

Becoming a Provider - Submitting Your Initial Application

February 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**.

The screenshot shows the 'Child Care Provider Portal' interface. At the top, it says 'Welcome, Betsy'. On the left, there is contact information for 'Betsy's Baby Hut' at 56 N Chester Ln, Madison, WI 53704. On the right, there is a 'Logout' button and user information: 6800040976-001, Facility ID 1124230, and FIS Provider ID N/A. The main heading is 'Application Dashboard'. Below this is a 'Continue to Applicant' button with a play icon. A section titled 'Application Details' contains the following information:

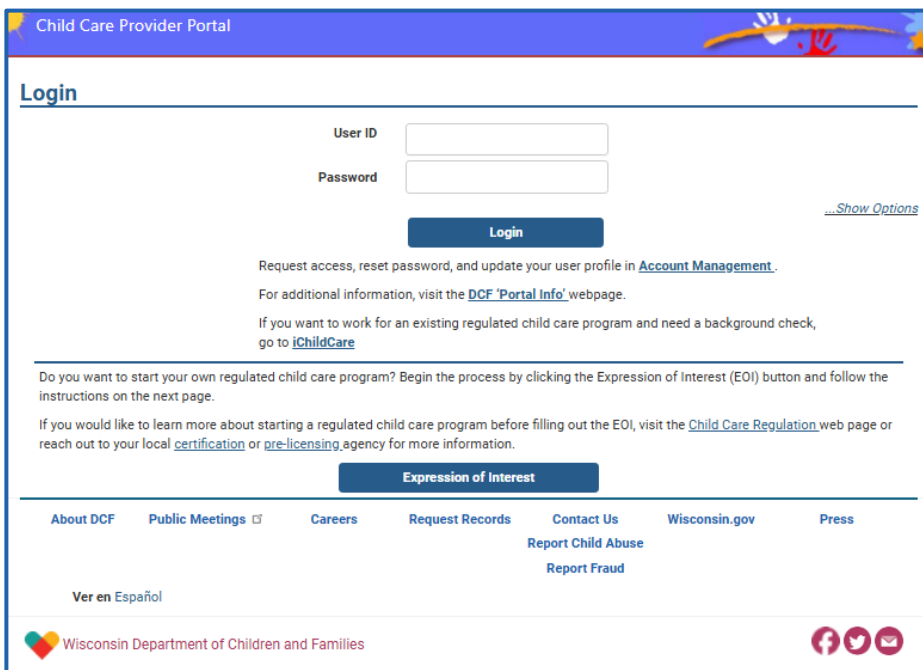
Type of Regulated Care	Licensed Family
Application Mode	Initial
Application Entered Date	01/08/2025
Application Status	Application In Progress

Below the details are five buttons: 'Applicant', 'Facility', 'Individuals', 'Program Features', and 'Review & Submit'. At the bottom of the dashboard is an 'Applications' button with a home icon. The footer contains navigation links: 'About DCF', 'Public Meetings', 'Careers', 'Request Records', 'Contact Us', 'Wisconsin.gov', 'Press', 'Report Child Abuse', and 'Report Fraud'. There is also a link for 'Ver en Español' and 'Update SPA CWA Privileges'. The bottom of the page features the Wisconsin Department of Children and Families logo and social media icons for Facebook, Twitter, and Email.

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.

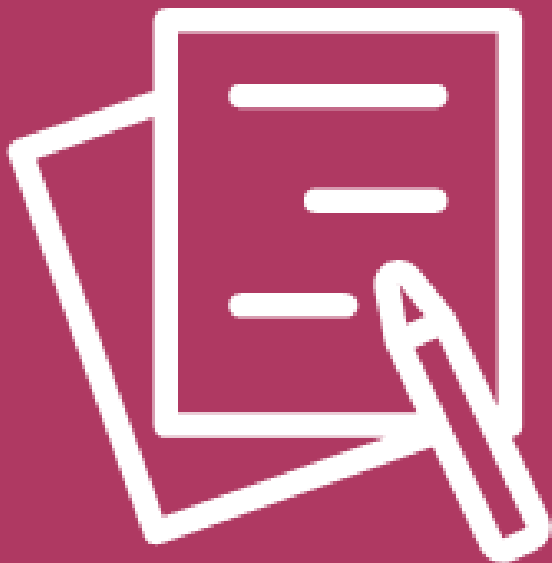


The screenshot shows the 'Child Care Provider Portal' login page. At the top, there is a blue header with the text 'Child Care Provider Portal' and a logo on the right. Below the header is a 'Login' section with two input fields: 'User ID' and 'Password'. A blue 'Login' button is positioned below the password field. To the right of the password field is a link that says '...Show Options'. Below the login fields, there is a paragraph of text: '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](#)'. Below this text is a blue button labeled 'Expression of Interest'. At the bottom of the page, there is a navigation menu with links: 'About DCF', 'Public Meetings', 'Careers', 'Request Records', 'Contact Us', 'Wisconsin.gov', and 'Press'. Under 'Contact Us', there are sub-links for 'Report Child Abuse' and 'Report Fraud'. At the very bottom, there is a footer with the Wisconsin Department of Children and Families logo and social media icons for Facebook, Twitter, and 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:**

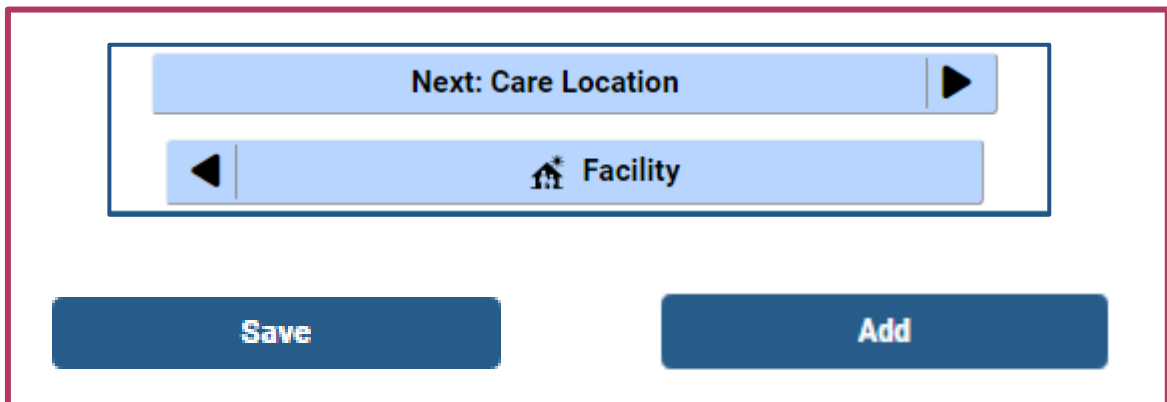
1. Only those with a User ID and security access to CCPP should be viewing information on CCPP. Each person authorized to use CCPP should have their **own User ID**.
2. Registered users should **not share a User ID/Password** with anyone. Remember that you are responsible for keeping your **User ID and 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' interface. At the top, it says 'Welcome, Betsy'. Below that, the user's information is displayed: 'Betsy's Baby Hut, 56 N Chester Ln, Madison, WI 53704'. On the right, there is a 'Logout' button and facility information: '6800040976-001, Facility ID 1124230, FIS Provider ID N/A'. The main section is titled 'Applications' and shows the 'Current application status : Application In Progress.' Below this, there are two buttons: 'Expression of Interest' and 'Initial Application'. A navigation bar at the bottom contains links for 'About DCF', 'Public Meetings', 'Careers', 'Request Records', 'Contact Us', 'Wisconsin.gov', and 'Press'. There are also links for 'Report Child Abuse' and 'Report Fraud'. At the very bottom, there is a footer with the Wisconsin Department of Children and Families logo and social media icons for Facebook, Twitter, and Email.

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

Betsy's Baby Hut
56 N Chester Ln
Madison, WI 53704

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](#)

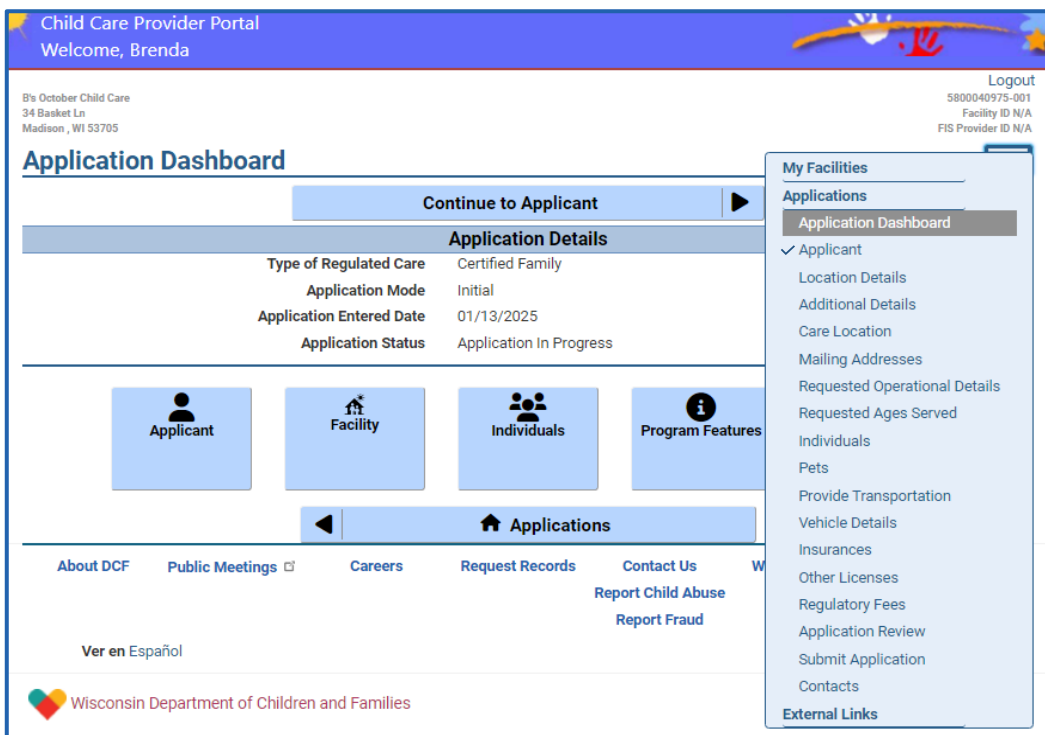
[Ver en Español](#) [Update SPA CWA Privileges](#)

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)**.

The screenshot displays the Child Care Provider Portal (CCPP) interface. At the top, a blue header contains the text "Child Care Provider Portal" and "Welcome, Brenda". Below this, the user's information is shown: "B's October Child Care", "34 Basket Ln", "Madison, WI 53705". On the right side, there is a "Logout" button and the text "5800040975-001", "Facility ID N/A", and "FIS Provider ID N/A". The main content area is titled "Expression Of Interest Home (EOI)" and shows the "Current status is: Orientation Complete." Below this, a message states: "The initial application is the next step to becoming regulated. Select **Begin Application** to continue the process." A red box highlights the "Begin Application" link in this message. Below the message, there are five buttons: "EOI Application Summary", "Submit EOI Application", "Withdraw EOI Request", "Contacts", and "Begin Application". The "Begin Application" button has a red "Apply Now" badge. At the bottom of the page, there is a navigation bar with links: "About DCF", "Public Meetings", "Careers", "Request Records", "Contact Us", "Wisconsin.gov", "Press", "Report Child Abuse", "Report Fraud", "Ver en Español", and "Update SPA CWA Privileges". The footer contains the Wisconsin Department of Children and Families logo and social media icons for Facebook, Twitter, and Email.

Begin Application Opening Page

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

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	<input type="text" value="Betsy's Baby Hut"/> ⓘ
Date of Birth	01/04/00
Social Security Number (SSN)	XXX-XX-0035 ⓘ
FEIN	<input type="text"/> ⓘ

Applicant Home Address

Street Number	<input type="text" value="29"/>
Unit	<input type="text"/>
Direction	<input type="text" value=""/>
Street/Rural Rt/Box# *	<input type="text" value="Hamper"/>
Suffix	<input type="text" value="Street"/>
Quadrant	<input type="text" value=""/>
Apt#	<input type="text"/>
Address Line 2	<input type="text"/>
City *	<input type="text" value="Madison"/>
State *	<input type="text" value="Wisconsin"/>
Zip Code *	<input type="text" value="53704-___"/>
Primary Phone *	<input type="text" value="(608) 000-0000"/>
Email	<input type="text" value="Betsy123321@email.com"/>
Is A Translator Needed ? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Translator Language	<input type="text" value=""/>

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 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 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.

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](#)

[Applications](#)

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

- My Facilities
- Applications
 - Application Dashboard
 - Applicant**
 - 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
- External Links

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

Applicant

Application Details

Type of Regulated Care	Certified Family
Application Mode	Initial
Application Entered Date	01/13/2025
Application Status	Application In Progress

[Applicant Details](#)

[Application](#)

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

The screenshot shows the 'Business Details' form with a dropdown menu open for 'Business Type *'. The dropdown lists: Church, City, Corporation, County, Individual, Limited Liability Company, and Other. The text 'Corporation / Individual' is visible to the left of the dropdown. The form also includes a 'Save' button and a navigation bar with links like 'About DCF', 'Public Meetings', 'Careers', 'Wisconsin.gov', and 'Press'.

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

The screenshot shows the 'Business Details' form with two radio button options: 'Individual/Sole Proprietor/Partnership' and 'Corporation/Non Profit/Government'. A red arrow points from the text above to the 'Individual/Sole Proprietor/Partnership' option. The form also includes a 'Save' button and a navigation bar with links like 'About DCF', 'Public Meetings', 'Careers', 'Request Records', 'Contact Us', 'Wisconsin.gov', and 'Press'.

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 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 * ⓘ

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 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 

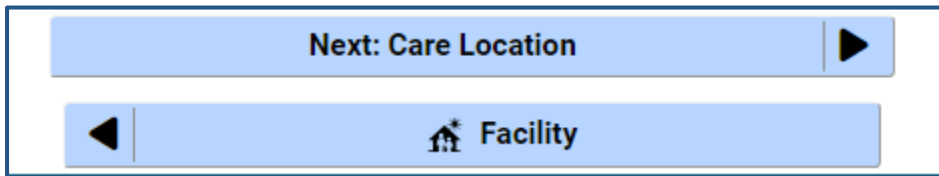
Authorized Signatory's Name

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

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**.

A screenshot of the "Child Care Provider Portal" interface. The header is blue with the text "Child Care Provider Portal" and "Welcome, Brenda". On the right, there is a "Logout" link and user information: "5800040975-001", "Facility ID N/A", and "FIS Provider ID N/A". The main content area is titled "Care Location" and features a dropdown menu for "Care will be provided in *". The dropdown is open, showing "Provider's Home" (selected), "Child's Home", and "Provider's Home". Below the dropdown is a "Facility" button with a house icon and an asterisk. The footer contains navigation links: "About DCF", "Public Meetings", "Careers", "Request Records", "Contact Us", "Wisconsin.gov", and "Press". There are also links for "Report Child Abuse" and "Report Fraud". At the bottom, there is a "Ver en Español" link and "Update SPA CWA Privileges". The Wisconsin Department of Children and Families logo and social media icons are at the very bottom.

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	
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 ? Yes 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

End Time: 5:30 PM

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

Start Time: 8:00 AM

End Time: 5:00 PM

Capacity for licensed child care.

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.

Capacity for certified child care.

Capacity

Group Size:

Children Under 7 Years:

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

Betsy's Baby Hut
56 N Chester Ln
Madison, WI 53704

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

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 i
Address Line 2:
City *: Madison
State *: Wisconsin
Zip Code *: 53704-____
County/Tribe *: i
Primary Phone *: (608) 000-0000
Primary Phone Type *: Home Work Cell i
Secondary Phone:
Secondary Phone Type: Home Work Cell Cancel
Email *: olivenew@email.com i
Date of Birth: 9/4/1999
SSN: XXX-XX-0005
Gender *: Male 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? *: Yes 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**.

Copy

Background Check Request Form Details

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

The screenshot shows the 'Background Check Request Form Details' page for an individual named Johny Jupiter. The page has a blue header with the title and a hamburger menu icon. Below the header, the individual's name is displayed. A navigation bar contains tabs for Military, Residency, Rehabilitation, Criminal, Juvenile, Sex Offender, Abuse/Neglect, Licenses, and Submit. The 'Military' tab is selected. The first question is: '1. Have you been discharged in the last three years from a branch of the U.S. Armed Forces, including any reserves duty?' with radio buttons for 'Yes' and 'No'. The 'No' button is selected. A 'Next' button is located to the right of the question. Below the question, a warning message states: '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)'. At the bottom, there is a blue button with a left-pointing arrow and the text 'Modify Background Check Request Form'.

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**.

The screenshot shows a web form titled "Background Check Request Form Details". At the top, there is a navigation bar with tabs for "Military", "Residency", "Rehabilitation", "Criminal", "Juvenile", "Sex Offender", "Abuse/Neglect", "Licenses", and "Submit". The "Submit" tab is currently selected. Below the navigation bar, the form is for an "Individual" named "Johny Jupiter". The "Employment Period" field is empty. The "Form completed by" section has two radio buttons: "Proxy" (unselected) and "Self" (selected). Below this, there is a bolded instruction: "SIGN HERE IF YOU ARE COMPLETING THIS FORM FOR YOURSELF." A paragraph of text follows, stating: "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." The "Signature Date" is "1/21/2025" and the "Electronic Signature" field contains "Johny Jupiter". At the bottom right of the form area are two buttons: "Previous" and "Submit". Below the form area is a large blue button with a left-pointing arrow and the text "Modify Background Check Request Form".

If changes are needed, select **Previous** to go back through 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
Fingerprint 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/cclicensing/cbc> . Should you need further assistance, you can contact the Child Care Background Unit by calling (608) 422-7400 or emailing DCFPlcBECRCBU@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		Details ▶
! Johny Jupiter	Teacher - Assistant			Details ▶
Betsy September	Applicant/Licensee	01/20/25		Details ▶

! 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): [i](#)

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

Aliases Names Background Checks Background Check Request Form Individual Documents

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):

[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):

[History](#)

[Add Individual](#)

[Next: Pets](#)

[Less](#)

Individual Basic Details

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

The screenshot shows a web form titled "Individual Basic Details" with a blue header bar. Below the header, the form is titled "Individual" and contains several input fields and radio buttons. A red box highlights the "Next>" button at the bottom of the form. A red arrow points from the text box above to this button. At the bottom of the form, there is a blue navigation bar with a left arrow and the text "Individuals" with a group of people icon.

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

Address Line 2:

City *:

State *: Wisconsin ▼

Zip Code *:

County/Tribe *: ⓘ

Primary Phone *:

Primary Phone Type *: Home Work Cell ⓘ

Secondary Phone:

Secondary Phone Type: Home Work Cell Cancel

Email *: ⓘ

Date of Birth: 2/14/1998

SSN: XXX-XX-0003

Gender *: Male Female

Race: ▼

Language *: ▼

Employment/Residency Details

Effective From: 01/29/25

Primary Role *: ▼

Secondary Role: ▼

Employment/Residency Status *: Current Prospective ⓘ

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:

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 ▶

◀ ◁ 1 ▾ ▶ ▷



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 screenshot shows a table titled "Pets" with three columns: "Pet Type", "Pet Name", and "Rabies Vaccine Due Date". The table is currently empty, displaying "No results found". Below the table is a blue button labeled "Add Pet" with a right-pointing arrow.

The screenshot shows the "Add Pet" form. It contains the following fields:

- Pet Type ***: A dropdown menu with "Cat" selected.
- Pet Name**: A text input field containing "Kittoo".
- Rabies Vaccine Due Date**: A date picker showing "4/17/2025".
- Pet Description (e.g., breed)**: A text input field containing "Tabby Cat".

At the bottom of the form is a dark blue button labeled "Add". Below the form is a navigation bar with a left arrow and a button labeled "Pets" with a right arrow.

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

The screenshot shows the "Pet Details" page. At the top, there is a "Pet Details" section with the following information:

- Pet Type**: Cat
- Pet Name**: Kittoo
- Rabies Vaccine Due Date**: 04/17/2025
- Pet Description (e.g., breed)**: Tabby Cat

Below this is a link labeled "More". The next section is "Documents Already Uploaded", which contains a table with columns "Uploaded Date" and "Document Type". This table is empty, showing "No results found". Below that is the "Upload New Documents" section. It includes a text block: "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." Below the text is a table with a column "Document Type" and a button "Upload" with a right-pointing arrow. The table contains one row with "Vaccinations" in the "Document Type" column.

Provide Transportation

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

The screenshot shows the 'Provide Transportation' page. At the top, there is a header 'Provide Transportation' with a menu icon on the right. Below the header is a table with two columns: 'Begin Date' and 'Transportation Provided'. The table is currently empty, displaying the text 'No results found'. Below the table, there are two blue buttons with white text and right-pointing arrows: 'Add Transportation' and 'Next: Vehicle Details'.

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

The screenshot shows the 'Add Transportation' page. At the top, there is a header 'Add Transportation' with a menu icon on the right. Below the header is a form with the following fields: 'Transportation Provided' with radio buttons for 'Yes' (selected) and 'No'; 'Begin Date' with the value '1/22/2025'; and 'Comments' with a large text input area. Below the form is a dark blue 'Add' button. At the bottom of the page is a navigation bar with a back arrow on the left and a button labeled 'Provide Transportation' with a person icon.

Vehicle Details

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

The screenshot shows the 'Vehicle Details' screen. At the top, there is a header 'Vehicle Details' and a menu icon. Below the header is a table with two columns: 'Vehicle Mode' and 'Year, Color, Make, Model and License Plate Number of the vehicle'. The table is currently empty, displaying 'No results found'. Below the table, there are three buttons: 'Add Vehicle', 'Next: Insurances', and '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.

The screenshot shows the 'Add Vehicle' screen. It features a form with two main fields: 'Vehicle Mode' with a dropdown menu set to 'Owned By Center', and 'Year, Color, Make, Model and License Plate Number of the vehicle' with a text input field containing '2023, Chevrolet Express 3500, BZ3Y-222H'. Below the form is a blue 'Add' button, which is highlighted with a red box. A red arrow points from this box to a text box at the bottom of the page. Below the 'Add' button is a navigation bar with a back arrow and the text '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.

The screenshot shows the 'Vehicle Details' page. At the top, there is a header 'Vehicle Details' with a menu icon. Below it, a table displays vehicle information: 'Vehicle Mode' (Owned By Center), 'Year, Color, Make, Model and License Plate Number of the vehicle' (2023, Chevrolet Express 3500, BZ3Y-222H), and 'Alarm Checked Date'. A 'More' link is visible. Below this is a section for 'Documents Already Uploaded' with a table that currently shows 'No results found'. The 'Upload New Documents' section contains a paragraph of instructions and a table with one row: 'Inspection Reports' with an 'Upload' button and a play icon. A red box highlights this row, with an arrow pointing to a 'Vehicle Details' button at the bottom of the page.

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

Uploaded Date	Document Type
No results found	

Document Type	Upload
Inspection Reports	Upload ▶

Vehicle Details

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

This screenshot shows the bottom portion of the 'Vehicle Details' page. It features a table with 'Vehicle Mode' (Owned By Center) and 'Year, Color, Make, Model and License Plate Number of the vehicle' (2023, Chevrolet Express 3500, BZ3Y-222H), with a 'Details' button. Below the table are three navigation buttons: 'Add Vehicle' with a play icon, 'Next: Insurances' with a play icon, and 'Program Features' with a left arrow and a list icon. A red box highlights the 'Add Vehicle' and 'Next: Insurances' buttons, with an arrow pointing from the text above.

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.

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	
No results found					

[Add Insurance](#)

[Next: Other Licenses](#)

[Program Features](#)

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

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 *

Start Date *

End Date *

Number of Children Covered

Pets Covered Yes No

Comments

[Add](#)

Insurance Details

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

The screenshot shows the 'Insurance Details' page. At the top, there is a header 'Insurance Details' with a menu icon. Below it is a table with the following information:

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

There is a 'More' link to the right of the table. Below the table is a section titled 'Documents Already Uploaded' with a table that contains 'No results found'. Underneath is an 'Upload New Documents' section with a note: '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.' Below this note is a table with a 'Document Type' column containing 'Proof Of Insurance' and an 'Upload' button with a right-pointing arrow. A red box highlights the 'Upload' button, and a red arrow points to it from the right. At the bottom of the page is a navigation bar with a left arrow, a group of people icon, and the text 'Insurances'.

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

The screenshot shows the 'Insurances' page. At the top, there is a header 'Insurances' with a menu icon. Below it is a paragraph: '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.' Below this is a table with the following information:

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

Below the table are three navigation buttons: 'Add Insurance' with a right-pointing arrow, 'Next: Other Licenses' with a right-pointing arrow, and 'Program Features' with a left-pointing arrow. A red box highlights the 'Add Insurance' and 'Next: Other Licenses' buttons, and a red arrow points to the 'Next: Other Licenses' button from the right.

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.**

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
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**.

Add Other License

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.

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](#) ▶

[Other Licenses](#)

[Less](#)



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](#).


Regulatory Fees Due


Regulatory Fees Paid

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 **usbank**

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

Regulatory Fees Paid

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

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

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

Regulatory Fees Paid

Regulatory Fee Payments For Past Three Years

Date	Fees Type	Amount
No results found		

Manage Fees

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**.

Regulatory Fees Due

Regulatory Fees Paid

Next: Review

Review & Submit

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.

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		
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 ▶

Missing or Incomplete Statement

(!) Location of Missing information or document

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	
01/20/25		Radon Testing	
			View ▶
			View ▶
Mailing Addresses			Edit
Address Type		Effective Period	Address
Licensing Mailing Address		01/16/25	Betsy September 29 Hamper St, Madison, WI 53704 (608)422-6131 Betsy123321@email.com
Requested Operational Details			Edit
Months Open	Days Open	Day Capacity	Night Capacity
January-December	Mon-Fri 7:00AM - 6:00PM Sat-Sun Closed	9	0
Requested Ages Served			Edit
From Age	0 Year(s), 6 Month(s), 0 Week(s)		
To Age	9 Year(s), 11 Month(s), 0 Week(s)		
Individuals			Edit
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			Edit

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.**

Read and place checkmarks on the statements.

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 *

Signatory Title *

Place a checkmark to agree to pay the Regulation Fee. Enter your name as an electronic signature. Add your Signatory Title (Applicant). Select **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.

The screenshot shows the 'Contacts' page with a blue header and a navigation menu. The main content area is titled 'Contact Information' and contains text about application processing order and payment instructions. A 'Review & Submit' button is visible below the text. The footer contains various links like 'About DCF', 'Public Meetings', 'Careers', 'Request Records', 'Contact Us', 'Wisconsin.gov', 'Press', 'Report Child Abuse', and 'Report Fraud'.

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

The screenshot shows the 'Review & Submit' page. A red box highlights the 'Application Details' section, which contains the following information:

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

Below the details are five buttons: 'Regulatory Fees', 'Review', 'Submit Application', 'Withdraw Request', and 'Contacts'. A 'Review & Submit' button is also visible at the bottom of the page.



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.

The screenshot shows the 'Review & Submit' page. At the top, there is a header 'Review & Submit' and a hamburger menu icon. Below this is a section titled 'Application Details' with the following information:

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

Below the details are five buttons: 'Regulatory Fees', 'Review', 'Submit Application', 'Withdraw Request', and 'Contacts'. The 'Withdraw Request' button is highlighted with a red box. At the bottom, there is a navigation bar with a back arrow and the text '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**.

The screenshot shows the 'Withdraw Application' page. At the top, there is a header 'Withdraw Application' and a hamburger menu icon. Below this is a section titled 'Application Details' with the following information:

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

Below the details is a checkbox with the text: I attest that the information entered is true to the best of my knowledge, and I am completing this form for myself.

Below the checkbox is a blue button labeled 'Withdraw Request'. At the bottom, there is a navigation bar with a back arrow and the text '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](#)



[What is the Child Care Provider Portal \(CCPP\)](#)



[Preparing Documents for Uploading](#)



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