

Employers How to Guide: Working Parents Child Care Relief

Dakota | Health & Human Services

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Part 1: Opt-in

Click the 'Opt-in today' button on the Employers webpage here: <u>https://www.hhs.nd.gov/wpccr/employers</u>

Create a North Dakota Login or Access an existing login

- For questions about your North Dakota Login see Frequently Asked Questions here: <u>https://apps.nd.gov/itd/ldap/faq.htm</u>
- For assistance with your North Dakota Login contact the service desk here: <u>https://apps.nd.gov/itd/ldap/problemreport.htm</u>

Sign in or create an account.

- 1. Sign in with your User ID and password.
 - a. If you have forgotten your password, you will need your User ID.
 - b. If you have forgotten your user ID you will need your email or cell number.

<u>North Dakota</u> login	
Sign in	
Don't have a North Dakota Login? <u>Create an account.</u>	
User ID	
<u>Forgot user ID?</u>	
Password	
	0
Forgot password?	
Sign In	
<u>Update your account.</u>	

2. If able to sign in, skip to "Part 2: Create a WPCCR Working Parent account" of this guide.

To create a Username and password.

1. Click 'Create an account'.





- 2. Complete the information requested.
- 3. Enter the activation code that was sent via email or text message and Click 'Confirm'.

	<u>North Dakota</u> login
Cor	nfirm your account
An acti from de your ju	vation code has been sent to gftestytester@gmail.com onotreply@nd.gov. If you do not receive this email, check nk mail and/or verify it hasn't been blocked.
Enter a	ctivation code
Enter ac	tivation code is required.
	Confirm
	Resend codes

- 4. Then click 'Return to online service'.
- 5. Sign in and continue to "Part 2: Create a WPCCR Employer account" of this guide.



Part 2: Create a WPCCR Employer account

1. Once signed in, create your Employer account. Choose Employer from the dropdown menu.

HHS Early Childhood	Home	Joseph Doe -
Working Parents Child Care Relief (WPCCR)		
WPCCR		
Working Parents must have WPCCR Employer Code to proceed		
Tell us who you are. *		
· · · · · · · · · · · · · · · · · · ·		
Employer Working Parent		
Next		

2. Complete the Employer Details. Click 'Submit'.

Details	Address
WPCCR Employer Code	Street 1 *
Business Name *	Street 2
Employer Type *	City *
	State *
Contact Person	
Name *	ΣΙΑ *
E-mail *	
Phone # *	
(###) ###-####	
Submit Cancel	



3. Scroll down to the bottom of the Employer Details page to add all ND Locations.

Working Parents Child Care Relief (WPCCR)					
Employer Dash	Employer Dashboard				
Employer Details	Opt-in Agreement				
General Information					
WPCCR Employ	ver Code	Street 1	Edit Employer		
_***		Test Street Address			
Business Name		Street 2			
Test Employer A	ccount	—			

4. Click 'Add Location'.

Locations in ND (requir Once all ND locations a	<mark>ed to opt in)</mark> are added, open the Opt-in Ag	reement tab at the top of th	e page to continue. Add Locati	on
Location ID	Street 1	City 🕇	ZIP Code	
There are no records to	display.			

5. Enter your location details and click 'Submit'.

	^
Street 1 *	
Street 2	
City *	
State *	
ND ×	
ZIP Code *	
Submit	
NOPTH	

Be Legendary.

6. If a location needs to be edited, use the drop-down caret to the right of the location.

ations in ND <mark>(require</mark> ce all ND locations ar	<mark>d to opt in)</mark> e added, open the Opt-in Ag	reement tab at the top of th	ne page to continue.	Add Location
Location ID	Street 1	City 🕇	ZIP Code	
LOC-0001027	Main St	Fargo	55555	
				 View detail: Edit Delete

7. Once all ND locations are added, open the 'Opt-in Agreement' tab at the top of the page to complete opt in process.

Working Pa	arents Child Care Relief (WPCCR)
Employer Dashl	board
Employer Details	Opt-in Agreement

8. Continue to 'Part 3: Submit an Opt-in Agreement' below.



Part 3: Submit an Opt-in Agreement

1. Click the 'Opt-in-Agreement' Tab. Then click 'Complete Opt-in'.

Working Parents Child Care Relief (WPCCR)				
Employer Dashboard				
Employer Details	Opt-in Agreement			
				Complete Opt-in
Agreement ID	Statu	Submitted By	Submitted On 🗸	
There are no r	ecords to display.			

2. Complete the Opt-in Agreement. (Locations are auto populated. If a change is needed to a location, cancel the agreement, and make the changes on your Employer Details tab.)

Opt-in Agreement Locations # of Employees * Where do your employees work? *	Complete Op	pt-in Agreement	
Locations # of Employees * Where do your employees work? *	Opt-	-in Agreement	
# of Employees *	Lo	ocations	
# of Employees *			
# of Employees *			
# of Employees *			11
Where do your employees work? *	# (of Employees *	
Where do your employees work? *			
	W	/here do your employees work? *	
~			~
The WPCCR program makes a state match available to eligible parents, contingent on your monthly verification of paid child care benefit. Please select the state match level for which you are opting in for your eligible parents to receive. *	Th co sei pa	he WPCCR program makes a state match available to eligible parents, ontingent on your monthly verification of paid child care benefit. Please elect the state match level for which you are opting in for your eligible arents to receive. *	
~			~
How did you hear about WPCCR?	Но	ow did you hear about WPCCR?	



3. Complete the Attestation.

We would like to opt in to participate in the ND Working Parents Child Care Relief program for the length of the program. *
By opting into the Working Parents Child Care Relief program, we agree to
offer a paid child care benefit that is equal to or greater than the opt in leve selected. *
We will upload the monthly verification of paid child care benefit in order for
our employees to receive the state match that we selected above. *
If a participating employee is no longer working for us, we agree to inform the Working Parents Child Care Relief program. *

4. Digitally sign the Opt-in Agreement. Then click 'Submit'.

Signature	
Full name of person submitting the application *	
Role (Ex. President, CEO, HR Specialist) *	
Submit	



5. The agreement was successfully submitted if you receive the following message:



6. The status of the application can be viewed at any time in your Employer account under the Opt-in Agreement tab.

Working Pa	Vorking Parents Child Care Relief (WPCCR)						
Employer Dash	board						
Employer Details	Opt-in Agreement			Con	nplete Opt-in		
Agreement ID	Sta	tus	Submitted By	Submitted On 🗸			
AP-0001033	Sul	omitted	EC Team	6/27/2023 2:27 PM	~		

- 7. Please watch for follow up emails from <u>NDwpccr.info@nd.gov</u>
- 8. Once the Opt-in Agreement has been approved, an email will be sent that will include your 'WPCCR Employer Code' along with useful information to provide to your employees. Working Parents will not be able to submit the application for the state match without this code. See parent eligibility guidelines here: https://www.hhs.nd.gov/wpccr/parents
- 9. Reminder to return to your WPCCR Employer account to upload the Monthly Verification of paid child care benefit. (Instructions below)



Part 4. Upload Monthly Verification of paid child care benefit.

- 1. Log into your WPCCR Employer dashboard. <u>https://www.hhs.nd.gov/wpccr/employers</u>
- 2. Click on the 'Monthly Verifications' tab.



- 3. The monthly verification has been created for the previous month ending on the first day of the following month.
 - a. Verification must be uploaded by the 7th of the month (following the month it was paid to your employees) for the working parent to receive the match from HHS.
 - b. For example, if you have paid a benefit for the month of March, you must upload verification by April 7 for your employees to receive the state match for the month of March.
- 4. Click the box to the right and select 'Edit'.

Working Parents Child Care Relief (WPCCR)						
Employer Dash	board					
Employer Details	Opt-in Agreement	Monthly Verifications	Working Parents			
Verification ID	Benefit Mo ↓	nth Ending Status	Submitted By	Submitted On		
MV-0001009	4/30/2023	New			View details	
					🗹 Edit	



5. Here you will see your eligible employees/working parents for the previous month. Click the 'downward caret' to the right of each employee.

Мо	onthly l	Benefit	Verificat	ion			
Ve	erification	ID		Benef	it Month En	ding *	
Μ	V-0001011			6/30/2	2023		
Er	nployees						
V P 1	Vorking Parent ID	First Name (Working Parent ID)	Last Name (Working Parent ID)	# of Eligible Children	Max Benefit	Total Benefit Paid	
V O	VP- 0001015	Sammy	Sosa	1	\$150.00		~
V 0	WP- 0001016	Disney	Princess	2	\$300.00		~
	Click 'Add	d Document'	to upload Pro	of of Benefit	t Payment.		

Note: Shown above, the benefit month ending is 6/30/2023, so you will enter the amount you paid to your employee in May 2023.

- 6. Enter the employer provided benefit that was paid to each employee.
 - a. Reminder: Employer is required to pay the match level that was selected in the employer opt-in agreement.

Edit Monthly Benefit Verification	
	×
MV- Working Parent ID Emp WP-0001002	
First Name Pat EC ↑	
Last Name WP Team 000	
WF # of Eligible Children 000 1 WF Total Benefit Paid *	▼
WP 000	~
Submit	

7. Repeat the above steps for all employees.



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8. Scroll to the bottom and click 'Add document'. Upload your HR/payroll verification showing the employer provided benefit that was paid to your employee(s). More than one document can be uploaded if needed.

	Click 'Add Document' to upload Proof of Benefit Payment.
	Add Document
Sub	mit

- 9. Click 'Submit'.
- 10. The verification is now submitted. It can be edited until the status changes to "In Review".

Employer Details	Opt-in Agreement	Monthly Verifications	Working Parents			
Verification ID	Benefit Month Ending		Submitted By	Submitted On		
MV-0001009	4/30/2023	Submitted		4/21/2023 5:12 PM	~	

- 11. Upon verification of employer-led child care benefit, HHS will send the WPCCR state match directly to the qualifying working parent.
- 12. Employer verification must be uploaded by the 7th of each month for the working parent to receive the match from HHS by repeating the steps in Part 4 of this document.

If you have any questions, please contact our office by email at <u>NDwpccr.info@nd.gov</u> or call 701-298-4972 press2; 711 (TTY).

