



Child and Adult Care Food Program

Sponsoring Organizations of Day Care Homes

Provider Application Manual

Revised 2017

Wisconsin Department of Public Instruction
Community Nutrition Team
125 S. Webster Street
PO Box 7841
Madison, WI 53707-7841

USDA Nondiscrimination Statement and Complaint Filing Procedure

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

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Logging on to the Website and Online Services

Go to this website: <http://dpi.wi.gov/nutrition/online-services> Google Chrome is highly recommended.

➡ **Bookmark this Wisconsin Child Nutrition Programs Online Services Webpage only, NOT the log-in page,** in order to receive important information regarding claims and contracts.

1. Click on 'Online Services Log-in'.

Wisconsin Child Nutrition Programs Online Services

Online Services

Online Services Log-in (circled in red)

• Child and Adult Care Food Program (CACFP)

Online Services Log-in

• At-Risk/Emergency Shelter

USDA Foods Ordering System

Click on the button to order USDA Foods

Bookmark this page for future easy access to Online Services and to receive important information regarding contracts and claims.

2. Enter Agency Code and Password. Click 'Submit'.

Community and School Nutrition Programs
WISCONSIN DPI

LOG IN

Agency Code: 999001

Password: ●●●●●●

Submit **Reset**

3. From the Main Menu, click on 'Home-Day Care'.

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home **Home-Day Care** **School Nutrition Programs** **Community Nutrition Program** **Summer Food Program** **Special Milk Program** **Other Services** **Logout**

4. From the Home-Day Care tab click on 'Provider Application'.

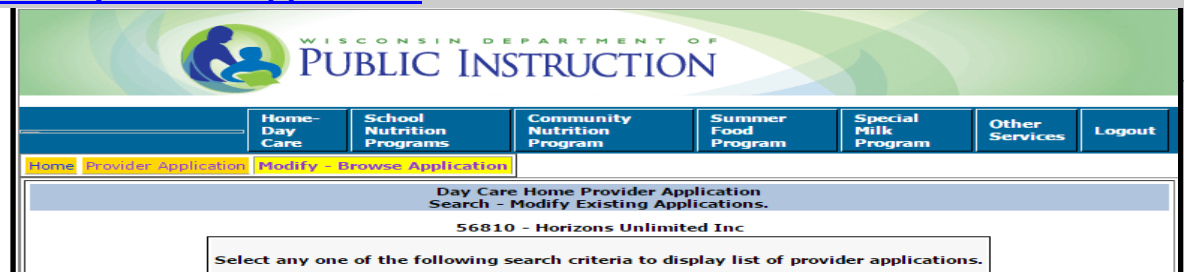


5. From the Provider Application menu select one of the two options:

- a) **Select 'Modify-Browse Application'** to
- Update an existing provider application;
 - Submit a provider application for removal from the agency's Schedule A;
 - Browse provider applications.
- b) **Select 'Add New Application'** to enter a new provider application



Modify-Browse Application



1. **Modify-Browse Application**

To search and modify an existing Provider Application, select any one of the search criteria, then click **'SEARCH'**

The quickest search method when modifying an existing record is to search by provider number.



If you click on **'Show Modified/ New Applications'**, then **'SEARCH'** you will see all pending applications that are **'Open'**.

2. To make modifications, click on the file icon to open the provider application.







WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home Day Care School Nutrition Programs Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

Home **Modify - Browse Application**

Day Care Home Provider Information
Provider Application(s) Based on Search

List of Application Based on: Show All Providers



Provider Number	Modify-Print	First Name	Last Name	License Type	Contract Effective Date	Application Status
121	 	<input type="text"/>	<input type="text"/>	Licensed	10/01/1998	Filed
129	 	<input type="text"/>	<input type="text"/>	Licensed	10/01/1998	Filed
157	 	<input type="text"/>	<input type="text"/>	Licensed	10/01/1998	Filed

[Modify-Browse Application \(continued\)](#)

The record will appear for modification. Update the required information then click on **'SAVE'**.

Continue with all provider modifications; as modifications are made and saved, the Provider file status will change to **'Open'**.

The **'Open'** Provider file status will change to **'Filed'** once the provider application has been approved by the Department of Public Instruction (DPI) Nutrition Program Consultant.

Day Care Home Provider Information Modify Application							
Provider Information:							
Provider Number	123	DWD Provider Number	1234567891111				
First Name	Abby	Last Name	Lane				
Street Address	100 Main First Street						
City	Madison	County	Dane	Zip	53707	Zip Plus	
License Information:							
License Type	Certified	Certification / License Capacity	8				
Effective Date of Lic/Cert.	2	/	1	/	2017	[MM/DD/YYYY]	
Expiration Date		/		/		[MM/DD/YYYY]	
Date of Previsit		/		/		[MM/DD/YYYY]	
Date of Orientation		/		/		[MM/DD/YYYY]	
Preparer Name and Phone No.	A. BCDS 608-123-1234						
<p>I HEREBY CERTIFY that the information on this application is true and correct. Reimbursement will be claimed only for meals served to children who are enrolled and receiving child care services. I understand that information on this application is being given in connection with the receipt of federal funds and deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes. The program must be available to all eligible children regardless of age, sex, disability, race, color or national.</p> <ol style="list-style-type: none">1. To claim reimbursement for provider's own children, an approved, current Household Size-Income Statement must be file with the sponsor.2. Reimbursement may be made only for meals approved by DPI and the sponsoring organization.3. Two hours between meals is recommended.4. Provider claiming shifts meals must submit to the sponsor current meal shift schedule(s) with each month.							
				 BACK			
				 SAVE			

Removing a Provider

1. To remove a provider:

Open the provider application. In the field titled 'Preparer Name and Phone No.' type the word 'Terminated', along with the date of termination. Update the 'Preparer Name and Phone No.', if necessary. Click on 'SAVE'.

Day Care Home Provider Information Modify Application

Provider Information:

Provider Number DWD Provider Number

First Name Last Name

Street Address

City County Zip Zip Plus

License Information:

License Type Certification / License Capacity

Effective Date of Lic/Cert. / / [MM/DD/YYYY]

Expiration Date / / [MM/DD/YYYY]

Date of Previsit / / [MM/DD/YYYY]

Date of Orientation / / [MM/DD/YYYY]

Preparer Name and Phone No.

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2. Reimbursement may be made only for meals approved by DPI and the sponsoring organization.
3. Two hours between meals is recommended.
4. Provider claiming shifts meals must submit to the sponsor current meal shift schedule(s) with each month.

Adding a New Provider

1. Click on **'Add New Application'** to add a new provider.
2. Then enter all the required New Provider Information;
 - Provider Number
 - DWD Provider Number
 - First Name
 - Last Name
 - Street Address
 - City
 - Select the County using the drop down arrow
 - Zip and Zip Plus
3. Enter the License Information;
 - Select the License Type by using the drop down arrow select **'Licensed'** or **'Certified'**
 - Enter the Certification/ License Capacity
 - Effective Date of Lic/Cert.
 - Expiration Date (if applicable)
 - Date of Previsit
 - Date of Orientation
4. Enter Preparer Name and Phone No.

**Day Care Home Provider Information
New Application**

New Provider Information:

Provider Number <input type="text"/>	DWD Provider Number <input type="text"/>
First Name <input type="text"/>	Last Name <input type="text"/>
Street Address <input type="text"/>	
<input type="text"/>	
City <input type="text"/>	County <input style="border: none; border-bottom: 1px solid black; padding: 2px 5px; font-size: small;" type="text"/> ▼
Zip <input type="text"/>	Zip Plus <input type="text"/>

License Information:

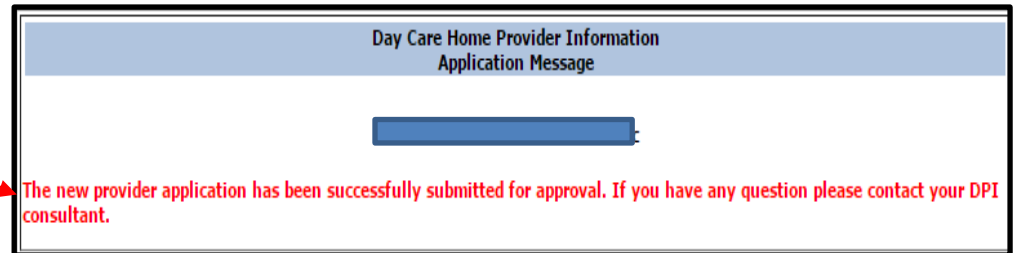
License Type <input style="border: none; border-bottom: 1px solid black; padding: 2px 5px; font-size: small;" type="text"/> ▼	Certification / License Capacity <input type="text"/>
Effective Date of Lic/Cert. <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 3px; margin-right: 5px; font-size: x-small;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 3px; margin-right: 5px; font-size: x-small;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 3px; font-size: x-small;" type="text"/>	[MM/DD/YYYY]
Expiration Date <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 3px; margin-right: 5px; font-size: x-small;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 3px; margin-right: 5px; font-size: x-small;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 3px; font-size: x-small;" type="text"/>	[MM/DD/YYYY]
Date of Previsit <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 3px; margin-right: 5px; font-size: x-small;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 3px; margin-right: 5px; font-size: x-small;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 3px; font-size: x-small;" type="text"/>	[MM/DD/YYYY]
Date of Orientation <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 3px; margin-right: 5px; font-size: x-small;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 3px; margin-right: 5px; font-size: x-small;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 3px; font-size: x-small;" type="text"/>	[MM/DD/YYYY]

Preparer Name and Phone No.

I HEREBY CERTIFY that the information on this application is true and correct. **Reimbursement will be claimed only for meals served to children who are enrolled and receiving child care services.** I understand that information on this application is being given in connection with the receipt of federal funds and deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes. The program must be available to all eligible children regardless of age, sex, disability, race, color or national.

1. To claim reimbursement for provider's own children, an approved, current Household Size-Income Statement must be file with the sponsor.
2. Reimbursement may be made only for meals approved by DPI and the sponsoring organization.
3. Two hours between meals is recommended.
4. Provider claiming shifts meals must submit to the sponsor current meal shift schedule(s) with each month.

5. Click on the 'SAVE' button to submit the application to DPI to be approved.
6. Once the new provider application has been entered the following message will appear.



Provider Application Questions & Answers

- 1. FOR NEW PROVIDER, WHO HAS NEVER BEEN ON SYSTEM BEFORE** Family Day Care Home Sponsors are to enter new provider data via the Online Services webpage. Paper submission of License and/or Certification (2 pages if both) to DPI is mandatory before provider status and payments will be approved by the DPI Nutrition Program Consultant for that provider. This may be provided by mail, email or FAX, please send as “Attention to:” your consultant so that the new contract may be processed as soon as possible.
- 2. REVISED PROVIDER INFO** – All changes may be made via Online Service webpage. Do NOT submit accompanying paperwork to DPI unless it involves a NEW (or updated) License, NEW (or updated) Certificate, or a Request for Transfer form, keep this at your site. Exceptions to Licenses and Certificates must be in writing and kept on file with the Sponsor for review and audit purposes.
- 3. BOTH CERTIFIED AND LICENSED, HOW TO ENTER?** – Each type of contract information must be entered separately. Even though this information may initially be identical except for the type of license, these are two separate entities and information may change for one area and not the other, i.e., the Contract site may cease to be licensed but still remain certified, or vice-versa. In either case the provider number will remain the same.
- 4. HOW TO REACTIVATE AN OLD PROVIDER FILE?** – In some cases a provider will have held both a certificate and a license, and let one of the regulations lapse. The home sponsor then terminated the regulation that lapsed. Now the provider has re-acquired the second regulation. Contract your assigned DPI consultant, and request that the termination date be removed. The home sponsor can then access the old file, update with new information, and resubmit to DPI for approval.
- 5. COMMENT/RESTRICTION SECTION NOT SHOWN** – This type of contract information will not be stored on the DPI database, it is kept on the paper copy only for audit purposes. Each agency must retain on file the completed Day Care Home Enrollment form (PI-1472).
- 6. SCHEDULE A PRINTING – HOW?** – Family Day Care Home Sponsors may obtain an Excel copy of your Approved Family Day Care Home Providers (Schedule A) by requesting it from your DPI Nutrition Program Consultant via email or phone call.
- 7. WHEN DOES DATA ACTUALLY REACH THE DATABASE?** – All data submitted reaches the database instantly. Contract information is stored in a temporary file until it is reviewed by the consultant for your area.
For already approved Providers it is considered ‘effective’ by DPI when it is submitted.
For NEW Providers the effective (approval) date will be the date of the Previsit/Orientation or the effective date of the Provider’s

License/Certificate, whichever is later. NOTE: The consultant will need to approve the Contract information and if it is not correct, the effective date will be when the corrections have been made. **This could happen; a) if a sponsored-provider is currently enrolled with another Sponsor; b) the Provider has been previously terminated „for cause“; or c) the Regulation data does not match the Enrollment data. You will know the consultant has reviewed and approved the changes submitted when the status line shows ‘Filed’ (it is in temporary status awaiting review if the status line only shows “Open”).**

8. **TIMES FOR MEALS ARE NOT REQUIRED ON THE INTERNET APPLICATION, WHY?** These times are kept on the paper copy only. These are not currently kept in the DPI database and therefore are not submitted.
9. **FOR NON-EXPIRING LICENSES, WHAT DATES SHOULD I ENTER?** Leave the entry fields BLANK when licenses or certifications are non-expiring.
10. **PREPARER NAME & PHONE FIELDS, WHY?** This is for the DPI Nutrition Program Consultant to have a contact who was responsible for the changes that are submitted. There is no exact format, we will record to the database whatever information is entered here on each submission, may be a different person for certain changes.
11. **COUNTY FIELD, CAN WE TYPE INSTEAD OF USING MOUSE?** No. You may type the first letter of the County to get you close to the County Name but must use the mouse to fill in this field. This field is this way because we are not storing the name but actually a County Code which we convert the name into.
12. **MIDDLE INITIAL OF PROVIDER, WHERE TO ENTER?** Enter the middle initial (if any) in the First Name field with a space preceding it, i.e., “James K.” or “Susan R.”.
13. **PROVIDER PHONE NUMBER, NO PLACE TO LIST?** We do not track this at DPI as our contact is with the Home Sponsor. Provider phone numbers should be kept by the Family Day Care Home Sponsor agency only.
14. **PROVIDER DATE OF BIRTH, NO PLACE TO LIST?** Coming soon DPI will collect the provider Date of Birth.
15. **SEARCH BY CRITERIA SCREEN INFORMATION** – When using the ‘Criteria’ screen to find certain Providers and you type in a “First Name” or “Last Name” and get no matches you may click on the “Back” icon at the top of your browser screen to immediately go back one screen and try a new name. An option to try is to search by Provider Number if that is known (on this screen also). Searches are NOT case-sensitive, criteria may be upper- or lower-case, same results appear either way. You can also click on “Go Back to Search”.

16. CAN I TERMINATE A PROVIDER VIA THE INTERNET? – Yes, if a sponsor wants to terminate a provider for convenience the sponsor MUST submit the provider electronic file to DPI. **In the ‘Preparer’s Name & No.’ field enter the word “Terminated” and the date of termination.** When the termination has been approved by the DPI, the termination date will appear on the ‘Review/Print Provider Information’ screen. If a sponsor wants to terminate a provider for cause, a copy of the certified letter terminating the provider MUST be submitted to Lisa Calderone or Tami Biordi. Upon approval by DPI, follow the procedures listed above to submit the provider’s electronic file to DPI, for removal from your agency’s Approved Family Day Care Home Providers (Schedule A). The termination date will appear on the ‘Review/Print Provider Information’ screen.

17. PRINTING DATA - DOES NOT ALL FIT ON PAGE – See Landscape Printing

Basic Navigation Instructions

TABS TO NAVIGATE – Use the tabs located at the top of the webpage to navigate to the different screens.

TIME LIMITATIONS – A timer starts from the moment the website is entered. If there is no activity at all for 30 minutes, the user will get an error message and has to return to the main 'Login' screen. Any movement on a page at all, such as going from one screen to another or even just moving to another entry field on the same page will reset the 30-minute timer. This limit is set up so that users do not log in to the Online Services website and stay on it without entering any information.

EXIT PROGRAM – Links at the top of screens include 'Logout'. Click on this 'Logout' link to exit from the entire program.

Reminders, Additional Resources and Contacts

Remember:

Refer to **Guidance Memorandum A: Enrolling Family Day Care Homes** for additional information.

If you have issues with the Provider Application process, please contact:

Lisa Calderone at 608-266-5763; lisa.calderrone@dpi.wi.gov

Tami Biordi at 608-267-2373; tamara.biordi@dpi.wi.gov

If you have forgotten your password, or would like to change your password, please contact:

Primary Contact: Jacque Jordee at 608-267-9134; jacqueline.jordee@dpi.wi.gov

Secondary Contact: Najat Shorette at 608-266-6856; najat.shorette@dpi.wi.gov

Fiscal Fax: 608-267-9207