

# 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**.

The screenshot shows the 'Child Care Provider Portal' interface. At the top, a blue header bar contains the text 'Child Care Provider Portal' and 'Welcome, Betsy' on the left, and a 'Logout' link with user details (6800040976-001, Facility ID 1124230, FIS Provider ID N/A) on the right. Below the header, the user's address is listed: 'Betsy's Baby Hut, 56 N Chester Ln, Madison, WI 53704'. The main section is titled 'Application Dashboard' and features a 'Continue to Applicant' button with a play icon. Below this is a table titled 'Application Details' with the following information:

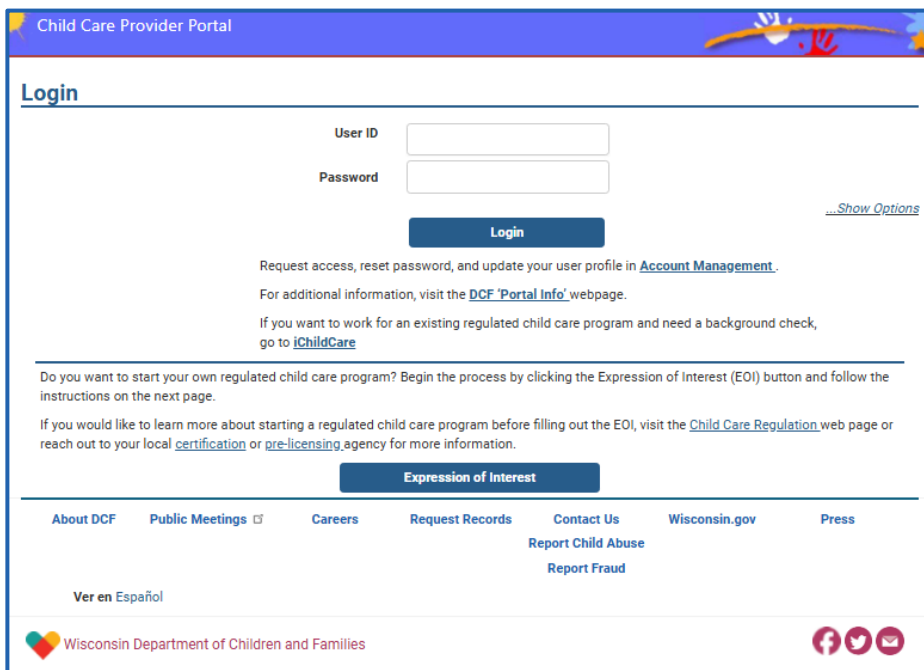
Type of Regulated Care	Licensed Family
Application Mode	Initial
Application Entered Date	01/08/2025
Application Status	Application In Progress

Below the table are five blue buttons with icons: 'Applicant' (person icon), 'Facility' (house icon), 'Individuals' (group of people icon), 'Program Features' (info icon), and 'Review & Submit' (document icon). At the bottom of the dashboard is a blue bar with a left arrow, a house icon, and the text 'Applications'. The footer contains a navigation menu with links: 'About DCF', 'Public Meetings', 'Careers', 'Request Records', 'Contact Us', 'Wisconsin.gov', 'Press', 'Report Child Abuse', and 'Report Fraud'. There is also a link to 'Update SPA CWA Privileges' and a 'Ver en Español' link. The footer ends with 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.

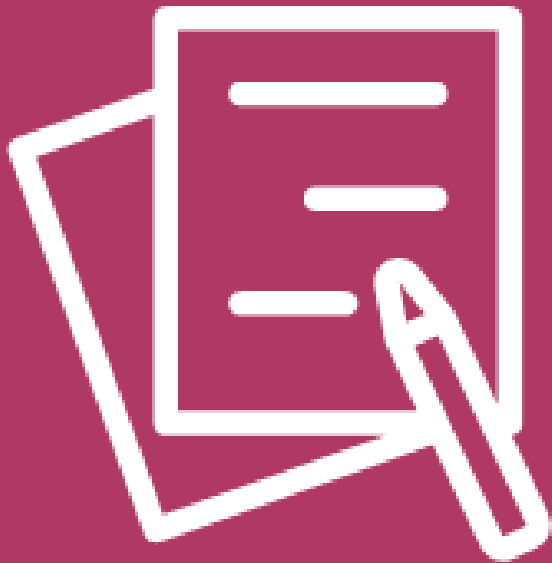


The screenshot shows the 'Child Care Provider Portal' login page. At the top, there is a blue header with the portal name and a logo. Below the header, the 'Login' section contains two input fields for 'User ID' and 'Password', followed by a blue 'Login' button. To the right of the password field is a link that says '...Show Options'. Below the login fields, there is a link to 'Account Management' for requesting access or resetting a password. Further down, a link to 'DCF Portal Info' is provided for additional information. A section for existing providers mentions 'iChildCare' for background checks. A large blue button labeled 'Expression of Interest' is prominently displayed. Below this, a horizontal navigation bar includes links for 'About DCF', 'Public Meetings', 'Careers', 'Request Records', 'Contact Us', 'Wisconsin.gov', and 'Press'. Under 'Contact Us', there are links for 'Report Child Abuse' and 'Report Fraud'. At the bottom left, there is a 'Ver en Español' link, and at the bottom right, there are social media icons for Facebook, Twitter, and YouTube. The footer includes the Wisconsin Department of Children and Families logo and name.

**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.

The diagram shows a navigation interface within a red-bordered box. At the top, there are two light blue buttons. The first button is labeled 'Next: Care Location' and has a right-pointing triangle icon on its right side. The second button is labeled 'Facility' and has a left-pointing triangle icon on its left side and a house icon on its left side. Below these buttons are two dark blue buttons: 'Save' on the left and 'Add' on the right.

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**.

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

## Applications

Current application status : **Application In Progress**.

Expression of Interest

Initial Application

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

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.

The screenshot shows the 'Child Care Provider Portal' with a welcome message to 'Betsy'. The user's profile information is listed on the left, and the 'Logout' button is on the right. The main section is the 'Application Dashboard', which includes a 'Continue to Applicant' button with a right arrow. Below this is the 'Application Details' section, showing the following information:

Application Details	
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 for the application process: 'Applicant', 'Facility', 'Individuals', 'Program Features', and 'Review & Submit'. A 'Back' button with a left arrow is also present. The footer contains various 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 Wisconsin Department of Children and Families logo and social media icons are at the bottom right.

**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.

This screenshot shows the top portion of the application interface. In the top right corner, there is a 'Logout' link and user information: '5800040975-001', 'Facility ID N/A', and 'FIS Provider ID N/A'. Below this, a blue button labeled 'Continue to Applicant' with a right-pointing arrow is visible. Underneath the button is a section titled 'Application Details' with a sub-header 'Certified Family'. A red box highlights a three-line 'sandwich menu' icon on the right side of the 'Continue to Applicant' button. A red arrow points from the text box above to this icon.

This screenshot shows the full 'Application Dashboard' for a user named Brenda. The header includes 'Child Care Provider Portal' and 'Welcome, Brenda'. The main content area is titled 'Application Dashboard' and features a 'Continue to Applicant' button. Below this is an 'Application Details' section with the following information: 'Type of Regulated Care: Certified Family', 'Application Mode: Initial', 'Application Entered Date: 01/13/2025', and 'Application Status: Application In Progress'. There are four icons representing 'Applicant', 'Facility', 'Individuals', and 'Program Features'. At the bottom, there is a navigation bar with links like 'About DCF', 'Public Meetings', 'Careers', 'Request Records', 'Contact Us', 'Report Child Abuse', and 'Report Fraud'. A red box highlights the 'sandwich menu' icon on the right side of the dashboard. A red arrow points from the text box above to this icon. The menu is open, showing a list of options under 'My Facilities' and 'Applications'. The 'Applications' section includes 'Application Dashboard' (which is highlighted with a checkmark), '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', and 'External Links'.

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 shows the Child Care Provider Portal (CCPP) interface. At the top, a blue header bar contains the text "Child Care Provider Portal" and "Welcome, Brenda" on the left, and a logo on the right. Below the header, the user's address is listed: "B's October Child Care", "34 Basket Ln", "Madison, WI 53705". 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 section is titled "Expression Of Interest Home (EOI)" and displays 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 row of five buttons is shown: "EOI Application Summary", "Submit EOI Application", "Withdraw EOI Request", "Contacts", and "Begin Application". The "Begin Application" button has a red "Apply Now" badge. A red line with arrows points from the top of the page down to the "Begin Application" button and the "Begin Application" link in the text above it. The footer contains links for "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 Wisconsin Department of Children and Families logo is at the bottom left, and social media icons are at the bottom right.

# 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.

The screenshot shows the 'Application Dashboard' interface. A red arrow points from the text above to the 'Continue to Applicant' button. Another red arrow points from the text above to the 'Applicant' button in the main navigation area. A third red arrow points from the text above to the 'Applicant' link in the 'My Facilities' dropdown menu. The dashboard includes a 'Continue to Applicant' button with a right arrow, an 'Application Details' section with fields for 'Type of Regulated Care' (Licensed Family), 'Application Mode' (Initial), 'Application Entered Date' (01/08/2025), and 'Application Status' (Application In Progress). Below this is a row of five buttons: 'Applicant', 'Facility', 'Individuals', 'Program Features', and 'Rev'. At the bottom is a navigation bar with links: 'About DCF', 'Public Meetings', 'Careers', 'Request Records', 'Contact Us', 'Wisconsin.gov', 'Report Child Abuse', and 'Report Fraud'. A 'sandwich menu' is open on the right, showing a list of links including 'Applicant'.

**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](#) [Rev](#)

[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**.

The screenshot shows the 'Applicant' page. A red arrow points from the text above to the 'Applicant Details' button. The page has a header 'Applicant' and a 'sandwich menu' icon. Below is an 'Application Details' section with fields for '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 row of buttons: 'Applicant Details', 'Facility', 'Individuals', 'Program Features', and 'Rev'. At the bottom is a navigation bar with links: 'About DCF', 'Public Meetings', 'Careers', 'Request Records', 'Contact Us', 'Wisconsin.gov', 'Press', 'Report Child Abuse', and 'Report Fraud'.

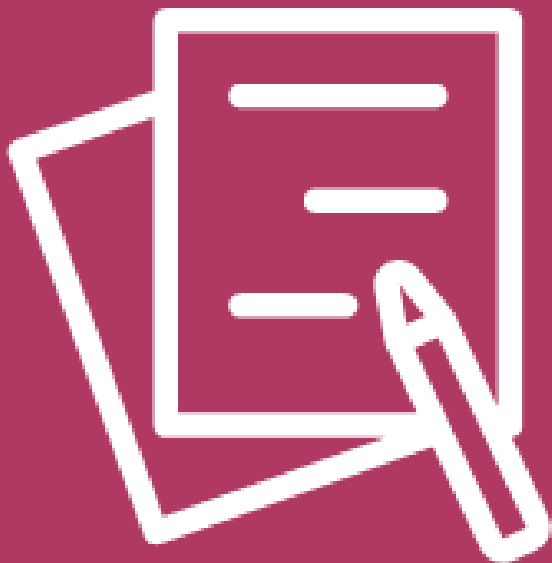
**Applicant**

**Application Details**

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

[Applicant Details](#) [Facility](#) [Individuals](#) [Program Features](#) [Rev](#)

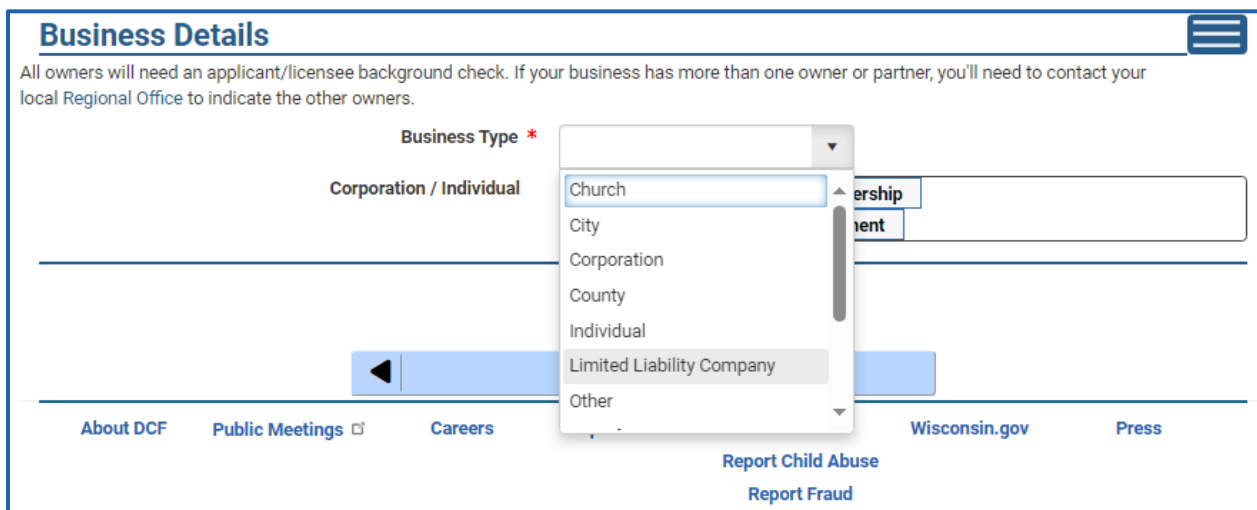
[About DCF](#) [Public Meetings](#) [Careers](#) [Request Records](#) [Contact Us](#) [Wisconsin.gov](#) [Press](#) [Report Child Abuse](#) [Report Fraud](#)



# 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.



**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

- Church
- City
- Corporation
- County
- Individual
- Limited Liability Company
- Other

Partnership

Government

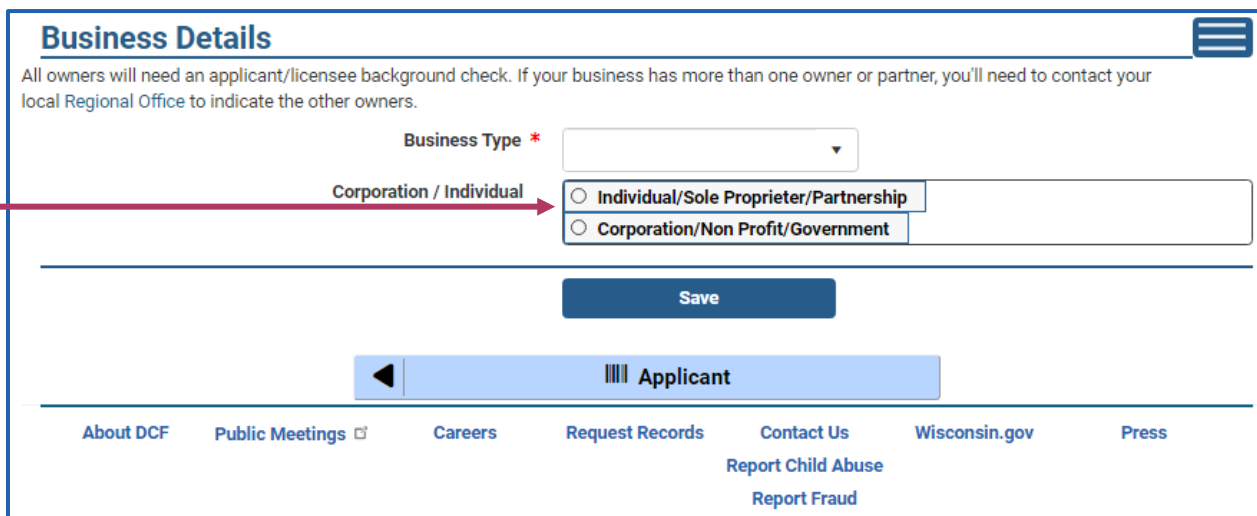
Wisconsin.gov

Press

Report Child Abuse

Report Fraud

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

Save

Applicant

Wisconsin.gov

Press

Report Child Abuse

Report Fraud

# 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	<a href="#">View</a> ▶

**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	<a href="#">Upload</a> ▶
Articles Of Organization(LLC)/Incorporation/Partnership	<a href="#">Upload</a> ▶
List Of Board Of Directors	<a href="#">Upload</a> ▶
Cbc Delegations	<a href="#">Upload</a> ▶
By-Laws	<a href="#">Upload</a> ▶
Partner/Member List	<a href="#">Upload</a> ▶

[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 \*

Donna

Middle Initial

Last Name \*

Doe

Suffix

Email

DDoe@email.com

Primary Phone Number \*

(608) 000-0000

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

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	<a href="#">View</a> ▶
01/28/25	Policy And Procedures Checklist	<a href="#">View</a> ▶

**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	<a href="#">Upload</a> ▶
Zoning Certificate	<a href="#">Upload</a> ▶
Policy And Procedures Checklist	<a href="#">Upload</a> ▶
Occupancy Permit	<a href="#">Upload</a> ▶
Water Test Results	<a href="#">Upload</a> ▶
Policies	<a href="#">Upload</a> ▶
Collaboration Agreements	<a href="#">Upload</a> ▶
Initial Licensing Checklist	<a href="#">Upload</a> ▶
Water Test - Beach	<a href="#">Upload</a> ▶

[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? \*

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

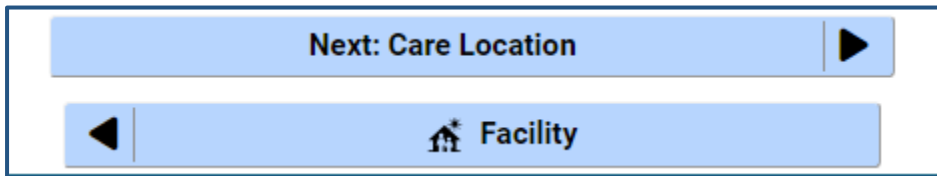
DCF-P-5827 (R. 04/2025)

Wisconsin Department of Children and Families

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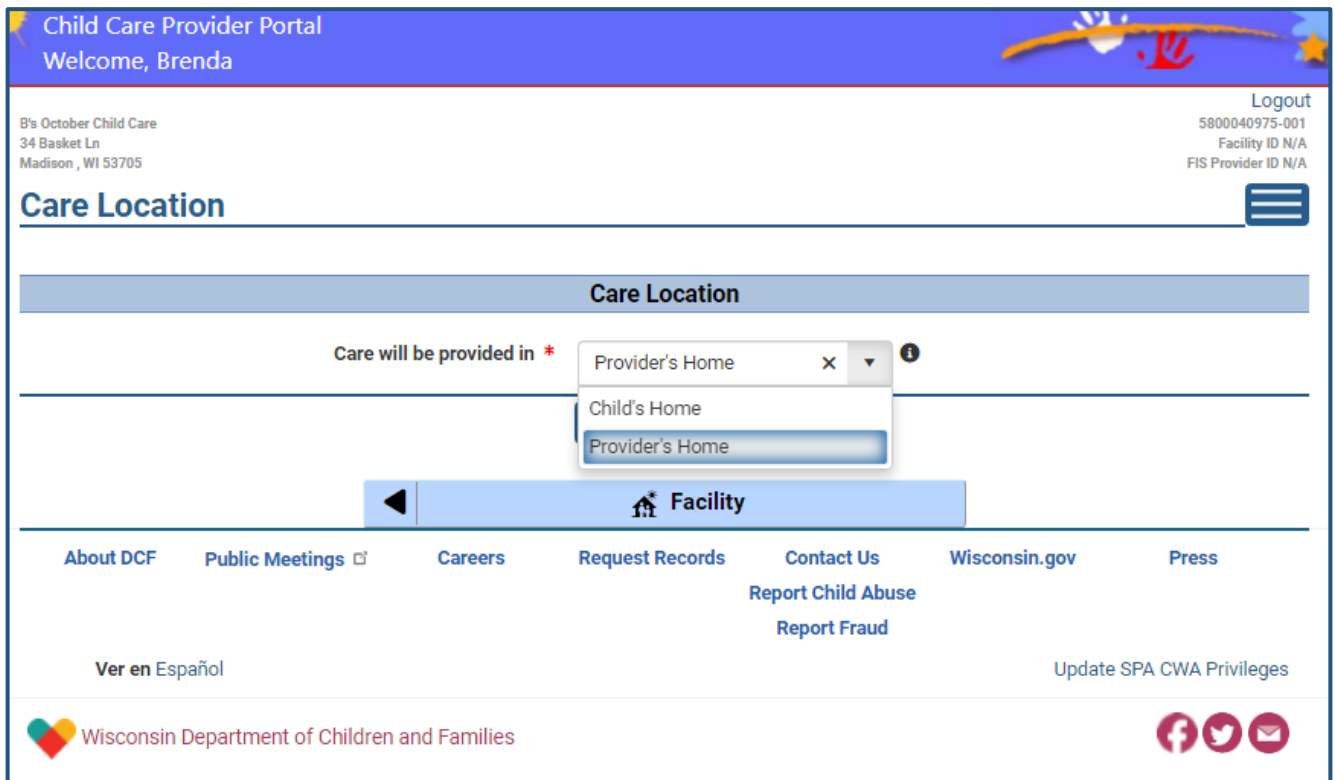
# Certified Family Care Location

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.



A navigation bar with two buttons. The top button is labeled "Next: Care Location" and has a right-pointing arrow. The bottom button is labeled "Facility" with a house icon and a left-pointing arrow.

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



The screenshot shows the "Child Care Provider Portal" with a welcome message to Brenda. The page title is "Care Location". The main content area has a header "Care Location" and a form labeled "Care will be provided in \*". A dropdown menu 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. 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". A "Ver en Español" link is on the left, and "Update SPA CWA Privileges" is on the right. The Wisconsin Department of Children and Families logo is at the bottom left, and social media icons are at the bottom right.

# 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.

The screenshot shows the 'Add Mailing Address' form. A red arrow points to the 'Use location address as a mailing address' radio button, which is selected. Another red arrow points to the 'Continue' button. A third red arrow points to the email address field in the selected address details.

**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**.

The screenshot shows the 'Mailing Address Details' screen. A red arrow points to the 'Address' field in the table. Another red arrow points to the 'Details' button next to the address. A third red arrow points to the 'Next: Requested Operational Details' button.

**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	<b>Details</b> ▶

**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**

<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

**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			
<small>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 <a href="#">CCPP User Guide for Online Applications</a>. You can also reach out to your <a href="#">Regional Office</a> for assistance.</small>			
<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	
<small>If you have hours that vary from day to day, you can make those adjustments after you submit your application by contacting your <a href="#">Regional Office</a>.</small>	
Start Time	6:00 AM
End Time	5:30 PM
Do you have more than one Start and End time ? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Start Time	8:00 AM
End Time	5:00 PM

**Capacity** for licensed child care.

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

**Capacity** for certified child care.

Capacity	
Group Size	3
Children Under 7 Years	3
<button>Save</button>	
<a href="#">Requested Operational Details</a>	

# 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

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.

**Background Check Request Form Details**

**Individual**

Name Johny Jupiter

Employment Period

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

1. Have you been discharged in the last three years from a branch of the U.S. Armed Forces, including any reserves duty? ☐ Yes ☒ No

**Next**

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).

**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**.

## 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**

[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: FPWDCFLicensee  
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 [DCFPIcBECRCBU@wisconsin.gov](mailto:DCFPIcBECRCBU@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 ▶

◀ 1 ▶

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

[Click here to display Registry Staff](#) ▶

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

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

Aliases Names

Background Checks

Background Check Request Form

Individual Documents

Fingerprint Code

Individuals

[More](#)

**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	<a href="#">Details</a>
Dave Squirrel	Teacher - Assistant	01/01/25	<a href="#">Details</a>

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.

## Individual Basic Details

Individual

First Name \*

Duster

Middle Initial

Last Name \*

Tinsel

Suffix Name

Gender \*

☒ Male ☐ 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 \*

i

Address Line 2

City \*

State \*

Wisconsin

Zip Code \*

County/Tribe \*

i

Primary Phone \*

Primary Phone Type \*

☐ Home

☐ Work

☐ Cell

i

Secondary Phone

Secondary Phone Type

☐ Home

☐ Work

☐ Cell

Cancel

Email \*

i

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

i

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

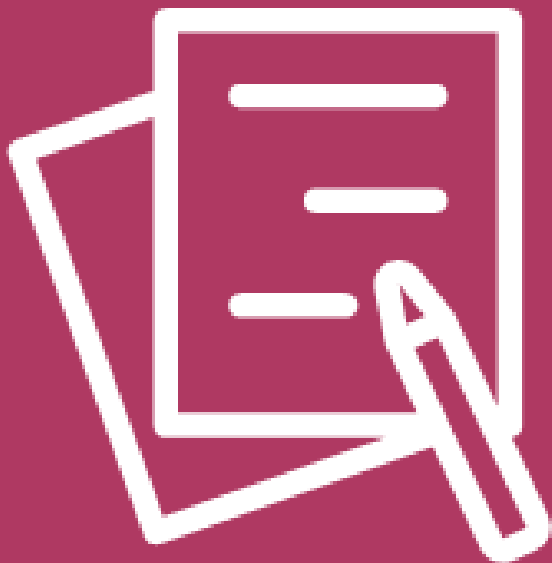
No

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 ▶
<div>◀ ◁ 1 ▢ ▶ ▷</div>				



# 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 web application. The top screenshot is the 'Pets' page, which has a table with columns 'Pet Type', 'Pet Name', and 'Rabies Vaccine Due Date'. The table is empty with the text 'No results found' below it. At the bottom is an 'Add Pet' button with a right-pointing arrow. The bottom screenshot is the 'Add Pet' form. It contains four input fields: 'Pet Type \*' with 'Cat' selected, 'Pet Name' with 'Kittoo', 'Rabies Vaccine Due Date' with '4/17/2025' and a calendar icon, and 'Pet Description (e.g., breed)' with 'Tabby Cat'. Below these fields is a dark blue 'Add' button. At the bottom of the form is a navigation bar with a left arrow, a 'Pets' link with a group of people icon, and a right arrow.

Pet Type	Pet Name	Rabies Vaccine Due Date
No results found		

**Add Pet**

Pet Type \* Cat

Pet Name Kittoo

Rabies Vaccine Due Date 4/17/2025

Pet Description (e.g., breed) Tabby Cat

**Add**

[Pets](#)

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

The image shows the 'Pet Details' page. At the top is a 'Pet Details' section with a table containing the pet's information: Pet Type (Cat), Pet Name (Kittoo), Rabies Vaccine Due Date (04/17/2025), and Pet Description (e.g., breed) (Tabby Cat). Below this is a 'Documents Already Uploaded' section with a table that has columns 'Uploaded Date' and 'Document Type'. The table is empty with the text 'No results found' below it. Below that is an 'Upload New Documents' section. It contains a paragraph of text: '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 one row: 'Vaccinations' under the 'Document Type' column. To the right of the table is an 'Upload' button with a right-pointing arrow.

**Pet Details**

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

[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
Vaccinations

**Upload**

# Provide Transportation

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

**Provide Transportation**

Begin Date	Transportation Provided
No results found	
<b>Add Transportation</b>	
<b>Next: Vehicle Details</b>	

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

**Add Transportation**

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**.

The screenshot shows the 'Vehicle Details' screen. At the top is a header bar with the title '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 are three navigation buttons: 'Add Vehicle' with a right arrow, 'Next: Insurances' with a right arrow, and a button with a left arrow 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 has a header bar with the title 'Add Vehicle' and a menu icon. The form contains two 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 containing '2023, Chevrolet Express 3500, BZ3Y-222H'. Below the form is a blue 'Add' button, which is highlighted with a red box. At the bottom is a navigation bar with a left 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's 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 on the right. Below this is a section 'Documents Already Uploaded' with a table showing 'Uploaded Date' and 'Document Type', currently displaying 'No results found'. Underneath is the 'Upload New Documents' section, which includes a link to 'Preparing Documents for Uploading' and a note about contacting the 'Regional Office'. A red box highlights the 'Document Type' dropdown menu, which is currently set to 'Inspection Reports', and an 'Upload' button with a right arrow. At the bottom, a navigation bar contains a back arrow, a 'Vehicle Details' button with a car icon, and a right arrow.

Vehicle Mode	Year, Color, Make, Model and License Plate Number of the vehicle
Owned By Center	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**.

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). A 'Details' button with a right arrow is on the right. Below the table are three navigation buttons: 'Add Vehicle' with a right arrow, 'Next: Insurances' with a right arrow, and 'Program Features' with a left arrow and a car icon. A red box highlights the 'Add Vehicle' and 'Next: Insurances' buttons, with an arrow pointing from the text box above.

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

Details ▶

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 \*

Liability

Start Date \*

12/4/2024

End Date \*

1/3/2026

Number of Children Covered

10

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.

**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	<b>Details</b> ▶

**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.**

**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	<a href="#">Details</a> ▶

[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	<a href="#">Details</a> ▶

[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

DCF-P-5827 (R. 04/2025)

Wisconsin Department of Children and Families

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# 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.

[Forgot Your User ID?](#)

[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.*

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**

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	<a href="#">View</a> ▶
01/23/25	Initial Licensing Checklist	<a href="#">View</a> ▶
01/23/25	Policies	<a href="#">View</a> ▶

**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			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.

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

### 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

Regulatory Fees

Review

Submit Application

Withdraw Request

Contacts

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](#)