

Wisconsin Child Care Regulatory System (WISCCRS)

User Guide

Public School, Out-of-State and Training Facilities

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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
3. Training 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.) 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.

Out-of-State Providers

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

Training Facilities

Training facilities that offer early childhood courses, must be able to submit caregiver background checks on enrolled students who will be working in child care centers as Student Interns or Student Teachers. After 10/1/18, BECR Central Office Staff will be entering these facilities 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 currently an 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.

WISCCRS User Guide – Public School, Out-of-State and Training Facilities

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.
 - a. On the *Application Details* section, enter *Public School* 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. 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).
 - iii. **Relocation:** Choose this value when a PSCH is relocating to a new site.
 - c. 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 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? Yes No 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? Yes No Unknown

Type of Care *

Full Time

Part Time

Before and After School Care

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

Individual/Sole Proprietor/Partnership

Corporation/Non Profit/Government

Reason For Change

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, background checks are not 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.

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

When entering a new PSCH program that has not yet had a visit done, 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.

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.

The screenshot shows the 'New Referral' form. The 'Referred To' field is a dropdown menu with the following options: County - Certification, County - Cps, Dcf Regional Office - Licensing, Food Program, Fraud Unit, Law Enforcement, Other, and School Board. The 'School Board' option is highlighted in blue, and a mouse cursor is pointing at it.

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.

The screenshot shows the 'Decision' form. The 'Application Status' dropdown is set to 'Application Approved'. The 'Date Complete Application Received' is 3/1/2016. The 'Date Applicant Determined Fit or Unfit' is 3/15/2016. The 'Date Of Decision' is 11/23/2016. There is a 'Comments' field at the bottom.

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

The screenshot shows the 'New Category' form. The 'Category Code' is 'Public School Program'. The 'Begin Date' is 3/1/2016. The 'Expiration Date' is 2/28/2018. The 'Mode' is 'Regular' and the 'Status' is 'Approved'.

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 had active category in CSAW, have been converted into WISCCRS. When a new application is received for these programs, take the following steps:

1. End the PSCH category that is in *Conversion* status.

Provider/Loc Number 0800039590 / 002 Facility Number 1123114 Facility Address Any Road Madison, WI 53454				Name Public School District Applicant/Loc Number 5800077962 / 002 Facility Name Public School - 2-Star			
Location Details Public School - 2-Star Any Road Madison, WI 53454 Dane County							
Licensed Applications For This Location 002							
Application Sequence #	Application Entered Date	Application Status	Category	Category Status	Category Begin Date	Category Expiration Date	
001	01/01/11	Conversion	Public School Program	Approved	01/01/11		

2. After the category is ended, 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, choose *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. **PSCH programs have also been added to the Licensing Checklist App.**

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 53454				Name Anytown School District Applicant/Loc Number 0800083301 / 001 Facility Name Anytown Elementary						
List Of Possible Matches										
Check All	Licensor/Certif #	Region	County	City	Zip	Full/Part Time	Category/Class	Active	Facility Name/ID	Applicant/Location #
<input checked="" type="checkbox"/>	52	004 - Southern	Dane County	Schoolville	45454	Part Time	Public School Program	Yes	Anytown Elementary 1122907	0800083301 001
Assigned To: Licensor - Srs. Lane										

Security

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

Mobile App

Visits to the PSCH programs can now be done using the Licensing Checklist app.

Public Search

PSCH site visit information will not be transferred onto the Public Search until a later date.

WebI

WebI reports **have been modified and now** include 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 <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).

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-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

- On the *Application Details* section, enter *Out of State Program* 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 and a license/certification renewal has been received.
 - Relocation:** Choose this value when a program has relocated to a new site.
- Enter *Application Materials Received Date*.
- Facility/Location Contact Details:

Facility/Location Contact Details

Do you intend to participate in YoungStar? Yes No 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	<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		Name Mandy Minnesota	
Facility Number 1122913		Applicant/Loc Number 2600083329 / 001	
Type Out Of State Program		Status Application Pending	
Facility Address 123 Main St Rochester, MN 55454		Facility Name Mandy's Marvelous Munchkins	
Months of Operation			
From Month *	January	To Month *	December
Day Time Capacity	0	Night Time Capacity	
Hours of Operation			
	Open	Close	Open
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:

- Certified School Age Program*: Choose a program that only cares for children over 7 years of age.
- Inhome Provisional*: Does not apply to OOS providers
- Inhome Regular*: Does not apply to OOS providers
- 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 to WI provisional certification (no entry level training completed).
- f. *Regular Certified*: Choose this if the out-of-state regulation corresponds to WI Regular Certification (entry level training completed).

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.
- 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*: This is not needed for the OOS provider.

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.

Entering Training Facilities into WISCCRS

Since the training facilities are not serving children, they are entered in the Unregulated Module. 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.

WISCCRS - Administration

[Unregulated Providers](#)
Here you can create a new unregulated provider.

[Correspondences](#)
Here you can view the licensing related letters.

[DOR Requests and Results](#)
Here you can view the DOR Requests and Responses.

- On the following screen, enter details about the program. On the Applicant section, only the Business Name is required.

Unregulated Applicant Basic Details

First Name

Middle Initial

Last Name

Business Name

Tax ID Number Type N/A SSN FEIN

Tax ID Number (SSN: xxx-xx-xxxx)(FEIN: xx-xxxxxxx)

Additional ID Number Type N/A SSN FEIN

Additional SSN/FEIN (SSN: xxx-xx-xxxx)(FEIN: xx-xxxxxxx)

Date Of Birth

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

Facility/Location Contact Details

Application Type *

Facility/Location Name

Entered County *

Location County *

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

Facility/Location Address

Street Number

Unit

Direction

Street/Rural Rt/Box# *

Suffix

Quadrant

Apt#

Address Line 2

City *

State *

Zip Code *

- 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? Yes No Unknown

Facility/Location Name *

Entered County *

Location County *

First Name *

Middle Initial

Last Name *

Suffix

E-Mail

Phone Numbers

Primary *

- Alternate Address: Enter mailing address if applicable.

- 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	

- When entering individuals to these programs, only two roles are available. The Employment/Residency Begin Date is auto-populated for these individuals.

Employment/Residency Details	
Effective Begin Date	8/24/2018
Employment/Residency Begin Date	8/24/2018
Primary Role *	<input type="text"/> Student Intern Student Teacher
Any Contact With Children? *	
Apply ongoing background check fee to this location *	

Training Provider with Multiple Locations

Some training facilities such as technical schools might have multiple campuses that offer early childhood courses. When entering additional locations for a training provider, simply start a new location under the provider.

Applicant Details	
Applicant Number	5800084558
Tax ID Number	000-00-0000
Date of Birth	12/31/9999
Name	
Tax ID Number Type	
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 121212121 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						

[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"/> Unregulated Training Facility
Application Mode *	<input type="text"/> Licensed Camp Licensed Family Licensed Group Out Of State Program Public School Unregulated
Application Materials Received Date *	
Application Entered Date	
Date Complete Application Received	
Date Applicant Determined Fit or Unfit	
Date Pre-licensing TA Completed	

Security

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

CCPP Access

County/Tribal Subsidy Agencies approve access to licensed and certified providers. However, since the counties/tribes are not familiar with the training agencies and the background check process, the approvals must be submitted to the DCF Central Office.

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 Contract

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

Public Search

These programs are not brought into the Child Care Finder.