family provider (care usually in the provider's home).
- Licensed Group*: Choose this if the out-of-state program corresponds to a licensed group.
- Begin Date*: enter the date the provider submitted the materials (or backdate if needed for WI Shares authorization).

- f. *Expiration Date*: The license/certificate from the neighboring state should have an end date for the regulatory approval. Enter that date as the Expiration Date.
- g. *Category end date*: For licenses outside WI, the Category End date is 30 days from the license expiration date.

9. *Original License Date (Location Page)*: Enter the *Category Begin Date* into this field.
10. *Ages Served*: If the license/certificate indicates the age range the program is approved to care for, enter the age range.
11. *Grant Regulation*: (do not print certificate)

Security

BECR Central Office Staff enters these programs into WISCCRS.

Provider's Prices

If the program is licensed, the provider must submit the prices the program charges to private pay parents to the county that will be creating the Wisconsin Shares authorization (Entered County). The County will add this information into EBT CSAW.

Wisconsin Shares Participation Contract

The OOS provider must submit signed contract <https://dcf.wisconsin.gov/files/forms/doc/2587.docx> with the copy of the license and the W9 Form to BECR Central Office. BECR staff will forward this form to the YS unit to be entered into the CSAW system.

Public Search

The OOS providers are not listed on the Child Care Public Search.

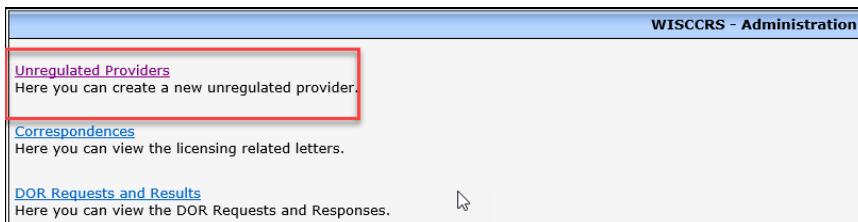
Instructions for OOS programs is located here: <https://dcf.wisconsin.gov/wishares/providers/outofstate>

Entering Training and Contracting Services Facilities into WISCCRS

Since the training and contracting services facilities are not serving children, they are entered in the Unregulated Module. The process is identical for both application types.

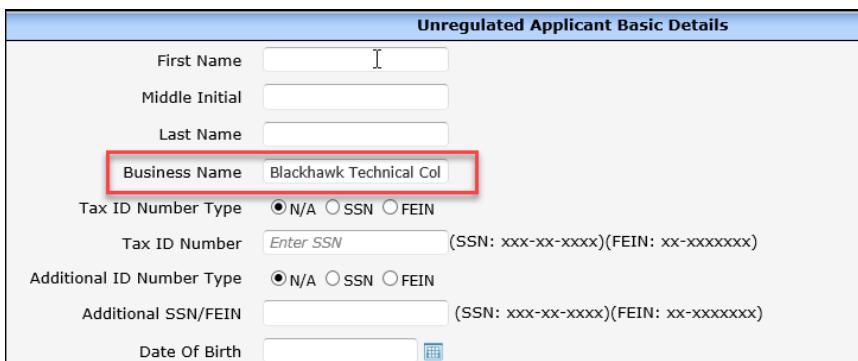
To enter these programs into WISCCRS, complete the following steps:

1. Access the Administration module from the Home page.
2. Then choose the Unregulated Providers link.



The screenshot shows the WISCCRS - Administration interface. At the top, there is a header bar with the title. Below it, there are three main menu items: "Unregulated Providers" (which is highlighted with a red box), "Correspondences", and "DOR Requests and Results". Each item has a brief description below it.

On the following screen, enter details about the program. On the Applicant section, only the Business Name is required. However, it is recommended that the FEIN is added to prevent duplicates.



The screenshot shows the "Unregulated Applicant Basic Details" form. It includes fields for First Name, Middle Initial, Last Name, and Business Name (which is highlighted with a red box and contains the value "Blackhawk Technical Col"). There are also sections for Tax ID Number Type (radio buttons for N/A, SSN, and FEIN, with N/A selected), Tax ID Number (input field "Enter SSN" and placeholder "(SSN: xxx-xx-xxxx)(FEIN: xx-xxxxxx)"), Additional ID Number Type (radio buttons for N/A, SSN, and FEIN, with N/A selected), Additional SSN/FEIN (input field and placeholder "(SSN: xxx-xx-xxxx)(FEIN: xx-xxxxxx)"), and Date Of Birth (input field with a calendar icon).

Under the Facility Details, choose Training Facility and enter the Facility Name and County. Note that if there are multiple campuses under a training agency or the contracting services have multiple placing agencies, those can be added as new locations under the same provider number.



The screenshot shows the "Facility/Location Contact Details" form. It includes fields for Application Type (dropdown menu showing "Contracting Services" with an "X" icon), Facility/Location Name (input field highlighted with a red box and containing "Contracting Services"), Entered County (dropdown menu showing "Unregulated" with an "X" icon), and Location County (dropdown menu showing "Training" with an "X" icon).

Under the Facility/Location Address, enter the physical address of the facility.

Facility/Location Address	
Street Number	123
Unit	
Direction	West
Street/Rural Rt/Box# *	Main
Suffix	Street
Quadrant	
Apt#	
Address Line 2	
City *	Janesville
State *	Wisconsin
Zip Code *	53722-

3. On the Location Details, enter the Early Childhood Program contact person. Leave the Do you intend to participate in YS? as Unknown.

Facility/Location Contact Details	
Do you intend to participate in YoungStar? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown	
Facility/Location Name *	Blackhawk Tech - Janesville
Entered County *	Rock County
Location County *	Rock County
First Name *	Tracey
Middle Initial	
Last Name *	Trainer
Suffix	
E-Mail	
Phone Numbers	
Primary *	(454) 545-4545

4. Alternate Address: Enter mailing address if applicable.
5. The application type will be Unregulated for these programs. However, a Provider Number will be issued for these programs so that they can submit background check requests for students via the Child Care Provider Portal.

Application Details	
Application Type *	Unregulated Training Facility
Application Mode *	Initial
Application Materials Received Date *	8/24/2018
Application Entered Date	8/24/2018
Date Complete Application Received	8/24/2018
Date Applicant Determined Fit or Unfit	
Date Pre-licensing TA Completed	
Comments	

6. Entering individuals:

- Training Agencies: When entering individuals to the training programs, only three roles are available (Student Intern, Student Teacher and Site Supervisor). The Employment/Residency Begin Date is auto-populated for these individuals. The Status is either Current or Inactive.

Effective Begin Date	2/12/2019
Employment/Residency Begin Date	2/12/2019
Primary Role *	<input type="text"/>
Employment/Residency Status *	<input type="text"/>
Contact With Children *	<input type="text"/>
background check fee to this location *	<input type="text"/>
<div style="border: 1px solid red; padding: 5px; display: inline-block;"> Site Supervisor Student Intern Student Teacher </div>	

- Contracting Agencies: When entering individuals associated with the contracting services agencies, the Role, Employment Begin and End Dates, and Status are identical to those of licensed programs, except that the Role list does not have Student Intern and Student Teacher values.

Training and Contracting Services Agency with Multiple Locations

Some facilities such as technical schools or employment agencies might have multiple locations/campuses. When entering additional locations for these agencies, start a new location under the provider.

Applicant Details									
Applicant Number		5800084558	Name						
Tax ID Number		000-00-0000	Tax ID Number Type						
Date Of Birth		12/31/9999							
<input type="button" value="Modify"/>									
Locations For This Applicant									
Location/ Facility	Address	Regulation	Application Status	Category	Status	Begin Date	Expiration Date	End Date	
002 1123329	Blackhawk Tech - Beloit 123 Anderson St Beloit WI 12121212 Rock County 121-212-1212	Unregulated Training Facility	Application Pending						
001 1123305	Blackhawk Tech - Janesville 123 W Main St. Janesville WI 53722 Rock County 454-545-4545	Unregulated Training Facility	Unregulated						
<input type="button" value="New Location"/>									

Training Provider with Current Licensed Center

If the training provider has a current child care program (or has history of a previous one), start a new location under this licensee. Example: Madison College offers early childhood courses but also operates a child care center. In this example, start a new location under Madison College and assign Application Type to be Unregulated Training Facility for the new location.

Provider # 3800036563	Name Randy's Child Care, Inc
Applicant # 2800011327	
Application Details	
Application Type *	<input type="text"/>
Application Mode *	<input type="text"/>
Application Materials Received Date *	<input type="text"/>
Application Entered Date	<input type="text"/>
Date Complete Application Received	<input type="text"/>
Date Applicant Determined Fit or Unfit	<input type="text"/>
Date Pre-licensing TA Completed	<input type="text"/>
<div style="border: 1px solid red; padding: 5px; display: inline-block;"> Licensed Camp Licensed Family Licensed Group Out Of State Program Public School Unregulated Unregulated Training Facility </div>	

Background Check Related Notices

Both the Training and Contracting Services receive the following notices:

1. Fingerprint Instruction Letter
2. Facility – Preliminary Eligibility Letter
3. Facility – Final Eligibility Letter

Security

BECR Central Office Staff will be entering these programs into WISCCRS.

Provider's Prices

Since these programs are not transferred to CSAW and they do not serve any children, no prices are entered into EBT CSAW.

Wisconsin Shares Participation/YoungStar Contract

Since these programs are not transferred to CSAW and they do not serve any children, no WI Shares or YS Contract is entered into EBT CSAW.

Public Search

These programs are not brought into the Child Care Finder.