

Becoming a Provider - Submitting Your Initial Application

April 2025



Wisconsin Department of
Children and Families

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Your Initial Licensing/Certification Application

The online licensing/certification application process makes it simpler for you to apply. The process is more efficient, making it easier to help you set up your regulated child care service.

After you have completed your **Expression of Interest (EOI)** and **pre-licensing or certification orientation**, the next step is submitting an **initial application**. Use our convenient online application system within the **Child Care Provider Portal (CCPP)**. The CCPP simplifies the initial application process and provides you with real-time status updates. This will speed up the time it takes to **complete your initial application**.

Child Care Provider Portal
Welcome, Betsy

Logout
6800040976-001
Facility ID 1124230
FIS Provider ID N/A

Application Dashboard

Continue to Applicant

Application Details	
Type of Regulated Care	Licensed Family
Application Mode	Initial
Application Entered Date	01/08/2025
Application Status	Application In Progress

Applications

About DCF Public Meetings Careers Request Records Contact Us Wisconsin.gov Press

Report Child Abuse Report Fraud

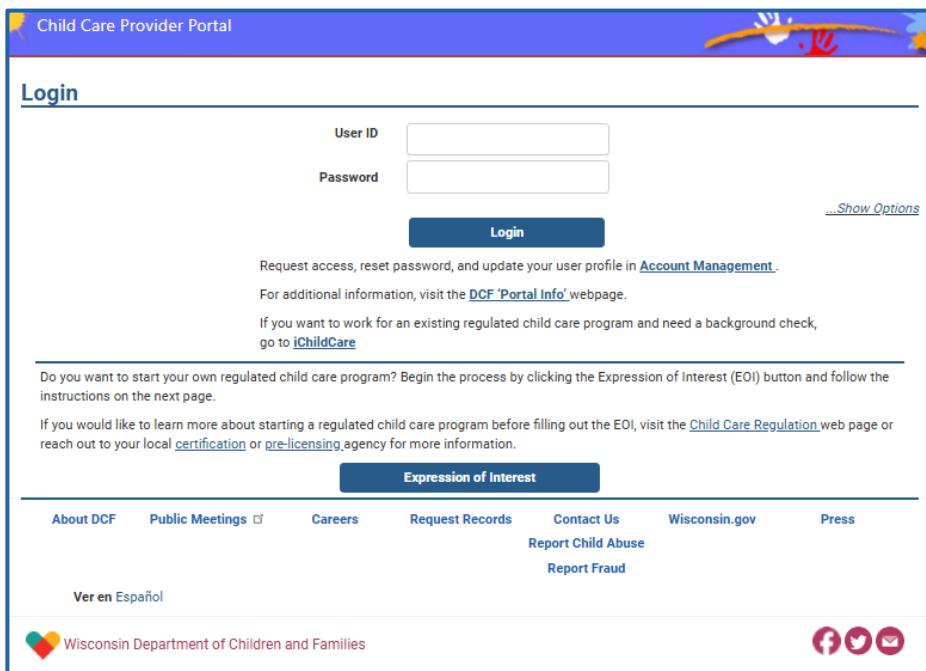
Ver en Español Update SPA CWA Privileges

Wisconsin Department of Children and Families

Child Care Provider Portal Guidelines

The [Child Care Provider Portal \(CCPP\)](#) is a secure website, available 24/7, where regulated Wisconsin Child Care Providers can manage their child care business.

This is where you have submitted your **Expression of Interest (EOI)** and will now create your **Initial Application** to become a regulated child care provider.



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

About DCF Public Meetings Careers Request Records Contact Us Wisconsin.gov Press

Report Child Abuse Report Fraud

Ver en Español

Wisconsin Department of Children and Families

[Facebook](#) [Twitter](#) [Email](#)

Note: The information in the **DCF Child Care Provider Portal** is **confidential**, and everyone using this system **must follow confidentiality guidelines**.

Here are **confidentiality guidelines** that **all registered users must follow**:

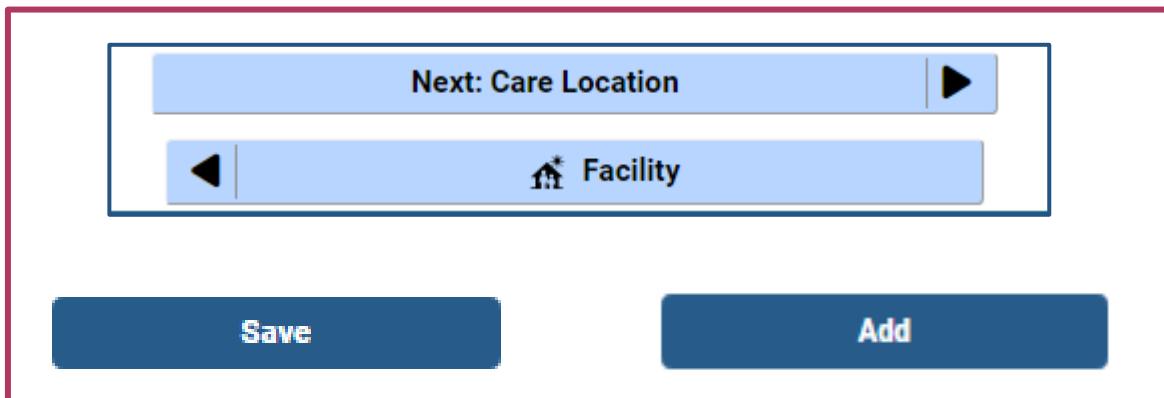
1. Only those with a User ID and security access to CCPP should be viewing information on CCPP. Each person authorized to use CCPP should have their **own User ID**.
2. Registered users should **not share a User ID/Password** with anyone. Remember that you are responsible for keeping your **User ID and Password secure**.



Application Structure

Moving Through The Application

Follow the orderly process of the application and complete it step-by-step. To do so, use the **Next** arrow buttons, along with the **Save** and **Add** buttons to proceed to the next step.



More

Details | ►

The **More** button displays additional options for the section you are in.

Details shows the information you have entered and allows the option for adjustment.

Upload | ►

View | ►

Edit

Use **Upload** for placing Documents into your application.

The **View** button lets you look over documents you have added.

Edit is available while reviewing your application to adjust information you have entered.

CCPP After Beginning Application

After beginning your initial application, your CCPP home page changes by showing your **Current Application Status**.

That status will be **Application in Progress**.



The screenshot shows the Child Care Provider Portal home page. At the top, it says "Child Care Provider Portal" and "Welcome, Betsy". On the right, there are icons for a baby, a child, and a star, with a "Logout" link and provider information: "Betsy's Baby Hut", "56 N Chester Ln", "Madison, WI 53704", "6800040976-001", "Facility ID 1124230", and "FIS Provider ID N/A". Below that is a "Logout" link. The main menu is titled "Applications". A banner below it says "Current application status : Application In Progress.". The menu includes "About DCF", "Public Meetings", "Careers", "Request Records", "Contact Us", "Wisconsin.gov", and "Press". There are also links for "Ver en Español", "Report Child Abuse", "Report Fraud", and "Update SPA CWA Privileges". Social media icons for Facebook, Twitter, and Email are at the bottom right. Two red boxes with arrows point from the "Request Records" and "Contact Us" menu items to text boxes at the bottom. The text in the first box says "All EOI materials are now combined into one click/tap button." The text in the second box says "A new click/tap button will appear for your Initial Application."

All EOI materials are now combined into one click/tap button.

A new click/tap button will appear for your Initial Application.

Returning After Logging Out

Selecting **Initial Application** will open the **Application Dashboard**. This page divides each segment of the initial application that you need to complete.

On the top, there is an arrow link for the phase you were working on or the next in line. There are also buttons for each of the five portions of the application process.

Child Care Provider Portal
Welcome, Betsy

Logout
6800040976-001
Facility ID 1124230
FIS Provider ID N/A

Application Dashboard

Continue to Applicant

Application Details	
Type of Regulated Care	Licensed Family
Application Mode	Initial
Application Entered Date	01/08/2025
Application Status	Application In Progress

Applicant Facility Individuals Program Features Review & Submit

◀ Applications

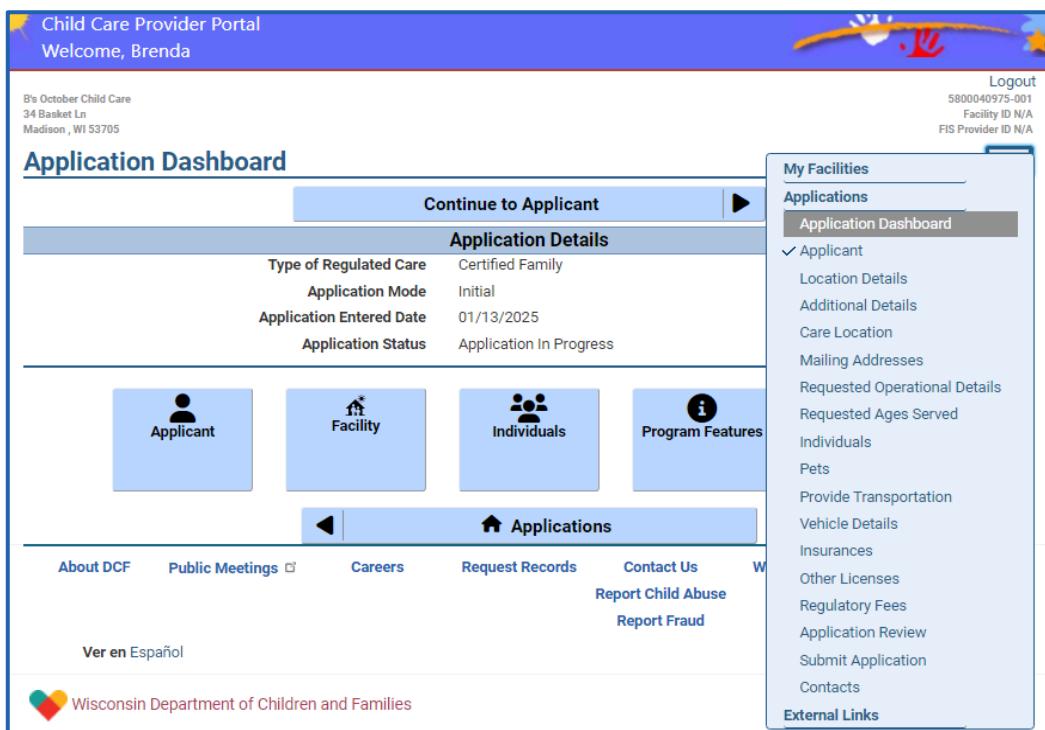
About DCF Public Meetings Careers Request Records Contact Us Wisconsin.gov Press
Report Child Abuse Report Fraud
Ver en Español Update SPA CWA Privileges

Wisconsin Department of Children and Families

Remember: Complete the initial application in order, using the **Next, Save, and Add** buttons to proceed to the next section.

Initial Application Section Button

A **sandwich menu** on the upper right of the page allows users to access different parts of the application, if needed.



A **check mark** will appear next to a selection when **changes are entered**. However, it **does not mean** that that area is **complete**.



Starting Your Initial Application in CCPP

Beginning an Initial Application Stage

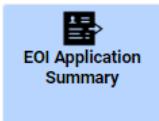
With your **Expression of Interest (EOI) submitted** and a **Pre-Licensing or Orientation complete**, you are ready to begin an **initial application**.

- The finalized EOI status for a potential licensed child care provider is **Pre-Licensing Complete**

Expression Of Interest Home (EOI)

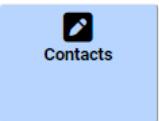
Current status is: Pre-Licensing Complete

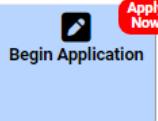
The initial application is the next step to becoming regulated. Select Begin Application to continue the process.

 EOI Application Summary

 Submit EOI Application

 Withdraw EOI Request

 Contacts

 Begin Application Apply Now

[About DCF](#) [Public Meetings](#) [Careers](#) [Request Records](#) [Contact Us](#) [Wisconsin.gov](#) [Press](#)

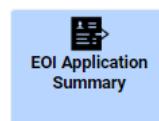
[Report Child Abuse](#)
[Report Fraud](#)

- For a potential certified child care provider, it is now **Orientation Complete**.

Expression Of Interest Home (EOI)

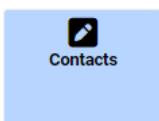
Current status is: Orientation Complete.

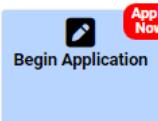
The initial application is the next step to becoming regulated. Select Begin Application to continue the process.

 EOI Application Summary

 Submit EOI Application

 Withdraw EOI Request

 Contacts

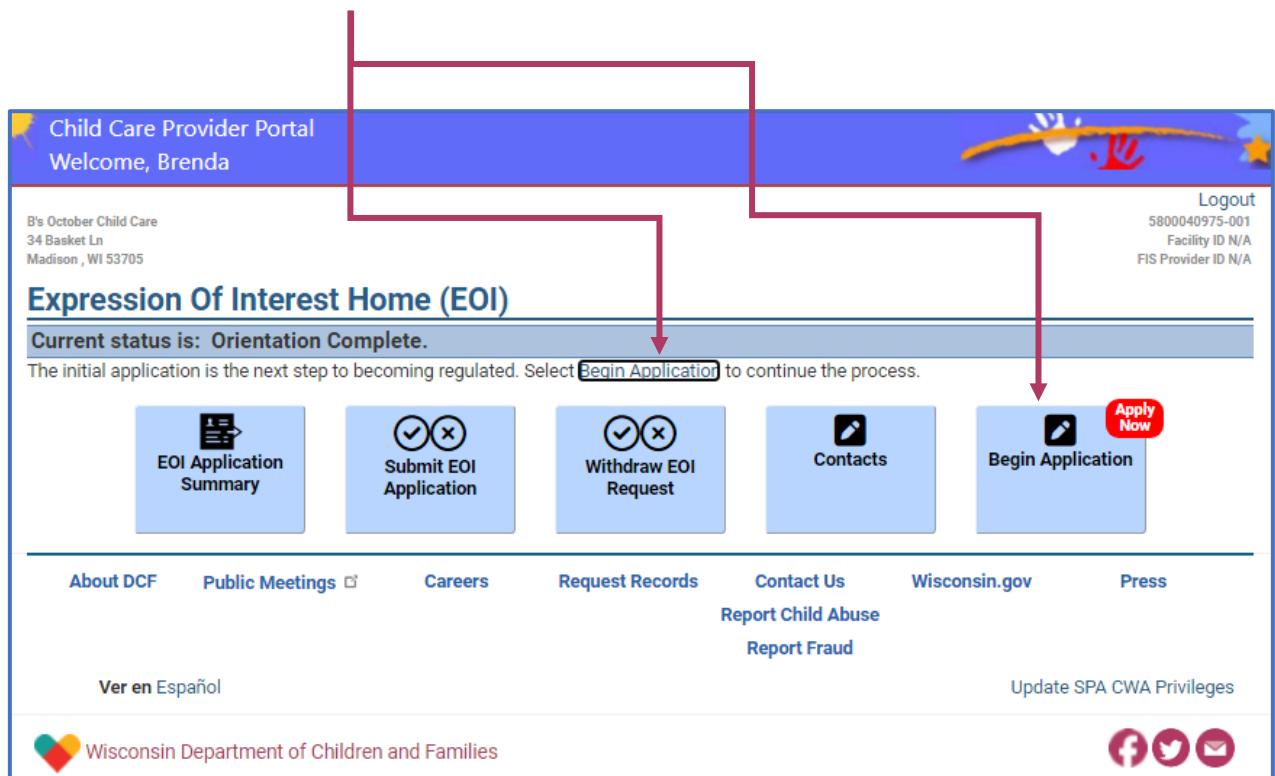
 Begin Application Apply Now

[About DCF](#) [Public Meetings](#) [Careers](#) [Request Records](#) [Contact Us](#) [Wisconsin.gov](#) [Press](#)

[Report Child Abuse](#)
[Report Fraud](#)

Selecting Begin Application

When returning to view your **updated EOI status**, a new selection button will appear titled **Begin Application**. There is also a **link** with the same title. When you click/tap either of these you will start your **Initial Application** in the **Child Care Provider Portal (CCPP)**.



Child Care Provider Portal
Welcome, Brenda

Logout
5800040975-001
Facility ID N/A
FIS Provider ID N/A

B's October Child Care
34 Basket Ln
Madison, WI 53705

Expression Of Interest Home (EOI)

Current status is: Orientation Complete.

The initial application is the next step to becoming regulated. Select [Begin Application](#) to continue the process.

[EOI Application Summary](#)

[Submit EOI Application](#)

[Withdraw EOI Request](#)

[Contacts](#)

[Begin Application](#) **Apply Now**

About DCF [Public Meetings](#) [Careers](#) [Request Records](#) [Contact Us](#) [Wisconsin.gov](#) [Press](#)

[Report Child Abuse](#)
[Report Fraud](#)

[Ver en Español](#) [Update SPA CWA Privileges](#)

 Wisconsin Department of Children and Families

[!\[\]\(ec40aa98464e6da0bd1dc353f155589b_img.jpg\)](#) [!\[\]\(e22eff3abe2c791dd20c985f24b06bcc_img.jpg\)](#) [!\[\]\(ed3eaca96aa5fdec0f7780f1a0af2b46_img.jpg\)](#)

Begin Application Opening Page

After selecting **Begin Application** a new page will open.

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.', and '• If you don't finish the application, you can save your work and continue later.' Below this, a note says 'Your application is not complete until your fees are received. This can be done by paying online during the application process or by sending in a check/money order to the appropriate agency.' A 'Next' button is highlighted with a red box. Below the 'Next' button is a 'Expression Of Interest Home' link. The footer contains links for 'About DCF', 'Public Meetings', 'Careers', 'Request Records', 'Contact Us', 'Wisconsin.gov', 'Press', 'Report Child Abuse', and 'Report Fraud'." data-bbox="115 156 875 423"/>

56 N Chester Ln
Madison, WI 53704

Facility ID 1124230
FIS Provider ID N/A

Begin Application

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

Filling out the online 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.
- If you don't finish the application, you can save your work and continue later.

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

Next

 [Expression Of Interest Home](#)

[About DCF](#) [Public Meetings](#) [Careers](#) [Request Records](#) [Contact Us](#) [Wisconsin.gov](#) [Press](#)
[Report Child Abuse](#) [Report Fraud](#)

This page only appears once. It welcomes you to your initial application for becoming a regulated child care provider.

It also let's you know that:

- Throughout the application you will see **information icons.**  Use these to gain additional information and clarification.
- If you need to leave the application, you can **save your work**, and it will return to your last completed page when you come back.
- You can submit your application prior to paying fees, but it **will not be complete until the fees are received** (*Certification agencies outside of Milwaukee County will follow up with you to collect fees, if applicable*).

You are **encouraged to explore an online application guide (webpage)**.

The guide helps with gathering and preparing the required information and documents needed for your initial application.

For certified child care applicants:

[**Family Child Care Certification Online Application Guide**](#)

For Licensed child care applicants:

[**Family/Group/Day Camp Child Care Online Application Guide**](#)

When moving through your initial application, work in the intended step order using the **Next**, **Save**, and **Add** buttons to proceed to the next section. When you are ready to begin the application, click/ tap **Next**.



Applicant

Modify Applicant Details

After selecting **Next** on the **Begin Application** page, **Modify Applicant Details** opens. This brings over information gathered from your **EOI** and **Pre-Licensing or Orientation**. Make any needed adjustments to your personal details on this page. Then select **Save**.

Modify Applicant Details

Applicant Details	
First Name	Betsy
Middle Initial	
Last Name	September
Suffix	
Business Name	Betsy's Baby Hut
Date of Birth	01/04/00
Social Security Number (SSN)	XXX-XX-0035
FEIN	
Applicant Home Address	
Street Number	29
Unit	
Direction	
Street/Rural Rt/Box# *	Hamper
Suffix	Street
Quadrant	
Apt#	
Address Line 2	
City *	Madison
State *	Wisconsin
Zip Code *	53704-____
Primary Phone *	(608) 000-0000
Email	Betsy123321@email.com
Is A Translator Needed ? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Translator Language	
Save	

Applicant Details

After updating any of the applicant information and selecting **Save**, the **Applicant Details** page opens. This provides a **Next** arrow link to move ahead to the next section.

If you are a **Certified** or **Licensed Family** applicant, it will be **Location Details**.

Applicant Details

Applicant Details	
Applicant Name	Betsy September
Social Security Number (SSN)	XXX-XX-0035
Date of Birth	01/04/00
Primary Phone	(608) 000-0000
Email	
Address	29 Hamper St Madison, WI 53704-
Is A Translator Needed ?	No
Translator Language	
FEIN	
Business Name	Betsy's Baby Hut

[More](#)

Next: Location Details 

  **Applicant**

If you are a **Licensed Group** or **Camp** applicant, it will be **Business Details** first, then **Location Details**.

Applicant Details

Applicant Details	
Applicant Name	Olivia October
Social Security Number (SSN)	XXX-XX-0002
Date of Birth	(608) 000-0000
Primary Phone	(608)422-2000
Email	oliveOctober@email.com
Address	135 Popsicle Cir Madison, WI 53704-
Is A Translator Needed ?	No
Translator Language	
FEIN	XX-XXX9999
Business Name	Olives Kids House

[More](#)

Next: Business Details 

  **Applicant**

Updating Your Personal Information

On the **Application Dashboard** you can select the **Applicant** button. The **Application Dashboard** also provides an arrow link for the next step in the application. In this case it is **Continue to Applicant**. The **sandwich menu** on the **upper right corner** also has an **Applicant** link.

The screenshot shows the Application Dashboard. At the top center is a blue button labeled "Continue to Applicant" with a play icon. To the left is a blue button labeled "Application Details". Below these are four blue boxes: "Type of Regulated Care" (Licensed Family), "Application Mode" (Initial), "Application Entered Date" (01/08/2025), and "Application Status" (Application In Progress). Below these boxes are five blue buttons: "Applicant" (with a person icon), "Facility" (with a house icon), "Individuals" (with a group icon), "Program Features" (with an info icon), and "Review" (partially visible). At the bottom is a blue bar with a left arrow and the text "Applications". Below the bar are links: "About DCF", "Public Meetings", "Careers", "Request Records", "Contact Us", "Wisconsin.gov", "Report Child Abuse", and "Report Fraud". On the right is a "sandwich menu" with a dark blue header containing "My Facilities", "Applications", "Application Dashboard", and "Applicant" (which is highlighted in a darker shade). The "Applicant" menu item has a list of sub-options: "Location Details", "Additional Details", "Care Location", "Mailing Addresses", "Requested Operational Details", "Requested Ages Served", "Individuals", "Pets", "Provide Transportation", "Vehicle Details", "Insurances", "Other Licenses", "Regulatory Fees", "Application Review", "Submit Application", "Contacts", and "External Links".

The **Applicant** page will then open. Here you will select **Applicant Details**.

The screenshot shows the Applicant page. At the top is a blue header with the word "Applicant". Below it is a blue bar with a left arrow and the text "Application". Under the header is a blue box labeled "Application Details". Inside the box are four blue text entries: "Type of Regulated Care" (Certified Family), "Application Mode" (Initial), "Application Entered Date" (01/13/2025), and "Application Status" (Application In Progress). Below this is a blue box with a person icon and the text "Applicant Details". At the bottom is a blue bar with a left arrow and the text "Application". Below the bar are links: "About DCF", "Public Meetings", "Careers", "Request Records", "Contact Us", "Wisconsin.gov", and "Press". Below these are two blue links: "Report Child Abuse" and "Report Fraud".



Location

Business Details

For Licensed Group or Camp applicants, the **Business Details** page will open. From a drop-down list, select the **business type associated with your FEIN** you are applying for.

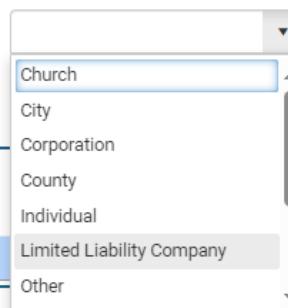
Business Details

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 / Individual

Applicant



Then select if the child care service will be an **Individual/Sole Proprietor/Partnership** business or in the **Corporation/Non-Profit/Government** sector.

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 / Individual

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

Applicant

Business Detail Documents

After selecting **Save** on the **Business Details** page, a list of documents you will need to upload is provided.

[Preparing Documents for Uploading](#) offers helpful information with steps for uploading a document.

Business Details	
Business Type	Individual
Corporation / Individual	Individual/Sole Proprietor/Partnership
More	
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
01/28/25	W9 Form
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 ►	

Location Details

Location Details, as with other portions of the initial application, requires **different information** depending on the **type of child care regulation you are applying for**.

On the top portion of the Location Details page you can view the **Location Details**, **Contact Details**, and **Water Source**. If changes are needed, select **More** and the **Modify Location Details** link will become available.

Location Details	
Location County	Dane County
Address	603 Boxcar Aly Madison, WI 53704
Contact Details	
Facility Name	Olives New House
Full Name	Olive Newport
Email	
Primary Phone Number	(608) 000-0000
Water Source	
Select the type of water source you have If you have a private well, enter the most recent water test date	
More	
Document Upload Information:	
Upload a copy of the Policies as required by rule, along with a completed Policy and Procedures Checklist .	
Upload a copy of the Initial Licensing Checklist form that has been signed not more than 30 days prior to submitting, confirming that you are in compliance and ready for the initial licensing visit.	
Delegation of Authority/Chain of Command - Select this document type to upload a current written delegation of administrative authority signed by the licensee that outlines the organizational structure and designates, in a chain of command form, those persons on the premises who will be in charge of the center for all hours of operation. Chain of command form is a series of positions in order of authority within an organization. Include the names and titles of those individuals.	
Water Test - Beach(Day Camps) - If your program offers waterfront activities at a beach located on the premises of the camp, use this document type to submit the results of the water test from each beach used by children in care.	
Occupancy Permit and Zoning Certificate - If applicable, upload the appropriate documentation using these document types. Check with your municipality to verify what is required.	
Family programs located in the City of Milwaukee: Complete the "Family Day Care Homes Analysis Form" , with signed approval from the City of Milwaukee. The signed form should be uploaded using the Zoning Certificate document type.	
Documents Already Uploaded	
Modify Location Details 	
Less	

Modify Location Details

Selecting **Modify Location Details** will allow you to make changes to your **Contact Details** and **Water Source** information. **Note that any area with a red asterisk needs to be filled out.**

Modify Location Details

Location Details	
Location County	Dane County
Address	42 Billy Blf Madison, WI 53703
Contact Details	
The information you enter in this section is for the person who is in charge daily at the center.	
Facility Name *	<input type="text"/>
First Name *	<input type="text" value="Donna"/>
Middle Initial	<input type="text"/>
Last Name *	<input type="text" value="Doe"/>
Suffix	<input type="text"/>
Email	<input type="text" value="DDoe@email.com"/>
Primary Phone Number *	<input type="text" value="(608) 000-0000"/>
Secondary Phone Number	<input type="text"/>
Pager Number	<input type="text"/>
Cell Phone Number	<input type="text"/>
Water Source 	
Select the type of water source you have	<input type="radio"/> Public Water <input type="radio"/> Private Well
If you have a private well, enter the most recent water test date	<input type="text"/> 
Save	

Location Detail Documents

On the bottom half of the **Location Details** page is **Document Upload Information**. It provides a list and a location to upload the required documents you will need for your application.

Note: If you uploaded an incorrect document, you must contact your **certification agency, regional licensing office, or the licensor**, for **assistance**.

Document Upload Information:		
Upload a copy of the Policies as required by rule, along with a completed Policy and Procedures Checklist.		
Upload a copy of the Initial Licensing Checklist form that has been signed not more than 30 days prior to submitting, confirming that you are in compliance and ready for the initial licensing visit.		
Delegation of Authority/Chain of Command - Select this document type to upload a current written delegation of administrative authority signed by the licensee that outlines the organizational structure and designates, in a chain of command form, those persons on the premises who will be in charge of the center for all hours of operation. Chain of command form is a series of positions in order of authority within an organization. Include the names and titles of those individuals.		
Water Test - Beach (Day Camps) - If your program offers waterfront activities at a beach located on the premises of the camp, use this document type to submit the results of the water test from each beach used by children in care.		
Occupancy Permit and Zoning Certificate - If applicable, upload the appropriate documentation using these document types. Check with your municipality to verify what is required.		
Family programs located in the City of Milwaukee: Complete the 'Family Day Care Homes Analysis Form' with signed approval from the City of Milwaukee. The signed form should be uploaded using the Zoning Certificate document type.		
Documents Already Uploaded		
Uploaded Date	Document Type	
01/28/25	Occupancy Permit	View ►
01/28/25	Policy And Procedures Checklist	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		
Delegation Of Authority/Chain Of Command	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 ►	
Water Test - Beach	Upload ►	
Next: Physical Plant and Environment ►		
◀ Facility		

A link to [Preparing Documents for Uploading](#) is also on this page.

Physical Plant and Environment

Any licensed applicant that has access to this page needs to provide **Physical Plant and Environment** information, then upload the applicable documents.

Cindy's Super Kids
4340 Boxcar Aly
Madison, WI 53704

Logout
4800040984-001
Facility ID 1124238
FIS Provider ID N/A

Modify Physical Plant and Environment

Physical Plant and Environment

Is this program located in a building currently in use as a school building? *

Yes No

If yes, will this program serve only school-age children?

Yes No

Will this program serve school age children in groups separate from children who are under the age 5?

Yes No

Save

Facility

After selecting **Save**, the related **Document Upload Information** is available.

Document Upload Information:

Indoor/Outdoor Diagram - Select this document type to upload diagrams for outdoor play space and the floor plan. Use a separate page for each diagram. Notify the department of any proposed changes prior to those changes taking effect.

The diagram of the outdoor play space should indicate dimensions, enclosures, location of all buildings and bodies of water.

The diagram of the floor plan for the total interior space should clearly mark all spaces that will be used by the center. Be sure to indicate the dimensions, exits, and room usage.

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

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	
Indoor/Outdoor Diagrams	Upload 
Building Inspection	Upload 

Additional Details

The **Additional Details** portion provides the opportunity to answer questions regarding **radon tests (for licensing only)**, **pets at the location**, agreeing to receive **monitoring results by email**, and if there is another person authorized to **sign subsequent applications** on behalf of you, the applicant.

Modify Additional Details

Radon Test

Proof of radon testing is required to become a licensed group (not located in a public school) or licensed family program. You will be able to upload 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 but not accessible to 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 agreements and submit official documentation concerning the center to the department on my behalf. Yes No

Save

Certified Family Care Location

If applying to become a certified family child care provider, once you have **completed and saved** your input on the **Additional Details** page, the **Care Location** page is your next step.



On this page, select the location where you will be providing child care. Pick **Provider's Home** or **Child's Home**, then select **Save**.

Child Care Provider Portal
Welcome, Brenda

B's October Child Care
34 Basket Ln
Madison, WI 53705

Logout
5800040975-001
Facility ID N/A
FIS Provider ID N/A

Care Location

Care Location

Care will be provided in *

Provider's Home

Child's Home

Provider's Home

About DCF Public Meetings Careers Request Records Contact Us Wisconsin.gov Press

Report Child Abuse

Report Fraud

Ver en Español

Update SPA CWA Privileges

Wisconsin Department of Children and Families

Mailing Address

In the **Add Mailing Addresses** section, **select the circle** for the **mailing address** where all **official notices** will be sent.

If you are receiving **monitoring results via email**, you must include a valid email address.

Add Mailing Address

The address you select will determine where all official notices will be sent. If you have agreed to receive monitoring results via email, you'll need to add an email address, if you haven't already.

Use applicant address as a mailing address.

Cindy Septemberly
925 Popsicle Cir
Madison, WI 53703
(608) 000-0000
CindyC@email.com

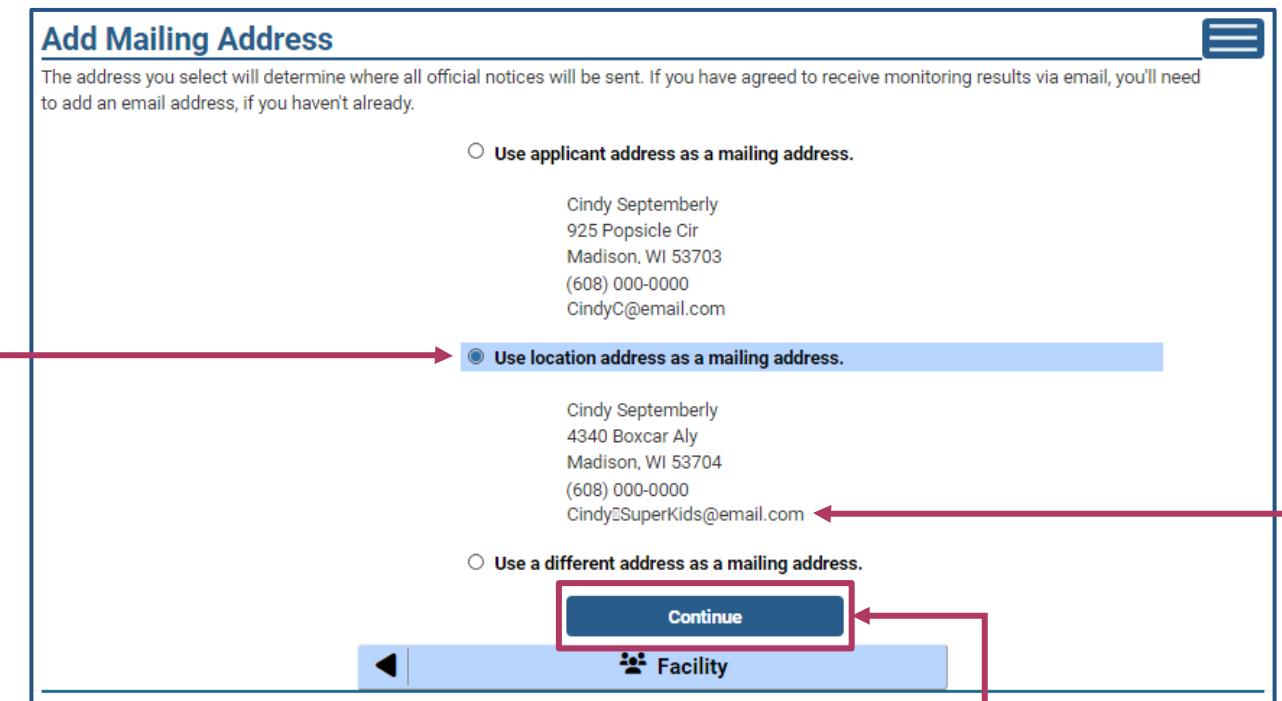
Use location address as a mailing address.

Cindy Septemberly
4340 Boxcar Aly
Madison, WI 53704
(608) 000-0000
Cindy@SuperKids@email.com

Use a different address as a mailing address.

Continue

Facility



After selecting a mailing address, click/tap **Continue**. The mailing address will then be placed in your **Mailing Address Details**.

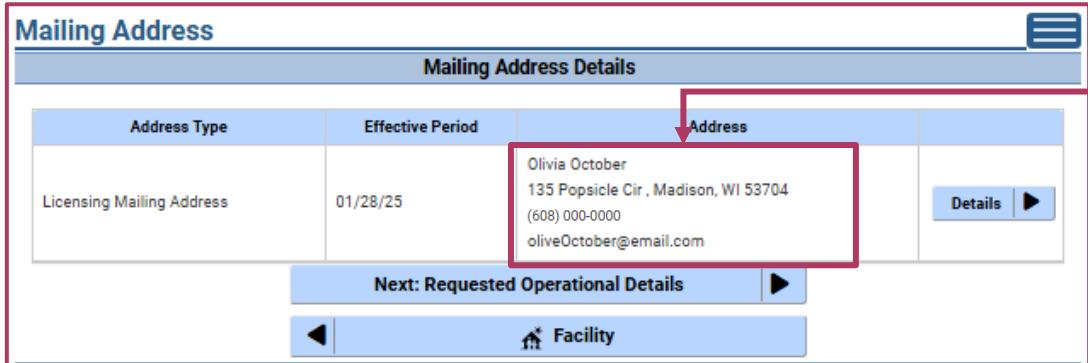
Mailing Address

Mailing Address Details

Address Type	Effective Period	Address	Details
Licensing Mailing Address	01/28/25	Olivia October 135 Popsicle Cir., Madison, WI 53704 (608) 000-0000 oliveOctober@email.com	Details ►

Next: Requested Operational Details ►

Facility



Requested Operational Details

On the **Requested Operational Details** page, start by selecting **Add Requested Operational Details**.

Requested Operational Details

Months Open	Days Open	Group Size	Children Under 7 Years
No results found			

Add Requested Operational Details 

Next: Requested Ages Served 

  Facility

Add Requested Operational Details

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

Months of Operation

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.

For guidance and examples on how to make these entries you can reference the [CCPP User Guide for Online Applications](#). You can also reach out to your [Regional Office](#) for assistance.

<input checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> February	<input checked="" type="checkbox"/> March	<input checked="" type="checkbox"/> April
<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> June	<input checked="" type="checkbox"/> July	<input checked="" type="checkbox"/> August
<input checked="" type="checkbox"/> September	<input checked="" type="checkbox"/> October	<input checked="" type="checkbox"/> November	<input checked="" type="checkbox"/> December

Days of Operation

Monday Tuesday Wednesday Thursday
 Friday

Are you open on weekends ? Yes No

Hours of Operation

If you have hours that vary from day to day, you can make those adjustments after you submit your application by contacting your [Regional Office](#).

Start Time 

End Time 

Do you have more than one Start and End time ? Yes No

Capacity

Day Capacity

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.

Save

Adding Requested Operational Details

In the **Requested Operational Details**, check the months, days of the week, and hours of the day you will be open, along with the capacity of children you are requesting to provide care for.

If you will not be open every month of the year, **remove the Months of Operation checkmarks** when you will be closed. For guidance on these steps, reference the [CCPP User Guide for Online Applications](#).

Months of Operation			
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.			
For guidance and examples on how to make these entries you can reference the CCPP User Guide for Online Applications . You can also reach out to your Regional Office for assistance.			
<input checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> February	<input checked="" type="checkbox"/> March	<input checked="" type="checkbox"/> April
<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> June	<input checked="" type="checkbox"/> July	<input checked="" type="checkbox"/> August
<input checked="" type="checkbox"/> September	<input checked="" type="checkbox"/> October	<input checked="" type="checkbox"/> November	<input checked="" type="checkbox"/> December

For **Days of Operation** select the days of the week you will be open.

Days of Operation				
<input checked="" type="checkbox"/> Monday	<input checked="" type="checkbox"/> Tuesday	<input checked="" type="checkbox"/> Wednesday	<input checked="" type="checkbox"/> Thursday	<input checked="" type="checkbox"/> Friday
Are you open on weekends ? <input checked="" type="radio"/> Yes <input type="radio"/> No				
<input checked="" type="checkbox"/> Saturday <input type="checkbox"/> Sunday				

For **Hours of Operation** check the times that you will be open.

Hours of Operation		
If you have hours that vary from day to day, you can make those adjustments after you submit your application by contacting your Regional Office .		
Start Time	6:00 AM	<input type="button" value=""/>
End Time	5:30 PM	<input type="button" value=""/>
Do you have more than one Start and End time ? <input checked="" type="radio"/> Yes <input type="radio"/> No		
Start Time	8:00 AM	<input type="button" value=""/>
End Time	5:00 PM	<input type="button" value=""/>

Capacity for licensed child care.

Capacity	
Day Capacity	10
Maximum number of children in care between 05:00 a.m. and 10:00 p.m.	
Night Capacity	0
Maximum number of children in care during any period between 10:00 p.m. and 05:00 a.m.	
<input type="button" value="Save"/>	

Capacity for certified child care.

Capacity	
Group Size	3
Children Under 7 Years	3
<input type="button" value="Save"/>	
<input type="button" value=""/> Requested Operational Details	

Requested Ages Served

In the **Add Requested Ages Served** section, include the ages of children you will provide care for.

Select **Add Requested Ages Served**.

Requested Ages Served Details

Requested Ages Served Details

From Age
To Age

Add Requested Ages Served

Next: Individuals

In this example, the initial applicant is selecting to provide child care for children from **6 months** to **under 10 years old**.

Add Requested Ages Served

Add Requested Ages Served

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

Add

Facility

[About DCF](#) [Public Meetings](#) [Careers](#) [Request Records](#) [Contact Us](#) [Wisconsin.gov](#) [Press](#)
[Report Child Abuse](#) [Report Fraud](#)

[Ver en Español](#) [Update SPA CWA Privileges](#)

 Wisconsin Department of Children and Families

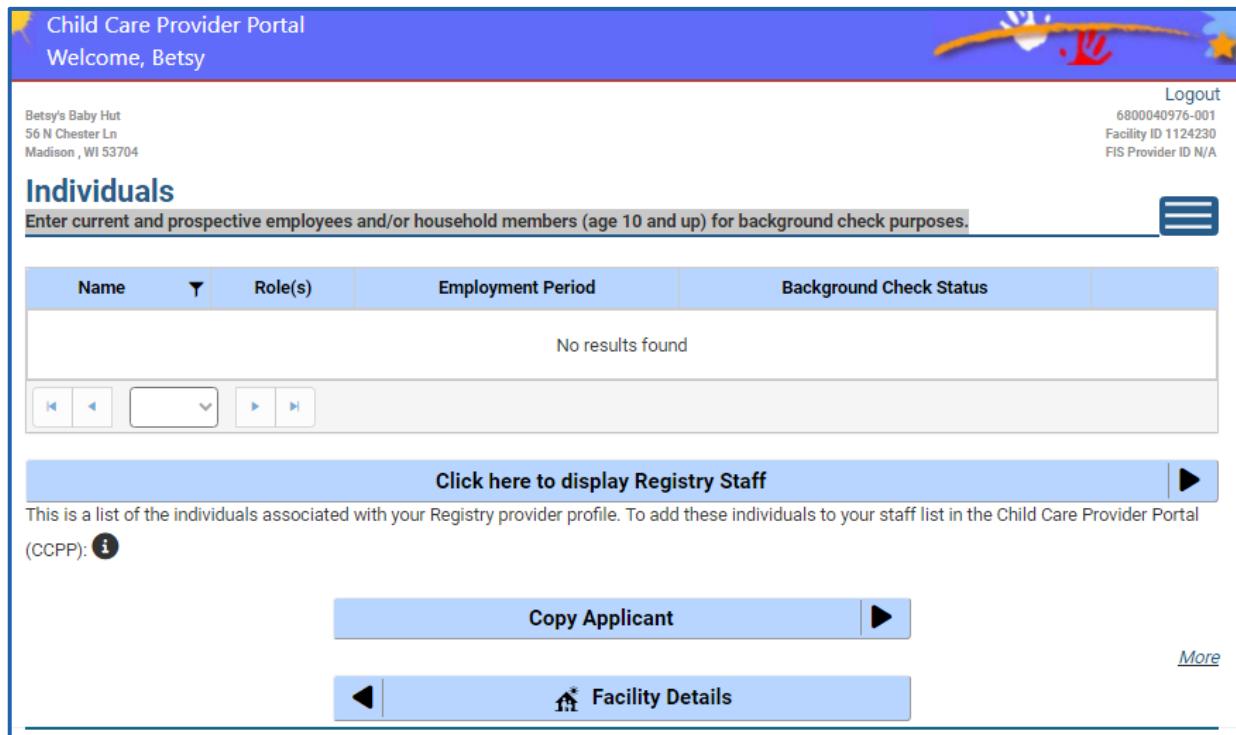




Individuals

Individuals Section

Along with information about yourself, **provide information on any employees, adults, and household members aged 10 or older.**



Child Care Provider Portal
Welcome, Betsy

Logout
6800040976-001
Facility ID 1124230
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 ►

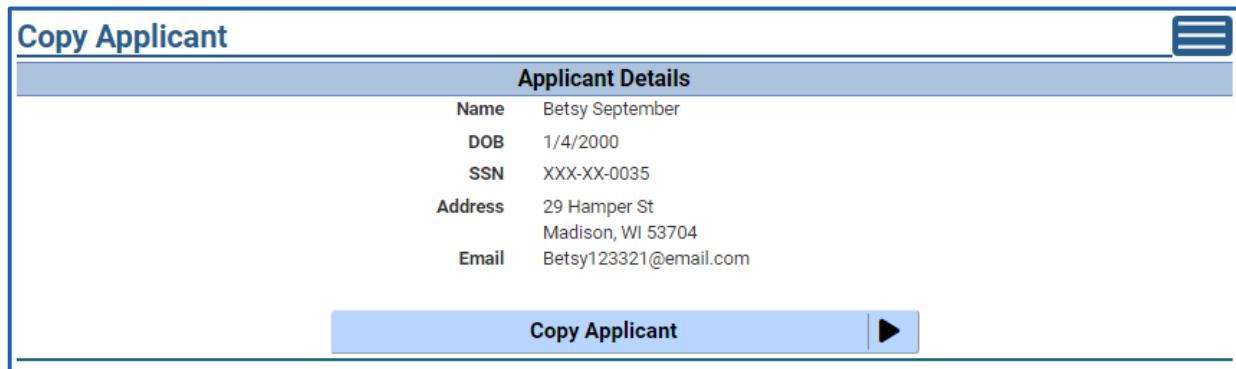
This is a list of the individuals associated with your Registry provider profile. To add these individuals to your staff list in the Child Care Provider Portal (CCPP): ⓘ

Copy Applicant ►

[More](#)

◀ ⌂ **Facility Details** ►

The first step is to select **Copy Applicant (you)**. This brings you to the **Copy Applicant page**. View your details and select **Copy Applicant**.



Copy Applicant ►

Applicant Details

Name	Betsy September
DOB	1/4/2000
SSN	XXX-XX-0035
Address	29 Hamper St Madison, WI 53704
Email	Betsy123321@email.com

Copy Applicant ►

Copy Applicant Details

The information you added on the **Individuals Basic Details** page will carry over to the **Add Individual Details** page.

Copy Applicant Details

Applicant Details	
First Name	Olive
Middle Initial	
Last Name	Newport
Suffix Name	
Address *	137 Popcicle Cir
Address Line 2	
City *	Madison
State *	Wisconsin
Zip Code *	53704-____
County/Tribe *	
Primary Phone *	(608) 000-0000
Primary Phone Type *	<input type="radio"/> Home <input type="radio"/> Work <input checked="" type="radio"/> Cell
Secondary Phone	
Secondary Phone Type	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell
Email *	olivenew@email.com
Date of Birth	9/4/1999
SSN	XXX-XX-0005
Gender *	<input type="radio"/> Male <input checked="" type="radio"/> Female
Race	
Language *	English
Employment/Residency Details	
Effective From	01/29/25
Primary Role	Applicant/Licensee
Background Check Level	Applicant/Licensee
Secondary Role	
Employment/Residency Status	Current
Employment/Residency Begin Date	1/29/2025
Has This Individual Used Any Names or Aliases in the Past? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Apply Ongoing Background Check Fee to this Location	Yes
Comments for this individual	
Copy	

Fill out the remainder of **details** needed. When complete, select **Copy**.

Background Check Request Form Details

After adding an individual, the **Background Check Request Form Details** page will open.

Background Check Request Form Details

Individual							
Name		Johny Jupiter					
Employment Period							
Military	Residency	Rehabilitation	Criminal	Juvenile	Sex Offender	Abuse/Neglect	Licenses
<p>1. Have you been discharged in the last three years from a branch of the U.S. Armed Forces, including any reserves duty?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>							Next
<p>? 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).</p> <p>◀ Modify Background Check Request Form</p>							

On the **Background Check Request Form Details** page, you must answer eight yes or no questions. After answering each question, click **Next** to continue through the series. The questions involve:

- *Discharge from the U.S. Armed Forces*
- *Residing outside of Wisconsin*
- *Requesting a rehabilitation review*
- *Pending or convicted of criminal charges*
- *Adjudicated delinquent by a court of law or tribal court between ages 10 to 17 years old*
- *Currently or ever been registered as a sex offender*
- *Under investigation, or previous finding on abuse, neglect, or theft of property*
- *Out-of-date license or credential that may restrict you from providing care*

Submitting Background Check Request

After the **Background Check Request Form Details** is complete, provide your **Electronic Signature** and select **Submit**.

Background Check Request Form Details

Individual

Name: Johny Jupiter

Employment Period

Military Residency Rehabilitation Criminal Juvenile Sex Offender Abuse/Neglect Licenses **Submit**

Form completed by Proxy Self

SIGN HERE IF YOU ARE COMPLETING THIS FORM FOR YOURSELF.

I understand that by providing my signature below I am attesting, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in my not being eligible to hold a license or certificate to operate, reside at or be employed at a child care center, and that I may be subject to forfeitures and other sanctions as provided by law.

Signature Date: 1/21/2025
Electronic Signature: Johny Jupiter

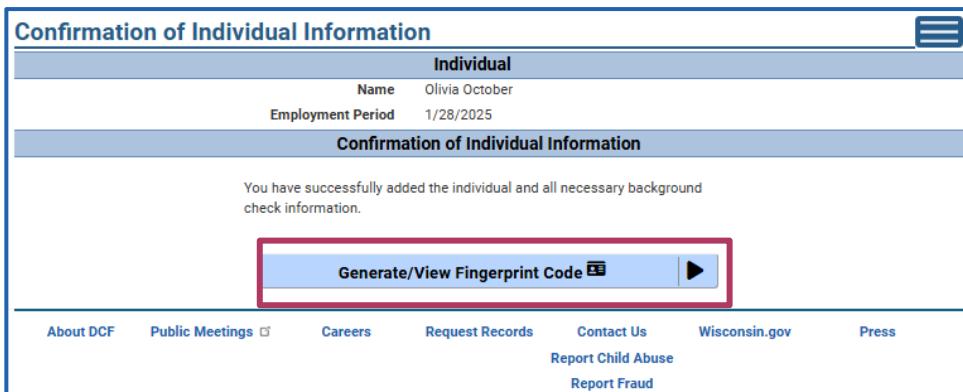
Previous **Submit**

Modify Background Check Request Form

If changes are needed, select **Previous** to go back though the questions.

Fingerprint Code

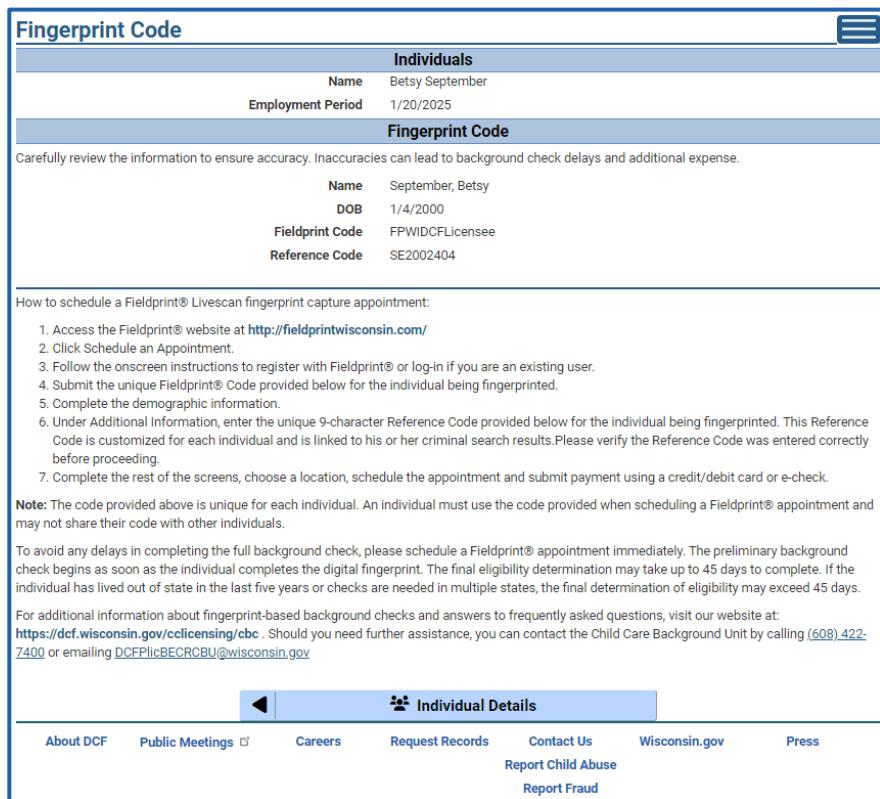
After you have successfully **submitted background check information**, you are given a link to **Generate/View Fingerprint Code** on the **Confirmation of the Individual Information** page.



Confirmation of Individual Information

Individual	
Name	Olivia October
Employment Period	1/28/2025
Confirmation of Individual Information	
You have successfully added the individual and all necessary background check information.	
Generate/View Fingerprint Code 	
About DCF Public Meetings Careers Request Records Contact Us Wisconsin.gov Press	
Report Child Abuse	
Report Fraud	

A **code** to schedule a **Fieldprint Livescan fingerprint capture appointment** is provided. The **Fingerprint Code** page also has a **link for the website** and **instructions** on how to schedule an appointment.



Fingerprint Code

Individuals	
Name	Betsy September
Employment Period	1/20/2025
Fingerprint Code	
Carefully review the information to ensure accuracy. Inaccuracies can lead to background check delays and additional expense.	
Name	September, Betsy
DOB	1/4/2000
Fieldprint Code	FPWIDCFLicensee
Reference Code	SE2002404
How to schedule a Fieldprint® Livescan fingerprint capture appointment:	
1. Access the Fieldprint® website at http://fieldprintwisconsin.com /	
2. Click Schedule an Appointment.	
3. Follow the onscreen instructions to register with Fieldprint® or log-in if you are an existing user.	
4. Submit the unique Fieldprint® Code provided below for the individual being fingerprinted.	
5. Complete the demographic information.	
6. Under Additional Information, enter the unique 9-character Reference Code provided below for the individual being fingerprinted. This Reference Code is customized for each individual and is linked to his or her criminal search results. Please verify the Reference Code was entered correctly before proceeding.	
7. Complete the rest of the screens, choose a location, schedule the appointment and submit payment using a credit/debit card or e-check.	
Note: The code provided above is unique for each individual. An individual must use the code provided when scheduling a Fieldprint® appointment and may not share their code with other individuals.	
To avoid any delays in completing the full background check, please schedule a Fieldprint® appointment immediately. The preliminary background check begins as soon as the individual completes the digital fingerprint. The final eligibility determination may take up to 45 days to complete. If the individual has lived out of state in the last five years or checks are needed in multiple states, the final determination of eligibility may exceed 45 days.	
For additional information about fingerprint-based background checks and answers to frequently asked questions, visit our website at: https://DCF.wisconsin.gov/clicensing/cbc . Should you need further assistance, you can contact the Child Care Background Unit by calling (608) 422-7400 or emailing DCFPLICBECRCBU@wisconsin.gov	
Individual Details	
About DCF Public Meetings Careers Request Records Contact Us Wisconsin.gov Press	
Report Child Abuse	
Report Fraud	

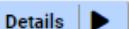
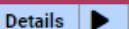
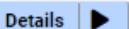
Additional Background Check Information

After collecting a fingerprint code, you will be returned to the **Individuals** page. The person you entered will appear on the upper portion of the page.

If the name of an individual has a **Question Mark Icon**  next to it, additional information is required for a **background check**. If this is the case, click/tap the **Details** arrow button.

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	
 Bobby Balloon	Teacher - Assistant	11/04/24		
 Johny Jupiter	Teacher - Assistant			
Betsy September	Applicant/Licensee	01/20/25		

 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): 

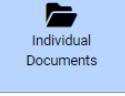
[More](#)

The **Individual Details** page will open.

Individual Details

Individual Details	
Name	 Betsy September
Address	29 Hamper St Madison, WI 53704
Primary Phone	(608)000-0000 (Cell)
Email	Betsy123321@email.com
County/Tribe	Dane County

[More](#)

Individual Details

Individual Details

Individual Details	
Name	Bobby Balloon
Address	64 Buckle Court Madison, WI 53704
Primary Phone	(608)422-0000 (Cell)
Email	BBalloon@email.com
County/Tribe	Dane County

[More](#)

Aliases Names Background Checks Background Check Request Form Individual Documents

Fingerprint Code

◀ Individuals

These buttons allow you to make changes for that individual. The changes include:

- Add any **alias names** used by an individual
- Review any **previous background checks**
- Fill out a **Background Check Request Form**
- **View documents** uploaded regarding an individual
- Obtain a **Fingerprint Code**

If the adjustments needed are related to details not on this page, Select **More**, then select **Modify Individual Details**.

Adding Additional Individuals

To add additional individuals, on the Individuals page select **More**.

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	
Olivia October	Applicant/Licensee	01/28/25		Details ►
Dave Squirrel	Teacher - Assistant	01/01/25		Details ►

◀ ▶ 1 ▵ ▶

?

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): [i](#)

[Next: Pets](#) ►

◀ [Application](#)

[More](#) ►

This opens the **Add Individual** link.

[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): [i](#)

[History](#) ►

[Add Individual](#) ►

[Next: Pets](#) ►

[Less](#)

Individual Basic Details

Selecting the **Add Individual** link opens the **Individual Basic Details** page.

Individual Basic Details

Individual

First Name *	Duster
Middle Initial	
Last Name *	Tinsel
Suffix Name	
Gender *	<input checked="" type="radio"/> Male <input type="radio"/> Female
Date of Birth *	2/14/1998 
SSN *	000-00-0003
Confirm SSN *	000-00-0003

Next >

  **Individuals**

Add Individual Details

After placing their basic details, the **Add Individual Details** page will open. Just as you had for yourself, place the needed information on the page. When finished, select **Add**.

Add Individual Details

Individual	
First Name	Duster
Middle Initial	
Last Name	Tinsel
Suffix Name	
Address *	<input type="text"/> i
Address Line 2	
City *	
State *	Wisconsin ▼
Zip Code *	
County/Tribe *	<input type="text"/> i
Primary Phone *	
Primary Phone Type *	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell i
Secondary Phone	
Secondary Phone Type	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Cancel
Email *	<input type="text"/> i
Date of Birth	2/14/1998
SSN	XXX-XX-0003
Gender *	<input checked="" type="radio"/> Male <input type="radio"/> Female
Race	<input type="text"/>
Language *	<input type="text"/>
Employment/Residency Details	
Effective From	01/29/25
Primary Role *	<input type="text"/>
Secondary Role	<input type="text"/>
Employment/Residency Status *	<input type="radio"/> Current <input type="radio"/> Prospective i
Has This Individual Used Any Names or Aliases in the Past *	<input type="radio"/> Yes <input type="radio"/> No
Apply Ongoing Background Check Fee to this Location	Yes
Comments for this individual	<input type="text"/>
Add	

Background Check and Fingerprint Code

Background Check Request Form Details

Individual

Name: Duster Tinsel

Employment Period: 12/2/2024 - 12/31/9999

Military **Residency** **Rehabilitation** **Criminal** **Juvenile** **Sex Offender** **Abuse/Neglect** **Licenses** **Submit**

4. Do you have any pending criminal charges or were you convicted of any crime? Include all offenses in federal, state, county, local, military and tribal courts.

Yes No

Previous **Next**

You will again go through the **Background Check Request Form Details**. When completed and electronically signed, this person will be added to your **Individuals** list.

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	
Olivia October	Applicant/Licensee	01/28/25		Details ►
Dave Squirrel	Teacher - Assistant	01/01/25		Details ►
Duster Tinsel	Teacher - Lead	12/02/24		Details ►



Program Features

Pets

If your facility has animals that have any contact with the children, you **must provide information** about the **animal**.

Select **Add Pet**, place information, then select **Add**.

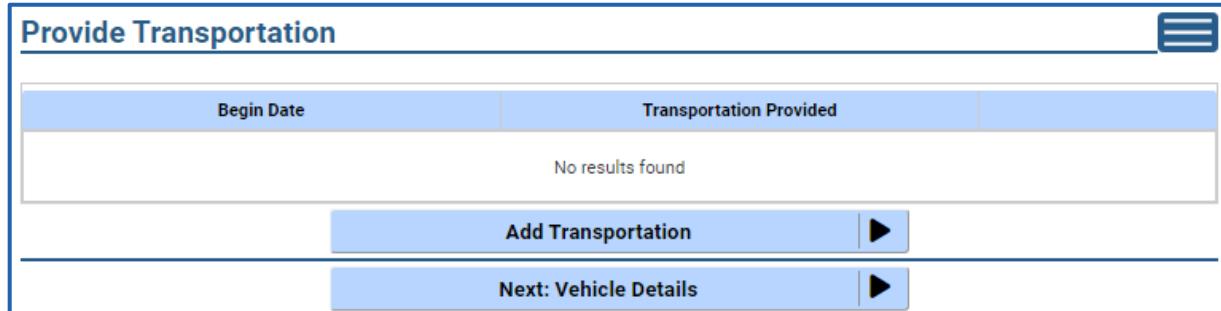
The image shows two screenshots of a software interface for managing pets. The top screenshot, titled 'Pets', displays a table with columns for 'Pet Type', 'Pet Name', and 'Rabies Vaccine Due Date'. A message 'No results found' is shown in the table body. Below the table is a blue button labeled 'Add Pet' with a right-pointing arrow. The bottom screenshot, titled 'Add Pet', shows a form with fields for 'Pet Type' (Cat), 'Pet Name' (Kittoo), 'Rabies Vaccine Due Date' (4/17/2025), and 'Pet Description (e.g., breed)' (Tabby Cat). Below the form is a blue 'Add' button. At the bottom of the page is a navigation bar with a back arrow, a 'Pets' link, and a forward arrow.

The **Pet Details** page opens with a **link to upload documents**.

The image shows the 'Pet Details' page for the pet 'Kittoo'. The page displays the pet's information in a table: Pet Type (Cat), Pet Name (Kittoo), Rabies Vaccine Due Date (04/17/2025), and Pet Description (Tabby Cat). Below this is a section titled 'Documents Already Uploaded' with a table for 'Uploaded Date' and 'Document Type', showing 'No results found'. There is a link 'More' to the right. Below this is a section titled 'Upload New Documents' with a table for 'Document Type', showing 'Vaccinations' in the table body. To the right of the table is a blue 'Upload' button with a right-pointing arrow.

Provide Transportation

If you will be providing transportation, you need to include information regarding the vehicle. On the **Provide Transportation** page select **Add Transportation**.

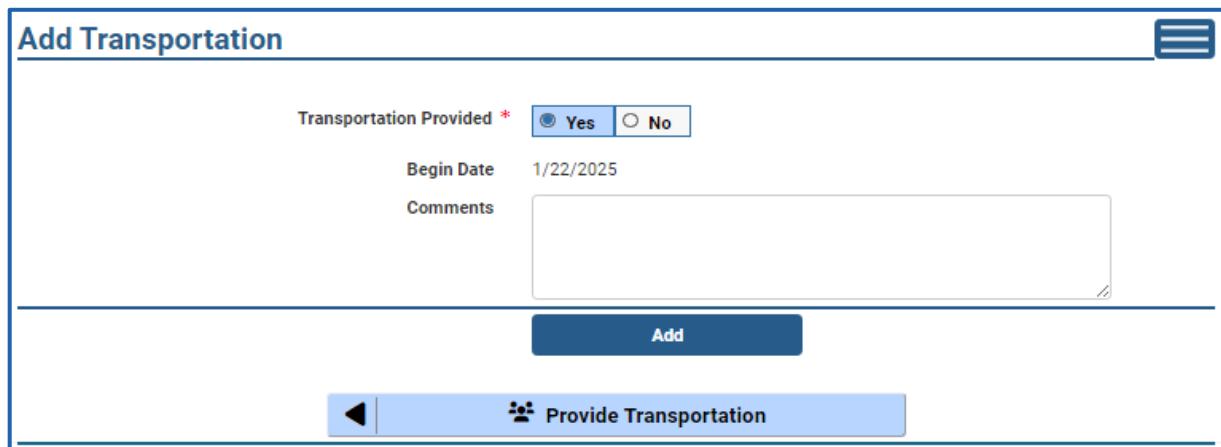


Begin Date	Transportation Provided
No results found	

Add Transportation | ►

Next: Vehicle Details | ►

On the **Add Transportation** page select **Yes** for **Transportation Provided**. You can also add additional comments. When complete, click/tap **Add**.



Transportation Provided * Yes No

Begin Date 1/22/2025

Comments

Add

◀ Provide Transportation

Vehicle Details

Next, add information about the vehicle you will use. Click/tap on **Add 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	

State whether the vehicle is **owned by the center** or **contracted**. Then add the **Year, Color, Make, Model, and License Plate Number**, of the vehicle.

Add Vehicle

Vehicle Mode *	<input type="button" value="Owned By Center"/>
Year, Color, Make, Model and License Plate Number of the vehicle *	2023, Chevrolet Express 3500, BZ3Y-222H
Add	
◀	▶
Vehicle Details	

After you have entered the needed information, select **Add**.

Vehicle Details and Document Upload

The **Vehicle Details** page now shows the information entered. It provides a space to **upload inspection reports** for the vehicle.

Vehicle Details

Vehicle Details	
Vehicle Mode	Owned By Center
Year, Color, Make, Model and License Plate Number of the vehicle	2023, Chevrolet Express 3500, BZ3Y-222H
Alarm Checked Date	

[More](#)

Documents Already Uploaded

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

Inspection Reports

Upload 

  **Vehicle Details**

When this page is complete, select **Vehicle Details**. You can **add additional vehicles** or **move on to insurance**.

Vehicle Details

Vehicle Mode	Year, Color, Make, Model and License Plate Number of the vehicle	Details
Owned By Center	2023, Chevrolet Express 3500, BZ3Y-222H	

Add Vehicle 

Next: Insurances 

  **Program Features**

Insurances

On the **Insurances** page select **Add Insurances**. This will open the **Add Insurance Details** page.

The screenshot shows the 'Insurances' page with a table header: Insurance Type, Start Date, End Date, Number of Children Covered, and Pets Covered. Below the table, a message says 'No results found'. At the bottom are navigation buttons: 'Add Insurance' with a right arrow, 'Next: Other Licenses' with a right arrow, and a left arrow followed by 'Program Features'.

Select an **Insurance Type**, then choose the **Start Date**, **End Date**, other requested information, and comments. When finished, select **Add**.

The screenshot shows the 'Add Insurance Details' page. It includes a message about coverage, a note about liability insurance for children in care, and a note about vehicle insurance. The form fields are: Insurance Type (Liability), Start Date (12/4/2024), End Date (1/3/2026), Number of Children Covered (10), Pets Covered (Yes selected), and Comments (a large text area). A red box highlights the 'Add' button at the bottom.

Insurance Details

The **Insurance Details** page shows the information you have entered. It also provides a space to upload a **Proof of Insurance** document.

Insurance Details

Insurance Type	Liability
Start Date	12/04/24
End Date	01/03/26
Number of Children Covered	10
Pets Covered	No
Comments	

[More](#)

Documents Already Uploaded

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

Proof Of Insurance

Upload 

  Insurances 

When finished uploading documents, select **Add Insurance** to include other policies or **move on to Other Licenses**.

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.

Insurance Type	Start Date	End Date	Number of Children Covered	Pets Covered	
Liability	12/04/24	01/03/26	10	No	Details 

[Add Insurance](#) 

[Next: Other Licenses](#) 

  Program Features

Other Licenses

The **Other Licenses** page is available for you to add additional care licenses that you have at the home/facility or to state that you do not have any. **Click/tap Add License.**

The screenshot shows a table with one row. The first column contains the text "None" and the second column contains a "Details" button with a right-pointing arrow. Below the table are three buttons: "Add License" with a right-pointing arrow, "Next: Regulatory Fees" with a right-pointing arrow, and a back arrow followed by "Program Features".

Program Description	
None	Details ►

Add License ►

Next: Regulatory Fees ►

◀ Program Features

The **Add Other License** page has a drop-down menu where you select **Adult Family Home**, **Foster Home**, or **None**, and **add comments**. After choosing the appropriate selection, click/tap **Add**.

The screenshot shows a dropdown menu with three options: "Adult Family Home", "Foster Home", and "None". The "Adult Family Home" option is selected. Below the dropdown is a blue "Add" button, which is highlighted with a red box and has a red arrow pointing to it from the text above.

Other Licenses *

Comments

Adult Family Home

Foster Home

None

Add

Other License Details

The **Other Licenses** page now shows information you entered. It also provides a button to move on to the **Regulatory Fees** section.

Other Licenses

If the home/facility is licensed or certified as an adult family home or foster care, it should be listed here. If you need to add to the list, select "Add License" and follow instructions on the next page. Otherwise, select "Next: Regulatory Fees" to proceed.

Program Description	
Foster Home	Details ▶
Add License ▶	
Next: Regulatory Fees ▶	
◀	Program Features

If you select **Details**, an option to **Delete Other License** will be available. The page also shows the comments you added.

Other License Details

Other License Details

Program Description	Foster Home
Comments	Teen Foster Home

[Delete Other License](#) | [▶](#)

[Less](#)

[◀](#) | [Other Licenses](#)



Review and Submit

Regulatory Fees

On **Manage Fees**, select **Regulatory Fees Due** to make a payment, or **Regulatory Fees Paid** to view fees that you have already paid. **Certification applicants outside of Milwaukee County** will need to pay any fees due directly to the certification agency.

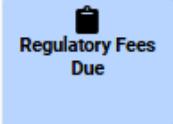
Manage Fees ≡

Facility ID	1124243
FIS Provider ID	N/A
Address	603 Boxcar Alley Madison, WI 53704
Contact Name	Jane September
Phone	(608) 242-0001

[More](#)

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](#).

[Next: Review](#) ▶

◀ [Review & Submit](#)

Regulatory Fees Due

Regulatory Fees Due shows the fees currently due.

To make a payment, **check the box** to confirm you are ready to proceed to the **State of Wisconsin – e-payment Services Portal**. Then select **Pay Total Due** or **Pay Other Amount**.

Regulatory Fees Due
Regulatory Fee For This Location

Date	Fee Type	Balance
1/23/2025	License	(\$15.12)
		Total Due: \$15.12

Check here to confirm you are ready to proceed to the State of Wisconsin – e-payment Services portal.

Please ensure you have all of the information you need to make the payment. Once you are directed to the e-Services portal, you will not be able to go back. If you exit the page before completing your banking or credit/debit card information, the payment will not be submitted and you will not be able to submit the payment again until the following business day.

Pay Total Due

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

1. Electronic Funds Transfer from your checking or savings account. There is no extra fee when choosing this option.
2. 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.

Pay Other Amount

Manage Fees

You will be sent to an **electronic payment system**. Here you will set up an account and select a payment option.

Welcome to the Electronic Payment System

Please enter your User ID and Password and click Log In.

User ID	Forgot Your User ID?
Password	Forgot Your Password?

Log In

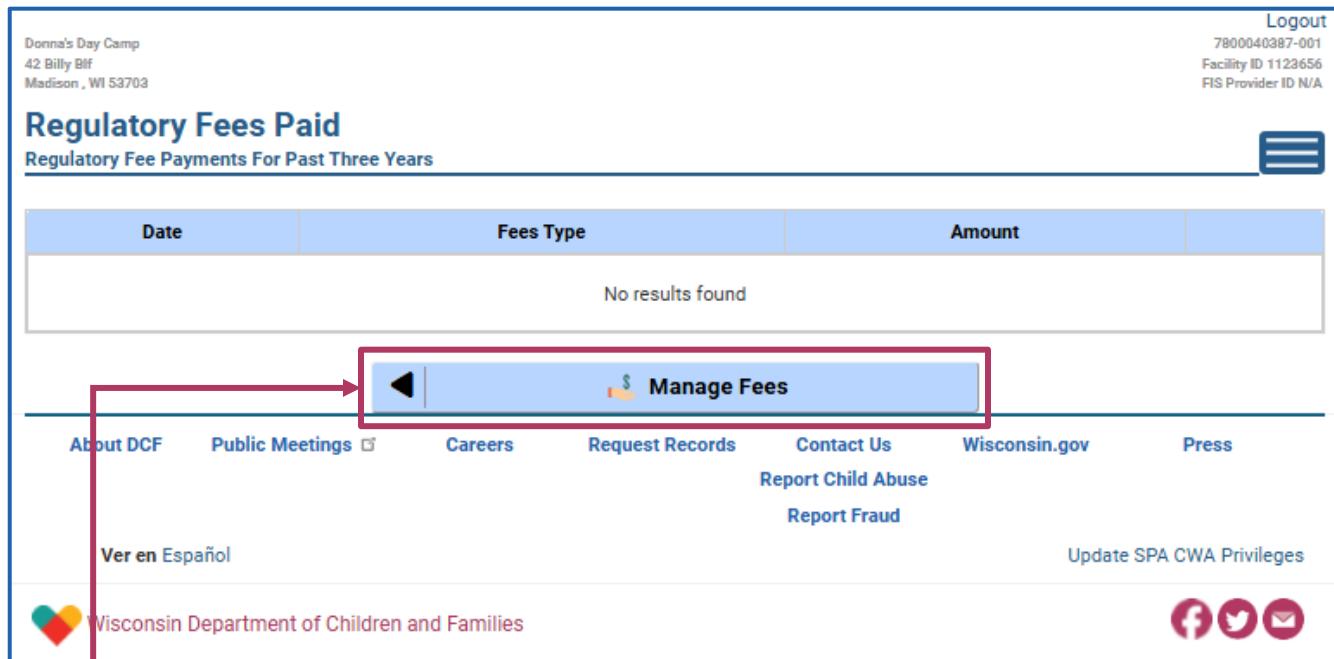
[Register](#)
[Pay Without Registering](#)

powered by 

Customer Service | Help | [Privacy Policy](#) | [Security](#)

Regulatory Fees Paid

When a payment is made it will appear on **Regulatory Fees Paid** page.



Logout
7800040387-001
Facility ID 1123656
FIS Provider ID N/A

Donna's Day Camp
42 Billy Blf
Madison , WI 53703

Regulatory Fees Paid

Regulatory Fee Payments For Past Three Years

Date	Fees Type	Amount
No results found		

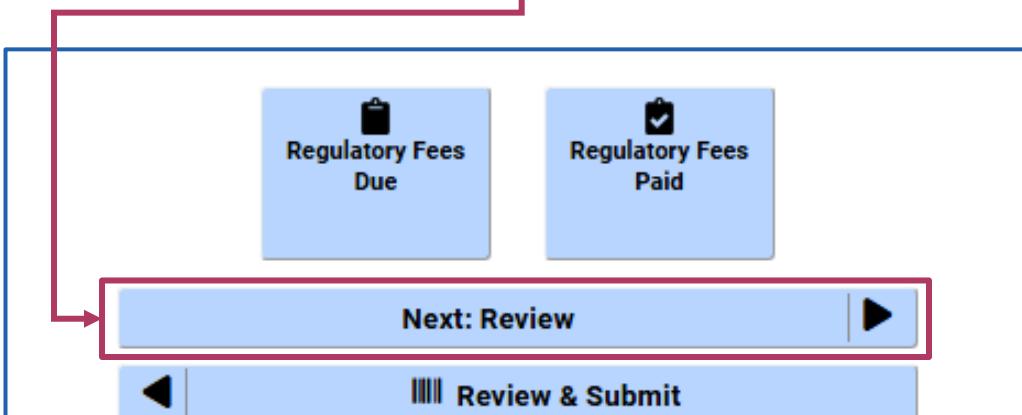
[About DCF](#) [Public Meetings](#) [Careers](#) [Request Records](#) [Contact Us](#) [Wisconsin.gov](#) [Press](#)

[Report Child Abuse](#) [Report Fraud](#)

[Ver en Español](#) [Update SPA CWA Privileges](#)

 Wisconsin Department of Children and Families 

When completed with **Regulatory Fees**, you can select to return to the **Manage Fees** page. There you can select **Next: Review** to move on and **review your initial application**.



Application Review

The **Application Review** page shows you if any required portions of the initial application are missing. If so, it will provide the following statement:

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

Missing or Incomplete Statement

(!) Location of Missing information or document

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.		
Applicant Details Edit		
Applicant Name	Betsy September	
Social Security Number (SSN)	XXX-XX-0035	
Date of Birth	1/4/2000	
Primary Phone	(608)422-6131	
Email	Betsy123321@email.com	
Address	29 Hamper St Madison, WI 53704	
Is A Translator Needed ?	No	
Translator Language		
FEIN		
Business Name	Betsy's Baby Hut	
Business Details Edit		
Business Type	Individual	
Corporation / Individual	Individual/Sole Proprietor/Partnership	
Location Details Edit		
Location County	Dane County	
Address	56 N Chester Ln Madison, WI 53704	
Facility Name	B's October Child Care	
Contact Person Name	Betsy September	
Email	BOctober@email.com	
Primary Phone	(608)422-0000	
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		
! Policy And Procedures Checklist document required.		
Uploaded Date	Document Type	
01/23/25	Water Test Results	View ►
01/23/25	Initial Licensing Checklist	View ►
01/23/25	Policies	View ►

You will not be able to submit your application until these are corrected.

Editing Sections

Even with **no missing/incomplete statement**, or **any (!) icons**, you should **review all the information you entered** and make sure it is **correct**. If changes are needed, on the **right side of each section** select to **edit information** or **view the documents**.

Monitoring Results			
I agree to receive monitoring results via email. Yes			
Other Authorized Person			
Is there a person who is authorized to sign subsequent applications concerning this center on behalf of the applicant? 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 agreements and submit official documentation concerning the center to the department on my behalf. No			
Radon Test Documents			
Uploaded Date	Document Type		
01/20/25	Radon Testing	View	▶
01/20/25	Radon Testing	View	▶
Mailing Addresses			
Address Type	Effective Period	Address	
Licensing Mailing Address	01/16/25	Betsy September 29 Hamper St, Madison, WI 53704 (608)422-6131 Betsy12332@email.com	
Requested Operational Details			
Months Open	Days Open	Day Capacity	Night Capacity
January-December	Mon-Fri 7:00AM - 6:00PM Sat-Sun Closed	9	0
Requested Ages Served			
From Age	0 Year(s), 6 Month(s), 0 Week(s)		
To Age	9 Year(s), 11 Month(s), 0 Week(s)		
Individuals			
Name	Role(s)	Employment Period	Background Check Status
Bobby Balloon	Teacher - Assistant	11/04/24	
Johny Jupiter	Teacher - Assistant	10/12/24	
Betsy September	Applicant/Licensee	01/20/25	
Pets			

Select view Documents

Edit to adjust information

Submitting your Initial Application

When you have completed your application review, move on to **Submit your Initial Application**.

Application Submission

Application Details

Type of Regulated Care	Licensed Family
Application Mode	Initial
Application Date	1/8/2025
Application Status	Application In Progress

I authorize the Department of Children and Families to request and receive any information that is appropriate and necessary for the administration of regulation and licensing requirements for child care and day camp programs. Sources of information may include, but are not limited to, Federal Bureau of Investigation Criminal Justice Information, Department of Corrections, Department of Justice, Division of Unemployment Insurance, Department of Regulation and Licensing, Internal Revenue Service, Department of Revenue, Department of Transportation, Wisconsin Technical College System or any other educational institution, county departments of social / human services, law enforcement agencies, and current or former employers. Personally identifiable information collected on this form may be used, in part, through computer matching to verify information with the departments, agencies, and employers identified above.

I acknowledge having received the Licensing Rules for Family Child Care Centers (DCF 250, Wis. Admin. Code) and accept legal responsibility for complying with all administrative rules as promulgated by the department under the authority of s.48.67, Wis. Stats. By signature, I signify a willingness to provide the department's licensing agency with information to verify whether or not the requirements for a license are met and further authorize the department to make such investigation as is necessary for verification of these factors, including access to the premises any time during licensed hours.

I understand that, pursuant to s.48.66(2m), Wis. Stats., provision of my federal employer identification number (FEIN) or my social security number (SSN) is mandatory, and that failure to comply with s.48.66(2m) may result in the denial of this application. Personal information I provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes]. My SSN / FEIN, as well as other information I give the department, is subject to verification by federal, state or local licensing officials.

I understand that my application will not be processed until all fees, forfeitures, or assessments related to any license issued by the department are paid.

I affirm that all statements made in this application and any attachments are true and correct to the best of my knowledge. I understand that failure to submit correct or truthful information or omitting information is grounds for denial, revocation, or other sanction under the authority of applicable statutes or administrative codes. Credible statements made to the department that contradict information I provide under my written attestation also may be grounds for denial, revocation, or other sanction of my license.

I will comply with all laws, rules, and regulations. I understand and agree that, as the licensee, I am responsible for ensuring that any person who is employed at my child care center or who has any role in the operation of my child care center will comply with all laws and regulations pertaining to child care centers, including, but not limited to, ch. 48 Children's Code of the Wisconsin Statutes; chs. DCF 250 Family Child Care Centers, DCF 13 Background Checks for Child Care Programs, and DCF 201 Administration of Child Care Funds of the Wisconsin Administrative Codes; and s.7 CFR 226 Child and Adult Care Food Program of the Federal Regulations of the U.S. Department of Agriculture. I further understand and agree that, as the licensee, I may be held legally responsible under licensing laws and regulations for any actions or omissions of any person who is employed at my child care center or who has any role in the operation of my child care center. I understand and agree that failure to comply may result in an enforcement action against my child care license including, but not limited to, revocation, denial, or the assessment of forfeiture.

I understand that my electronic signature is the legal equivalent of having placed my handwritten signature on the submitted document and its attestations. I understand that by providing my signature below I am attesting, under penalty of law, that the information provided is truthful and accurate to the best of my knowledge. By signing below, I attest I am the licensee (i.e.: the owner) and am legally authorized to submit this application. I understand that knowingly providing false information or omitting information may result in my not being eligible to hold a license or certificate to operate, reside at or be employed at a child care center, and that I may be subject to forfeitures and other sanctions as provided by law.

Regulation Fee * I agree to pay by check or money order according to [How to Pay My Fee](#).

Signature Date 1/23/2025

Type your name for an electronic signature *

Betsy September

Signatory Title *

Applicant

Submit

After Submitting your Initial Application

After submitting your initial application, the **Contacts** page will open. This informs you the application will be processed in the order received and after payments are made. It provides links for payment instructions and for help with immediate questions you may have.

Contacts

Contact Information

Applications will be processed in the order they have been received and after full payment of all fees due to the Department.

To pay by check or money order, follow the instructions for [How to Pay My Fee](#).
If you have immediate questions, please contact the [Regional Office](#) in your area.

Review & Submit

About DCF Public Meetings Careers Request Records Contact Us Wisconsin.gov Press
Report Child Abuse
Report Fraud

The Status of your Initial Application will now be
Application Submitted Without Payment, or
Application Submitted.

Review & Submit

Application Details

Type of Regulated Care	Licensed Family
Application Mode	Initial
Application Entered Date	01/08/2025
Application Status	Application Submitted Without Payment

Regulatory Fees Review Submit Application Withdraw Request Contacts

Application



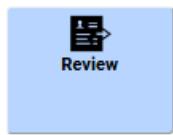
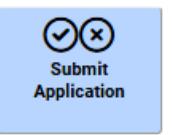
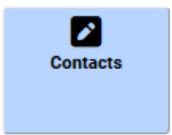
Withdraw Initial Application

Withdrawing Your Initial Application

You have the option of withdrawing your initial application. To do so select **Withdraw Request**. The **Withdraw Application** page will open.

Review & Submit

Application Details	
Type of Regulated Care	Licensed Family
Application Mode	Initial
Application Entered Date	01/08/2025
Application Status	Application In Progress

◀  Application

You will be asked to **Confirm Withdraw**. If your initial application status is pending, your status will then change to initial **Application Withdrawn**. **However, we strongly suggest reaching out to a pre-licensor or local agency before withdrawing**. They can **assist you with any issues you are having** and **keep your initial application active**.

If your initial application is **already submitted** when you withdraw, a licensor or local agency official will be **assigned to reach out to you**. They will assist with any **questions or concerns** you have. The intent is to **help you and keep your initial application active**.

Withdraw Application

Application Details	
Type of Regulated Care	Licensed Family
Application Mode	Initial
Application Entered Date	1/8/2025
Application Status	Application In Progress

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

Withdraw Request

◀  Review & Submit



Additional Information

Helpful Links



[Family Child Care Certification Online Application Guide](#)



[Family/Group/Day Camp Child Care Online Application Guide](#)



[CCPP User Guide for Online Applications](#)



[Wisconsin Child Care Certification](#)



[Starting a Licensed Child Care](#)



[Child Care Provider Portal Information](#)



[Preparing Documents for Uploading](#)



[Child Care Provider Portal \(CCPP\) User Guide](#)