

Submitting your License Continuation or Certification Renewal Application

June 2025



Wisconsin Department of
Children and Families

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Your Continuation/Renewal Application

When your license or certification becomes close to its **Continuation/Renewal date**, use the convenient online application system within the **Child Care Provider Portal (CCPP)**. The **CCPP** simplifies the application process and provides real-time status updates. This makes it quicker to update any information while **completing the application** prior to its expiration date.

Child Care Provider Portal

Welcome, Tella

Thursdays Care
1902 Basket Ln
Madison, WI 53705

Logout
6800041016-001
Facility ID N/A
FIS Provider ID N/A

Regulatory Applications

Current application status : Regulation Approved.

Your regulation expiration date is 7/18/2025. Your renewal application will be available beginning 5/11/2025. All materials and fees are due by 6/18/2025.

Current Application Details

Begin Application

Application Entered Date	Application Mode	Type of Regulated Care	Application Status	
3/19/2025	Initial	Certified Family	Regulation Approved	
3/7/2025	Expression Of Interest	Certified Family	Orientation Complete	

More...

Home

About DCFPublic MeetingsCareersRequest RecordsContact UsWisconsin.govPress

Report Child AbuseReport Fraud

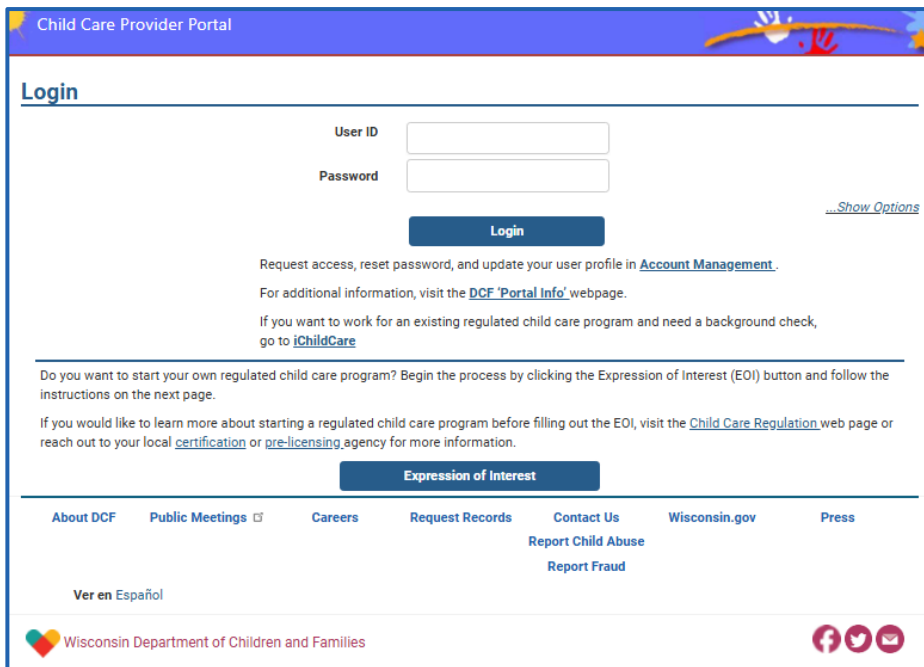
Ver en EspañolUpdate SPA CWA Privileges

Wisconsin Department of Children and Families

Child Care Provider Portal Guidelines

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

The CCPP now provides you the ability to enter an **Expression of Interest (EOI)**, submit an **Initial Application**, and complete a **Continuation/Renewal Application**.

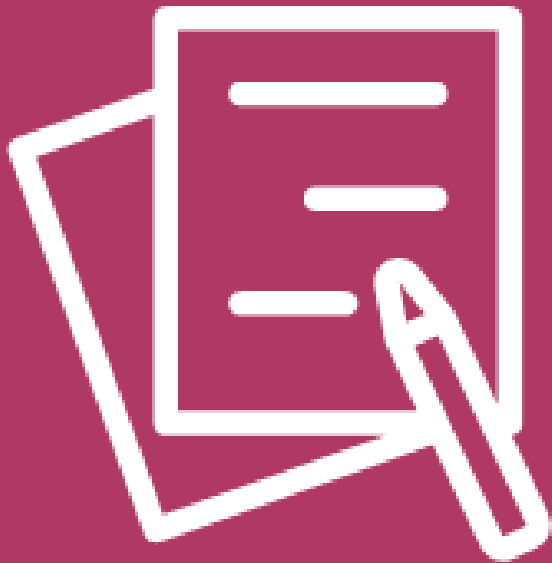


The screenshot shows the login page of the Child Care Provider Portal. At the top, there is a blue header with the text "Child Care Provider Portal" and a decorative graphic of hands holding a star. Below the header, the word "Login" is displayed in a blue box. There are two input fields for "User ID" and "Password". A blue "Login" button is positioned below the password field. To the right of the button 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 bar with links: "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". Below the navigation bar, there is a link that says "Ver en Español". 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 YouTube.

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 light blue border. At the top, there are two horizontal light blue buttons. The top button is labeled "Next: Care Location" and has a right-pointing arrow on its right side. Below it is another button labeled "Facility" with a house icon and a left-pointing arrow on its left side. Below these buttons are two dark blue buttons: "Save" on the left and "Add" on the right.

More

The **More** button expands the screen to display more information. It provides the option to add updates in that section if applicable.

Details

Details shows the information you have entered and can allow the option for adjustment if applicable.

Upload

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

View

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

Edit

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

Selecting an Application Section

It is encouraged to move through the application process step by step in one sitting. However, if you need to leave the application, **select Continue Application** on the **Regulatory Application** page when you return. This opens the **Application Dashboard**. The dashboard provides a **button for each section** of the application, an **arrow button** for the **section you were on**, and has a **sandwich menu** with a **link for each portion**.

The screenshot shows the 'Application Dashboard' interface. At the top, there is a 'Continue to Applicant' button with a right-pointing arrow. Below this is a section titled 'Application Details' containing the following information:

Type of Regulated Care	Licensed Group
Application Mode	Continuation
Application Entered Date	05/26/2025
Application Status	Application In Progress

Below the details section is a row of four blue buttons: 'Applicant' (with a person icon), 'Facility' (with a house icon), 'Individuals' (with a group of people icon), and 'Program Features' (with an information icon). A red box highlights these buttons. To the right of these buttons is a 'sandwich menu' (hamburger menu icon) that is open, showing a list of links: 'My Facilities', 'Applications', 'Application Dashboard', 'Applicant' (highlighted), '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'. At the bottom of the dashboard is a navigation bar with a left arrow, a home icon, and the text 'Regulatory Applications'.

The section in the application will open and you can then **continue where you left off**.

The screenshot shows the 'Applicant' section of the application. It features the same 'Application Details' section as the dashboard, with the following information:

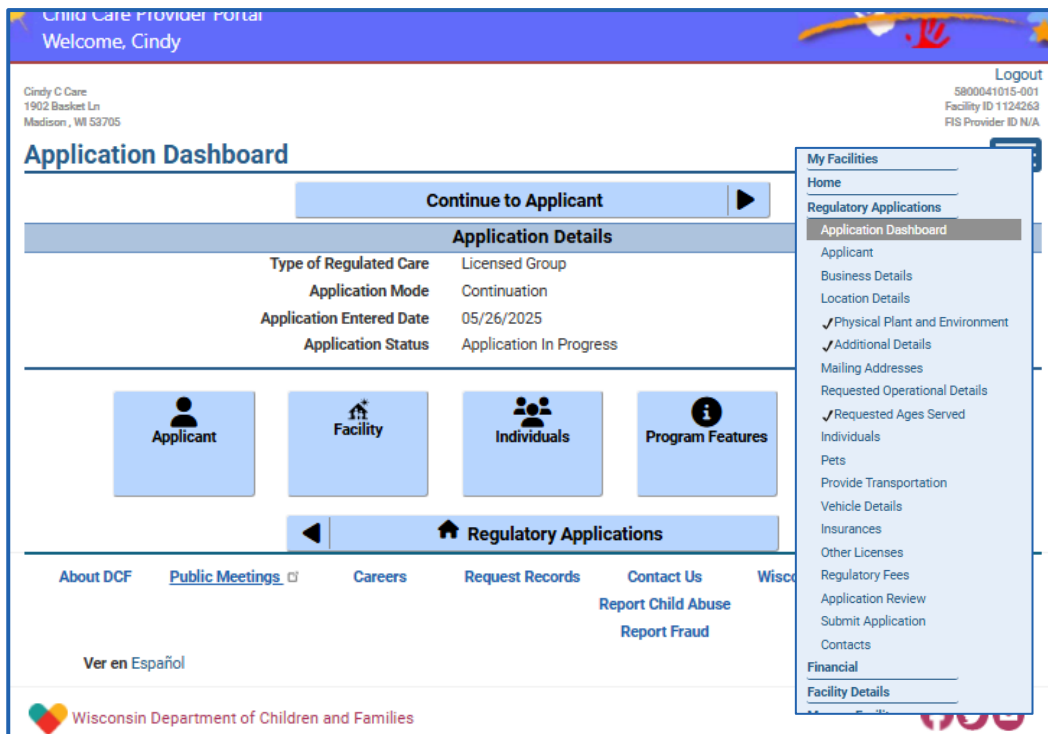
Type of Regulated Care	Licensed Group
Application Mode	Continuation
Application Entered Date	05/26/2025
Application Status	Application In Progress

Below the details section is a row of two blue buttons: 'Applicant Details' (with a person icon) and 'Business Details' (with a document icon). A red box highlights these buttons. At the bottom is a navigation bar with a left arrow, a hamburger menu icon, and the text 'Application'.

Sandwich Menu

A sandwich menu on the upper right of the page allows users to access different areas 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 Continuation/Renewal Application in CCPP

Beginning the Continuation/Renewal Application

Your Continuation/Renewal Application will be available in CCPP approximately 70 days before the expiration date.

On the **Regulatory Applications** section in your **CCPP** account, a listing of the **Continuation/Renewal date**, the **availability of the application date**, and **materials and fees due date** is provided.

Regulatory Applications

Current application status : **Regulation Approved.**

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

Your license continuation date is 7/31/2025. Your continuation application will be available beginning 5/24/2025. All materials and fees are due by 7/1/2025.

Child Care Provider Portal
Welcome, Jane

September Care
603 Boxcar Alley
Madison, WI 53704

Logout
2800040992-001
Facility ID 1124243
FIS Provider ID N/A

Regulatory Applications

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

Your license continuation date is 7/31/2025. Your continuation application will be available beginning 5/24/2025. All materials and fees are due by 7/1/2025.

Current Application Details

Current License/Certificate

Begin Application Apply Now

Application Entered Date	Application Mode	Type of Regulated Care	Application Status	
1/29/2025	Initial	Licensed Family	Regulation Approved	
1/28/2025	Expression Of Interest	Licensed Family	Pre-Licensing Complete	

◀

Home

More...

Selecting Begin Application

When the continuation/Renewal application becomes available prior to the expiration date, the **Begin Application** button with an **Apply Now** sticker will appear on your **CCPP Regulatory Application** page.

Child Care Provider Portal
Welcome, Jane

September Care
603 Boxcar Alley
Madison, WI 53704

Logout
2800040992-001
Facility ID 1124243
FIS Provider ID N/A

Regulatory Applications

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

Your license continuation date is 7/31/2025. Your continuation application will be available beginning 8/24/2025. All materials and fees are due by 7/1/2025.

Current Application Details

Current License/Certificate

Begin Application

Application Entered Date	Application Mode	Type of Regulated Care	Application Status	
1/29/2025	Initial	Licensed Family	Regulation Approved	
1/28/2025	Expression Of Interest	Licensed Family	Pre-Licensing Complete	

More...

◀ Home

The **Apply Now** sticker will also appear on your **CCPP home** page.

Home

Financial

Facility Details

Communications

Manage Facility

Individuals

COVID-19 Payments

Regulatory Applications

Application Opening Page

After selecting **Apply now** a new page will open.

Continuation Application

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

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

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

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

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

- Change the name of your facility
- Relocate your facility
- Close your facility

Next

Regulatory Applications

This page only appears once. It welcomes you to your Continuation/Renewal application.

It also let's you know that:

- Throughout the application you will see **information icons. i** 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 return.
- 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 Continuation/Renewal 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 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

Applicant Details

After selecting **Next** on the **Continuation/Renewal Application** page, **Applicant Details** opens. This brings over information gathered from your **current license** or **certification**. If adjustments are needed select the **More** button.

Child Care Provider Portal
Welcome, Cindy

Cindy C Care
1902 Basket Ln
Madison, WI 53705

Logout
5800041015-001
Facility ID 1124263
FIS Provider ID N/A

Applicant Details

Applicant Details	
Applicant Name	Cindy Chicago
Social Security Number (SSN)	XXX-XX-0004
Date of Birth	01/03/00
Primary Phone	(608) 000-0000
Email	Cindyc@email.com
Address	309 Kangaroo Crk Madison, WI 53705-
Is A Translator Needed ?	No
Translator Language	
FEIN	XX-XXX6456
Business Name	Cindy C Care

More

Next: Business Details

Applicant

About DCFPublic MeetingsCareersRequest RecordsContact UsWisconsin.govPress

Report Child AbuseReport Fraud

Ver en EspañolUpdate SPA CWA Privileges

Wisconsin Department of Children and Families

NOTE: If the child care you provide is held at your personal address, as is the case with many certified and licensed family providers, a change of address can not be made. **A change of address for any child care facility requires the need for a new license or certification application.**

Modify Applicant Details

After selecting **More**, the **Modify Applicant Details** opens. This allows you to adjust information from your **current license** or **certification**. Make needed adjustments of 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"/>
Street/Rural Rt/Box# *	<input type="text" value="Hamper"/>
Suffix	<input type="text" value="Street"/>
Quadrant	<input type="text"/>
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"/>

After Applicant Details

After updating any of the applicant information and selecting **Save**, you will return to the **Applicant Details** page. 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**.

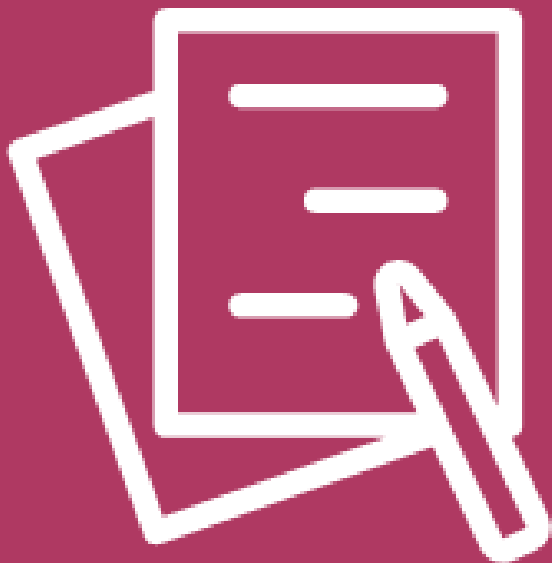
Applicant Details

Applicant Name	Olivia October
Social Security Number (SSN)	XXX-XX-0002
Date of Birth	01/04/95
Primary Phone	(608) 000-0000
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



Location

Business Details

For **Licensed Group** or **Camp** applicants, the next step is **Business Details**.

Child Care Provider Portal
Welcome, Cindy

Cindy C Care
1902 Basket Ln
Madison, WI 53705

Logout
5800041015-001
Facility ID 1124263
FIS Provider ID N/A

Applicant Details

Applicant Name

Cindy Chicago

Social Security Number (SSN)

XXX-XX-0004

Date of Birth

01/03/00

Primary Phone

(608) 000-0000

Email

Cindyc@email.com

Address

309 Kangaroo Crk
Madison, WI 53705-

Is A Translator Needed ?

No

Translator Language

FEIN

XX-XXX6456

Business Name

Cindy C Care

[More](#)


Next: Business Details




Applicant

[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



Business Detail Documents

Selecting **Business Details** will open a list of **documents you have previously uploaded** and buttons to **upload updated versions**.

[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 application, requires **different information** depending on the **type of regulated child care** you provide.

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

NOTE: A change of address for any child care facility requires a new license or certification application.

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 is required to be filled out.***

Child Care Provider Portal
Welcome, Cindy



Cindy C Care
1902 Basket Ln
Madison, WI 53705

Logout
5800041015-001
Facility ID 1124263
FIS Provider ID N/A

Modify Location Details

For help completing information on this page visit the Online Application Guide webpage and select "Complete the Application".

Location Details

Location County	Dane County
Address	1902 Basket Ln Madison, WI 53705

Contact Details

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

Facility Name	Cindy C Care
First Name *	<input type="text" value="Cindy"/>
Middle Initial	<input type="text"/>
Last Name *	<input type="text" value="Chicago"/>
Suffix	<input type="text"/>
Email	<input type="text" value="Cindyc@email.com"/>
Primary Phone Number *	<input type="text" value="(608) 422-0000"/>
Secondary Phone Number	<input type="text"/>
Pager Number	<input type="text"/>
Cell Phone Number	<input type="text"/>

Water Source ⓘ

Select the type of water source you have

If you have a private well, enter the most recent water test date	05/16/2025
---	------------

Save

Location Detail Documents

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.

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.

Documents Already Uploaded

Uploaded Date	Document Type	
05/15/25	Exception	View ▶
05/15/25	Indoor/Outdoor Diagrams	View ▶
05/15/25	Policy And Procedures Checklist	View ▶
05/15/25	Occupancy Permit	View ▶
05/15/25	Water Test Results	View ▶
05/15/25	Policies	View ▶
05/15/25	Initial Licensing Checklist	View ▶
05/15/25	Collaboration Agreements	View ▶
03/21/25	Zoning Certificate	View ▶
03/07/25	Delegation Of Authority/Chain Of Command	View ▶

1 - 10 of 11 items

Upload New Documents

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

Document Type	
Exception	Upload ▶
Delegation Of Authority/Chain Of Command	Upload ▶
Indoor/Outdoor Diagrams	Upload ▶
Zoning Certificate	Upload ▶
Policy And Procedures Checklist	Upload ▶
Occupancy Permit	Upload ▶
Water Test Results	Upload ▶
Policies	Upload ▶
Collaboration Agreements	Upload ▶
Initial Licensing Checklist	Upload ▶

1 - 10 of 11 items

Next: Physical Plant and Environment ▶

◀ Facility

On the bottom half of the **Location Details** page is **Document Upload Information**. It provides access to **view** all the documents **previously uploaded** for this section; and an area to **upload new and updated documents**.

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

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

Physical Plant and Environment

Any licensed applicant that has access to this page provided **Physical Plant and Environment** information and **submitted a Building Inspection Document previously** for their License. All uploaded versions of that document can be **viewed** on this page.

If an updated building Inspection is needed, it can be **uploaded here**.

Physical Plant and Environment

Physical Plant and Environment

Is this program located in a building currently in use as a school building? No

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

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

Document Upload Information:

Building Inspection - Select this document type to upload the inspection report evidencing compliance with all applicable building codes. If your program is in a municipality that requires an occupancy permit instead of a building inspection, you will need to upload your **Occupancy Permit** under the **Building Inspection** document type to meet the application requirement. Check with your municipality to verify what is required.

Documents Already Uploaded

Uploaded Date	Document Type	
05/15/25	Building Inspection	<div>View ▶</div>

Upload New Documents

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

Document Type	
Building Inspection	<div>Upload ▶</div>

Next: Additional Details ▶

◀ Facility

About DCF

Public Meetings

Careers

Request Records

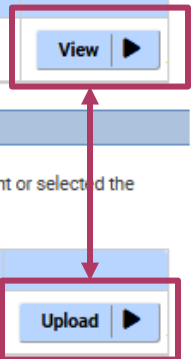
Contact Us

Wisconsin.gov

Press

Report Child Abuse

Report Fraud



Additional Details

The **Additional Details** portion provides opportunity to review previous information regarding **radon tests** (*for licensing only*), **pets at the location**, agreement to receive **monitoring results by email**, and if another person authorized to **sign subsequent applications** on behalf of you.

If adjustments are needed, click the **More button**, this will open an arrow button to **Modify Additional Details**.

Additional Details

Radon Test

Radon Test Date1/1/2025

Radon Test Result2.00(pCi/L)

Pets in Location

Are pets allowed in areas of the center accessible to children during the hours of operation?Yes

Monitoring Results

I agree to receive monitoring results via email.Yes

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.

Documents Already Uploaded

Uploaded Date	Document Type	
05/15/25	Radon Testing	View
05/15/25	Radon Mitigation	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	
Radon Testing	Upload
Radon Mitigation	Upload

Next: Mailing Address

Facility

You can review previous, and uploaded new, Radon Test and Mitigation Documents (*for licensing only*).

Modify Additional Details

Modify Additional Details allows you to make any needed adjustments.

Modify Additional Details

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

Radon Test

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

Radon Test Date

Radon Test Result (pCi/L)

Pets in Location

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

If 'Yes' upload liability insurance (on Insurances page) and vaccination documents (on Pets page). If pets are on the premises but not accessible to children, select 'Yes'. Then you will only need to upload vaccination documents (on Pets page).

Monitoring Results

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

Other Authorized Person

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

Authorized Signatory's Name

Authorized Signatory's Title

I, the owner or president of the governing board, grant authorization to the center management to sign agreements and submit official documentation concerning the center to the department on my behalf. ☐ Yes ☐ No

[Save](#)

[Facility](#)

Certified Family Care Location

If you need to modify where care will be provided, you must contact your specialist for assistance.

Child Care Provider Portal
Welcome, Tella

Thursdays Care
1902 Basket Ln
Madison, WI 53705

Logout
6800041016-001
Facility ID N/A
RIS Provider ID N/A

Care Location

Care Location

If you need to modify where care will be provided, contact your specialist for assistance.

Care will be provided in Provider's Home

Next: Mailing Address

Facility

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Mailing Address

If your **Mailing Addresses** needs updating, you can do so on this page by selecting the **Add Mailing Address** button. Then choose an address listed from your information and select **Continue**.

Mailing Address

Mailing Address Details

Address Type	Effective Period	Address	
Licensing Mailing Address	01/16/25	Betsy September 29 Hamper St , Madison, WI 53704 (608) 000-0000 Betsy123321@email.com	Details ▶

Add Mailing Address ▶

Next: Requested Operational Details ▶

◀ **Facility**

Add Mailing Address

The address you select will determine where all official notices will be sent.

☐ Use applicant address as a mailing address.

Betsy September
29 Hamper St
Madison, WI 53704
(608) 000-0000
Betsy123321@email.com

☐ Use location address as a mailing address.

Betsy September
56 N Chester Ln
Madison, WI 53704
(608) 000-0000
BOctober@email.com

☐ Use a different address as a mailing address.

Continue

◀ **Facility**

Remember: This is only for a mailing address. An address change of your child care facility requires a new license or certification application.

Requested Operational Details

The **Requested Operational Details** page will show the Months and Days open, and the capacity of day and night care provided. If adjustments need to be made, select **Details**. Then **select More** and select the **Modify Requested Operational Details** button. The **Modify Requested Operation Details** page will open.

Requested Operational Details

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

Months Open	Days Open	Day Capacity	Night Capacity	
January-December	Mon-Fri 7:00AM - 6:00PM Sat-Sun Closed	24	0	Details ▶

Add Requested Operational Details ▶

Requested Operational Details

Months of Operation
January-December

Days of Operation
Mon-Fri
Sat-Sun

Hours of Operation
7:00AM - 6:00PM
Closed

Capacity
Day Capacity 9
Night Capacity 0

Modify Requested Operational Details ▶

Delete Requested Operational Details ▶

[Less](#)

Modify 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

Modify Requested Operational Details

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

If not open every month of the year, **remove** the **Months of Operation checkmarks** when you are 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 are 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 are 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 ? <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
Maximum number of children in care between 05:00 a.m. and 10:00 p.m.	
Night Capacity	0
Maximum number of children in care during any period between 10:00 p.m. and 05:00 a.m.	
<input type="button" value="Save"/>	

Capacity for certified child care.

Capacity	
Group Size	6
Children Under 7 Years	3
<input type="button" value="Save"/>	
<input type="button" value="←"/> <input type="button" value="Requested Operational Details"/>	

Requested Ages Served Details

The **Requested Ages Served Details** page shows the ages of children you provide care for as listed in your current license/certification. If adjustments are needed, select the **MORE** button. This will open the **Modify Requested Ages Served** button.

Select **Modify Requested Ages Served**.

Requested Ages Served Details

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

From Age	0 Year(s), 6 Month(s), 0 Week(s)
To Age	8 Year(s), 11 Month(s), 0 Week(s)

Modify Requested Ages Served ▶

[Less](#)

Next: Individuals ▶

In this example, the applicant is selecting to provide child care for children from **2 Years** to **under 7 years old**.

Modify Requested Ages Served

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

From Year(s)	2	From Month(s)	0	From Week(s)	0
To Year(s)	6	To Month(s)	11	To Week(s)	0

Save

◀ **Requested Ages Served List**

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Individuals

Individuals Section

The **Individuals** section allows you to enter the required information of anyone that interacts with children at your child care facility. This includes **yourself, employees, adults, and household members aged 10 or older.**

You can add **new individuals**, and **update information or status on those already existing.**

Child Care Provider Portal
Welcome, Jane

Logout
9800041019-001
Facility ID 1124264
FIS Provider ID N/A

Jane February Fun
415 Popsicle Cir
Madison, WI 53703

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	
Allie Appleton	Trainer	05/05/25		Details ▶
Hermit Crab	Teacher - Assistant	12/26/24		Details ▶
Jane February	Applicant/Licensee	03/20/25		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](#)

Adding Additional Individuals

Yourself, along with any individuals previous placed, will be listed on the **Individuals** page.

To add additional individuals, 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 **Add Individual** opens the **Individual Basic Details** page. Here you add the **name, gender, date of birth, and SSN**, of the individual. When complete **click/tap Next**.

Individual Basic Details

Individual

First Name * Dustin

Middle Initial

Last Name * Moose

Suffix Name

Gender * ☒ Male ☐ Female

Date of Birth * 12/31/2004

SSN * 000-00-0000

Confirm SSN * 000-00-000_

Next>

Individuals

NOTE: Any time you are entering information in the application, you **must** fill in every section that has an **asterisk (*)**

Add Individual Details

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

Add Individual Details

Individual

First Name: Dustin

Middle Initial:

Last Name: Moose

Suffix Name:

Address *: 202 Boxville Rd *i*

Address Line 2:

City *: Cottage Grove

State *: Wisconsin *v*

Zip Code *: 53527-____

County/Tribe *: Dane County *i*

Primary Phone *: (608) 000-0000

Primary Phone Type *: ☐ Home ☐ Work ☒ Cell *i*

Secondary Phone: () ____-____

Secondary Phone Type: ☐ Home ☐ Work ☐ Cell Cancel

Email *: Dustmoo@email.com *i*

Date of Birth: 1/1/2001

SSN: XXX-XX-0003

Gender *: ☒ Male ☐ Female

Race: *v*

Language *: English *v*

Employment/Residency Details

Effective From: 05/28/25

Primary Role *: Teacher - Assistant *v*

Background Check Level: Caregiver *v*

Secondary Role: *v*

Employment/Residency Status *: ☒ Current ☐ Prospective *i*

Employment/Residency Begin Date: 5/1/2025 *i*

Has This Individual Used Any Names or Aliases in the Past? *: ☐ Yes ☒ No

Apply Ongoing Background Check Fee to this Location: No

Comments for this individual:

Add

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

Background Check Request Form Details

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

Background Check Request Form Details

Individual

Name: Dustin Moose

Employment Period: 5/5/2025 - 12/31/9999

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

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

Background Check Request Form Details

Individual

Name

Dustin Moose

Employment Period

5/5/2025 - 12/31/9999

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

5/28/2025

Electronic Signature

Jane February

Previous

Submit

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

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

Fingerprint Code

When you have successfully submitted **Background Check Request Form**, 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 ➔

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Report Child Abuse
Report Fraud

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

Individual Details

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Report Child Abuse
Report Fraud

Additional Background Check Information

After collecting a fingerprint code, you will be returned to the **Individuals** page. The person entered will appear with the others 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) 000-0000 (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 the individual
- Obtain a **Fingerprint Code**

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



Program Features

Pets

If there are pets on the premise, you will need to upload vaccination documents.

To add a pet, select **Add Pet**, enter information, then select **Add**.

Pets

Pet Type	Pet Name	Rabies Vaccine Due Date
No results found		

Add Pet

Add Pet

Pet Type *

Pet Name

Rabies Vaccine Due Date

Pet Description (e.g., breed)

Add

Pets

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

Pet Details

Pet Details

Pet Type Cat

Pet Name Kittoo

Rabies Vaccine Due Date 04/17/2025

Pet Description (e.g., breed) 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

Pets Details

To adjust information on an existing pet, select **Details**. Here you can attach **vaccination records** or other documents.

Pet Type	Pet Name	Rabies Vaccine Due Date	
Gato	Trasladdo	04/01/2025	Details ▶
Cat	Kittoo	04/17/2026	Details ▶
Add Pet ▶			

Entered pets can only be changed by adding a comment.
For example, If you want to remove a pet, select **More** in the **Pet Details** section, then select **Modify Pet**, enter a comment such as: *This animal is no longer at this location*, and select **Save**.

Pet Details

Pet Type

Gato

Pet Name

Trasladdo

Rabies Vaccine Due Date

04/01/2025

Pet Description (e.g., breed)

Siamese

[Modify Pet](#) ▶

[Less](#)

Modify Pet

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

Pet Details

Pet Type

Gato

Pet Name

Trasladdo

Rabies Vaccine Due Date

04/01/2025

Pet Description (e.g., breed)

Siamese
This animal is no longer at this location

[Save](#)

Provide Transportation and Details

For Continuation/Renewal Applications, If you need to **add or modify your transportation details**, you'll need to **contact your specialist** for assistance.

Provide Transportation


If the center provides transportation for children in care to/from school, home or for field trips, be prepared to enter the vehicle and insurance information on the next pages.

For Continuation/Renewal Applications: If you need to add or modify your transportation details, you'll need to contact your specialist for assistance.

Begin Date	Transportation Provided	
01/22/25	No	Details ▶


Next: Vehicle Details ▶




◀ Program Features

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 Wisconsin Department of Children and Families



Vehicle Details

If you need to add or modify your vehicle details, you'll need to contact your specialist for assistance.

Vehicle Mode	Year, Color, Make, Model and License Plate Number of the vehicle	
Owned By Center	2023, Chevrolet Express 3500, BZ3T-222H	Details ▶

Next: Insurances ▶

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 Wisconsin Department of Children and Families



Insurances

The **Insurances** page lists current insurance coverages for your child care facility. You can select **Details** for each insurance type. This allows you to view or upload a **certificate of insurance** and **modify the coverage end date**.

You can also select **Add Insurance** on this 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	
Vehicle	05/01/25	07/31/27	20	No	Details ▶
Liability	01/06/25	01/13/27		No	Details ▶

[Add Insurance](#) ▶

[Next: Other Licenses](#) ▶

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Insurance Details

The **Insurance Details** page shows information on an insurance type. You can view and upload **Proof of Insurance** documentation.

The screenshot shows the 'Insurance Details' page. A red arrow points from the text above to the 'Insurance Details' section. Another red arrow points from the 'More' link to the text below. A third red arrow points from the 'View' button to the 'Documents Already Uploaded' table.

Insurance Details

Insurance Type	Liability
Start Date	01/06/25
End Date	01/13/27
Number of Children Covered	
Pets Covered	No
Comments	

[More](#)

Documents Already Uploaded

Uploaded Date	Document Type	
03/21/25	Proof Of Insurance	View ▶

Upload New Documents

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

Document Type	
Proof Of Insurance	Upload ▶

◀ [Insurances](#)

Selecting **More** provides the option to **Modify Insurance Details**. For insurance that has been updated, you can adjust the **end date**.

The screenshot shows the 'Modify Insurance Details' page. A red arrow points from the text above to the 'End Date' field.

Modify Insurance Details

Modify Insurance

Be sure you have enough coverage for your business purposes.

All licensed group centers need proof of liability insurance. All providers are required to have auto/vehicle liability insurance if they transport children in care. Licensed family centers need proof of liability insurance if pets are on premise and are accessible to the children in care.

Insurance Type	Liability
Start Date	01/06/25
End Date *	1/13/2027
Number of Children Covered	
Pets Covered	No
Comments	

[Save](#)

◀ [Insurance Details](#)

Add Insurance

If an additional insurance information needs to be included, select **Add Insurance**.

Insurance Type	Start Date	End Date	Number of Children Covered	Pets Covered	
Vehicle	05/01/25	07/31/27	20	No	Details ▶
Liability	01/06/25	01/13/27		No	Details ▶

[Add Insurance](#) ▶

[Next: Other Licenses](#) ▶

Select an **Insurance Type**, then enter 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 *

05/01/2025

End Date *

5/1/2027

Number of Children Covered

Pets Covered

☒ Yes ☐ No

Comments

[Add](#)

Upload Proof of Insurance Documentation

To add insurance documentation on the **Insurance Details** page, select **Upload**.

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

Select **Upload New Document**, attach the document, then select **Submit**. A link is given for [Preparing Documents for Uploading](#). This offers helpful steps on uploading documents.

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 File

Upload New Documents

Submit

Insurance

When complete, the added insurance information will show on your **Insurances** list.

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	05/01/25	05/01/27		Yes	Details
Vehicle	05/01/25	07/31/27	20	No	Details
Liability	01/06/25	01/13/27		No	Details

Other Licenses

If the home/facility is licensed or certified as an adult family home or foster care, it should be listed here.

For Continuation/Renewal Applications: If you need add or modify one listed here, you'll need to **contact your specialist for assistance.**

Child Care Provider Portal

Welcome, Cindy

Cindy C Care
1902 Basket Ln
Madison, WI 53705

Logout
5800041015-001
Facility ID 1124263
RIS Provider ID N/A

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.

For Continuation/Renewal Applications: If you need to modify the licenses listed here, you'll need to contact your specialist for assistance.

Program Description	
None	Details

[Next: Regulatory Fees](#)

[Program Features](#)

[About DCF](#)

[Public Meetings](#)

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[Ver en Español](#)

[Update SPA CWA Privileges](#)

 Wisconsin Department of Children and Families





Review and Submit

Regulatory Fees

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

Child Care Provider Portal
Welcome, Jane

Jane February Pan
415 Popsicle Cir
Madison, WI 53703

Logout
9800041019-001
Facility ID 1124264
FIS Provider ID N/A

Manage Fees

Facility ID	1124264
FIS Provider ID	N/A
Address	415 Popsicle Cir Madison, WI 53703
Contact Name	Jane February
Phone	(608) 000-0000

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

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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**.

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.

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.

The screenshot shows the 'Regulatory Fees Paid' page. At the top left, it displays user information: 'Donna's Day Camp', '42 Billy Blf', and 'Madison, WI 53703'. At the top right, there is a 'Logout' link and facility information: '7800040387-001', 'Facility ID 1123656', and 'FIS Provider ID N/A'. The main heading is 'Regulatory Fees Paid' with a subtitle 'Regulatory Fee Payments For Past Three Years'. Below this is a table with columns 'Date', 'Fees Type', and 'Amount'. The table is currently empty, showing 'No results found'. A red box highlights the 'Manage Fees' button, which has a left arrow and a dollar sign icon. Below the button is a navigation bar with 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 an 'Update SPA CWA Privileges' link. The footer includes the Wisconsin Department of Children and Families logo and social media icons.

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 application**.

The screenshot shows the 'Regulatory Fees Due' and 'Regulatory Fees Paid' section. There are two blue boxes: 'Regulatory Fees Due' with a clipboard icon and 'Regulatory Fees Paid' with a clipboard icon and a checkmark. Below these is a red box highlighting the 'Next: Review' button, which has a right arrow. Below the 'Next: Review' button is a 'Review & Submit' button with a left arrow and a list icon.

[Regulatory Fees Due](#) [Regulatory Fees Paid](#)

[Next: Review](#) [Review & Submit](#)

Application Review

The **Application Review** page shows you if any required portions of the continuation/renewal 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.

Application Details

Type of Regulated Care

Licensed Family

Application Mode

Continuation

Application Entered Date

05/29/2025

Application Status

Application In Progress

Applicant Details [Edit](#)

Applicant Name

Betsy September

Social Security Number (SSN)

XXX-XX-0035

Date of Birth

01/04/00

Primary Phone

(608) 000-0000

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

! Indoor/Outdoor Diagrams document required.

Uploaded Date	Document Type	
01/23/25	Delegation Of Authority/Chain Of Command	View ▶
01/23/25	Zoning Certificate	View ▶

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

Editing Sections

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

Monitoring Results			
I agree to receive monitoring results via email. Yes			
Other Authorized Person			
Is there a person who is authorized to sign subsequent applications concerning this center on behalf of the applicant?		No	
Authorized Signatory's Name			
Authorized Signatory's Title			
I, the owner or president of the governing board, grant authorization to the center management to sign agreements and submit official documentation concerning the center to the department on my behalf.		No	
Radon Test Documents			
Uploaded Date	Document Type		
01/20/25	Radon Testing		View ▶
01/20/25	Radon Testing		View ▶
Mailing Addresses			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 Application

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

Read and place check marks on the statements.

Place a check mark to agree to pay the Regulation Fee. Enter your name as an electronic signature. Add your Signatory Title (Owner, Licensee, or Provider). Select **Submit**.

Application Submission

Application Details

Type of Regulated Care	Licensed Group
Application Mode	Continuation
Application Entered Date	5/26/2025
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 Group Child Care Centers (DCF 251, 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 251 Group 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 or, in the case of the organization, the board president) 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

6/1/2025

Type your name for an electronic signature *

Betsy September

Signatory Title *

Licensee

Submit

After Submitting your Application

After submitting your 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

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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 Group
Application Mode	Continuation
Application Entered Date	05/26/2025
Application Status	Application Submitted Without Payment

Regulatory Fees

Review

Submit Application

Withdraw Request

Contacts

Application

When your Application is Approved

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

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


8's October Child Care
56 N Chester Ln
Madison, WI 53704


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


Regulatory Applications

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



Your license continuation date is 6/5/2026. Your continuation application will be available beginning 3/29/2026. All materials and fees are due by 5/6/2026.


Current Application Details

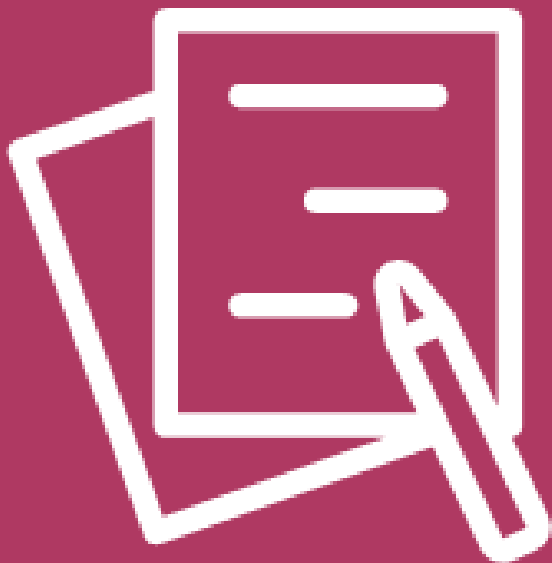

Current License/Certificate

Application Entered Date	Application Mode	Type of Regulated Care	Application Status	
5/29/2025	Continuation	Licensed Family	Regulation Approved	
1/8/2025	Initial	Licensed Family	Regulation Approved	
1/3/2025	Expression Of Interest	Licensed Family	Pre-Licensing Complete	

More...

  Home

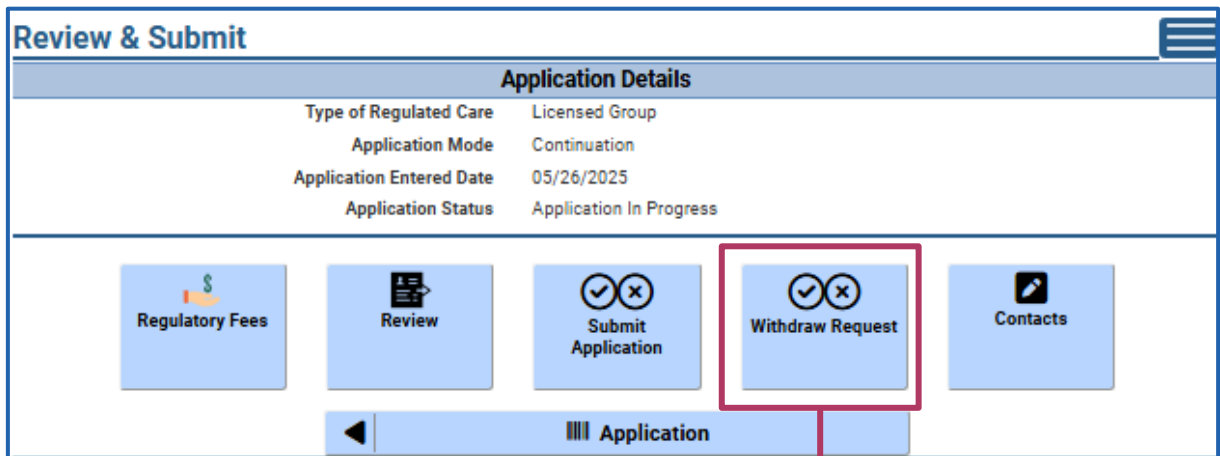
To learn more about how to use the Provider Portal and what other information is available to you, review the [Child Care Provider Portal \(CCPP\) User Guide](#).



Withdraw Application

Withdrawing Your Application

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



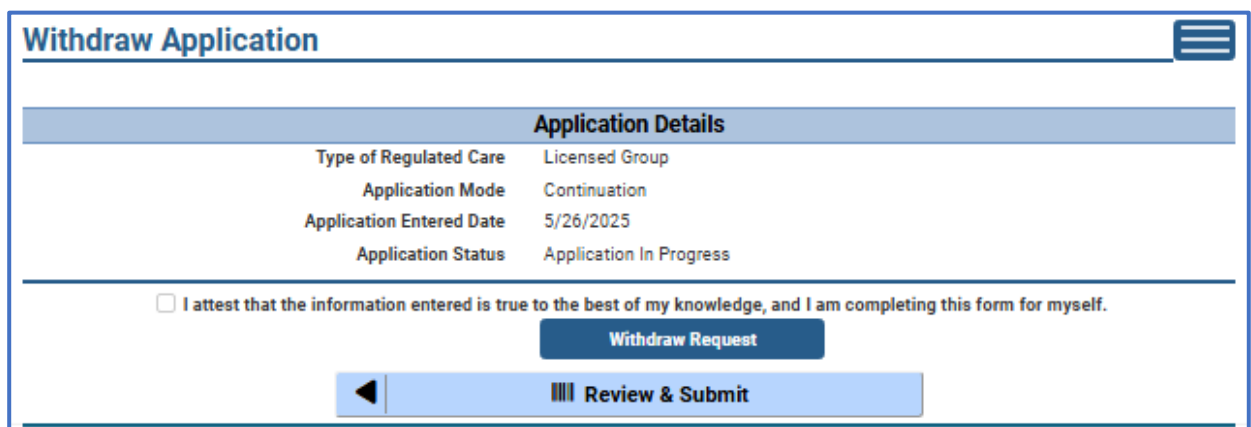
The screenshot shows the 'Review & Submit' page. At the top, there's a header 'Review & Submit' and a hamburger menu icon. Below it is a section titled 'Application Details' with the following information:

Application Details	
Type of Regulated Care	Licensed Group
Application Mode	Continuation
Application Entered Date	05/26/2025
Application Status	Application In Progress

Below the details section 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's a navigation bar with a back arrow, a progress indicator, and the text 'Application'.

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

If your continuation/renewal application is **already submitted** when you withdraw, a licenser 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 regulated service active**.



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

Application Details	
Type of Regulated Care	Licensed Group
Application Mode	Continuation
Application Entered Date	5/26/2025
Application Status	Application In Progress

Below the details section 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's a navigation bar with a back arrow, a progress indicator, 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](#)



[Child Care Provider Portal Information](#)



[Preparing Documents for Uploading](#)



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



[How to Pay My Licensing/Certification Fees](#)