



Wisconsin Child Care Regulatory System (WISCCRS)

Public School and Out-of-State Programs

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Division of Early Childhood Education

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Background

This user guide explains how to enter Public School Programs (PSCH) and Out-of-State Programs (OOS) into WISCCRS.

Programs Operated by a Public School Board

The Bureau of Early Care Regulation (BECR) will begin monitoring 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. In the past, public school programs have been entered into CSAW by county/tribal subsidy agency staff if the program is serving Wisconsin Shares children. Since the licensing staff will be monitoring these programs, WISCCRS has been enhanced to allow licensing staff to enter them into WISCCRS instead of the CSAW system. The mobile app will be enhanced later to include the health and safety rules for the PSCH programs.

Out-of-State Providers

Licensed and certified programs that are located outside Wisconsin sometimes enroll children served by the Wisconsin Shares Program. Counties have been entering these programs into CSAW in the past, but this functionality is also moved into WISCCRS and the provider records will be entered by the BECR Central Office staff.

Conversion of Provider Data

Public School programs and Out-of-State providers who have active categories in CSAW will be converted from CSAW into WISCCRS.

Entering PSCH programs into WISCCRS

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

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 and the previous category is PSCH, start a new application by clicking on the *Initial* button. If it is a currently open program, see the *Converted Programs* section later in this document.
 - b. 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.

- c. 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:

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-xxxxxxx)
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-xxxxxxx)
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 *Location Details* screen, complete the required sections.
- On the *Application Details* section, enter *Public School* as the *Application Type*.
 - Enter *Application Mode* as follows:
 - Initial:** Applicant without prior history.
 - 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 in length so an assessment can be done if the program still needs monitoring (continue serving Wisconsin Shares children).
 - Relocation:** Choose this value when a PSCH is relocating to a new site.
 - 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	

d. Complete the *Facility/Location Contact Details* section. The *Do you intend to participate in the 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

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

5. *Other Licenses* screen: Optional

6. *DOR Requests*: Does not apply to PSCH programs.
7. *DWD Requests*: Does not apply to PSCH program.
8. *Documents (Applicant)*: Upload applicable documents.

Location related screens:

9. *Subsidy Details* screen: Can be updated, if necessary.
10. *Pets*: Can be updated, if needed.
11. *Other Licenses*: Can be updated, if needed.
12. *Transportation*: Can be updated, if needed
13. *Insurance*: Can be updated, if needed.
14. *Comments*: Can be updated, if needed.
15. *Alternate Address*: Can be updated, if needed.
16. *Transactions*: No fees are automatically generated for PSCH programs. The screens may be updated if potential fees need to be recorded.
17. **Individuals*: Import the applicant into the Individual module. The *Role* for the applicants for PSCH should be marked *Applicant/Licensee – Exempt*. Like other governmental programs, no background checks are needed for these applicants. If other individuals are entered into WISCCRS (employees, etc.), those individuals are subject to the background checks.
18. **Monitoring Plan*: A monitoring plan is required to grant a category. *Public School* has been added as a value to be used with the PSCH programs.

The screenshot shows a web form titled "Modify Monitoring Plan". On the left, there are labels for "Monitoring Plan *", "Begin Date *", "End Date", and "Comments". The "Monitoring Plan" dropdown menu is open, displaying a list of options: "Maximum Num Of Visits Required", "Minimum Num Of Visits Required", "Moderate Num Of Visits Required", "Probationary", and "Public School". The "Public School" option is currently selected and highlighted in blue. The "Begin Date" field is also visible, with a small calendar icon to its right.

19. *Site visit*: Any site visit completed for a PSCH program must be entered directly into WISCCRS. The Mobile App will be updated later to include these programs.

When entering a new PSCH program that has not had a visit done yet, choose *No site visit – Public School* as the *Primary Visit Reason*. This visit will allow you to bypass the validation for a

visit when approving the category. For ongoing programs, *Monitoring for Licensing* will be used. A site visit is required before a category can be granted.

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	09/01/16	Monitoring For Licensing		09/01/17	
Follow-up	License	03/01/16	No Site Visit - Public School		03/01/17	

Monitoring Standards:

Monitoring standards can be entered for the PSCH programs, but the visits are not brought to the Public Search until later. The *Print Non-Compliance* button has been disabled for these programs because no violations will be issued. However, *Statement of Deficiency* has been added as a *Document Type* under the *Visit Documents* section to be used when concerns are documented in the future.

- 20. *Complaints*: Complaints or self-reports can be entered into WISCCRS in the same manner as they are entered for licensed programs. Complaints received on these programs will be referred to the Public School District. Choose *School Board* as the *Referred To* value.

- 21. *Enforcements*: No enforcements can be entered for a PSCH program.

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

- 22. **Hours of Operation*: Enter Hours of Operation and Capacity.

- 23. *Checklist*: This is not mandatory for PSCH programs but is updatable if needed.
- 24. **Decision*: Complete the *Decision* page to mark the application approved.

- 25. **Category*: Grant a category for the program. The length can be up to four years. Note that the *Mode* for the PSCH will always be *Regular*.

- 26. **Original License Date*: Enter the category begin date into this date field.
- 27. **Ages Served*: Enter the age range the program is serving.
- 28. *Conditions*: This screen is updatable, but not mandatory.
- 29. **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 have active category in CSAW, will be converted into WISCCRS. When a new application is received for these programs, take the following steps:

- 1. Enter an Expiration Date for the PSCH category that is in *Conversion* status.

Provider/Loc Number 0800039590 / 002 Facility Number 1123114 Facility Address Any Road Madison, WI 54544				Name Public School District Applicant/Loc Number 6800077062 / 002 Facility Name Public School - 2-Star			
Location Details							
Public School - 2-Star Any Road Madison, WI 54544 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 Expiration Date has been entered, the *Initial* button displays. Click on the *Initial* button to start a new application. 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	Option
001	01/01/11	Conversion	Public School Program	Approved	01/01/11	11/30/16		Initial

3. Complete the *Application Details* pages.
4. Complete the *Location* page by entering data into the mandatory fields (*Center Contact, Phone, Type of Care* and *Original License Date*).
5. On the *Individuals* page, select *Select Individuals from other Locations* link. Import individuals if they exist. If not, add a new individual. The *Role* should be *Applicant/Licensee – Exempt*.
6. Enter monitoring plan.
7. Enter a site visit.
8. Enter hours of operation.
9. On the *Decision* page, change the *Application Status* to *Application Approved* and enter the *Date of Decision*.
10. Create a new category.
11. Enter ages served.
12. 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.

Also, these programs do not appear in the mobile app.

Facility Location Assignments

Like the licensed programs, the PSCH 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	Licenser/Certif	Region	County	City	Zip	Full/Part Time	Applicant/Location #
<input type="checkbox"/>		004 - Southern	Dane County	Schoolville	45454	Part Time	0800083301
<input checked="" type="checkbox"/>						Public School Program	0800083301
Active: Yes Facility Name/ID: Anytown Elementary 1122907							
Assigned To							
Assigned To		Licenser - Bro. Lars					

Security

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

Mobile App

Visits conducted to the PSCH programs will not be recorded using the Mobile App until later in 2017.

Public Search

The site visit information on PSCH will not be transferred onto the Public Search until later in 2017.

WebI

WebI reports will be modified at a later date to include site visit information on these programs.

Entering Out-of-State Providers into WISCCRS

If a regulated (licensed or license exempt) 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 the license/certificate from the state the program is located in.
- A W9 form that lists the provider's *Tax ID* and *Type*.
- Wi Shares Contract at <http://dcf.wisconsin.gov/files/forms/pdf/2587.pdf>
- Provider prices (if licensed). The prices are submitted to the County that will be creating Wisconsin Shares authorizations (Entered County).

Below are steps 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-xxxxxxx)
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-xxxxxxx)
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*.

d. Facility/Location Contact Details:

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

Field Name	Description
Do you intend to participate in YS?	Check <i>Yes</i> 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.

d. *Child Care Center Information*: Choose the *Type of Care*.

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	<input checked="" type="radio"/> Individual/Sole Proprietor/Partnership <input type="radio"/> Corporation/Non Profit/Government
Reason For Change	<input type="checkbox"/>
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 55454		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	
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			

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.

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:

- a. *Certified School Age Program:* Choose for a program that only cares for children over 7 years of age.
- b. *Inhome Provisional:* Does not apply to OOS providers
- c. *Inhome Regular:* Does not apply to OOS providers
- d. *License Family:* Choose this if the provider is a family provider licensed for 1-8 children, usually cared in the provider’s home.
- e. *Provisional Certified:* Choose this if the out-of-state regulation corresponds WI provisional certification (no entry level training completed).
- f. *Regular Certified:* Choose this if the out-of-state regulation corresponds WI Regular Certification (entry level training completed).

New Category	
Prior Category's Expiration Date is	
Category Code *	Provisional Certified
Begin Date *	11/28/2016
Expiration Date *	6/30/2017
Mode *	Regular
Status *	Approved

Begin Date: enter the date the provider submitted the materials.

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.

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

Security

BECR Central Office Staff will be able to enter 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 <http://dcf.wisconsin.gov/files/forms/pdf/2587.pdf> 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.