



Child Care Provider Portal (CCPP) User Guide

Online Licensing/Certification Applications

June 2025

Division of Early Care and Education

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Background

On June 1, 2024, a new feature called the **Expression of Interest (EOI)** was added to the Child Care Provider Portal (CCPP). The EOI is one of the first steps towards becoming a regulated child care provider. The applicants are connected with an agency worker to help them prepare for the Pre-Licensing process, Certification Orientation, or towards getting approval as a Licensed Day Camp operator. Agency workers support and assist potential new providers through the entire regulation process.

On February 15, 2025, the **Initial Application** used for licensed and certified child care programs was added to CCPP. This option is only available for applicants who have submitted an EOI through CCPP and have successfully completed the Orientation/Pre-Licensing process.

Effective June 20, 2025, **Continuation and Renewal Applications** will be available in the Provider Portal for licensed (family, group, camp) and regular certified child care programs. Programs that have a license expiration date of August 31, 2025 and certificate renewal end dates beginning August 23rd will be able to complete the applications online.

This guide explains how to enter and submit online licensing and certification applications to gain and/or maintain child care regulation. The child care regulation applications currently available for submission are as follows:

- Expression of Interest (EOI)
- Initial Application – for both certified and licensed regulation types
- Continuation Application – for licensed regulation types
- Renewal Application – for certified regulation types

If you are a first-time user and have not set up an account, please reference the [Security Module](#) user guide for the instructions on how to create a DWD/WIEXT account.

Expression of Interest Entry

Who Should Submit an EOI?

Do you want to start your own regulated child care program as a first-time licensed/certified provider? If you said **“Yes,”** then you qualify for submitting an EOI.

Did you already submit your initial application and/or are currently regulated? If you said **“Yes,”** then you would NOT qualify for submitting an EOI. You will need to log into the [Provider Portal](#) to access your facility.

If you are a currently regulated child care provider and are interested in **applying for another type of child care regulation, do not submit an Expression of Interest (EOI) using the Child Care Provider Portal.** If an existing/currently certified family child care operator submits an EOI in error, this creates a new location number for your facility/program and have adverse consequences related to your YoungStar Quality Rating, Wisconsin Shares Authorizations, Child Care Counts and FIS/MyWICChildCare. If an EOI was submitted in error, please contact the [regional licensing office](#) for assistance.

Note: Your SSN or ITIN must be entered during EOI the process. If you prefer not to provide either, reach out to your local [certification](#) or [pre-licensing](#) agency for more information.

The application process has the following phases:

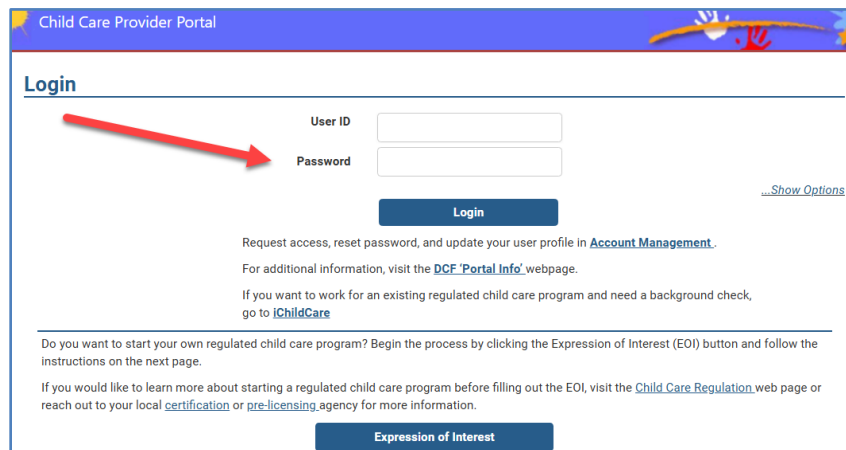
1. Provide DCF with basic information by completing the EOI.
2. Complete the pre-licensing process or the certification orientation.
3. Complete and submit the initial application.

If you would like to learn more about starting a regulated child care program before filling out the EOI, visit the [Child Care Regulation](#) webpage, [Starting a Licensed Child Care](#) webpage, or reach out to your local [certification](#) or [pre-licensing](#) agency for more information.

Login

Using your DWD/WIEXT account username and password, login to the [Child Care Provider Portal](#) (CCPP) using either of the following two paths:

Option 1: Log in through CCPP and select **Expression of Interest** on the **New User Setup** screen.



Child Care Provider Portal

Login

User ID

Password

[...Show Options](#)

[Login](#)

Request access, reset password, and update your user profile in [Account Management](#).

For additional information, visit the [DCF Portal Info](#) webpage.

If you want to work for an existing regulated child care program and need a background check, go to [iChildCare](#)

Do you want to start your own regulated child care program? Begin the process by clicking the Expression of Interest (EOI) button and follow the instructions on the next page.

If you would like to learn more about starting a regulated child care program before filling out the EOI, visit the [Child Care Regulation](#) web page or reach out to your local [certification](#) or [pre-licensing](#) agency for more information.

[Expression of Interest](#)

Child Care Provider Portal
Welcome, Violet

Logout

New User Setup

After receiving the PIN from the director/administrator, you will need the following information to gain access to this facility: Once you have this info, select the button below. 10-digit Provider Number commonly found in most direct communications from DCF. 3-digit Location Number found in most direct communications from DCF. Need PIN for activation issued by the location Owner or Administrator. Once you have this info, select the button below.

Additional Users for a Facility

To gain access as an owner/director, you need the following information: 10-digit Provider Number commonly found in most direct communications from DCF. 3-digit Location Number found in most direct communications from DCF. Tax ID Number provided at the time of submitting an application. (i.e SSN or FEIN)

Once you have all the information, select the button below.

Get Owner/Director Access

Do you want to start your own regulated child care program? Begin the process by clicking the Expression of Interest (EOI) button and follow the instructions on the next page.

If you would like to learn more about starting a regulated child care program before filling out the EOI, visit the [Child Care Regulation](#) web page or reach out to your local [certification](#) or [pre-licensing](#) agency for more information.

Expression of Interest

Option 2: Select **Expression of Interest (EOI)** from the CCPP login page and then log in through the EOI login page.

Child Care Provider Portal

Login

User ID

Password

Login

[Show Options](#)

Request access, reset password, and update your user profile in [Account Management](#).

For additional information, visit the [DCF Portal Info](#) webpage.

If you want to work for an existing regulated child care program and need a background check, go to [iChildCare](#)

Do you want to start your own regulated child care program? Begin the process by clicking the Expression of Interest (EOI) button and follow the instructions on the next page.

If you would like to learn more about starting a regulated child care program before filling out the EOI, visit the [Child Care Regulation](#) web page or reach out to your local [certification](#) or [pre-licensing](#) agency for more information.

Expression of Interest

Expression of Interest Login to Become a Child Care Provider

Existing Provider Portal Users can log in using the same User ID and password

The application process has three phases. First, provide DCF with basic information by completing the Expression of Interest (EOI). Next go through pre-licensing or orientation. Then, complete the initial application.

Note: Your SSN or ITIN must be entered during EOI the process. If you prefer not to provide either, reach out to your local [certification](#) or [pre-licensing](#) agency for more information.

Having trouble logging into the EOI as an existing provider portal user? [Clear your cache](#) or use a different device and try again. Also, make sure you are using an account that is not shared with anyone else.

If you already submitted your initial application or are currently regulated, **do not submit an Expression of Interest**. You will need to log into the [provider portal](#) to access your facility.

If you would like to learn more about starting a regulated child care program before filling out the EOI, visit the [Child Care Regulation](#) web page or reach out to your local [certification](#) or [pre-licensing](#) agency for more information.

User ID

Password

Login

[Show Options](#)

Request access, reset password, and update your user profile in [Account Management](#).

For additional information, visit the [DCF Portal Info](#) webpage.

Registered users should not share a User ID/Password with anyone. Remember that you are responsible for keeping your User ID and Password secure.

Selecting Regulation Type

After entering your login information, a new page will open explaining the difference between Licensed and Certified Child Care. It also describes the three categories of Licensed Child Care.

During the process of choosing the regulation type for your business, you can learn more about starting a Licensed or Certified Child Care Program using the links provided on the page.

Child Care Provider Portal
Welcome, Cindy

Logout

Expression Of Interest

Licensed vs. Certified Child Care

In Wisconsin, caregivers have two options for regulated child care—licensed or certified. Certified providers can provide care for up to three children under the age of 7 who are not related to the provider. Licensed providers can care for four or more unrelated children under the age of 7. Both regulated care options have unique benefits; the key is deciding what type fits your circumstances and type of facility.

Discover what makes each type of regulated care unique.

Licensed Child Care

Under Wisconsin law, no person may provide care and supervision for four (4) or more children under the age of 7 for less than 24 hours a day unless that person obtains a license to operate a child care center from the Department of Children and Families (the department).

There are 3 categories of licensed child care:

Family Child Care

A child care program that provides care and supervision for less than 24 hours a day for at least 4 and not more than 8 children who are not related to the provider. For more information visit the [Starting a Licensed Child Care Page](#)

Group Child Care

A child care program that provides care and supervision for less than 24 hours a day for 9 or more children who are not related to the provider. For more information visit the [Starting a Licensed Child Care Page](#)

Day Camps for Children

A child care program that provides care and supervision to 4 or more children 3 years of age and older in a seasonal program oriented to the out-of-doors for less than 24 hours a day. For more information visit the [Starting a Licensed Child Care Page](#)

Certified Child Care

Certification is a voluntary form of child care regulation and must take place in a residential setting. Certified providers may care for up to 3 children under age 7 who are unrelated to the provider. The department contracts certification functions to local counties and tribes. The department administers certification in Milwaukee County.

Certified Family

A child care program that provides care and supervision to children under age 7 unrelated to the provider, or who are not otherwise required to be licensed as a child care center. For more information visit the [Child Care Certification Page](#)

Type of Regulated Care *

Next

Carefully select the type of regulated care you are interested in from the drop-down menu then select **Next**.

tion in Milwaukee County.

vides care and supervision to c
nter. For more information visi

Type of Regulated Care *

Certified Family
Licensed Camp
Licensed Family
Licensed Group
Certified Family

Next

After selecting the regulation type, the **Expression of Interest Applicant** page displays.

Entering Applicant Details

Enter requested details on the **Expression of Interest Applicant** page. All fields marked with an **asterisk (*)** are required before the system allows you to continue. If a required field is left blank, an error message pops up stating it needs to be resolved to proceed to the next page. Selecting an **information icon** ⓘ provides more details on what to enter for that field.

It's okay if you do not have a Business Name, or an FEIN at this time. You can leave those fields blank and provide that information later if you choose. **Note that an FEIN is required for group child care programs before the initial application can be submitted.** However, you do not need to enter that information in order to submit the EOI.

When answering the translator question, select **Yes** if you need translation assistance. This will be documented in your file. It provides guidance to the worker who will be contacting you. If no language assistance is needed, select **No**.

After completing the information on this page and after selecting **Next**, the applicant's home address is verified against the U.S. postal service's database. If there are possible errors, the message below shows, asking you to select from a list of actions. Be sure to review what was entered and make the selection accordingly.

Entering Facility Details

Enter information for the proposed facility on this page. If you do not have an address yet, you must enter at least the County or Tribe where the facility will be located.

Proposed Facility Address

County/Tribe *

Street Number

Unit

Direction

Street/Rural Rt/Box#

Suffix

Quadrant

Apt#

Address Line 2

City

State

Zip Code

Save

After entering information on this page, select **Save**. This action takes you to the **Expression of Interest Submission** page.

Submitting the Expression of Interest

When you have completed the EOI form and select **Save** from the **Proposed Facility Address** page, the system takes you to the **Expression of Interest Submission** page. On this page, you must attest that the information you provided is true and that you completed the form yourself. Select the checkbox, then select **Submit**.

Child Care Provider Portal
Welcome, Tori

Tori Amos
321 S Avenue
Milwaukee, WI 53206

Logout
2800040392-001
Facility ID N/A
FIS Provider ID N/A

Expression Of Interest Submission

Expression Of Interest Application Details	
Type of Regulated Care	Certified Family
Application Mode	Expression Of Interest
Application Entered Date	05/23/24
Application Status	Expression of Interest Pending
Comments	

Terms and Conditions

☒ I attest that the information entered is true to the best of my knowledge, and I am completing this form for myself.

Submit

◀ Expression Of Interest Home

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Upon submission, the application is sent to the appropriate agency, depending on the location/county tribe, and type of regulation chosen. A representative will reach out, after reviewing the submitted information, to inform you of the next steps. Please allow **at least three business days** for them to contact you.

Note: Changes cannot be made after submitting your EOI application. You will need to work with the agency worker to make any changes.

If you have immediate questions, use the listing linked from the **Contacts** page.

Violet Rose
5410 Flower Ter
Milwaukee, WI 53206

8800040998-001
Facility ID 1124246
FIS Provider ID N/A

Contacts

Contact Information

After your Expression of Interest has been submitted, you will be contacted by a representative to explain your next steps. Please allow at least 3 business days for them to reach out to you.

If you have immediate questions, please contact the [Pre-Licensing Office](#) in your area.
For more information on becoming Licensed visit our [Starting a Child Care page](#).

[Expression Of Interest Home \(EOI\)](#)

Expression of Interest Home Page

From the EOI home page you can:

- Check the status of your application
- View the **Application Summary** page and **Modify Information**
- Submit the application
- Request to withdraw the application
- View the **Contacts** page

Child Care Provider Portal
Welcome, Violet

Logout
8800040998-001
Facility ID 1124246
FIS Provider ID N/A

Expression Of Interest Home (EOI)

Current status is: Expression of Interest Pending

EOI Application Summary

Submit EOI Application

Withdraw EOI Request

Contacts

Expression of Interest Application Summary

Before submitting your application, you can review the information entered for each section by selecting the **EOI Application Summary** button. If you need to modify any of the information, select the corresponding modify button for that section.

Expression Of Interest Application Summary

Application Details

Type of Regulated Care	Licensed Camp
Application Mode	Expression Of Interest
Application Entered Date	05/19/24
Application Status	Expression of Interest Pending
Comments	

Modify Application Details

Business/Applicant Details

Business Name	Happy Camper Inc
FEIN	XX-XXX9559
First Name	Benny
Middle Initial	
Last Name	Jets
Date of Birth	3/20/1982
Social Security Number (SSN)	XXX-XX-4848
Primary Phone	(608)422-6238
Email	
Is A Translator Needed ?	No
Translator Language	
Address	45 Sunshine And Smiles Ln Madison, WI 53704

Modify Applicant Details

Location Details

Location County/Tribe	Dane County
Address	400 Happy Camper Dr Madison, WI 53704

Modify Location Details

Modifying EOI Information

From the **Application Summary** page, select the **Modify Details** button for the section you want to modify. The **Modify Details** page for that section will open for you to make changes to the information.

Modify Applicant Details

Applicant Details

First Name *

Middle Initial

Last Name *

Suffix

Business Name ⓘ

Confirm Name Change ☐ Yes ☐ No

Date of Birth * ⓘ

Social Security Number (SSN) ⓘ

FEIN ⓘ

Applicant Home Address

Street Number

Unit

Direction

Street/Rural Rt/Box# *

The only fields you cannot change on this page are the SSN and FEIN. If changes need to be made to these fields, please reach out to your pre-licensing or certification agency contact linked from the **Contacts** page.

After changes are made, select **Save** at the bottom of the modify screen. If no changes are made, select **EOI Application Summary** to return to the summary page to continue your review. After you have completed your review, select the **Expression of Interest Home (EOI)** button at the bottom of the summary page.

Save

◀ **EOI Application Summary**

Requesting to Withdraw an Expression of Interest

You have the option of withdrawing your EOI. This can be done before or after submitting the EOI application.

Withdrawing before submitting the EOI: Your application status changes to **Expression of Interest Withdrawn**.

Please note: Reaching out to an agency representative *before* withdrawing is highly recommended. They can assist you with issues or questions you might have so you are able to proceed with the regulation process.

Withdrawing after submitting the EOI: Your application status changes to **Expression of Interest Withdraw Requested**. An agency representative will reach out to you and assist with any questions or concerns you have. The intent is to help overcome obstacles and keep you moving forward with the regulation process.

When you select **Withdraw Request**, the **Expression of Interest Withdraw** page opens. You must check the box next to **Confirm Withdraw**, then select **Withdraw Request** button.

Expression Of Interest Withdraw

Expression Of Interest Application Details	
Application Type	Licensed Camp
Application Mode	Expression Of Interest
Application Entered Date	04/30/24
Application Status	Expression of Interest Pending
Comments	
<input checked="" type="checkbox"/> Confirm Withdraw <input type="button" value="Withdraw Request"/>	
◀ Expression Of Interest Home	
About DCF Public Meetings Careers Request Records Contact Us Wisconsin.gov Press	

Checking the Status of an Expression of Interest

The **Expression of Interest Home** page displays the status of your EOI application. There are several EOI statuses that may display throughout the process. **For example:** Once you have submitted the EOI, the status will change to **Expression of Interest Submitted**.

Tori Amos
321 S Avenue
Milwaukee, WI 53206

Expression Of Interest Home

Current status is: Expression of Interest Submitted

Application Summary

Submit Application

Withdraw Request

Contacts

The Expression of Interest statuses are described below:

Status	Description
Expression of Interest Pending	This status is displayed after the applicant enters and saves at least the first page of information in the EOI.
Expression of Interest Withdrawn (Pre-submission)	This status is displayed after the applicant selects the Withdraw Request button prior to submitting the EOI.
Expression of Interest Submitted	This status is displayed after the applicant submits the EOI for review. No changes can be made after submitting the EOI.
Expression of Interest Withdraw Requested	This status is displayed after the applicant has requested to withdraw their EOI after submission.
Expression of Interest Withdrawn	This status is displayed if the applicant decides to withdraw after the agency provides assistance.
Expression of Interest Closed – Provider Already Exists	This status is displayed if the applicant is a current provider or if the applicant has regulation history in the DCF child care database. An

Status	Description
	agency representative will reach out to provide guidance for the applicant, depending on the next steps.
Pre-licensing Initiated	This status is displayed when the pre-licensing agency has initiated contact with the applicant and proceeds with the pre-licensing process.
Pre-licensing Discontinued/Lost Contact	This status is displayed when the pre-licensing agency has lost contact with the applicant therefore not completing the pre-licensing process.
Pre-Licensing Complete	This status is displayed when the applicant has completed the pre-licensing process and has moved on to the next step in the application process (initial application).
Orientation Initiated	This status is displayed for certification applicants when the certification agency has initiated contact with the applicant and proceeds with the orientation.
Orientation Discontinued/Lost Contact	This status is displayed when the county/tribe has lost contact with the applicant therefore not completing the orientation process.
Orientation Complete	This status is displayed when the applicant has completed the certification orientation process and has moved on to completing the initial certification application.
Expression of Interest for Day Camp Complete	This status is displayed when the Regional Office confirms an EOI submission for a day camp license and has provided guidance on completing the initial application.

Once you have successfully completed Orientation, Pre-Licensing, or you are applying to become a licensed day camp, the initial licensing or certification application will be available to you through CCPP. Details on when you can begin filling out the application will be provided by the agency you are working with.

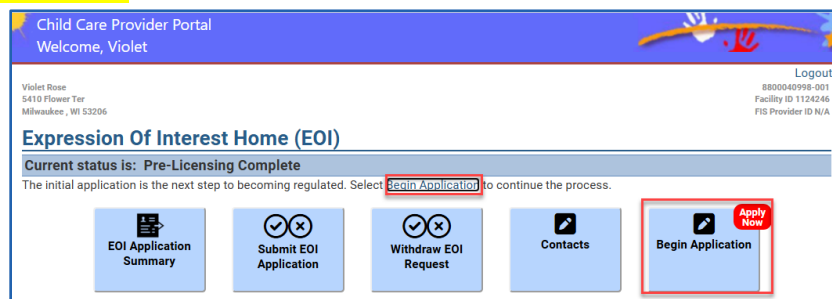
Initial Licensing/Certification Application Entry

Login

You must use the same DWD/WIEXT account username and password used to submit the EOI and login to the [Child Care Provider Portal](#) (CCPP). After entering your login information, you will see your current application status, a statement explaining that the next step is to complete the initial application, and the **Begin Application** button will be accessible.

If you need to reset your password or recover your account credentials, follow the instructions provided through the [DWD Account Management System](#).

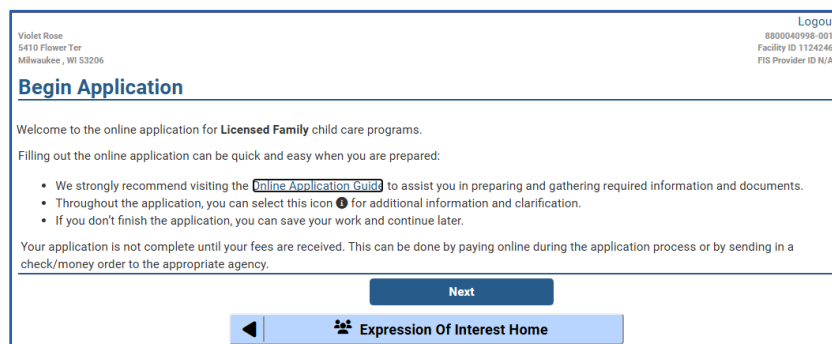
Selecting either the **Begin Application** link or the **Begin Application** button will take you to the **Welcome** page. **If neither of these are available, you may not have completed pre-licensing/certification orientation. Reach out to your specialist for assistance.**



The **Begin Application** page briefly explains what to expect while filling out the application. Selecting **Next** takes you to the beginning of the application and changes your application status to **Application in Progress**.

Note: You will no longer be able to access this **Begin Application** page after you proceed to the next page. Referencing the Online Application Guide while completing the application is strongly recommended.

- For licensed family, group and camp applications: [Online Application Guide](#)
- For certified family applications: [Online Application Guide](#)



Modify Applicant Details

This page will display the information that was either submitted through the EOI process or entered/updated by the agency specialist while they were working with you. You will be able to update most of the fields on this page. The full name, DOB, SSN and FEIN (if submitted prior to beginning the initial application) are read only. If you need to make changes to the read only fields, please contact your agency specialist.

After making relevant updates and completing any required fields marked with an *, select **Save** to proceed to the next page.

Modify Applicant Details

Applicant Details

First Name

Violet

Middle Initial

Last Name

Rose

Suffix

Business Name

Date of Birth

03/20/87

Social Security Number (SSN)

XXX-XX-9724

FEIN

Applicant Home Address

Street Number

5410

Unit

Direction

Street/Rural Rt/Box#

Flower

Suffix

Terrace

Quadrant

Apt#

Address Line 2

City

Milwaukee

State

Wisconsin

Zip Code

53206

Primary Phone

(608) 422-6238

Email

Is A Translator Needed ?

☐ Yes
☒ No

Translator Language

Save

After selecting **Save**, if you get any of the following error messages, be sure to review the address you entered and make the necessary changes. Resubmit the address by selecting **Save** again.

Modify Applicant Details

Applicant Details

Finalist: Zip Code: Value not found.

Finalist: Carrier: Carrier route not determined. Non-deliverable

Finalist: Address(1): Street name could not be matched to the database.

Finalist: Address(1): Street building number is out of range for this street.

Finalist: Address(1): Direction (North, East) and suffix (Street, Trail) incorrect.

Finalist: Address: Address does not match any expected formats. Non-conventional address.

If you still get the error messages with a *valid* address, select the “Use the address as entered” option from the list and select **Save** to proceed to the next page.

Address Search Result

Please choose the appropriate action below then select "Next/Save"

Select from the following actions:

☐ Use the address suggested
☒ Resubmit the address
☐ Use the address as entered

Application Dashboard

The **Application Dashboard** displays a **Continue to...** button that links to the next page ready for completion. The dashboard also includes five additional buttons, representing the main categories for the application.

Gloria's Glorious Gargoyles

2 Gargoyles Ln

Saraboo, WI 53913

Logout

9800040979-001

Facility ID 1124233

FIS Provider ID N/A

Application Dashboard

Continue to Regulatory Fees

Application Details

Type of Regulated Care

Licensed Group

Application Mode

Initial

Application Entered Date

01/14/2025

Application Status

Application In Progress

Applicant

Facility

Individuals

Program Features

Review & Submit

Applications

Here are the main application categories and the information that can be found within each category:

- **Applicant:** Applicant Details and Business Details (Groups and Camps)
- **Facility:** Location Details, Physical Plant and Environment (Groups and Camps), Additional Details, Mailing Addresses, Requested Operational Details, and Requested Ages Served
- **Individuals:** Copy Applicant and Add Individuals
- **Program Features:** Pets, Provide Transportation, Vehicle Details, Insurances, and Other Licenses
- **Review and Submit:** Regulatory Fees, Review, Submit Application, Withdraw Request, and Contacts

Business Details (For Licensed Group/Camp Only)

The **Business Details** page is for Licensed Group and Licensed Camp applicants to select how they have organized their business. The selection should match the same business type that was selected when applying for the FEIN with the IRS.

Business Details

All owners will need an applicant/licensee background check. If your business has more than one owner or partner, you'll need to contact your local [Regional Office](#) to indicate the other owners.

Business Type * Corporation

Corporation / Individual

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

Save

Select **Save** to proceed to the next page and upload all relevant business documents.

Document Upload Information:

If your business is organized as a corporation or church, then upload the **Articles of Incorporation**, **By-laws** and the **List of Board of Directors**.

If your business is organized as a partnership or limited liability company, then upload the **Articles of Organization** and Operating Agreement and the **Partner/Member List**.

List of Board of Directors should include the name, title, address, telephone number, and dates of office of each member, its committees, and its officers. Immediately notify the department when any changes are made to the governing board.

Partner/Member List should include the full names and addresses of each partner/member, if not already listed in the Articles of Organization and Operating Agreement. Even if there is only one member of an LLC or Corporation you still need to submit a document that lists yourself.

Documents Already Uploaded		
Uploaded Date	Document Type	
02/03/25	W9 Form	View
02/03/25	By-Laws	View

Upload New Documents

For helpful tips on uploading documents review [Preparing Documents for Uploading](#). If you have uploaded the wrong document or selected the wrong document type, you will need to contact your local [Regional Office](#) for assistance.

Document Type	
W9 Form	Upload
Articles Of Organization(LLC)/Incorporation/Partnership	Upload
List Of Board Of Directors	Upload
Cbc Delegations	Upload
By-Laws	Upload
Partner/Member List	Upload

Next: Location Details

Applicant

After uploading business related documents, select **Next: Location Details** to proceed to the next page.

Modify Location Details

This page displays the information that was either submitted through the EOI process or entered/updated by the agency specialist while they were working with you. You will be able to update all fields on this page except for the location address and county/tribe where the facility is located.

Contact Details: The contact details section should include information for the person who is in charge daily at the center.

Water Source: Select the type of water source supplying the child care program and enter the most recent water test date if you selected "Private Well." You'll be able to upload the water test results on the next page. If you have questions about requirements for water testing be sure to contact your pre-licensing or certification agency.

After reviewing, making relevant updates, and completing any required fields marked with an *, select **Save** to proceed to the next page.

Modify Location Details

For help completing information on this page visit the [Online Application Guide](#) webpage and select "Complete the Application".

Location Details

Location County Milwaukee County

Address 5410 Flower Ter
Milwaukee, WI 53206

Contact Details

The information you enter in this section is for the person who is in charge daily at the center.

Facility Name *

First Name *

Middle Initial

Last Name *

Suffix

Email

Primary Phone Number *

Secondary Phone Number

Pager Number

Cell Phone Number

Water Source ⓘ

Select the type of water source you have

☐ Public Water

☐ Private Well

If you have a private well, enter the most recent water test date

Location Details

The location details entered on the previous page displays as read only. If changes need to be made, select **More**, then **Modify Location Details** to go back to the modify page.

Water Source

Select the type of water source you have Public Water

If you have a private well, enter the most recent water test date

[More](#)

Water Source

Select the type of water source you have Public Water

If you have a private well, enter the most recent water test date

Modify Location Details ▶

Document Upload Information:

You will be able to upload all the document types listed in the **Document Type** section. Review the **Document Upload Information** section for more information on each document. If there is a document type listed on the page and you are not sure if you need to submit or not, check the **Helpful Resources** section of this user guide or contact your agency specialist for assistance.

Once you are ready to move on to the next page, select **Next: Additional Details** to proceed. Licensed Group/Camp applicants will select **Next: Physical Plant and Environment**.

Physical Plant and Environment (For Licensed Group/Camp Only)

The **Physical Plant and Environment** page is accessible for Licensed Group and Licensed Camp applicants to provide information about the building where the care will be provided.

This is also the page the Building Inspection documentation should be uploaded, showing compliance with applicable building codes.

Once you are ready to move on to the next page, select **Next: Additional Details** to proceed.

Additional Details

This section of the application is collecting information on radon, pet accessibility, receiving monitoring results electronically, and whether there is another authorized person for signing subsequent applications on behalf of the applicant.

Radon Test: Proof of radon testing is required to become a licensed group (not located in a public school) or licensed family program. **Note:** Certified applicants are not currently required to report this information.

Pets in Location: Answer whether pets are on the premises and accessible to children in care. **Be prepared to upload rabies vaccination documentation for each pet on the premises on the **Pets** page.**

Monitoring Results: If you select "**Yes**" monitoring results will be sent to the email address that is listed on the **Mailing Address** page.

Other Authorized Person: For licensed programs, the Applicant/Licensee can designate another person to sign agreements and submit official documentation. Certified programs should answer "**No**."

Once you are ready to move on to the next page, select **Next: Mailing Address** to proceed. Certified Family applicants will select **Next: Care Location**.

Care Location (For Certified Family Only)

Select either "Child's Home" or "Provider's Home" from the dropdown. If you will be providing care in the child's home, the child/ren you plan to care for must be approved for an in-home authorization before your application can be processed.

Once you are ready to move on to the next page, select **Next: Mailing Address** to proceed.

Add Mailing Address

The address you select will determine where all official notices will be sent. This is a required selection. You are provided three options to choose from:

- The address for the applicant
- The location address
- An option to enter a different address

If you need to make modifications or delete the address, select the **Details** button to the right of the mailing address, then select **More** to access the **Modify** and **Delete** button options. When selecting **Modify**, you can edit the address and save it with updates. When selecting **Delete**, you must check the **Confirm Delete** box. After deletion, you are directed back to the **Add Mailing Address** page.

The image shows two side-by-side form panels. The left panel, titled 'Contact Information', displays the following details: Name: Violet Rose, Address: 5410 Flower Ter, Milwaukee, WI 53206, Phone Number: (608) 422-6238, and Email. Below the details are two buttons: 'Modify Mailing Address' and 'Delete Mailing Address', each with a right-pointing arrow. The right panel, titled 'Mailing Address Delete', shows 'Mailing Address Details' with Address Type: Licensing Mailing Address and Effective Period: 02/03/25. Below this is a 'Contact Information' section with the same details as the left panel. At the bottom of the right panel, there is a 'Confirm Delete' checkbox (checked), a 'Delete' button, and a 'Mailing Address' button with a left-pointing arrow.

Once the mailing address is entered, select **Next: Requested Operational Details** to proceed to the next page. Then select **Add Requested Operational Details** to begin adding the information.

The image shows two stacked form panels. The top panel, titled 'Mailing Address', displays 'Mailing Address Details' in a table with columns: Address Type, Effective Period, Address, and Details. The row shows: Licensing Mailing Address, 02/03/25, and the contact information for Violet Rose. A 'Details' button with a right-pointing arrow is next to the address. Below the table is a red-bordered button labeled 'Next: Requested Operational Details' with a right-pointing arrow. At the bottom is a 'Facility' button with a left-pointing arrow. The bottom panel, titled 'Requested Operational Details', has a table with columns: Months Open, Days Open, Day Capacity, and Night Capacity. Below the table, it says 'No results found'. There are two buttons: 'Add Requested Operational Details' (red-bordered, with a right-pointing arrow) and 'Next: Requested Ages Served' (with a right-pointing arrow). At the bottom is a 'Facility' button with a left-pointing arrow.

Requested Operational Details

This page is for entering the months, days, and hours of operation, and the capacity for your child care program. The details entered on this page are considered “requested” by the applicant/provider. **This request needs to be reviewed by the agency specialist.** If approved, the details will be listed on the license/certificate.

Months of Operation

The system selects all 12 months, by default. If your program does not operate for one or more months during the year, you may need to make multiple entries to show the active months of operation. See example below.

Example: This program does not operate May – August each year. Since there is a break in operations, between January and December, it requires two separate entries.

1. Select **Add Requested Operational Details**

Requested Operational Details			
Months Open	Days Open	Day Capacity	Night Capacity
No results found			
Add Requested Operational Details			▶
Next: Requested Ages Served			▶
◀ Facility ▶			

2. Deselect May – December, complete all other entries and select **Save**.

Months of Operation			
<p>If your program does not operate for one or more months during the year you will need to make multiple entries to show the active months of operation.</p> <p>For guidance and examples on how to make these entries you can reference the CCPP User Guide for Online Applications. You can also reach to your Regional Office for assistance.</p>			
<input checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> February	<input checked="" type="checkbox"/> March	<input checked="" type="checkbox"/> April
<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> August
<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

3. Select **Add Requested Operational Details** for the second entry.

4. Deselect January – August, complete all other entries and select **Save**.

Months of Operation			
<p>If your program does not operate for one or more months during the year you will need to make multiple entries to show the active months of operation.</p> <p>For guidance and examples on how to make these entries you can reference the CCPP User Guide for Online Applications. You can also reach to your Regional Office for assistance.</p>			
<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April
<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> August
<input checked="" type="checkbox"/> September	<input checked="" type="checkbox"/> October	<input checked="" type="checkbox"/> November	<input checked="" type="checkbox"/> December

Here is what the entries look like for a program that operates from September – April.

Requested Operational Details			
Months Open	Days Open	Day Capacity	Night Capacity
January-April	Mon-Fri 6:00AM - 6:30PM Sat-Sun Closed	50	0
September-December	Mon-Fri 6:00AM - 6:30PM Sat-Sun Closed	50	0
Add Requested Operational Details			▶
Next: Requested Ages Served			▶
◀ Facility ▶			

Days of Operation

If your program will be closed on certain days of the week, deselect those days.

Are you open on the weekends? If yes, select “**Yes**” and the weekend days you plan to provide care.

Hours of Operation

Select the Start and End times using the scrolling clock selector. Determine whether you have more than one Start and End time and enter those as well. If you have trouble entering your hours of operation, contact the regulatory agency for assistance.

Capacity

Day Capacity: Enter the maximum number of children in care between 05:00 a.m. and 10:00 p.m.

Night Capacity: Maximum number of children in care during any period between 10:00 p.m. and 05:00 a.m.

Note: For certified family applications, these fields display as Group Size (max of 6) and number of Children Under 7 Years (max of 3) instead of Day/Night Capacity.

Requested Ages Served

This page represents the ages served “requested” by the applicant/provider. **This request needs to be reviewed by the agency specialist.** If approved, the details will be listed on the license/certificate.

Enter the youngest age of children your program will serve in weeks, months and/or years. Also enter the oldest age of children your program will serve in weeks, months and/or years.

The **From Age** must be equal to or less than the **To Age**. In the example below, the applicant is requesting to care for children 6 weeks through age 10 (to 11 years).

Requested Ages Served Details	
From Age	0 Year(s), 0 Month(s), 6 Week(s)
To Age	10 Year(s), 11 Month(s), 0 Week(s)

[More](#)

Next: Individuals ▶

◀ 🏠 Facility

Individuals

You must **Copy Applicant** into the **Individuals Module** so a background check can be completed. This module also allows you to add all your current and prospective employees and/or household members (age 10 and older) for background check purposes.

Buildings And Requests
5412 Pioneer Trl
Milwaukee, WI 53206

Logout
8805040798-001
Facility ID 1124546
FIS Provider ID N/A

Individuals

Enter current and prospective employees and/or household members (age 10 and up) for background check purposes.

Name	Role(s)	Employment Period	Background Check Status
No results found			

Click here to display Registry Staff ▶

This is a list of the individuals associated with your Registry provider profile. To add these individuals to your staff list in the Child Care Provider Portal (CCPP):

Copy Applicant ▶

Next: Pets ▶

◀ ☰ Application

[More](#)

Select **Copy Applicant** from the Individuals page. This opens the **Copy Applicant** page displaying the applicant’s details as read-only. Select the **Copy Applicant** button which opens the **Applicant Details** page. Review the details and complete all the required fields.

Copy Applicant Details

Applicant Details

First Name

Violet

Middle Initial

Last Name

Rose

Suffix Name

Address *

5410 Flower Ter

Address Line 2

City *

Milwaukee

State *

Wisconsin

Zip Code *

53206

County/Tribe *

Primary Phone *

(608) 422-4238

Primary Phone Type *

☐ Home
☐ Work
☐ Cell

Secondary Phone

Secondary Phone Type

☐ Home
☐ Work
☐ Cell

Email *

Date of Birth

3/20/1987

SSN

XXX-XX-9724

Gender *

☐ Male
☐ Female

Race

Language *

Employment/Residency Details

Effective From

02/03/25

Primary Role

Applicant/Licensee

Background Check Level

Applicant/Licensee

Secondary Role

Employment/Residency Status

Current

Employment/Residency Begin Date

2/3/2025

Has This Individual Used Any Names or Aliases in the Past? *

☐ Yes
☐ No

Apply Ongoing Background Check Fee to this Location

Yes

Comments for this individual

Copy

◀

Individuals

After completing all the details, select **Copy**. Then, you'll complete the background check questions for the applicant and generate/view the fingerprint code.

Confirmation of Individual Information

Individual

Name

Employment Period

Confirmation of Individual Information

You have successfully added the individual and all necessary background check information.

Generate/View Fingerprint Code

▶

For guidance on adding individuals and how to complete background checks, reference the Individuals section of the [CCPP User Guide](#).

Pets

For each dog or cat added, be prepared to upload a current certificate from a veterinarian documenting their rabies vaccination. This document can be uploaded on the next page of the application.

Once you are ready to move on to the next page, select **Next: Provide Transportation** to proceed.

Provide Transportation

If the center provides transportation for children in care to/from school, home or for field trips, be prepared to enter the vehicle and insurance information for each vehicle. Select **Add Transportation** and choose **Yes** or **No** as the answer for whether the center provides transportation. Then select **“Add”** to save the information.

The Begin Date is auto populated with today’s date.

Once you are ready to move on to the next page, select **Next: Vehicle Details** to proceed.

Vehicle Details

For each vehicle added, be prepared to provide details, and upload related documents. Select the vehicle mode from the dropdown and enter identifying information for each vehicle used to transport children in care.

Once you are ready to move on to the next page, select **Next: Insurances** to proceed.

Insurances

Be sure you have enough coverage for your business purposes.

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. Certified programs are not required to have liability insurance.

Insurance Type Descriptions

Liability - Select this type for general liability insurance. If applicable, be sure pets are included in the **Proof of Insurance** document that can be uploaded on the next page. You can add multiple Liability insurance types, if needed. Adding a comment with a short description can be helpful.

Vehicle - Select this type for center-owned vehicle insurance. Be sure to enter insurance information and upload a **Proof of Insurance** document for **each vehicle** listed on the Vehicle Details page. Adding a comment with a short description can be helpful.

Non-Owned Auto - Select this type if transportation will be contracted for. If the contract is with the bus company used by the local school district, insurance information is not required.

Add as many types of insurance as needed.

Add Insurance Details

Be sure you have enough coverage for your business purposes.

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.

Liability - Select this type for general liability insurance. If applicable, be sure pets are included in the **Proof of Insurance** document that can be uploaded on the next page. You can add multiple Liability insurance types, if needed. Adding a comment with a short description can be helpful.

Vehicle - Select this type for center-owned vehicle insurance. Be sure to enter insurance information and upload a **Proof of Insurance** document for **each vehicle** listed on the Vehicle Details page. Adding a comment with a short description can be helpful.

Non-Owned Auto - Select this type if transportation will be contracted for. If the contract is with the bus company used by the local school district, insurance information is not required.

Insurance Type * Liability

Start Date * 10/15/2024

End Date * 10/15/2025

Number of Children Covered 7

Pets Covered ☒ Yes ☐ No

Comments Included pets declaration page

Add

Once you are ready to move on to the next page, select **Next: Other Licenses** to proceed.

Other Licenses

If the home/facility is licensed or certified as an adult family home or foster care, please make the appropriate selection from the dropdown. If not, then select “None” from the dropdown and proceed to the next page.

The licensee may not combine the care of children enrolled in the child care center with foster care of other non-related children or adults without the prior written approval of both licensing agencies.

Family child care certification requires completion of the [Regulatory Agency Approval form](#) by the foster care or adult family home regulating agency. **This form can be uploaded on the Location Details page of the application.**

You are required to select an option from the dropdown to submit the application.

Once you are ready to move on to the next page, select **Next: Regulatory Fees** to proceed.

Regulatory Fees

Paying the application fee is quick and convenient using the e-payment services portal. If you choose to submit your application without payment, it will not be processed/reviewed until payment is received. The e-payment services portal may be used to pay application fees by certification applicants in Milwaukee County and all licensing applicants. Certification applicants in the balance of the state will need to pay any application fees directly to their certification agency.

Note: If you make a payment after you have submitted your application, reach out to your local licensing/certification agency to let them know. Your application will not be processed until payment has been confirmed.

Once you are ready to move on to the next page, select **Next: Review** to proceed.

Application Review

The Application Review page shows a summary of all the information entered on prior pages **of the application. The page shows highlighted items if the information/documentation is** missing and must be completed before you can submit the application. **A warning message is also displayed across the top of the page if there is missing or inconsistent information.** Carefully review what has been entered and what still needs to be completed.

Each section of the Application Review page has a header row with an **Edit** link on the far-right side. That link takes you directly to the page where you are missing information.

Any documents that have been uploaded include a **View** button that you can click to open the document and verify the correct document had been uploaded.

The highlighted areas are either pieces of missing information or missing documents that are required to submit the application. You will need to make sure there are no warning messages left before submitting the application.

Location Details		Edit
Location County	Milwaukee County	
Address	5410 Flower Ter Milwaukee, WI 53206	
Facility Name	Bubbles And Bouquets	
Contact Person Name	Violet Rose	
Email		
Primary Phone	(608)422-6238	
Secondary Phone		
Pager		
Cell		
Select the type of water source you have	Public Water	
If you have a private well, enter the most recent water test date		
Location Documents		
<div>Initial Licensing Checklist document required</div> <div>Policies document required</div> <div>Policy And Procedures Checklist document required</div>		
Uploaded Date	Document Type	
02/03/25	Delegation Of Authority/Chain Of Command	View ►
Radon Test		Edit
Radon Test Date	12/20/2024	
Radon Test Result	0.09(pCi/L)	
Pets In Location		
Are pets allowed in areas of the center accessible to children during the hours of operation?		
Yes		
Monitoring Results		
I agree to receive monitoring results via email.		
Yes		

Once you are ready to move on to the next page, select **Next: Submit Application** to proceed.

Submit Application

The **Submit Application** page will also display a warning message across the top of the page if there is missing or inconsistent information. Again, you will not be able to submit the application until all missing items have been taken care of.

Read each paragraph prior to checking the corresponding box to ensure you understand what you are being held responsible for.

Once all missing information has been taken care of, all boxes are checked and you enter your name and title, then select **Submit**. This screen shot shows the application fees were paid through e-payment prior to submitting.

Regulation Fee	Fees Paid Through E-Payment
Signature Date	2/3/2025
Type your name for an electronic signature *	<input type="text" value="Violet Rose"/>
Signatory Title *	<input type="text" value="Applicant"/>
<input type="button" value="Submit"/>	
<input type="button" value="◀"/> <input type="button" value="🏠 Review & Submit"/>	

Congratulations! You have just completed the next step towards becoming a regulated child care provider. Your application status will update throughout the process. The descriptions are listed in the [Application Statuses](#) section of this User Guide.

Feel free to reach out to your agency specialist if you have any questions.

Gain Full Access to Your Program

Once your application has been reviewed and you are approved to operate as a licensed or certified provider, the status of your application will be updated to "Regulation Approved" and you will see the link "Gain full access to your program".

Bubbles And Bouquets
5410 Flower Ter
Milwaukee, WI 53206

Logout
8800040998-001
Facility ID 1124246
FIS Provider ID N/A

Applications

Current application status : **Regulation Approved** [Gain full access to your program.](#)

Print and post the child care license in a location where parents can see it during the hours of operation.

Expression of Interest

Initial Application

Current License/Certificate

After selecting the link, you will gain full access to everything available to you within the Child Care Provider Portal (CCPP). The first page asks about your electronic communication preferences. You can either make the selections and save the information or select **Decide Later** to view other pages.

Communication Preferences

This page allows you to opt-in for text, email and electronic notices from DCF/regulatory agency.

You have not yet chosen your communication preferences. Please select your preferences and save, or select 'Decide Later' if you want to choose at a later time.

Phone Number

Email

Confirm Email

Note: Text messages will not be sent during the hours between 9 pm and 6 am.

This number must be able to receive text messages. Note that standard message rates and data charges from your carrier may apply to receive text messages.

By checking the boxes below, you can choose your communication options for each type.

Type	Electronic Notice	Email	Text Message
Background Check Eligibility Decision Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Background Check Invoices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Background Check Quarterly Notices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fingerprint Instruction Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Messages From Regulatory Agency	N/A	N/A	<input type="checkbox"/>
Provider EBT Authorization Letter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Documents	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Notifications	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Youngstar Documents	N/A	<input type="checkbox"/>	<input type="checkbox"/>

Save

Decide Later ▶

To learn more about how to use the Provider Portal and what other information is available to you, review the [Child Care Provider Portal \(CCPP\) User Guide](#).

Print and Post Your License/Certificate

Once you are approved to operate as a licensed or certified provider you will be able to view and print your current License/Certificate.

Applications

Current application status : **Regulation Approved.**

Print and post the child care license in a location where parents can see it during the hours of operation.


Expression of Interest

Initial Application

Current License/Certificate

◀ Home ▶

Select the **Current License/Certificate** button to open the document and then print it the way you normally print from your computer/device.

State of Wisconsin			Probationary Child Care License				
			Violet Rose is licensed to operate a Family Child Care Center known as <div style="background-color: gray; width: 150px; height: 1.2em; margin: 2px 0;"></div>				
Hours of Operation:							
Capacity:							
Months	Day	Night	Monday	Tuesday	Wednesday	Thursday	Friday
Jan - Apr	8	0	06:00 A - 06:30 P	06:00 A - 06:30 P	06:00 A - 06:30 P	06:00 A - 06:30 P	06:00 A - 06:30 P
<div style="background-color: gray; width: 100%; height: 1.2em; margin: 2px 0;"></div>							
Ages Served: 6 Week(s) - 11 Year(s)							
<div style="background-color: gray; width: 100%; height: 1.2em; margin: 2px 0;"></div>							
ORIGINAL LICENSE DATE:							
PRINTED DATE:							
EXPIRATION DATE:							
<small>This license is effective unless revoked, suspended or voluntarily surrendered. The Letter of Transmittal is incorporated herein. Any and all exceptions and stipulations or conditions to this license shall be posted near the license certificate.</small>			<div style="text-align: right;">(Jeff Pertl) Secretary</div>				
<small>This license is granted under the pertinent provisions of section 48.65 through 48.77 of Wisconsin statutes.</small>			<small>DEPARTMENT OF CHILDREN AND FAMILIES To determine the current status of this license or to file a complaint regarding this facility, please contact: 262.448.7500</small>				
Provider Number: 8800040996 / 001			Facility Number: 1124246				

All regulated providers are required to print and post/display the child care license/certificate near the entrance or in some other conspicuous area of the center that is visible to the public, parents, and visitors.

Review the [Application Statuses](#) section of this user guide to learn what each status of your application means.

Continuation/Renewal Application Process

Receiving the Continuation/Renewal Letter

Approximately 70 days before your license/certification expiration date, a letter will be mailed and/or available in the Child Care Provider Portal (CCPP) on the **Documents** page. The letter will inform you of:

- When materials and fees (if applicable) are due
- The amount of fees due (if applicable)
- The options available to complete the application (online/paper)
- Guidance for preparing to submit materials

Home Page

After entering your login information for the [Child Care Provider Portal](#), you will either see the **Communication Preferences** page (if updates are needed) or the **Home** page. To learn more about the **Communication Preferences** page, refer to the [Communications User Guide](#).

Communication Preferences

This page allows you to opt-in for text, email and electronic notices from DCF/regulatory agency.

You have not yet chosen your communication preferences. Please select your preferences and save, or select 'Decide Later' if you want to choose at a later time.

Phone Number

Email

Confirm Email

Note: Text messages will not be sent during the hours between 9 pm and 6 am.

This number must be able to receive text messages. Note that standard message rates and data charges from your carrier may apply to receive text messages.

By checking the boxes below, you can choose your communication options for each type.

Type	Electronic Notice	Email	Text Message
Background Check Eligibility Decision Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Background Check Invoices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Background Check Quarterly Notices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuation/Re-Certification Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fingerprint Instruction Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Messages From Regulatory Agency	N/A	N/A	<input type="checkbox"/>
Provider EBT Authorization Letter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Documents	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Notifications	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Youngstar Documents	N/A	<input type="checkbox"/>	<input type="checkbox"/>

Save

Decide Later

The **Home** page displays buttons to help navigate to the most commonly used pages within the portal. This page now includes the **Regulatory Applications** button which takes you to the page that displays the previous and current regulatory applications for this location.

Home

Buttons: Financial, Facility Details, Communications, Manage Facility, Individuals, COVID-19 Payments, Regulatory Applications (Apply Now)


If you are a first time user, reference the [Security Module](#) user guide for the instructions on how to create a DWD/WIEXT account and gain access to your program.

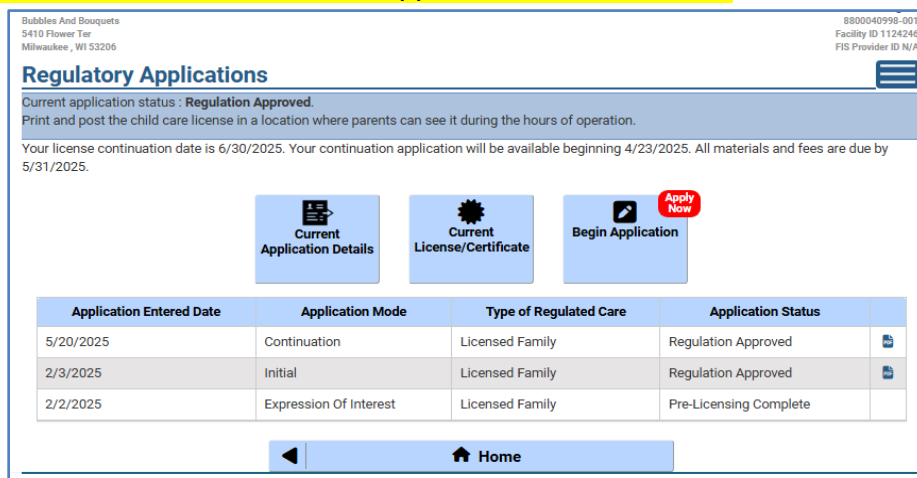
If you need to reset your password or recover your account credentials, follow the instructions provided through the [DWD Account Management System](#).

Regulatory Applications Page

This page provides information related to the previous and current regulatory applications for this location. Also, this is where you would begin the continuation/renewal application.

From this page you can:

- Print your current license/certificate
- Check the status of the current/active application
- View the reminders for
 - Your continuation/renewal date
 - When the continuation/renewal application will be available
 - The date all materials and fees (if applicable) are due
- View the list of applications for this location
- View a PDF of the submitted application, if a  is available
- Begin/continue the continuation/renewal application, when available



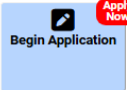


Bubbles And Bouquets
5410 Flower Ter
Milwaukee, WI 53206



8800040998-001
Facility ID 1124246
FIS Provider ID N/A

Regulatory Applications

Current application status : **Regulation Approved**.
Print and post the child care license in a location where parents can see it during the hours of operation.

Your license continuation date is 6/30/2025. Your continuation application will be available beginning 4/23/2025. All materials and fees are due by 5/31/2025.



Application Entered Date	Application Mode	Type of Regulated Care	Application Status	
5/20/2025	Continuation	Licensed Family	Regulation Approved	
2/3/2025	Initial	Licensed Family	Regulation Approved	
2/2/2025	Expression Of Interest	Licensed Family	Pre-Licensing Complete	

◀ Home

When the continuation/renewal application is available, the **Apply Now** bubble will display over the **Regulatory Applications** button on the **Home** page. This bubble will disappear once you have started the application or if you do not have the option to submit online.

The **Apply Now** bubble will also display over the **Begin Application** button on the **Regulatory Applications** page. This bubble and the button will disappear once you have started the application or if you do not have the option to submit online.

Selecting the **Begin Application** button will take you to the **Continuation Application** page where it briefly explains what to expect while filling out the application. Selecting **Next** takes you to the beginning of the application and changes your application status to **Application in Progress**.

Continuation Application

Welcome to the online continuation application for **Licensed Camp** child care programs.

Filling out the continuation application can be quick and easy when you are prepared:

- We strongly recommend visiting the [Online Application Guide](#) to assist you in preparing and gathering required information and documents.
- Throughout the application, you can select this icon ⓘ for additional information and clarification.
- Be Sure to review the individuals listed for your facility
- If you don't finish the application, you can save your work and continue later.

Your continuation application is not complete until your fees are received, if applicable. This can be done by paying online during the application process or by sending in a check/money order to the appropriate agency.

Please contact your Regional Office if you need to do any of the following:

- Change the name of your facility
- Relocate your facility
- Close your facility
- Update your Board President

Next

Regulatory Applications

Note: You will no longer be able to access this **Continuation Application** page after you proceed to the next page. Referencing the Online Application Guide while completing the application is strongly recommended.

- For licensed family, group and camp applications: [Licensing Online Application Guide](#)
- For certified family applications: [Certification Online Application Guide](#)

Application Dashboard

The **Application Dashboard** displays a group of buttons representing the main categories for the application. These buttons provide a quick way to access specific areas of the application. You will only be able to modify information within the categories for an application with the status of *Application in Progress*.

Application Dashboard

For guidance on completing an application, visit the Online Application Guide webpage, reference the CCPP User Guides, or reach out to your specialist for assistance.

Continue to Applicant

Application Details	
Type of Regulated Care	Certified Family
Application Mode	Continuation
Application Entered Date	06/02/2025
Application Status	Application In Progress

Applicant **Facility** **Individuals** **Program Features** **Review & Submit**

Regulatory Applications

The application categories and the information that can be found within each category:

- Applicant:** Applicant Details and Business Details (Groups and Camps)
- Facility:** Location Details, Physical Plant and Environment (Groups and Camps), Additional Details, Mailing Addresses, Requested Operational Details, and Requested Ages Served
- Individuals:** Copy Applicant and Add Individuals
- Program Features:** Pets, Provide Transportation, Vehicle Details, Insurances, and Other Licenses
- Review and Submit:** Regulatory Fees, Review, Submit Application, Withdraw Request, and Contacts

If there is an application in progress, this page also displays a **Continue to...** button that links to the last page where information was updated.

Applicant Details

This page displays the applicant/licensee information brought over from the licensing/certification system. The full name, business name, DOB, SSN, and FEIN are read only. You can modify the applicant home address, phone number, email and translator details.

To modify information on the page, select **More**, then **Modify Applicant Details**. After updating the information, select **Save** to proceed to the next page. Refer to the [Modifying Information](#) section of this user guide for examples.

After selecting **Save**, if you get any of the following error messages, be sure to review the address you entered and make the necessary changes. Resubmit the address by selecting **Save** again.

If you still get the error messages with a *valid* address, select the "Use the address as entered" option from the list and select **Save** to proceed to the next page.

Business Details (For Licensed Groups/Camps Only)

The **Business Details** page is available for Licensed Group and Licensed Camp programs only. You can review the documents currently on file and upload new or updated documents as needed. The business type cannot be updated during the continuation process.

Document Upload Information:

If your business is organized as a corporation or church, then upload the **Articles of Incorporation**, **By-laws** and the **List of Board of Directors**.

If your business is organized as a partnership or limited liability company, then upload the **Articles of Organization** and Operating Agreement and the **Partner/Member List**.

List of Board of Directors should include the name, title, address, telephone number, and dates of office of each member, its committees, and its officers. Immediately notify the department when any changes are made to the governing board.

Partner/Member List should include the full names and addresses of each partner/member, if not already listed in the Articles of Organization and Operating Agreement. Even if there is only one member of an LLC or Corporation you still need to submit a document that lists yourself.

Documents Already Uploaded

For **Continuation/Renewal Applications**: Review the documents currently on file. If you have new or updated documents to upload, you can do that in the "Upload New Documents" section below. If you would like any of these documents removed, you'll need to contact your specialist for assistance.

Uploaded Date	Document Type	
01/13/25	Articles Of Organization(Llc)/Incorporation/Partnership	View ▶
01/13/25	By-Laws	View ▶
01/13/25	List Of Board Of Directors	View ▶

Upload New Documents

For helpful tips on uploading documents review [Preparing Documents for Uploading](#). If you have uploaded the wrong document or selected the wrong document type, you will need to contact your local [Regional Office](#) for assistance.

Document Type	
W9 Form	Upload ▶
Articles Of Organization(Llc)/Incorporation/Partnership	Upload ▶
List Of Board Of Directors	Upload ▶
Cbc Delegations	Upload ▶
By-Laws	Upload ▶
Partner/Member List	Upload ▶

[Next: Location Details](#) ▶

◀ [Applicant](#)

Once you are ready to move on to the next page, select **Next: Location Details** to proceed.

Location Details

This page displays the location information brought over from the licensing/certification system. You will **only** be able to update the contact information for the person who is in charge daily at the center. To make changes to the contact information, select **More**, then **Modify Location Details**.

Modify Location Details

For help completing information on this page visit the [Online Application Guide](#) webpage and select "Complete the Application".

Location Details

Location County: Milwaukee County
Address: 4000 Good Times Aly
Milwaukee, WI 60112

Contact Details

The information you enter in this section is for the person who is in charge daily at the center.

Facility Name: Giggles R Us

First Name *

Middle Initial

Last Name *

Suffix

Email

Primary Phone Number *

Secondary Phone Number

Pager Number

Cell Phone Number

Water Source

Select the type of water source you have: Private Well

If you have a private well, enter the most recent water test date: 10/10/2024

[Save](#)

After updating the information, select **Save** to return to the **Location Details** page. You can review previously uploaded documents and upload new/updated documents as needed.

For any other changes to the location information, contact your regional licensing office/certification agency for further direction.

Documents Already Uploaded		
Uploaded Date	Document Type	
02/03/25	Policy And Procedures Checklist	View ▶
02/03/25	Policies	View ▶
02/03/25	Initial Licensing Checklist	View ▶
02/03/25	Delegation Of Authority/Chain Of Command	View ▶

Upload New Documents	
For helpful tips on uploading documents review Preparing Documents for Uploading . If you have uploaded the wrong document or selected the wrong document type, you will need to contact your local Regional Office for assistance.	
Document Type	
Exception	Upload ▶
Delegation Of Authority/Chain Of Command	Upload ▶
Indoor/Outdoor Diagrams	Upload ▶
Zoning Certificate	Upload ▶
Policy And Procedures Checklist	Upload ▶
Occupancy Permit	Upload ▶
Water Test Results	Upload ▶
Policies	Upload ▶
Collaboration Agreements	Upload ▶
Initial Licensing Checklist	Upload ▶

◀ 1 ▶

[Next: Additional Details](#) ▶

◀ [Facility](#)

Once you are ready to move on to the next page, select **Next: Additional Details** to proceed. Licensed Group/Camp providers will select **Next: Physical Plant and Environment**.

Physical Plant and Environment (For Licensed Group/Camp Only)

The **Physical Plant and Environment** page is accessible for Licensed Group and Licensed Camp providers only. The questions shown in the top section of the screenshot below will only be available to answer if they have not been answered online, during the initial application process.

Physical Plant and Environment		
Physical Plant and Environment Is this program located in a building currently in use as a school building? No If yes, will this program serve only school-age children? Will this program serve school age children in groups separate from children who are under the age 5?		
Document Upload Information: Building Inspection - Select this document type to upload the inspection report evidencing compliance with all applicable building codes. If your program is in a municipality that requires an occupancy permit instead of a building inspection, you will need to upload your Occupancy Permit under the Building Inspection document type to meet the application requirement. Check with your municipality to verify what is required.		
Documents Already Uploaded For Continuation/Renewal Applications: Review the documents currently on file. If you have new or updated documents to upload, you can do that in the "Upload New Documents" section below. If you would like any of these documents removed, you'll need to contact your specialist for assistance.		
Uploaded Date	Document Type	
01/13/25	Building Inspection	View ▶

Upload New Documents	
For helpful tips on uploading documents review Preparing Documents for Uploading . If you have uploaded the wrong document or selected the wrong document type, you will need to contact your local Regional Office for assistance.	
Document Type	
Building Inspection	Upload ▶

[Next: Additional Details](#) ▶

◀ [Facility](#)

Review previous document uploads and upload new/updated documents if needed.

Once you are ready to move on to the next page, select **Next: Additional Details** to proceed.

Additional Details

This section of the application collects information on radon, pets, receiving monitoring results electronically, and whether there is another authorized person for signing subsequent applications on behalf of the applicant.

If these questions have not been answered online, during the initial application process, the **Modify Additional Details** page opens for you to provide the answers. If the questions have been answered previously, the **Additional Details** page opens to review the information brought over from the licensing/certification system. To modify any of the additional details, select **More**, then **Modify Additional Details**. Refer to the [Modifying Information](#) section of this user guide for examples.

Radon Test: Provide updated information for radon testing. **Note:** Certified applicants are not currently required to report this information.

Pets in Location: Answer whether pets are on the premises and accessible to children in care. You'll be able to upload vaccination documentation for each pet on the **Pets** page.

Monitoring Results: If you select "Yes" monitoring results will be sent to the email address that is listed on the Mailing Address page.

Other Authorized Person: For licensed programs, the Applicant/Licensee can designate another person to sign agreements and submit official documentation. Certified programs should answer "No."

Review previous document uploads and upload new/updated documents if needed.

Once you are ready to move on to the next page, select **Next: Mailing Address** to proceed. Certified Family providers will select **Next: Care Location**.

Care Location (For Certified Family Only)

If this question was not answered online during the initial application process, you will be required to provide the answer. Select either “Child’s Home” or “Provider’s Home” from the dropdown. If you will be providing care in the child's home, the child/ren you plan to care for must be approved for an in-home authorization before your application can be processed.

If this question has been answered previously, you will not be able to change the response during the renewal process.

Once you are ready to move on to the next page, select **Next: Mailing Address** to proceed.

Mailing Address

The mailing address selected is where all official notices are sent. The page will display the mailing address brought over from the licensing/certification system, if one had been entered previously.

If you need to change the information, select **Add Mailing Address**, then select from the three options provided:

- Applicant address
- Location address
- Enter a different address

Note: This will replace the previous mailing address without the option to retrieve it. If you need assistance, reach out to your specialist or local agency.

Once you are ready to move on to the next page, select **Next: Requested Operational Details** to proceed.

Requested Operational Details

This page displays the months, days, and hours of operation, and capacity for your child care program. The information is brought over from the licensing/certification system. You will be able to modify the information during the continuation/renewal process. However, **this request needs to be reviewed and approved** prior to your program operating under the newly requested parameters. If approved, the details will be listed on the license/certificate.

To modify the operational details, select the **Details** button next to the current entry. Select **More**, then select **Modify Requested Operational Details**. This will open the page to modify the details.

You can also select **Delete Requested Operational Details** which allows you to delete the entire entry and add the new details.

Note: If you do not delete the current details prior to **adding a new entry**, an error message will display, and you will not be able to add the new details. The months of operation cannot overlap.

For guidance on how to select the months, days and hours of operation, review the [Requested Operational Details](#) section earlier in this guide, for the Initial Application.

Once you are ready to move on to the next page, select **Next: Requested Ages Served** to proceed.

Requested Ages Served

This page will display the currently approved ages served, brought over from the licensing/certification system. You will be able to modify the information during the continuation/renewal process. However, **this request needs to be reviewed and approved** prior to your program operating under the newly requested parameters. If approved, the details will be listed on the license/certificate.

To modify the requested ages served, select **More**, then select **Modify Requested Ages Served**. This will open the page to modify the details.

Modify Requested Ages Served

The regulatory agency will need to approve this request before the program begins operating under these conditions.

From Year(s)	0	From Month(s)	0	From Week(s)	6
To Year(s)	9	To Month(s)	11	To Week(s)	0

Save

The **From Age** must be equal to or less than the **To Age**. In the example above, the provider is requesting to care for children 6 weeks through age 9 (to 10 years).

Once you are ready to move on to the next page, select **Next: Individuals** to proceed.

Individuals

This module allows you to add/modify/inactivate current and prospective employees and/or household members (age 10 and older) for background check purposes. Be sure to review the list and make adjustments as needed.

Individuals

Enter current and prospective employees and/or household members (age 10 and up) for background check purposes.

Name	Role(s)	Employment Period	Background Check Status	
Teacher - Lead	Teacher - Lead			Details
Teacher - Lead	Teacher - Lead	03/20/25		Details
Holly Mellencamp	Applicant/Licensee	01/13/25		Details

1

! This individual is listed as "Prospective". Update the employment/residency status once the final eligibility has been determined.
 ⓘ This individual has information missing that is required for a background check to be completed (e.g., home address or a complete background check request form).

Click here to display Registry Staff

This is a list of the individuals associated with your Registry provider profile. To add these individuals to your staff list in the Child Care Provider Portal (CCPP): ⓘ

History Add Individual Next: Pets Application

For guidance on adding/inactivating/modifying individuals and completing background checks, reference the Individuals section of the [CCPP User Guide](#).

Once you are ready to move on to the next page, select **Next: Pets** to proceed.

Pets

For each dog or cat added, be prepared to upload a current certificate from a veterinarian documenting their rabies vaccination. This document can be uploaded on the next page of the application.

For pets already listed, you can only modify the comments. If you want to remove a pet, enter a comment stating something like "They are no longer at this location." You can also upload updated vaccination records if needed.

To modify the comment, select **More** in the **Pet Details** section, then select the **Modify Pet** button. Enter the comment and select **Save**.

Pet Details

Pet Details

Pet Type	Horse
Pet Name	Butterscotch
Rabies Vaccine Due Date	02/14/2026
Pet Description (e.g., breed)	Gypsy Vanner

Modify Pet

Delete Pet

Documents Already Uploaded

For Continuation/Renewal Applications: Review the documents currently on file. If you have new or updated documents to upload, you can do that in the "Upload New Documents" section below. If you would like any of these documents removed, you'll need to contact your specialist for assistance.

Uploaded Date	Document Type
No results found	

Upload New Documents

For helpful tips on uploading documents review [Preparing Documents for Uploading](#). If you have uploaded the wrong document or selected the wrong document type, you will need to contact your local [Regional Office](#) for assistance.

Document Type
Vaccinations

Upload

Once you are ready to move on to the next page, select **Next: Provide Transportation** to proceed.

Provide Transportation

For continuation/renewal applications, these pages are read only. If you need to add or modify your transportation details, you'll need to contact your specialist for assistance.

Once you are ready to move on to the next page, select **Next: Vehicle Details** to proceed.

Vehicle Details

For continuation/renewal applications, these pages are read only. If you need to add or modify your vehicle details, you'll need to contact your specialist for assistance. For each vehicle already listed, you can upload [Inspection Reports](#) (for licensed programs only). Updated auto/vehicle liability insurance can be uploaded on the [Insurances](#) page.

Once you are ready to move on to the next page, select **Next: Insurances** to proceed.

Insurances

The **Insurance** page allows you to add new insurance types and review the insurance information that has been brought over from the licensing/certification system. Be sure you have enough coverage for your business purposes.

For the insurances already listed, you can only update the end date and upload corresponding documents. Select the **Details** button for the insurance type you would like to open. To modify the end date, select **More**, then select **Modify Insurance**. Change the end date and select Save. Upload corresponding documents if needed and return to the **Insurances** page.

Insurance Details

Insurance Details	
Insurance Type	Liability
Start Date	02/15/25
End Date	02/15/26
Number of Children Covered	5
Pets Covered	Yes
Comments	Pet & child coverage

[More](#)

Documents Already Uploaded

Uploaded Date	Document Type	
01/13/25	Proof Of Insurance	View

Upload New Documents

For helpful tips on uploading documents review [Preparing Documents for Uploading](#). If you have uploaded the wrong document or selected the wrong document type, you will need to contact your local [Certification Agency](#) for assistance.

Document Type	
Proof Of Insurance	Upload

[Insurances](#)

When adding new insurance types, you can upload corresponding documents for each.

Add Insurance Details

Be sure you have enough coverage for your business purposes.

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.

Liability - Select this type for general liability insurance. If applicable, be sure pets are included in the **Proof of Insurance** document that can be uploaded on the next page. You can add multiple Liability insurance types, if needed. Adding a comment with a short description can be helpful.

Vehicle - Select this type for center-owned vehicle insurance. Be sure to enter insurance information and upload a **Proof of Insurance** document for **each vehicle** listed on the Vehicle Details page. Adding a comment with a short description can be helpful.

Non-Owned Auto - Select this type if transportation will be contracted for. If the contract is with the bus company used by the local school district, insurance information is not required.

Insurance Type * Liability

Start Date * 10/15/2024

End Date * 10/15/2025

Number of Children Covered 7

Pets Covered ☒ Yes ☐ No

Comments Included pets declaration page

[Add](#)

Insurance Type Descriptions:

Liability - Select this type for general liability insurance. If applicable, be sure pets are included in the **Proof of Insurance** document that can be uploaded on the next page. You can add multiple liability insurance types, if needed. Adding a comment with a short description can be helpful. Certified programs are not required to have liability insurance.

Vehicle - Select this type for center-owned vehicle insurance. Be sure to enter insurance information and upload a **Proof of Insurance** document for **each vehicle** listed on the **Vehicle Details** page. Adding a comment with a short description can be helpful.

Non-Owned Auto - Select this type if transportation will be contracted for. If the contract is with the bus company used by the local school district, insurance information is not required.

Once you are ready to move on to the next page, select **Next: Other Licenses** to proceed.

Other Licenses

If this question has already been answered, you cannot change the answer during the continuation/renewal process. You'll need to contact your specialist for assistance.

If this question has not been answered and the home/facility is licensed or certified as an adult family home or foster care, make the appropriate selection from the dropdown. If not, then select "None" from the dropdown.

The licensee may not combine the care of children enrolled in the child care center with foster care of other non-related children or adults without the prior written approval of both licensing agencies.

Family child care certification requires completion of the [Regulatory Agency Approval form](#) by the foster care or adult family home regulating agency. This form can be uploaded on the **Location Details** page of the application.

Once you are ready to move on to the next page, select **Next: Regulatory Fees** to proceed.

Regulatory Fees

You can view the **Regulatory Fees Due** and **Regulatory Fees Paid** at any time in CCPP. Whenever there is a fee due, you can navigate to this page and make the payment using the e-payment services portal.

Manage Fees

Facility ID

1124237

FIS Provider ID

N/A

Address

101 Long Rd
Sun Prairie, WI 53590

Contact Name

Misty Rain

Phone

(608) 422-6238

If you want to make a payment for a regulatory fee that you owe, select the Regulatory Fees Due button. If you want to see fees that you have already paid, select the Regulatory Fees Paid button.

If you are sending your payment by check or money order follow the instructions for How to Pay My Fee.

Regulatory Fees Due

Regulatory Fees Paid

Next: Review

Review & Submit

Regulatory Fees Due

Regulatory Fee For This Location

Date	Fee Type	Balance
6/20/2025	License	(\$60.50)
5/27/2025	Nsf - Licensing	(\$35.00)
5/27/2025	Forfeiture Fee Adjustment	(\$150.00)
5/27/2025	Background Check	(\$12.50)
1/14/2025	License	(\$15.12)
Total Due:		\$273.12

Pay Total Due

By selecting the 'Pay Total Due' button, you will be redirected to US Bank with two options when entering payment details:

- Electronic Funds Transfer from your checking or savings account. There is no extra fee when choosing this option.
- Credit or debit card payment: You will be charged an additional 2% convenience fee.

If paying through a business checking or savings account, please contact your bank to ensure that the account can be debited for the amount you wish to pay, as some business accounts have debit restrictions.

Manage Fees

Any fees due to the department during the continuation/renewal period, must be paid in full. Paying your continuation/renewal fee and any other outstanding fees owed to the department, is quick and convenient using the e-payment services portal. If you choose to submit your application without payment, it will not be processed/reviewed until payment is received.

The e-payment services portal may be used by certified providers (in Milwaukee County) and all licensed providers. Certified providers in the balance of the state will need to pay any application fees directly to their certification agency.

Note: If you make a payment after you have submitted your application, reach out to your local licensing/certification agency to let them know. Your application will not be processed until payment has been confirmed.

Once you are ready to move on to the next page, select **Next: Review** to proceed.

Application Review

The **Application Review** page shows a summary of all the information provided in the application. The page shows highlighted items if the information/documentation is missing and must be completed before you can submit the application. A warning message is also displayed across the top of the page if there is missing or inconsistent information.

Carefully review the information and documentation before proceeding to the **Submit Application** page.

Each section of the **Application Review** page has a header row with an **“Edit”** link on the far-right side. That link takes you directly to the page where you are missing information.

Any documents that have been uploaded include a **“View”** button that you can click to open the document and verify the correct document has been uploaded.

Application Review

Some information is missing or inconsistent. Please review all the items with an exclamation point (!) next to the label and correct these before submitting.

Application Details		
Type of Regulated Care	Licensed Family	
Application Mode	Continuation	
Application Entered Date	05/30/2025	
Application Status	Application In Progress	

Applicant Details		Edit
Primary Phone number is required!		
Applicant Name	Joan Jackson	
Social Security Number (SSN)	XXX-XX-4757	
Date of Birth	04/16/87	
Primary Phone		
Email		
Address	1220 W Villet St Milwaukee, WI 53205-2117	
Is A Translator Needed ?		
Translator Language		
FEIN		
Business Name	Joan's Jumping Jamboree	

Business Details		Edit
Business Type	Corporation	
Corporation / Individual	Corporation/Non Profit/Government	

Business Documents		
By-Laws document required!		
Articles Of Organization(Lic)/Incorporation/Partnership document required!		

Uploaded Date	Document Type	
06/03/25	List Of Board Of Directors	View

Location Details		Edit

Once you have cleared all missing information messages and are ready to move on to the next page, select **Next: Submit Application** to proceed.

Submit Application

The **Submit Application** page will also display a warning message across the top of the page if there is missing or inconsistent information. You will not be able to submit the application until all missing items have been taken care of.

The submission page requires each box to be checked as an attestation of understanding and agreement. Read each paragraph prior to checking the corresponding box to ensure you understand what you are being held responsible for. Enter your name and title, then select **Submit**.

Regulation Fee

Fees Paid Through E-Payment

Signature Date

2/3/2025

Type your name for an electronic signature *

Violet Rose

Signatory Title *

Applicant

Submit

◀

🏠 Review & Submit

The **Regulatory Applications** page displays your application status and it will update throughout the review and approval process. The descriptions are listed in the [Application Statuses](#) section of this User Guide.

Feel free to reach out to your specialist if you have any questions.

Print Updated License/Certificate

Once your application has been reviewed and approved to continue operating as a licensed or certified provider, the status of your application will be updated to *Regulation Approved*. The dates for your next continuation/renewal process will be updated and displayed through the duration of the regulation period.

Your new License/Certificate will be available to print and post where parents/visitors can see it during the hours of operation.

Doug Out

323 North Avenue

Milwaukee, WI 53206

Logout

2800040372-001

Facility ID 1123644

FIS Provider ID N/A

Regulatory Applications

Current application status : Regulation Approved.

Print and display a copy of the certificate in an area easily seen by parents and visitors.

Your regulation expiration date is 7/3/2025. Your renewal application will be available beginning 4/26/2025. All materials and fees are due by 6/3/2025.

Current Application Details

Current License/Certificate

Application Entered Date	Application Mode	Type of Regulated Care	Application Status	
12/13/2024	Initial	Certified Family	Regulation Approved	📄
5/10/2024	Expression Of Interest	Certified Family	Orientation Complete	

More...

◀

🏠 Home

To learn more about how to use the Provider Portal and what other information is available to you, review the [Child Care Provider Portal \(CCPP\) User Guide](#).

Application Statuses

The application statuses are described below:

Status	Description
Application in Progress	This status is displayed after the applicant/provider begins entering/saving/reviewing information in the application.
Application Withdrawn - Pre-Submission	This status is displayed after the applicant/provider selects the Withdraw Request prior to submitting the application.
Application Submitted	Applicant/Provider has paid through the epayment system and submits the application for review. No changes can be made after submitting.
Application Submitted Without Payment	Applicant/Provider has submitted the application and selected "Pay by Check/Money Order." Application review will not begin until payment has been received if fees are due.
Application Under Review	This status is displayed when the Licensing/Certification agency staff have started review of the application and related items submitted.
Application Review Complete	This status is displayed after the regulatory agency has completed the application review process.
Regulation Approved	This status is displayed after the License/Certificate has been issued.
Application Withdraw Requested	Applicant/Provider has requested to withdraw their application after submission.
Application Withdrawn	This status is displayed if the applicant/provider decides to withdraw after the agency provides assistance.
Incomplete Submission	Applicant/Provider has not responded to inquiries to provide correct/complete application information within the 6-month time frame. This time frame may vary with certified family applications.
Incomplete - Did Not Submit	Applicant/Provider has not submitted the online application within the 6-month time frame. This time frame may vary with certified family applications.
Denied - See Notice	This status is displayed if the applicant/provider does not meet requirements to proceed with the regulation process. The Denial Notice will be available in the Provider Portal.
Non-Renewal (Certification)	Provider has not renewed their certification.

Status	Description
Not Eligible (Licensing)	This status displays when the applicant/provider has been found ineligible.

Navigating Online Licensing/Certification Applications

Navigation Flow

There are different ways to navigate through the application. The recommended path is to go through the application flow naturally from start to finish by completing each page and selecting **Save**, **Add**, or **Next**: to get to the next page. This option results in a more streamlined navigation flow.

The screenshot shows a form with fields for Email, a required 'Translator Needed?' question with 'Yes' and 'No' radio buttons, and a 'Translator Language' dropdown. A red box highlights the 'Save' button at the bottom. To the right, there is a section for 'Upload New Documents' with a table of document types and 'Upload' buttons. A red box highlights the 'Next: Mailing Address' button at the bottom right.

Another way to navigate through the application is by using the right-navigation menu in the upper right corner of each page. Notice, as information is saved for each page, a checkmark appears next to the link. This does not mean that page has all the required information, it simply means at least some information was saved on that page.

The screenshot shows the 'Pet Details' section with fields for Pet Type (Dog), Pet Name (Bruno), License Due Date (06/15/2028), and Breed (Black bull dog). Below this is the 'Documents Already Uploaded' section with a table showing 'Vaccinations'. The 'Upload New Documents' section is also visible. On the right, a navigation menu titled 'My Facilities' lists various application steps. A checkmark is next to 'Applicant', indicating that some information has been saved.

The **Application Dashboard** is a third way to navigate through pages of the application. Each button routes either to a page that needs to be **reviewed and/or** completed or to another set of categories that contain pages for **review and/or** completion.

The screenshot shows the 'Application Dashboard' for 'Gloria's Glorious Gargoyles'. It includes a 'Continue to Regulatory Fees' button and an 'Application Details' section with fields for Type of Regulated Care (Licensed Group), Application Mode (Initial), Application Entered Date (01/14/2025), and Application Status (Application In Progress). At the bottom, there are five buttons: 'Applicant', 'Facility', 'Individuals', 'Program Features' (highlighted with a red box), and 'Review & Submit'. A 'Logout' button is in the top right corner.

If you select **Program Features**, the next set of pages/categories will open:

Program Features

Application Details

Type of Regulated Care: Licensed Group

Application Mode: Initial

Application Entered Date: 01/14/2025

Application Status: Application In Progress

Pets

Provide Transportation

Vehicle Details

Insurances

Other Licenses

Application

Then select **Vehicle Details** and the following pages open to add the details for each vehicle:

Vehicle Details

Vehicle Mode	Year, Color, Make, Model and License Plate Number of the vehicle
No results found	
Add Vehicle	
Next: Insurances	
Program Features	

Add Vehicle

You will be able to upload the inspection report for this vehicle on the next page. Vehicle insurance information will be completed on the Insurances page.

Owned By Center - Select this type if the vehicle is owned or leased by the applicant or an employee.

Center Contracted - Select this type if the vehicle/transportation will be contracted for. If the contract is with the bus company used by the local school district you do not need to add the vehicle.

Vehicle Mode *

Year, Color, Make, Model and License Plate Number of the vehicle *

Add

Vehicle Details

Modifying Information

Any page that allows updates to the information you have entered, will have a **Modify** button. This button opens the modify page so the information can be updated. If you don't see the modify button on the page, you may need to select "More" to reveal the option.

For continuation/renewal applications: There are fewer sections available for modifications during the continuation/renewal process. Therefore, you won't see this option on all pages.

Number of Children Covered

Pets Covered: Yes

Comments: I have uploaded the pets page

More

Insurance Details

Insurance Type: Liability

Start Date: 11/01/24

End Date: 12/31/24

Number of Children Covered

Pets Covered: Yes

Comments: I have uploaded the pets page

Modify Insurance

Delete Insurance

Documents Already Uploaded

Uploaded Date	Document Type	View
02/03/25	Proof Of Insurance	View

Upload New Documents

For helpful tips on uploading documents review [Preparing Documents for Uploading](#). If you have uploaded the wrong document or selected the wrong document type, you will need to contact your local [Regional Office](#) for assistance.

Modify Insurance Details

Be sure you have enough coverage for your business purposes.

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.

Insurance Type: Liability

Start Date: 11/1/2024

End Date: 12/31/2024

Number of Children Covered

Pets Covered: Yes

Comments: I have uploaded the pets page

Save

Error Messages

Throughout the application there are questions, documents, and fields which are required in order to submit the application. If something isn't completed correctly the system displays an error message guiding you to clear the message by entering the information accurately, completing the task or uploading the correct document type.

This is an example of an error message for not entering the required name and title of an Authorized Signatory on the **Additional Details** page:

Modify Additional Details

For help completing information on this page visit the [Online Application Guide](#) webpage and select "Complete the Application".

Authorized Signatory's Name: Authorized Signatory's Name is required.

Authorized Signatory's Title: Authorized Signatory's Title is required.

Radon Test

Proof of radon testing is required to become a licensed group (not located in a public school) or licensed family program. You the test results and mitigation documents on the next page.

Radon Test Date

Radon Test Result (pCi/L)

Pets in Location ⓘ

Are pets allowed in areas of the center accessible to children during the hours of operation? * ☐ Yes ☒ No

If 'Yes' upload liability insurance (on Insurances page) and vaccination documents (on Pets page). If pets are on the premises children, select 'Yes'. Then you will only need to upload vaccination documents (on Pets page).

Monitoring Results

I agree to receive monitoring results via email. * ☒ Yes ☐ No

Other Authorized Person

Is there a person who is authorized to sign subsequent applications concerning this center on behalf of the applicant? * ☒ Yes ☐ No ⓘ

Authorized Signatory's Name

Authorized Signatory's Title

I, the owner or president of the governing board, grant authorization to the center management to sign ☒ Yes ☐ No

Application Resources

The following webpages, user guides, and documents are available for reference and may be helpful throughout the application process. These resources provide additional details and guidance to help understand how to enter information and upload documentation requested by the department.

[Child Care Provider Portal \(CCPP\) User Guides](#) – Provides guidance and other information about how CCPP works and what is available to the user.

[Becoming a Provider: Submitting Your Application](#) – Provides additional details and specific guidance on walking through the initial application.

Online Application Guide Webpages – These webpages provide additional details and specific guidance directly related to helping the applicant complete the application.

- [Certification Online Application Guide](#)
- [Licensing Online Application Guide](#)

[Preparing Documents for Uploading](#) – This document helps applicants prepare and save their documents so they're available for uploading.

[How to Pay My Fees](#) – This document/form explains options for how the applicant can pay their application fees. It includes a remittance slip for mailing a check or money order.

[Starting a Licensed Child Care](#) – This webpage provides information on how to start a licensed child care program.

[Wisconsin Child Care Certification](#) – This webpage provides information on how to start a certified child care program.

[Licensing Regional Office](#) – Bureau of Early Care Regulation - Licensing Staff Contact Information

[Certification Agencies](#) – Listing of Certifiers by County/Tribe


[Pre-Licensing Technical Consultants](#) – Contact Information for WECA and 4-C For Children

Where to Go for Help

If you have questions about the Child Care Provider Portal, visit the [Systems Contact Information webpage](#) and select **CCPP (Child Care Provider Portal)** to find the right contact to answer your questions.

DCF/DHS Systems Contact User Information Guide

If you need assistance with the child care systems, please use the Systems Contacts information below to contact the appropriate person.



- ACCESS (Access to Eligibility Support Services)
- CARES Mainframe (Client Assistance for Reemployment and Economic Support)
- **CCPP (Child Care Provider Portal)**
- CSAW (Child Care Statewide Administration on the Web)
- CWW (CARES Worker Web)