



CCIDS Provider Portal Instructions

The Child Care Information Data System (CCIDS) Provider Portal is a secure web application that allows eligible child care providers to enter into a provider agreement with the Ohio Department of Job and Family Services (ODJFS). If you wish to provide child care services to Ohio children eligible to receive publicly funded child care, you must complete the Provider Agreement, Rate Form and Banking Form through the CCIDS Provider Portal. Any county certified provider must complete an agreement immediately upon certification as required in Chapter 5101:2-14 of the Ohio Administrative Code (OAC).

The provider portal is available Monday through Friday from 7:00 am to 7:30 pm and Saturday from 8:00 am to 4:30 pm. These available times may be impacted by system maintenance and are subject to change.

The CCP User ID : **XXXXXX** is assigned to the provider serving children at the address listed above.

The provider portal can be accessed using a standard web browser (Internet Explorer version 6.0 or later)

1. Go to the CCIDS web page through the Child Care in Ohio website at <http://jfs.ohio.gov/cdc/childcare.stm> and select the CCIDS Portal link, or by typing <https://www.ccidsportal.ohio.gov> in the address bar
2. You are now at the Log In Page.
3. View the Frequently Asked Questions (FAQ) by clicking on "FAQ".
4. You must log into the provider portal one time within 60 days from the date of this letter or you will be denied access. If you are denied access, you will need to call the CCIDS Help Desk at 1-877-302-2347 option 1 to have a worker unlock your user ID.

User ID

1. This is the 6-digit number following "CCP User ID" listed above
2. Enter only the 6-digit number in the space provided on the portal.

Password

1. Enter your initial password.
 - If you are **County Certified**, this is the **9 digit provider number** used by the county. This is typically your **Social Security Number or Tax Identification Number (TIN)**.
 - If you are **licensed by ODJFS** or if you are an **ACA camp**, this is the **6 digit number** assigned by ODJFS.
 - If you are **licensed by ODE**, this is your **12 digit license number** assigned by ODE.
 - If you are an **Out of State Provider**, this is a **5 digit number** assigned to you by ODJFS or the county where the eligible child resides.
2. The first time you log in, you will be required to enter a new password. Write that new password down to keep for future reference. You will need your user ID and newly created password to enter the provider portal in the future.

Password Requirements

1. Passwords must be at least 6 characters long, but less than 20 characters long.
2. Passwords are case sensitive (if you use a capital letter as part of your password then you must always capitalize that letter when logging in).
3. A new password cannot be the same as the initial password or your user ID.
4. You can change your password by signing into the provider portal and selecting "Change Password" on the Home Page.

Forgotten Password

If you have forgotten your password, you can request a new password by going to the provider portal Log In Page and under the Log In button you will see forgot **User ID or Password**, by selecting "Password" link you will then be able to reset your password. You will need to enter you user ID and the primary email address that you entered in the portal. Select "Email Me A New Password" . An email will be sent to the primary email address that includes a temporary password. This temporary password will be used in the "Password" and "Current Password" fields until you create your own password. Please type the password in just as it is sent to you due to the password field being case-sensitive.

Home Page

1. After successfully entering your new password, you will be linked to the Home Page. Your program information is displayed on this page.
2. The three forms that need to be completed are found in the Data Collection Section on this page. These forms are JFS 01144 Provider Agreement for Publicly Funded Child Care Services, JFS 01150 Rate Information for Providers of Publicly Funded Child Care, and JFS 01141 Banking Information for Providers of Publicly Funded Child Care.
3. After you submit the three forms, the email address you provided will be displayed here as well. ODJFS will use this email to provide you with important information. Please make sure the email address you entered is a working email address and that you can access your email account.
4. To update your email address, select Update Primary/Secondary Email Address next to "Log Out" in the upper right corner. New primary email changes will automatically update on the Bank and Rate form.
5. Providers can enter a secondary email address for the purpose of receiving child care updates called EBlasts at more than one email address. Secondary email addresses can be added only after all 3 forms are submitted the first time.
6. View "First Time User Help" by selecting the link.

Completing the Forms – Data Collection Section
Please read through this entire section before proceeding

Helpful Hint – The first time you are submitting the forms, all three forms must be completed during one log in session. It is recommended that you print a blank copy of each form and then log out of the portal. Hand write in your information on all 3 forms and then log back into the portal and key in the required information.

Instructions

1. Select the form you wish to complete, and enter all data.
2. You must select the check box at the end of each form to confirm agreement with the statement given.
3. Select “Complete” when you are finished entering the required information.
4. You will receive an error message at this time if you have not completed all required information on the form.
5. You will need to correct any errors and select “Complete” again.
6. If you have successfully completed the form, you will be linked back to the Home Page. The button next to the form will read “Updated – Ready for Submission”.
7. All 3 forms must be fully completed in order to submit them to ODJFS.
8. You must select “Submit” to send all 3 completed forms to ODJFS the first time you are submitting the forms.
9. If this is the first time you enter information and you select “No Changes”, then all information on that form will need to be re-entered.
10. If you are updating the form and you make changes and select “No Changes”, no changes will be saved and the form will repopulate with the previously submitted information.
11. By selecting “No Changes” at the bottom of a form, you will be returned to the Home Page. Any information you entered on that form since you last submitted it will not be saved. All information will have to be re-entered. The provider portal does not save partially complete documents.
12. Once logged in, the system will time-out after 20 minutes of no activity for security reasons. You will be required to log back in. If this occurs, any information you may have entered on any of the 3 forms will not be saved and will need to be re-entered.
13. Do not use the back button on your browser (the arrow at the top of the screen) when using the portal as you will be locked out of the system for 20 minutes.

Provider Agreement Helpful Hints

1. The building name, address, city, county, state, zip and phone number will be completed for you. If any of this information is incorrect, please contact your state licensing specialist or county certification worker. You cannot change this information through the portal.
2. The license/certification number will be completed for you and will be masked except for the last 4 digits.
3. You must select one of the two check mark boxes for #16.
4. You must select one of the four check mark boxes for #23 in regards to the DMA form “Declaration Regarding Material Assistance/ Non-Assistance to a Terrorist Organization”. For more information go to http://homelandsecurity.ohio.gov/dma/dma_general_info.asp To obtain a pre-certification number go to <http://business.ohio.gov/efiling/help/dma.stm>
5. If you choose box 1 of #23 B, then you must mail a copy of your DMA form to ODJFS, Office of Families and Children, CCIDS Business Unit, P.O. Box 183163, Columbus, Ohio 43218-3163.
6. If you choose box 2 of #23 B, then you must enter your 8 digit pre-certification number issued by OBM.

7. You need to complete and submit a new Provider Agreement if there are any changes to #16 or #23 on the form, or if you are a Certified Type B provider and you become certified at a new location or had a break in service. If you are a state licensed facility and you are issued a new license number, you will receive a new user ID and will need to complete a new Provider Agreement under your new license number.

Rate Information Helpful Hints

1. The first time you complete the form, the “effective date of rates” box will populate with the date you are entering information.
2. When updating the rate form, any changes to rate information will go into effect on the first Sunday following the day changes were made. For example, if today is Wednesday, June 16 and you enter a new rate, the new rate will not be used until this Sunday, June 20 for calculating payment.
3. The name of the Child Care Provider, mailing address, city, county, state, zip and phone number will be completed for you. If any of this information is incorrect, please contact your state licensing specialist or county certification worker. You cannot change this information through the portal.
4. You must add a valid email address. If you have already completed the Bank form, the email address you entered on the Bank form will be populated for you. The last email address entered on either form is the primary email address recognized by the system.
5. The license/certification number will be completed for you and will be masked except for the last 4 digits.

Rate Form Customary Charges

Section A – Customary Rates

1. You must add rates in the form of weekly full time, weekly part time, and hourly for any age range of children you are able to serve. If you do not currently have a weekly full time, weekly part time and hourly rate for each age range you are able to serve, these rates must be established. For example, if you serve infants and the weekly full time rate is \$200.00, you cannot enter \$0.00 in the weekly part time or hourly fields if you entered a rate in the weekly full time field.
2. If you don't serve an age range of children, you must put “0.00” in each of the customary rate fields for the form to be accepted as complete. This is verification that you do not have rates for those age ranges.

Section B – Business Charges

1. If any of these charges apply to your business, you must enter that information in the spaces provided.
2. If these charges do not apply to your business, you must enter “0.00” in each of the fields for the form to be accepted as complete. This is verification that these business rates do not apply to your program.
3. The “Registration Fee” field only allows for one registration fee to be entered. If you have more than one registration fee, contact your county to provide them with this information. This fee may be reimbursed no more than twice in a twelve month period.
4. The “Amount Charged for Non-Traditional Care” is one fixed dollar amount that is charged per week. It is in addition to the customary rate.
5. The “Activity Fee” amount is a single maximum dollar amount charged per year and includes all age categories.
6. The “Absent Day” fee is charged for an absent day when a child has used allowable publicly funded absent days.
7. The “Transportation – 1 Way” and “Transportation – Round Trip” fees are the amounts charged per week by the provider for transporting a child.
8. The “Deposit” and “Advance Payment” fees are charged by a provider to reserve a child's space for care in advance of providing services.

Section C - Accreditations

1. If your business has been awarded an accreditation by any of the accrediting organizations listed, enter the accreditation expiration date.
2. If you lose your accreditation for any reason prior to the expiration date you entered, you must change the expiration date to the last day the accreditation was valid.
3. If you become accredited in the future, the rate form can be updated at that time.

Section D - SUTQ

1. If you are a star rated program, the effective date of that rating will be populated by the system.

Section A - Customary Charge Information for Certified In-Home Aides

1. If you are a Certified In-Home Aide, you must add your hourly rate.

Banking Information Helpful Hints

1. The building name, address, city, county, state, zip and phone number will be completed for you. If any of this information is incorrect, please contact your state licensing specialist or county certification worker. You cannot change this information through the portal.
2. You must enter a valid Federal Tax ID Number or Social Security Number.
3. The license/certification number will be completed for you and will be masked except for the last 4 digits.
4. You must complete the name of the bank and type of account (checking or savings).
5. You must add an account number and a routing number.
6. Checking account/routing numbers can be found on the bottom of your check for that specific account.
7. Savings account numbers can be found on your bank statement or savings account book issued by the bank. Contact your bank for their specific routing number.
8. You must select a bank type (United States Bank or Canadian Bank).
9. You must add a valid email address. If you have already completed the Rate form, the email address you entered on the Rate form will be populated for you. The last email address entered on either form is the email address recognized by the system.
10. Banking information is updated immediately upon submission. Payment will be sent to the account on file on the day the payment is created.

Checking Account Information

1. Locate the numbers on the bottom of your check. Your number sequence may be different than what appears below.
2. The routing number is always a 9-digit ending with this symbol (I:). In the example below, the routing number is 111222333.
3. The account number is the series of numbers ending with the symbol (II). If the account number includes any symbols, disregard them and just enter the numbers. In the example below, the account number is 00444555. Enter the account number exactly as it appears on your check including any zeros that are part of your account number as shown on your check. This number may be up to 17 digits long.

Date _____	
Pay to the Order of _____	\$ _____
_____ Dollars	
_____	_____
Routing Number * (9 digits) : 111222333 :	Account Number* (8 digits) 00444555

After Submitting the Forms

1. After you have successfully completed and submitted the forms, you will receive a confirmation email at the email address you provided on the forms.
2. When you make changes to the information on these forms, attempt to log in more than 5 times unsuccessfully, request a password reset or change your password, you will receive an email confirmation within approximately 1 hour from the time you submit.
3. Individual forms can be viewed, printed, or updated and re-submitted at any time after the original submission of all 3 forms. The status box next to the form name will read "Previously Submitted". After you enter new data on the form, select "Submit" at the bottom of the specific form being completed. This will send the form to ODJFS. The status box next to the form will read "Submitted".

Printing the Forms

1. After you have successfully submitted the forms the status bar will read "Submitted" or "Previously Submitted".
2. Select the form you wish to print.
3. At the bottom of the form select the "Print" button.
4. After the document prints, and you haven't made any changes to the document that require new information to be submitted to ODJFS, select "No Changes". No new information will be submitted.

Payment Detail Section

1. Payment information for ODJFS issued payments is available for the past 18 months including:
 - "Date Created" - the date ODJFS received your payment amount from the CDJFS. If a date does not appear in the "Date Created" column, then the CDJFS is still processing your payment information. Deposits are reflected in provider bank accounts within 5-7 business days (excluding weekends and holidays) after the "Date Created".
 - "Amount" – this is the reimbursement amount calculated by the CDJFS. Questions related to the calculated amount should be directed to the CDJFS.
 - "Status" – this is a code that defines where your payment is in the payment cycle

Status Code Definitions
W - Waiting to Process - payment deposited within 5-7 business days
P - Processing - payment deposited within 2-4 days
R - Rejected - Banking information error
C - Canceled – Call CCIDS Help Desk for more information
U - Unreconciled - Call CCIDS Help Desk for more information
S - Stopped - Call CCIDS Help Desk for more information
V - Voided - Call CCIDS Help Desk for more information

- “Status Date” – the date the status code was changed
- “Payment Detail Report” – if “View Report” is visible, then you can click on the words “View Report” to view the Payment Detail Report associated with that specific payment. A Payment Detail Report is available when the "Status" is no longer "W". To print the Payment Detail Report, you must use the “Print” button located at the bottom of the Payment Detail Report. Do not use the print option on your browser. After you select “Print’ a window will open allowing you to change the paper preference layout from portrait to landscape. This is necessary in order for all information to be printed.

Questions

1. Select “FAQ” at the bottom of the screen.
2. Select “First Time User Help” in the Data Collection section.
3. Contact the CCIDS Help Desk by email at CCIDS_Help_Desk@jfs.ohio.gov or by calling toll free at 1-877-302-2347. CCIDS Help Desk staff is available Monday through Friday 8:00 am to 5:00 pm.

**Make sure you log out when you are finished using the provider portal
to ensure others do not access your information!!!**