Setting Up Your Program to Register Staff for Trainings

Step 1: Get an organization account

Click on ‘Direct Care or Sponsor Organization’ under ‘Don’t have a user account?’

Fill out all required information.

Organization Registration

Please fill out the form below to register your organization. Fields marked with * are required. Use the Contact Us form if you have any questions or concerns about the organization registration process.

Primary Contact Information for Organization

First Name*: 
Last* :
Email Address*: 
Phone: 

Are you an Early Childhood/School-Age Program?

Choose “Yes” if you are a state licensed/registered child care program that requires a facility PV number OR if you are a state licensed-exempt program providing direct care and education to children.

- Yes, this organization provides direct care and education to children.
- No, this organization is not state licensed registered and does not provide direct care and education to children.
Organization Identification
You indicated that this organization provides early care and education to children. Please answer the questions on the following pages.

Are you a state licensed/registered child care program?
Your PWR number can be found on the program's state child care license or registration certificate.

- Yes
  - Provide your PWR number (required):
- No

Are you a child care program in partnership with Head Start?
If you are a child care program that partners with Head Start, select the Head Start grantee.

- Yes
  - Select your Head Start grantee (required):
- No

Are you a Head Start grantee or Head Start site?
If your organization receives Head Start funding to offer direct services to children and families, please indicate whether your organization is the grantee (primary recipient of the Head Start dollars) or a Head Start site (a site selected by the grantee to be the physical host for Head Start services).

- Yes, Please specify your organization type:
  - Head Start Grantee
  - Head Start Site
  - Select your Head Start grantee (required):
- No

Are you tribally licensed?
If your organization or business is licensed by a tribe to provide child care, please report the tribe which licenses you and the license number, if one was issued.

- Yes
  - Enter your tribal license number (optional):
  - What is the name of your tribe?
- No

Are you a program within a school district?
If your organization is an official program of a school district, we'd like to know with which school district you are affiliated.

- Yes, Please specify your organization type:
  - Preschool
  - Early Childhood Special Education
  - Preschool & Early Childhood Special Education
  - Before or After School
  - Select your school district (required):
- No

Are you a child care program in partnership with a school district?
If you are a child care program in partnership with a school district, select the school district.

- Yes
  - Select your school district (required):
- No
12/12/16

Is your program participating in the Montana Child and Adult Care Food Program (CACFP)?

Please indicate whether or not your program is participating in the Montana Child and Adult Care Food Program (CACFP). If you are a CACFP participant, please provide your CACFP ID number.
Enter your PV# here if you do not have a CACFP number.

☑ Yes

☐ No

Enter your CACFP ID number (required):

☐ Yes

☐ No

Military base:

Are you a state-licensed child care program in partnership with military child care?

If you are a state-licensed child care program in partnership with military child care, please enter the name of the military base with which you partner.

☐ Yes

Military base:

☐ No

Click Next.

Once you enter your PV# your program will be found. Click Next.

We found the following program data using the identification numbers you provided. Confirm the program(s) found are correct.

Bozeman, MT 59718
PV#: PV

Fill in information if applicable.

Training Sponsor Organization

☐ Training Sponsor Organization

Check if your organization is a sponsor of training events. This means that you will be able to apply for course approval and schedule events.

Program Accreditation:

Select the accreditations your program holds:

-- Select Accreditation -- • Add

Click Next.
Fill out the enrollment information page. Click Next.

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Contact Info</th>
<th>ID Numbers</th>
<th>Organization Type</th>
<th>Address</th>
</tr>
</thead>
</table>
| **As of July 1, 2015** | Programs must serve a minimum 10% high needs children in their programs at STAR 1, STAR 2, STAR 3, and STAR 4. STAR 5 programs must serve a minimum 15% high needs children. This percentage will be figured from the average daily attendance (ADA) or licensed capacity, whichever is less. High needs is defined as:

- Part B
- Part C
- Home Visiting programs
- Children’s Mental Health Bureau
- Children and Family Services Division
- Evidence that the child has special healthcare needs (such as food allergies, asthma, diabetes, special dietary restrictions, or extended prescribed medication, etc.)
- Infants 0-19 months of age (program must be serving this population, not just licensed for this population)
- Enrolled Tribal member
- Children of teenage parent(s)
- Children being served through Best Beginnings subsidy
- Children of migrant families
- Children who are homeless
- Other children as identified by the Early Childhood Services Bureau

Programs will be required to report the percentage of high needs children based off of ADA or licensed capacity, whichever is less. If you do not serve the age group or have high needs in a specific age group you must enter 0.

<table>
<thead>
<tr>
<th>Number of Classrooms</th>
<th>Infants (0-12 months)</th>
<th>High Needs</th>
<th>Toddlers (13-36 months)</th>
<th>High Needs</th>
<th>Preschoolers (37 months – Pre-K)</th>
<th>High Needs</th>
<th>Elementary (K-5th grade)</th>
<th>High Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
</tbody>
</table>
Confirm or change information if needed. Click Submit.

The below message will show on the page.

**Thank You For Registering Your Organization!**

You will be sent login information via email. The approval process may take up to five business days. When you receive your login information you will be able to log in and access your organization profile and if you are registering as a Training Sponsor, you will be able to apply for course approval and schedule events.

If you have any questions, or do not hear from us within five business days, please use the [Contact Us](#) form to request assistance.
Step 2: Employees set up accounts and enter employment

The best way to use this process for Online Registration is for ALL staff to become current on The Practitioner Registry. If staff are on the Registry the following steps are irrelevant, because accurate information is part of their Registry account. (See User Guide for Practitioner Registry at www.mtecp.org)

It is important that this step is done by the individual to ensure correct personal information.

If individual already has an ID and Password and knows it, skip to page 3
If individual has an ID and Password but does not remember it, click on Forgot user id or password? below.

Click here

Fill out the below information, be sure to use the last 5 of Social Security Number (SSN).

If you have a PS# and work at a state licensed or registered program the system will recognize you and your screen will look like the screen shot below with your information listed.
Fill out the information requested: Email address, select security question and security question answer.

Click Create Account and your ID and Password will be emailed to the email you provided.

If you have successfully created an account you will see the message below, check your email for your ID and Password.

Be sure to check your junk mail if the email is not in your inbox.
Go back to the home page and click on Log In. Enter in the information provided to you in the email and click Sign In.

Log into individual account. Click on the Employment tab.

Add employment information. Click Edit Employment.
Click Add Position.

Search Montana Regulated Child Care.

Enter PV# below. Click Search

Click on the name of your program.
Confirm that this is the correct program.

Position Details
You selected the following program. Confirm the selected program is correct.

Program Information
P/V#: P#8404
Effective: N/A
Name: Discovery Preschool & Childcare Ctr
Address: 510 South Ave WY, Massena, NY 13662
Missouri County
Phone: (406) 543-0679
Email: jessicahines@1cmail.com

[Buttons: Confirm, Return]
Enter Employment information and Save.

**Position Details**

**Program Information**
- **PI#:** PV92604
- **Effective:** N/A
- **Name:** Discovery Preschool & Childcare
- **Address:** 518 South Ave W, Minnassa, MT 59001
  Missoula County
- **Phone:** (406) 543-0879
- **Email:** Lafi.Coughlin@mt.gov

**Position Information**
- **Title:**
- **Hours Per Week:**
- **Months per year:**
  - [ ] This is my primary employer
- **Age of Children:**
  - [ ] Infants (0-12 months)
  - [ ] Toddlers (13-36 months)
  - [ ] Preschoolers (37 months - Pre-K)
  - [ ] Elementary (K-5th grade)
- **Start Date:**
- **End Date:**
- **Hourly wage at this position:** $5
- **Date of last wage increase:**
- **Status:** Pending

**Employment**

- [ ] No documentation entered.

[Save] [Cancel]

**NOTE:** All employees must to do this process for the organization to be able to register individuals for trainings.

Once this process has been completed, view the Organization Registering Staff User Guide for directions on how to register staff online for training.