

Getting Started with CAFÉ

Step 1. Go to this webpage to apply online through CAFÉ – <https://cafe-cp.dcfslouisiana.gov/providerservice/>

NOTE: You must access this site using Internet Explorer or Firefox Browser

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
DEPARTMENT OF EDUCATION
STATE OF LOUISIANA

CAFÉ

Louisiana CAFÉ Provider Portal

Louisiana.gov > Department of Children and Family Services >
Louisiana.gov > Department of Education >



▶ Tracking of Time Services (TOTS)

TOTS for Providers is the electronic time and attendance process that LDE uses to keep track of the time children spend in care with child care providers. TOTS gives child care providers with internet access the ability to view their authorizations and the attendance reports for their authorized children online.

▶ Important Information for Providers

Child Care
The Child Care Assistance Program (CCAP) helps low-income families to pay for child care while working or attending school or training. Parents may select any Type III early learning center, before and after school child care center, military child care center, registered Family Child Care Provider or In-Home provider that has been certified for CCAP by the Louisiana Department of Education (LDE) CCAP Provider Certification. After signing into LA CAFÉ, you will be able to complete an application to become a CCAP provider.

Foster Care
Foster care is a protective service for children and their parents who must live apart because of child abuse, neglect or special family circumstances requiring the need for out-of-home care. Foster care is intended to provide temporary/short-term care for a child. The goal of the foster care program is to maintain the child in a safe and nurturing environment, which is supportive of his development while assisting his parents in resuming responsibility and custody or until an alternative permanent placement for the child is found. The first goal of foster care is to reunite the child with his or her biological family.

Adoptive Parents
Adoption is the method provided by law to establish the legal and social relationship of parents and children between persons who are not related by birth with the mutual rights and obligations that exist between children and their birth parents. Adoption is one of the case plan goals of the Foster Care system within the Office of Community Services.

LDE/DCFS Licensing
LDE/DCFS Licensing is the evaluation and certification process which ensures that any place or facility operated by any institution, society, agency, corporation, person or persons, or any other group for the purpose of providing care, supervision, and guidance of children meets the standards set forth by LDE/DCFS.

🔒 **Provider Sign In**

Sign in using your LA CAFÉ account

User ID:

Password:

[Forgot Password?](#)
[Forgot User ID?](#)
[Need help logging in?](#)

LOGIN

▶ About LA Café Provider Portal

Get Started

If you don't have an account already, click here to get started!

▶ Internal Revenue Service

[Click here to go to IRS](#)

▶ Child Care Provider Help Line

If you need help using TOTS, please contact the Provider Help Line at 1-888-281-0326

For links to other state and local services, click [here](#)

Signing In – Existing Providers

Step 1. Existing providers that have an existing profile may input their current User ID and password. This is only used for providers that have already created an existing profile in the CAFÉ portal.

NOTE: If you do not have an account, proceed to the CREATING A NEW ACCOUNT section.

Step 2. The provider should refer to ‘forgot password’, ‘Forgot User ID’ or ‘need help logging in’ if they need assistance recalling existing account information.

Step 3. Once you have logged in, go to the directions on page 3 - [Completing an Application](#).

How to link your EXISTING TIPS account to your profile

Step 1. Click on either the [[Provider Profile](#)] link or button

The screenshot displays the Louisiana CAFE Provider Portal interface. At the top, it identifies the user as 'Logged In as Millie' with a 'Logout' link. The main navigation bar includes 'MyAccount', 'Print', 'Help', and 'FAQ'. A sidebar on the left lists various account management options, with a red arrow pointing to 'Provider Profile'. The main content area features a grid of tiles for different services, with another red arrow pointing to the 'Provider Profile' tile. The 'Provider Profile' tile description reads: 'View your payments or submit an Emergency Preparedness Plan.'

Child Care Assistance Program
Provider Instructions for Applying Online Using CAFE

Type III Early Learning Center, School Child Care, or Military Providers

Step 1. Select [CCAP – I provide care as part of a school, or military base, or in an early learning center]

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Louisiana CAFE Provider Portal

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MyAccount

Print Help FAQ

MyAccount

- MyAccount Home
- My Applications
- My Renewals and Mid-Points
- Provider Profile
- Notifications
- Report Changes
- DCFS Placement Providers
- Vendors
- Manage My Account
- Logout

Select Profile

Below are all of the accounts to which you are currently linked. To view specific information regarding one of your accounts, select the "View Details" link next to the account that you wish to view. You can also unlink yourself from an account by selecting the "Remove" button next to the account that you would like to unlink from your accounts.

Provider TIPS/License #	Type	View Details	Remove
You have not linked to any accounts yet. To link to an account select the account type you wish to link to below and click "Add Account"			

If you would like to add an account, select the account type below and click the add button.

DCFS Account Type:

- Foster/Adoptive Parent
- Residential Provider
- TFC/Private Foster Care Agency
- Non-Certified Relative Caregiver
- Vendor
- DCFS Licensing (Child Residential Facility, Maternity Home, Juvenile Detention Center)

LDE Account Type:

- CCAP - I provide care as a Family Child Care provider (six or fewer children) or I provide care in a child's home
- CCAP - I provide care as part of a school, on a military base, or in an early learning center
- LDE Licensing (Child Day Care)

+ Add Account

Back to MyAccount

Type III Early Learning Center, School Child Care, or Military Providers

Step 2. In the area where the red arrow is indicated please enter your license number, Unique ID, DOB. Then enter your TIPS Provider number, Bank Routing Number, and Bank Account Number then select [Next]

STATE OF LOUISIANA

CAFE

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Louisiana.gov > Department of Education >

MyAccount

Print Help FAQ

Add Provider ID

In order to view your existing Provider account information, you need to provide some information to identify yourself with your existing accounts.

Please check this box if you are attempting to access a CCAP Type III account.

Please enter your License Number along with your Social Security Number and Date of Birth to help retrieve your Provider account information.

- Enter your License Number:
- Unique ID (Please make note of this Unique ID.): - -
- Date of Birth: Ex: mm/dd/yyyy

Please enter your TIPS Provider Number along with the Routing Number and Account Number that you use to receive payments to help retrieve your Provider Account information

- Enter your TIPS Provider number:
- Bank Routing Number:
- Bank Account Number:

Previous Next

Step 3. If you have successfully linked your account, you will receive the screen below. Click [Next]

Louisiana CAFE Provider Portal

Logged In as Millie | Logout

Louisiana.gov > Department of Children and Family Services >
Louisiana.gov > Department of Education >

MyAccount

Print Help FAQ

Add Provider ID

You have successfully linked your CAFE account to your Provider account.

You may click the "Next" button to view your Provider account information.

Next

Step 4. This will be the screen you see after proceeding forward.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
DEPARTMENT OF EDUCATION
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Louisiana CAFE Provider Portal Logged In as Shirley | [Logout](#)

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Louisiana.gov > Department of Education >

MyAccount Print Help FAQ

MyAccount

- [MyAccount Home](#)
- [My Applications](#)
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- [Mid-R](#)
- [Provider Profile](#)**
- [Notifications](#)
- [Report Changes](#)
- [DCFS Placement](#)
- [Providers](#)
- [Vendors](#)
- [Manage My Account](#)
- [Logout](#)

Select Profile

Below are all of the accounts to which you are currently linked. To view specific information regarding one of your accounts, select the "View Details" link next to the account that you wish to view. You can also unlink yourself from an account by selecting the "Remove" button next to the account that you would like to unlink from your accounts.

Provider TIP#/License #	Type	View Details	Remove
020028105	CCAP Provider	View Details	Remove

If you would like to add an account, select the account type below and click the add button.

DCFS Account Type:

- Foster/Adoptive Parent
- Residential Provider
- TFC/Private Foster Care Agency
- Non-Certified Relative Caregiver
- Vendor
- DCFS Licensing (Child Residential Facility, Maternity Home, Juvenile Detention Center)

LDE Account Type:

- CCAP - I provide care as a Family Child Care provider (six or fewer children) or I provide care in a child's home
- CCAP - I provide care as part of a school, on a military base, or in an early learning center
- LDE Licensing (Child Day Care)

+ Add Account

Back to MyAccount

Family Child Care, and In-home Providers

Step 1. Select [CCAP – I provide care as Family Child Care (six or fewer children) or I provide care in a child’s home]

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MyAccount Print Help FAQ

MyAccount

- MyAccount Home
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- Logout

Select Profile

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Provider TIPS/License #	Type	View Details	Remove
You have not linked to any accounts yet. To link to an account select the account type you wish to link to below and click "Add Account"			

If you would like to add an account, select the account type below and click the add button.

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+ Add Account

Back to MyAccount

Family Child Care, and In-home Providers

Step 2. In the area where the red arrow is indicated please enter your TIPS Provider number and your SSN, and then select **[Next]**

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MyAccount Print Help FAQ

Add Provider ID

In order to view your existing Provider account information, you need to provide some information to identify yourself with your existing accounts.

Please enter your TIPS Number along with the Social Security Number associated with the account to help retrieve your Provider Account information

- Enter your TIPS Provider number:
- Social Security Number: - -

Previous Next

Step 3. If you have successfully linked your account, you will receive the screen below. Click **[Next]**

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MyAccount Print Help FAQ

Add Provider ID

You have successfully linked your CAFÉ account to your Provider account.

You may click the "Next" button to view your Provider account information.

Next

Step 4. This will be the screen you see after proceeding forward.

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DEPARTMENT OF EDUCATION
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Louisiana CAFE Provider Portal Logged in as Shirley | [Logout](#)

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MyAccount Print Help FAQ

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+ Add Account

[Back to MyAccount](#)

Signing In –Creating a NEW Account

To create a new CAFÉ account, click the “Getting Started” option.

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Louisiana CAFÉ Provider Portal

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Provider Sign In
Sign in using your LA CAFÉ account

User ID:

Password:

[Forgot Password?](#)
[Forgot User ID?](#)
[Need help logging in?](#)

LOGIN

Tracking of Time Services (TOTS)
TOTS for... at LDE uses to... TOTS gives...
Keep tr... child ca...
and the... rizations

Important Information for Providers

Child Care
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Adoptive Parents
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LDE/DCFS Licensing
LDE/DCFS Licensing is the evaluation and certification process which ensures that any place or facility operated by any institution, society, agency, corporation, person or persons, or any other group for the purpose of providing care, supervision, and guidance of children meets the standards set forth by LDE/DCFS.

About LA Café Provider Portal

Get Started
If you don't have an account already, click here to get started!

Internal Revenue Service
Click here to go to IRS

Child Care Provider Help Line
If you need help using TOTS, please contact the Provider Help Line at 1-888-281-0326

For links to other state and local services, click here

If you are getting started and need a NEW account click the link in this area.

STEP 1. Your Personal Information – Please enter you First Name and Last Name at a minimum. You must complete all fields labeled with an asterisk (*).

STEP 2. User ID, Password, and PIN – Create a User ID, Password (must enter twice) and a 6 digit PIN and enter that information. **You MUST retain this account information. It will be needed to log in to your CAFÉ account and sign applications in the future.**

Step 1. Enter Your Personal Information

Step 2. Create User ID, Password, and PIN

Note – Keep your account information for future use.

NOTE – You are required by CCAP regulation to enter an email address and choose how you wish to receive reminders in relation to your application.

Step 3. **Security Check** – Enter the numbers and/or letters as they appear. This is a part of the security of the application.

Step 4. **User Acceptance Agreement** – Click the box below as indicated. This box indicates that you have read and agreed to the CAFE LDE Customer Portal Account User Agreement.

Once you have completed all of these steps, select “Create Account.” This will take you to the “Security Questions and Answers” page.

The screenshot shows the 'Step 3: Security Check' and 'Step 4: User Acceptance Agreement' sections of the CAFE LDE Customer Portal. Step 3 features a security image with the characters 'R₃ TQVF' and a 'Try Another' button. Step 4 shows the 'CAFÉ Provider Portal Account User Agreement' with a 'Please check the box to let us know that you have read and agreed to Louisiana's User Acceptance Agreement above.' checkbox. At the bottom, there are 'Previous' and 'Create Account' buttons. Callouts provide instructions: 'Step 3. Security Check' points to the security image; 'Step 4. User Acceptance Agreement' points to the checkbox; a yellow callout points to the input field for Step 3 with the text 'Enter the numbers and/or letters here that appears in this box on your screen (not as in this document).'; and another callout points to the 'Create Account' button with the text 'Next, click here to agree to create your account'. A fourth callout points to the 'Please check the box...' text with the text 'Click here to agree to the terms.'

Setup Your Security Questions and Answers - You must answer ALL of the security questions before continuing. Once all questions have been answered, select the "Submit" button to continue. You will then be taken to the "My Account" homepage.

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Print Help FAQ

Update Your Security Questions and Answers

In the event that you forget your password, you can recover your password by answering questions known only to you.

To protect your privacy, we are not displaying the answers you provided before. To update your security questions and answers, please provide an answer for each of the questions below. Because the answers to these questions can be used to access your account, be sure to supply answers that are not easy for others to guess or discover.

You must provide an answer for every question. **Please keep in mind that you must provide a different answer for each question.** If you forget your password, you will need to supply answers to at least 3 of these questions to reset your password.

Once you have answered each question, click on the "Submit" button at the bottom of the page. Please note that you will need to provide answers to ALL questions before you can continue.

If you do not want to update your security questions and answers at this time, click on the "Back to My Account Button" to return to the previous screen.

- What is your mothers birth date? (ex. 07/26/1954)
- What are the last four numbers of your drivers license/ID card number?
- What is the name of your favorite childhood friend?
- What is the first name of your maternal grandmother?
- What city were you born in?
- What is your natural hair color?
- What are the last four digits of your phone number?

Back to MyAccount Submit

Enter answers to all questions.

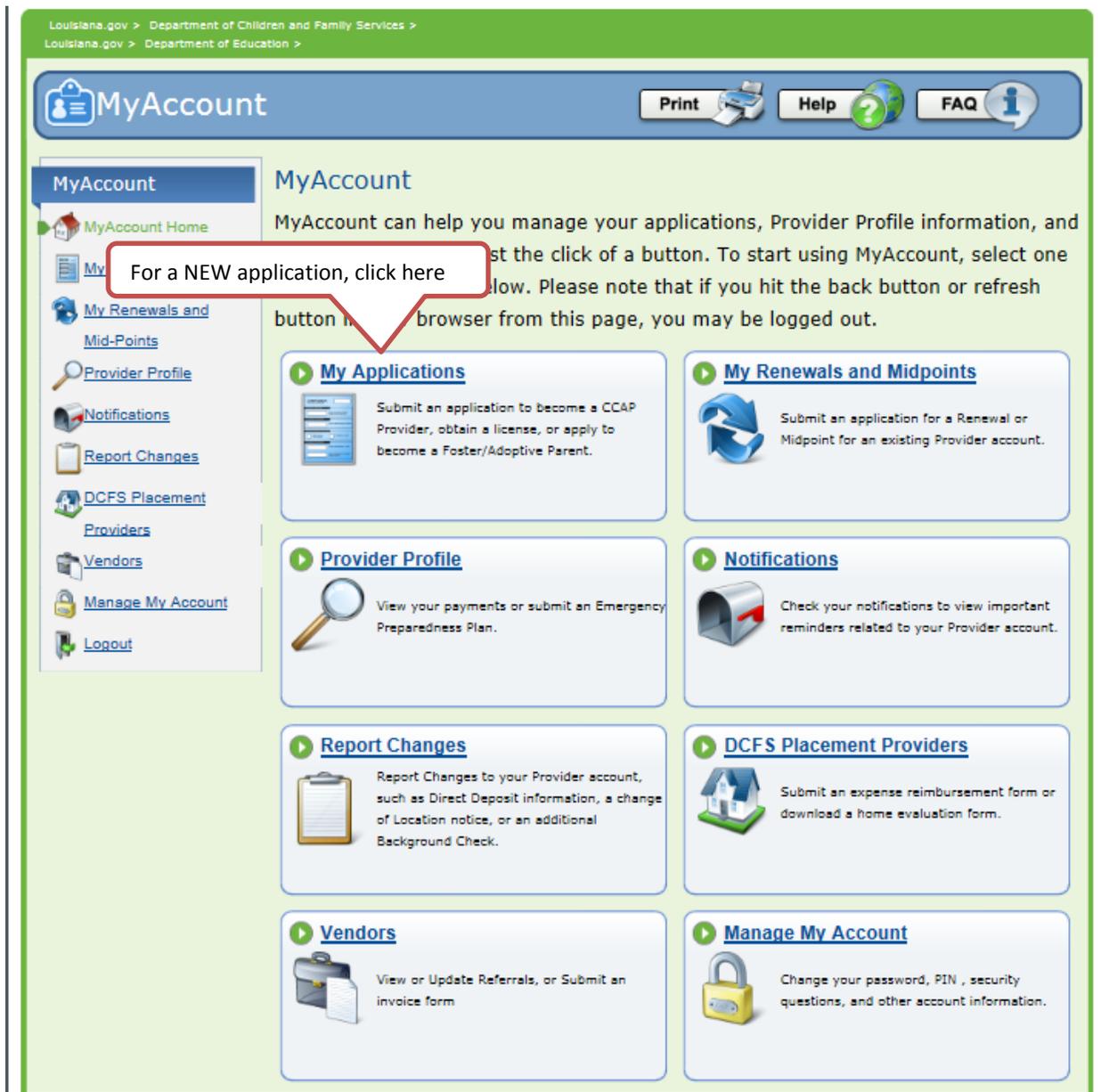
NOTE: If you need to reset your password in the future, you will be asked to answer (3) security questions.

Next, click Submit

Completing a NEW Application

Once you have successfully logged in or created a new account, the “My Accounts” page is displayed as shown below. **Note: Renewals and midpoints cannot be entered more than 40 days prior to your renewal or midpoint effective date.**

1. Select “My Applications” to start a new application. You may also view any previously submitted applications and incomplete applications here too.
2. ALL fields with an asterisk (*) are mandatory and must be completed.
3. **PLEASE NOTE: PROVIDERS THAT NEED TO SUBMIT RENEWALS/MIDPOINTS SHOULD SELECT “MY RENEWALS AND MIDPOINTS”.**



Step 1. Providers should select “Apply Now” to begin the application process.

Step 2. If you wish to finish an incomplete application, please select “Incomplete Applications”

Step 3. To view previously submitted applications and their status, please select “Submitted Applications”

The screenshot shows the Louisiana CAFE CCAP Customer Portal interface. At the top, it says "DEPARTMENT OF EDUCATION STATE OF LOUISIANA" and "CAFÉ". Below that, it says "Louisiana CAFE CCAP Customer Portal" and "Language Selection: En Español | Tiếng Việt Logged in as Millie | Logout".

The main content area is divided into three sections:

- Submit an Application for Benefits/Services:** This section contains a link: "Click here or on the 'Apply Now' button to submit an application for the Child Care Assistance Program (CCAP)." and a large green "Apply Now" button with a checkmark. A red arrow points to this button.
- Incomplete Applications (Applications you have started but not yet submitted):** This section contains a warning: "Please keep in mind, you have 30 days to complete and submit your application. If your application is not submitted within 30 days, it will be deleted and you will need to start a new application." Below this is a table with columns: Application #, Start Date, Programs, Submit By, and Actions. The table content says "You do not have any incomplete applications." A red arrow points to the "Check My" link in the left sidebar.
- Submitted Applications (Applications you have submitted in the past 3 years):** This section contains a table with columns: Application #, Submit Date, Programs, Full Summary, Short Summary, and Status. The table content says "You do not have any applications submitted in the past 3 years." A red arrow points to the "Submitted Applications" link in the left sidebar.

At the bottom of the page, there are two buttons: "Back to MyAccount" and "Apply Now".

If no application opens, then ensure you have the latest version of Adobe Acrobat Reader installed. You can download the ADOBE READER software by clicking on the Adobe Reader button or PDF reader link at the bottom of the website page

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Louisiana CAFE CCAP Customer Portal

Language Selection: [En Español](#) | [Tiếng Việt](#) Logged in as Millie | [Logout](#)

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MyAccount Print Help FAQ

MyAccount

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Submit an Application for Benefits/Services

[Click here or on the "Apply Now" button to submit an application for the Child Care Assistance Program \(CCAP\).](#)

Apply Now

Incomplete Applications (Applications you have started but not yet submitted)

If you have started an application but have not yet submitted it, a "Continue" link will be displayed below. You can click on that link to return to your application.

Please keep in mind, you have 30 days to complete and submit your application. If your application is not submitted within 30 days, it will be deleted and you will need to start a new application.

Application #	Start Date	Programs	Submit By	Actions
You do not have any incomplete applications.				

Submitted Applications (Applications you have submitted in the past 3 years)

The table below displays applications you have submitted within the past 3 years. You can check the status of your application if it was submitted in the past 60 days.

You can also view a full summary or a short summary of your application by clicking on the links in the table below.

Application #	Submit Date	Programs	Full Summary	Short Summary	Status
You do not have any applications submitted in the past 3 years.					

Keep in mind that you'll need to have a program called Adobe Acrobat Reader to see and print the summaries. If you don't have this program on your computer, you may install it for free by clicking on the button below:

[Get Adobe Reader](#)

[Back to MyAccount](#) [Apply Now](#)

CONTACT US: 1201 N. Third Street | Baton Rouge, LA 70802-5243 | [View Map](#)

Report Child Abuse: 1-855-4LA-KIDS (1-855-452-5437) toll-free, 24 hours a day, seven days a week

LDE Call Center: Toll Free 1.877.453.2731

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Step 1. When you select the Adobe Reader button you will see the page below display.

Step: 1 of 3

Adobe Acrobat Reader DC

Version 2015.010.20060
[System requirements](#)

Your system:
Windows 7, English
[Do you have a different language or operating system?](#)

[Are you an IT manager or OEM?](#)

Optional offers

- Yes, install **Google Chrome**.
- Make Chrome my default browser
[Learn more](#)
- Yes, install **Google Toolbar for Internet Explorer**.
[Learn more](#)

[Google](#) [Adobe](#)

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Note: Your antivirus software must allow you to install software.

Install now
Total size: 129.72 MB

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Child Care Assistance Program
Provider Instructions for Applying Online Using CAFE

Step 1. Click the link under Child Care Assistance Program (CCAP) Providers to submit application.

The screenshot shows the 'MyAccount' portal interface. At the top, there are links for 'Print', 'Help', and 'FAQ'. A left-hand navigation menu includes: MyAccount Home, My Applications, My Renewals and Mid-Points, Provider Profile, Notifications, Report Changes, DCFS Placement Providers, Vendors, Manage My Account, and Logout. The main content area is divided into four sections:

- DCFS Licensing Application**: New Application. Child Care Providers who wish to obtain a License to operate Child Residential Facility, Child Placing Agency, Maternity Home, or Juvenile Detention Facility must complete the application below to submit to DCFS. Once completed, the application can be electronically submitted via the Provider Portal. [Click here to complete a DCFS Licensing Application](#)
- LDE Licensing application**: New Application. Child Care Providers who wish to obtain a License to operate a Child Care facility must complete the application below to submit to LDE. Once completed, the application can be electronically submitted via the Provider Portal. [Click here to complete an LDE Licensing Application](#). *Please remember the Unique Identifier Number that you entered on your application will be needed in future interactions with the Louisiana Department of Education.
- Child Care Assistance Program (CCAP) Providers**: New Application. Child Care Providers who wish to obtain a License to operate a Child Care facility must complete the application below to submit to LDE. Once completed, the application can be electronically submitted via the Provider Portal. [Click here to complete a CCAP Certification Application](#). A red callout box points to this link with the text: 'Click here to submit a CCAP Providers Certification application'.
- Foster/Adoptive Applications**: New Application. Those who wish to apply as an Adoptive/Foster Care Parent must choose the specific form/application below to submit to DCFS. Once completed, the application can be electronically submitted via the Provider Portal. [HDU 411 - Intake Information Form](#): Complete this inquiry/intake form if you would like additional information about becoming a Foster/Adoptive Parent. [HDU 15 - Foster/Adoptive Parent Application](#): Complete this application if you have begun training classes to become a Foster/Adoptive Parent and would like to formally apply to become a Foster/Adoptive Parent. Keep in mind that you'll need to have a program called Adobe Acrobat Reader to start and submit forms for the links above. If you don't have this program on your computer, you may install it for free by clicking on the button below:

Complete Application – Early Learning Center, School, Military

This is one of the most essential parts of the process for you providers, complete each section accurately and thoroughly. Be mindful to **READ** each area. Incorrect or inaccurate information could cause additional delays or possible rejection.

Step 1. A PDF application will open in CAFÉ.

Step 2. Make the correct selections on the PDF form.

Apply to be a CCAP Provider

Provider Type Selection

*Are you buying a currently open CCAP facility (change in ownership)? Yes No

*Please select the option that describes the type of care you wish to provide:

I will be providing care in an early learning center that is licensed by LDE and can receive federal funding

I will be providing care as part of a school child care center

I will be providing care in a facility that is licensed by the Department of Defense

I will be providing care for six or fewer children as a family child care Provider

I will be providing care to one or more children in the home of the children

Complete all areas with a red asterisk (*). Also making sure to carefully read all areas.

Select the option that applies to you provider type.

Application Start

Provider Information

The Taxpayer ID field should be completed with your Employer Identification Number (EIN) issued by the Internal Revenue Service (IRS). If you do not have an EIN, do not complete the Taxpayer ID field. You may use your Social Security Number which must be entered into the Provider SSN field.

Your Taxpayer Name field should be completed with the name of the center or provider which is on file with the IRS.

Your Tax ID and Taxpayer Name should match what has been reported to the Internal Revenue Service.

Failure to provide the above information may result in a 28% reduction from your payments.

*Taxpayer Name

Tax ID

*Facility/Business Name

*Organization Code

*Provider SSN

*Home Telephone # Cell Phone #

*Business Phone # Fax #

Enter taxpayer information

Enter provider's information

Complete all areas with a red asterisk (*). Also making sure to carefully read all areas.

Child Care Assistance Program
Provider Instructions for Applying Online Using CAFE

Step 1. Enter your email and both your physical and mailing address.

The form is divided into two main sections: Physical Address and Mailing Address. The Physical Address section includes fields for Primary Email Address, Secondary Email Address, Street Address, Address 1, Address 2, City, State (pre-filled with Louisiana), Zip Code, and Parish. The Mailing Address section includes a checkbox for 'Check if mailing address is the same as the street address' and corresponding fields for Address 1, Address 2, City, State (pre-filled with Louisiana), and Zip Code. Red callout boxes with arrows point to the Primary Email Address field and the Address 1 field, with text boxes containing 'Enter email address' and 'Enter physical and mailing address' respectively.

Enter email address

*Primary Email Address Secondary Email Address

Enter physical and mailing address

Street Address

*Address 1

Address 2

*City *State *Zip Code

*Parish

Mailing Address

Check if mailing address is the same as the street address

Address 1

Address 2

City State Zip Code

Owner and Director

Note: This page requires that both the director and all owners be listed.

Owners and Directors					
Owners/Directors Information					
Please list the required information for all owners and/or directors of your facility in the table below.					
Add/Remove Person	*Role	*First Name	Middle	*Last	*Social Security Number
<input type="button" value="Add"/> <input type="button" value="Remove"/>	Owner				

Complete all areas with a red asterisk (*). Also making sure to carefully read all areas.

Early Learning centers, Military, and Schools Application Letter

Step 1. PLEASE CAREFULLY READ THE APPLICATION LETTER **BEFORE** COMPLETING THE APPLICATION.

Type III Provider Application Letter	
Application Letter	<p>PLEASE READ CAREFULLY BEFORE COMPLETING APPLICATION</p> <p>To receive payments from the Child Care Assistance Program (CCAP) for providing child care, you must be a licensed Type III Early Learning center as determined by the Louisiana Department of Education (LDE) and certified as a CCAP eligible provider.</p> <p>Your CAFÉ application and all forms must be completed with accurate information. Failure to provide truthful information may result in termination of your eligibility as a CCAP provider. You must complete all forms and sign them using the name in which your business is listed with the Internal Revenue Service.</p> <p>LDE uses an electronic time and attendance process called Tracking of Time Services (TOTS) which automatically transmits to LDE the times of arrival and departure of each eligible child in your care. You must participate in TOTS to receive payments from LDE for child care services provided. Parents or caretakers, and persons they designate as Household Designees (HD), are responsible for checking children in and out of care each time care begins and ends. An owner of a center cannot be a Household Designee for a child in their center. An employee of the center cannot be a Household Designee for a child in the center other than their own children. LDE will NOT PAY for any time that the child was in care when the child was not properly checked in and out of care or on or off of an approved child care vehicle except in circumstances such as equipment failure that was timely reported. Any invoice or request for manual payment of attendance not tracked through TOTS must be accompanied by the attendance log(s).</p> <p>The following information must be submitted to Provider Certification at the address below or uploaded into CAFÉ.</p> <ol style="list-style-type: none"> 1. Verification of identity (government issued picture ID such as a driver's license). 2. Copy of Social Security card for all owners and directors. 3. Form W-9 with Taxpayer Identification Number and Certification. 4. Verification of rates charged for care such as a notice to parents, newsletter, bulletin or memo to parents. 5. A voided check from the checking account into which payments are to be deposited OR a statement from your facility's which financial institution showing the account number and routing number of the savings account into

Step 2. Once you have carefully read the application letter, check the box acknowledging you agree.

<p>Provider must have access to email or electronic communication and provide such email address to the Department, and keep this information current, as the Department will now be communicating information to providers by this medium.</p> <p>For information about case status, certification/registration and licensing requirements, and maximum daily rates, you may call 1-877-453-2721. You may also e-mail earlychildhood@la.gov if you have any questions or need assistance in obtaining the information listed above or to report any changes.</p> <p>CCAP Provider Certification P.O. Box 2510 Baton Rouge, LA 70821 FAX: (225) 342-4180</p>
Acknowledgement
<p><input checked="" type="checkbox"/> *By checking this box, I acknowledge that I have read, understand, and agree to the terms of the Provider Application Letter</p>

Check this box to agree to the terms of the application.

Provider Agreement

Step 1. Complete capacity information and Hours of Operation.

Provider Agreement		
Capacity Information		
*Total Capacity of Facility	<input type="text" value="72"/>	
*Minimum Age Served (years)	<input type="text" value="0"/>	
		*Maximum Age Served (years) <input type="text" value="12"/>
* Hours of Operation		
Sunday Open	<input type="text"/>	Sunday Close <input type="text"/> <input checked="" type="checkbox"/> Closed
Monday Open	<input type="text" value="6:00 AM"/>	Monday Close <input type="text" value="6:00 AM"/> <input type="checkbox"/> Closed
Tuesday Open	<input type="text" value="6:00 AM"/>	Tuesday Close <input type="text" value="6:00 AM"/> <input type="checkbox"/> Closed
Wednesday Open	<input type="text" value="6:00 AM"/>	Wednesday Close <input type="text" value="6:00 AM"/> <input type="checkbox"/> Closed
Thursday Open	<input type="text" value="6:00 AM"/>	Thursday Close <input type="text" value="6:00 AM"/> <input type="checkbox"/> Closed
Friday Open	<input type="text" value="6:00 AM"/>	Friday Close <input type="text" value="6:00 AM"/> <input type="checkbox"/> Closed
Saturday Open	<input type="text"/>	Saturday Close <input type="text"/> <input checked="" type="checkbox"/> Closed

Step 1. Carefully read and review all the information included in the provider agreement.

Type III Provider Agreement	
Provider Agreement	<p>GENERAL PROVISIONS: The Louisiana Department of Education (hereinafter referred to as "Department") and the child care provider named on this Agreement (hereinafter referred to as "Provider") agree that the Provider will furnish child care subject to the following general provisions:</p> <ol style="list-style-type: none">1. Definitions<ol style="list-style-type: none">a. Parent includes parent, legal custodian, or other person standing in loco parentis.b. Caregiver means any person legally obligated to provide or secure care for a child, including a parent, legal custodian, foster home parent, or other person providing a residence for the child.2. Provider will participate in all aspects of the Early Childhood Education Network.3. Laws, Regulations and Standards. Provider will comply with all applicable state and federal laws, regulations, and other standards and requirements, as amended, in providing services under this agreement, which include but not limited to:<ol style="list-style-type: none">a. State licensing requirements for Type III early learning centers found in BESE Bulletin 137, Louisiana Early Learning Center Licensing Regulations.b. All applicable laws concerning the use of child safety devices (car seat belts, child restraining seats, infant carrier seats, etc.) in the transporting of a child receiving child care from a Provider under this Agreement, including Louisiana R.S. 32:295, the Occupant Protection Enforcement Information Law. his provision applies to all types of vehicles used for transportation as part of the child care services furnished by the Provider.c. R.S. 46:2701, the Children's Product Safety Act, which requires child care providers to use only safe children's products, meaning those that have not been recalled (baby beds, playpens, high chairs, etc.)d. State and federal laws and regulations concerning confidentiality of information about the children for whom care is provided and their families.e. The Federal Civil Rights Act of 1964, as amended, including but not limited to, those provisions guaranteeing equal opportunity to all seeking access to services without regard to race, color, religion, sex or national origin.f. Mandatory reporting requirements with respect to suspected child abuse and neglect.g. Public Law 103-227, part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994. This act, requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments. The law does not apply to children's services provided in facilities funded solely by Medicare or Medicaid funds. Failure to comply with the provisions of law may result in the imposition of a civil monetary penalty of up to \$1,000 per day.

NOTE: This document consist of a total of (4) pages in its entirety. This section will consist of just the first and last pages of the provider agreement.

Provider Instructions for Applying Online Using CAFE

Step 2. Once you have read the Provider Agreement, check the box acknowledging that you agree to the terms.

Step 3. Enter your name and date to electronically sign the Provider Agreement.

c. By the Department at close of business on the date the Type III early learning center license ends if license is not timely renewed; or

d. By the Department at close of business on the date the license is revoked or renewal is refused; or

e. By the Department at close of business on the day the Type III early learning center license is surrendered in order to obtain a Type I or Type II early learning center license; or

f. At the close of business on the date certification for CCAP eligibility is revoked or renewal is refused; or

g. Provider agrees to notify the Department immediately of the closure of its center, or any change in ownership or change in the location of its center. If there is a change in ownership, the new provider, or if a change in location, the current provider must submit a new Agreement; or

h. Payment shall not be made outside of the effective dates of this agreement

17. Revocation of Provider's Certification

The department may revoke a provider's certification and impose a period of ineligibility on the provider for program violations, which include but are not limited to the violations listed in Section 323 of BESE Bulletin 139, Louisiana Child Care and Development Fund Programs.

18. Neither the federal government nor the State of Louisiana provide certification for participation in the Child Care Assistance Program

Acknowledgement

I have read the Provider Agreement and agree to the terms in the agreement

*Provider Signature *Date

Enter your name and date in the appropriate box.

Check this box to agree to the terms of the application.

Provider Rate Agreement

Step 1. Answer each question asked appropriately.

Step 2. Enter the rate charged per child.

Complete all areas with a red asterisk (*). Also making sure to carefully read all areas.

Provider Rate Agreement

Rate Details

Please complete the following and include verification of your rates (notice to parents, such as newsletter, bulletin, memo, etc.)
A CCAP Rate and Availability Form will be sent for each child in your case and must be completed and returned in order for you to be paid.

- *Are you licensed to provide care in a day care facility that is not part of a residence? Yes No
- *Are you a Head Start Program? Yes No
- *Do you have special rates for more than one child in a family? Yes No
- *Do you serve children with special needs age 13-17? Yes No
- *Do you serve children under age 18 who have special care needs, requires specialized facilities, lower staff ratio, or specially trained staff to meet his/her developmental and physical needs? Yes No
- *Do you participate in the Child and Adult Care Food Program? Yes No

Rates Charged Per Child

<p><u>Under 3 Years of Age</u></p> <p>*Full-Time Care: <input type="text" value="\$24.00"/> Per Day</p> <p>Complete part-time care rates only if you provide part-time care.</p> <p>Part-Time Care: <input type="text" value="\$6.00"/> Per Hour</p>	<p><u>3 Years of Age and Over</u></p> <p>*Full-Time Care: <input type="text" value="\$24.00"/> Per Day</p> <p>Part-Time Care: <input type="text" value="\$6.00"/> Per Hour</p>
--	--

Enter rate for a child UNDER 3 years of age.

Enter rate for a child OVER 3 years of age.

Direct Deposit

Step 1. Carefully read and review the Direct Deposit Authorization Information.

Step 2. Check this box to agree to the terms of the application.

Direct Deposit Authorization	
Direct Deposit Form Instructions	
<p>This form authorizes the Department of Education (LDE) to deposit payments directly into your account. The financial institution may be any bank, savings and loan association, or federal or state chartered credit union or similar institution. If you do not have an account in one of these institutions contact the financial institution of your choice to establish an account.</p> <p>All CCAP providers are required to receive CCAP payments through direct deposit. Deposits will be made by an electronic funds transfer (EFT) from the Department of Education to your account, provided your financial institution is a member of the Automated Clearing House (ACH) system.</p>	
Section 1-Provider Case Information	
<p>Name: Name of the provider. This is the name of the facility, In-Home provider, or Family Child Care Provider. The name of the bank account must be in the name of the facility for Type III, Military, and School Child Care Providers. A personal account for these facilities is not acceptable.</p> <p>Date of Birth: Enter the date of birth of the Family Child Care or In-Home Provider.</p> <p>Mailing Address: The complete mailing address of the provider, including an apartment number (where appropriate). This address must be kept current with the LDE.</p> <p>You must notify the LDE when your address changes.</p> <p>Telephone Numbers: Area code and daytime telephone number of the provider.</p> <p>Social Security Number: Social Security number of the In-Home or Family Child Day Care Home provider. The Social Security number is used to identify the provider's records and payments.</p>	

NOTE: This document consist of a total of (2) pages in its entirety. This section will consist of just the first and last pages of the provider agreement.

Section 3- Authorization Agreement for Direct Deposit	
<p>Signature: Check the box indicating your Authorization Agreement for Direct Deposit.</p>	
Information Acknowledgement	
<p><input checked="" type="checkbox"/> *I have read and understand the Direct Deposit Form Instructions</p>	

Check this box to agree to the terms of Direct Deposit.

This page is an extremely important page and many times have most of the errors. Take your time and enter this information accurate to eliminate payment issues or delays

Step 1. Enter your Financial Institution information. This account will be used for Direct Deposits.

Direct Deposit Authorization

Financial Institution Information

*Name of Financial Institution

*Is the name of the account holder an Individual or Facility? Individual Facility

*Facility Name

*Address 1

Address 2

*City *State *Zip Code

*Daytime Telephone # *Account Number

*Routing Number *Account Type Checking Savings

*Note: Be sure to upload/mail a voided check for checking accounts. For savings accounts, submit a statement from your financial institution showing the account number and routing number.

Enter your Financial Institution (Bank) information. This account will be used for Direct Deposits

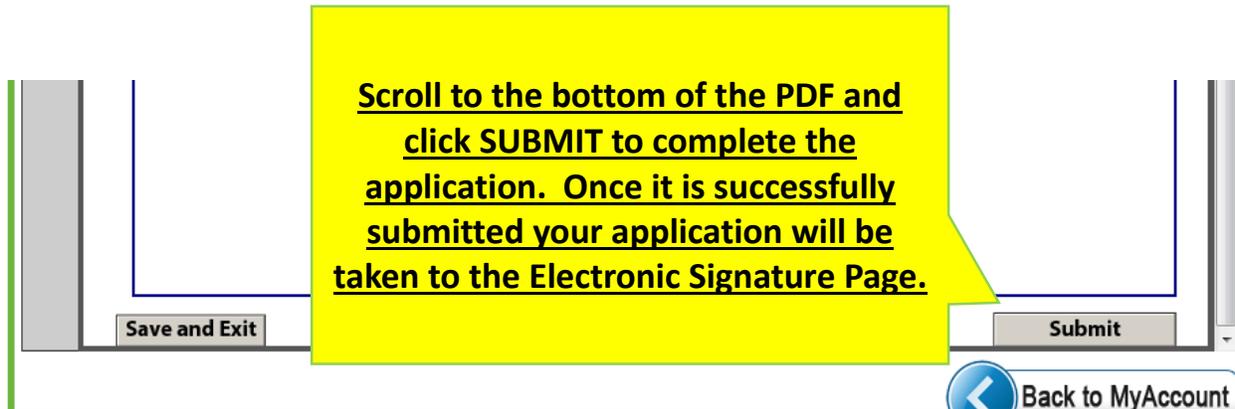
Step 1. Check this box to authorize the terms of Direct Deposit.

Direct Deposit Authorization	
Authorization Agreement for Direct Deposit Payments	
<input checked="" type="checkbox"/>	<p>*I authorize the Department of Education (LDE) to deposit my payments directly into my checking account or savings account as specified above. LDE is also authorized to adjust any over/under deposit it has made to my checking account or savings account. I understand the deposits/adjustments will be made electronically by Automated Clearing House Network (ACH) transactions and I must allow the Federal Reserve two work days from the disbursement date to have the funds available to my financial institution. I also understand the following: It is my responsibility to provide correct routing and account information for ACH transmissions by attaching a voided check for a checking account or a statement from my financial institution showing the account number and the routing number for a savings account. The voided check must be imprinted with my name and address. If my voided check does not include routing information, a statement from my financial institution showing my name, address, account number and routing number must be provided. I will immediately notify LDE if my banking information changes. I must submit a new Direct Deposit Authorization form to change or cancel my direct deposit. I must notify LDE of any changes to my address. I must include my name and provider number on all correspondence regarding direct deposit. To verify when a payment is posted to my account and funds are available, I will have to contact my financial institution.</p>

Check this box to authorize the terms of Direct Deposit.

Submission

Once you have completed the PDF, click submit to complete the provider application. Providers will have to click submit to complete the application. CAFÉ will review the form and prompt users to complete any mandatory fields that are blank. It should also be noted that providers can Save and Exit their application and return to it later to complete it. Also, incomplete applications will be deleted if not submitted after 30 days.



Once you click [SUBMIT], you will be taken back to the MyAccount page.



Complete Application – Family Child Care, In-Home

This is one of the most essential parts of the process for you providers, complete each section accurately and thoroughly. Be mindful to **READ** each area. Incorrect or inaccurate information could cause additional delays or possible rejection.

Step 1. A PDF application will open in CAFÉ.

Step 2. Make the correct selections on the PDF form.

The screenshot shows a portion of a PDF application form titled "Apply to be a CCAP Provider". At the top, there is a banner image featuring a baby with glasses, colorful geometric shapes, and two young girls. A red callout box with a white background and a red border points to the form, containing the text: "Complete all areas with a red asterisk (*). Also making sure to carefully read all areas." Below the banner, the form includes a "Provider Type Selection" dropdown menu. A red asterisk (*) is placed before the question: "Are you buying a currently open CCAP facility (change in ownership)?" with radio button options for "Yes" and "No", where "No" is selected. Another red asterisk (*) is placed before the instruction: "Please select the option that describes the type of care you wish to provide:". Below this are five radio button options: "I will be providing care in an early learning center that is licensed by LDE and can receive federal funding", "I will be providing care as part of a school child care center", "I will be providing care in a facility that is licensed by the Department of Defense", "I will be providing care for six or fewer children as a family child care Provider" (which is selected), and "I will be providing care to one or more children in the home of the children". A second red callout box with a white background and a red border points to the selected option, containing the text: "Select the option that applies to you provider". At the bottom of the form, a message states: "You have confirmed the type of care you wish to provide. To change the type of care you wish to provide, you must start a new CCAP Provider Application."

Application Start

Provider Information

The Taxpayer ID field should be completed with your Employer Identification Number (EIN) issued by the Internal Revenue Service (IRS). If you do not have an EIN, do not complete the Taxpayer ID field. You may use your Social Security Number which must be entered into the Provider SSN field.

Your Name field should be completed with the name of the center or provider which is on file with the IRS.

Your Tax ID and Taxpayer Name should match what has been reported to the Internal Revenue Service.

Failure to provide the above information may result in a 28% reduction from your payments.

*Taxpayer Name

Tax ID

*Facility/Business Name

*Organization Code

*Provider SSN

*Home Telephone # Cell Phone #

*Business Phone # Fax #

Enter taxpayer information

Enter provider's information

Complete all areas with a red asterisk (*). Also making sure to carefully read all areas.

Child Care Assistance Program
Provider Instructions for Applying Online Using CAFE

Step 1. Enter your email and both your physical and mailing address.

*Primary Email Address <input style="width: 90%;" type="text"/>	Secondary Email Address <input style="width: 90%;" type="text"/>	
Street Address		
*Address 1 <input style="width: 95%;" type="text"/>		
Address 2 <input style="width: 95%;" type="text"/>		
*City <input style="width: 40%;" type="text"/>	*State <input style="width: 20%; text-align: center; border: 1px solid black;" type="text" value="Louisiana"/>	*Zip Code <input style="width: 30%;" type="text"/>
*Parish <input style="width: 40%;" type="text"/>		
Mailing Address		
<input checked="" type="checkbox"/> Check if mailing address is the same as the street address		
Address 1 <input style="width: 95%;" type="text"/>		
Address 2 <input style="width: 95%;" type="text"/>		
City <input style="width: 40%;" type="text"/>	State <input style="width: 20%; text-align: center; border: 1px solid black;" type="text" value="Louisiana"/>	Zip Code <input style="width: 30%;" type="text"/>

Enter physical and mailing address

Family Child Care and In-home Application Letter

Step 1. PLEASE CAREFULLY READ THE APPLICATION LETTER **BEFORE** COMPLETING THE APPLICATION.

Class R Provider Application Letter	
Application Letter	<p>PLEASE READ CAREFULLY BEFORE COMPLETING APPLICATION</p> <p>To receive payments from the Child Care Assistance Program (CCAP), you must be registered with the Department of Education (LDE) as a Family Child Care Provider. Your registration must be renewed at least every two years. You must complete 12-clock hours of training in job-related areas approved by LDE each midpoint and renewal. You must have the location where care is provided inspected by the Office of State Fire Marshal every year to ensure that it meets basic health and safety standards. Payment will not be made prior to the date registration begins.</p> <p>LDE uses an electronic time and attendance process called Tracking of Time Services (TOTS) which automatically transmits to LDE the time of arrival and departure of each eligible child in your care. You must participate in TOTS to receive payments from LDE for child care services provided. Parents or caregivers, and persons they designate as Household Designees (HD), are responsible for checking children in and out of care each time care begins and ends. You cannot be a household designee for a child you provide care for. LDE will NOT PAY for any time that a child was in care when the child was not properly checked in and out of care or on or off of an approved child care vehicle except in circumstances such as equipment failure that was timely reported. Any invoice or request for manual payment of attendance not tracked through TOTS must be accompanied by the attendance log(s).</p> <p>Your CAFÉ application and all forms must be completed with accurate information. Failure to provide truthful information may result in denial or termination of your eligibility as a CCAP provider. You must complete all forms and sign them in the same way that your name appears on your social security card.</p> <p>The following Information must be submitted to Provider Certification at the address below or uploaded into CAFE. If you do not provide this information, you will be ineligible to receive payments through CCAP.</p> <ol style="list-style-type: none"> 1. Copy of a passed Fire Marshal inspection report that verifies that the location where care is provided has passed inspection by the Office of State Fire Marshal. <p>PLEASE NOTE: You must go to the Office of State Fire Marshal's website at http://sfm.dps.louisiana.gov/dc_forms.htm and print the forms for Family Day Care Home Inspection and follow the instructions on the forms. CAREFULLY READ THE INSTRUCTIONS because your eligibility as a CCAP provider will end if you do not send LDE a copy of a required passed Fire Marshal inspection report. To assist you in getting an inspection, a link is included on the LDE website at the "How to become a CCAP provider" section or you may go directly to the Office of State Fire Marshal's website at http://sfm.dps.louisiana.gov/dc_forms.htm.</p> <p>NOTE: If you have a current passed Fire Marshal inspection obtained through the Food Program and it does NOT expire within six months, LDE will accept that Fire Marshal inspection for CCAP registration; HOWEVER, your certification for CCAP will end when the Fire Marshal inspection expires. All training, including the 12 clock hours, must be met during that shortened certification period or your eligibility to receive CCAP payments will end. If you have not previously provided verification of the one-time Orientation training, that is also required in this shortened certification period. Any training obtained in this certification period will not count toward the required number of hours needed for the next certification period. If you participate in the Food Program and your Fire Marshal inspection does NOT expire prior to six months from the date of submitting this provider packet, you may send a copy of that current Fire Marshal inspection report.</p> <p>You may prefer to obtain a new Fire Marshal inspection for CCAP and have the benefit of a certification period of up to two years with a Midpoint Review. This will give you 12 months to obtain your 12 clock hours and meet any other annual requirements. You will be required to participate in Orientation training within six months of your initial certification.</p>

Child Care Assistance Program
Provider Instructions for Applying Online Using CAFE

Step 1. Once you have carefully read the application letter, check the box acknowledging that you agree.

For information about case status, certification/registration and licensing requirements, and maximum daily rates, you may call 1-877-453-2721. You may also email earlychildhood@la.gov if you have questions or need assistance in obtaining the information listed above or to report any changes.

CCAP Provider Certification
P.O. Box 2510
Baton Rouge, LA 70821
FAX: (225) 342-4180

Acknowledgement

By checking this box, I acknowledge that I have read, understand, and agree to the terms of the Provider Application Letter

Check this box to agree to the terms of the application.

Provider Agreement

Complete capacity information and Hours of Operation.

Provider Agreement		
Capacity Information		
*Total Capacity of Facility	6	
* Hours of Operation		
Sunday Open	<input type="text"/>	Sunday Close <input type="text"/> <input checked="" type="checkbox"/> Closed
Monday Open	7:00 AM	Monday Close 9:00 PM <input type="checkbox"/> Closed
Tuesday Open	7:00 AM	Tuesday Close 9:00 PM <input type="checkbox"/> Closed
Wednesday Open	7:00 AM	Wednesday Close 9:00 PM <input type="checkbox"/> Closed
Thursday Open	7:00 AM	Thursday Close 9:00 PM <input type="checkbox"/> Closed
Friday Open	7:00 AM	Friday Close 9:00 PM <input type="checkbox"/> Closed
Saturday Open	<input type="text"/>	Saturday Close <input type="text"/> <input checked="" type="checkbox"/> Closed

Provider Agreement

Step 1. Carefully read and review all the information included in the provider agreement.

Provider Agreement	
Provider Agreement	<p>The Louisiana Department of Education (hereinafter referred to as "Department"), and the child care provider named above (hereinafter referred to as "Provider") enter into the following agreement:</p> <p>Regulations:</p> <ol style="list-style-type: none">1. Provider will comply with all applicable state and federal laws, regulations and other standards and requirements in providing services under this agreement.2. Provider is prohibited by regulation from keeping more than a total of 6 children, including the provider's own children, in the location where care is provided under age 13 or age 13 through 17, if special needs, regardless of relationship to the provider.3. Provider must abide by all laws, rules, and regulations for any programs for which federal or state funds are received.4. Provider must be at least 18 years of age. Government issued picture ID such as driver's license is required.5. Provider will comply with all applicable laws concerning the use of child safety devices (car seat belts, child restraining seats, infant carrier seats, etc.) in the transportation of a child receiving child care from a Provider under this agreement, including Louisiana R.S. 32:295. This provision applies to all types of vehicles used for transportation as part of the child care services furnished by the Provider. Provider also agrees to use only safe children's products in accordance with R.S.46:2701 (baby beds, playpens, high chairs, etc.) which have not been recalled.6. Provider will comply with reporting requirements with respect to suspected child abuse/neglect.7. Provider is prohibited from the use of corporal punishment such as, but not limited to, spanking, whipping with a switch or belt, arm twisting, or washing out mouth with soap or other foul tasting substances.8. Provider must furnish verification of current Infant, Child, and Adult Cardiopulmonary Resuscitation (CPR) certification. Both the front and back of the CPR card must be copied and must show a certification date and the end date or renewal date.9. Provider must furnish verification of current certification for Pediatric First Aid10. Provider must submit verification at every midpoint review and renewal that the location where care is provided has passed an inspection with the Office of State Fire Marshal to ensure that specified health and safety standards are met. Provider must contact the Office of State Fire Marshal and follow their instructions to obtain the Fire Marshal inspection.11. Provider must have a fingerprint based criminal background check completed on all adults living at the location where care is provided, including the provider, and any adults employed in or on the property where care is provided.12. At midpoint review and renewal provider must furnish verification of 12-clock hours of training in job-related subject areas approved by the Department. Provider must furnish verification of one-time Orientation Training at the first midpoint review or renewal, if not previously provided and it must be taken within six months at initial certification. Orientation counts towards the 12-clock hour training requirement in the certification period taken. Provider orientation is only required once unless requested by the Department.13. Provider must possess a working telephone at a location where care is provided that can receive incoming calls and that can send outgoing calls and that is accessible at all times.14. Provider must participate in Tracking of Time Services (TOTS) to capture time and attendance and possess the minimum equipment necessary to operate the system. Provider cannot be a household designee for a child he/she cares for.15. Provider understands and agrees that he/she is entering into this agreement in an independent capacity and that this Agreement does not make Provider an employee of the state or federal government or entitled Provider to government benefits.16. Provider must have access to email or electronic communication, and keep this information current, as the Department will now be communicating information to providers by this medium. <p>Services/Payments:</p> <ol style="list-style-type: none">17. Child care will be furnished only by the Provider identified above at the location where care is provided as given above to children for whom the Department makes payment. Provider will permit parents to see and be with their children at all times.18. Provider may not live at the same residence as the child(ren) for whom care is being provided or share the head of household's mailing address (with the exception of a P.O. Box).19. This agreement does not guarantee the placement of any child in Provider's facility. Department does not recommend any child care provider, it is the right of parents/caretakers to make this choice from among all participating Providers in their area.

NOTE: This document consist of a total of (4) pages in its entirety. This section will consist of just the first and last pages of the provider agreement.

Step 1. Once you have carefully read the application letter, check the box acknowledging that you agree.

Acknowledgement	
<input checked="" type="checkbox"/>	I have read the Provider Agreement and agree to the terms in the agreement
*Provider Signature	Lisa M. Bertta White
*Date	Apr 5, 2016

Check this box to agree to the terms of the application.

FCC, In-home Provider Application

Make sure you list all of the children that you care for, or will be caring for, that are under the age of 13, or age 13 through 17 if special needs, including your own children if you will be caring for them.

Provider Application			
Children Being Cared For			
List all of the children that you care for, or will be caring for, that are under the age of 13, or age 13 through 17 if special needs, including your own children if you will be caring for them.			
*First Name	<input type="text"/>	Middle Name	<input type="text"/>
		*Last Name	<input type="text"/>
		Suffix	<input type="text"/>
*Age	<input type="text"/>		
<input type="checkbox"/> Please check this box if the child listed above also lives in the home where care is being provided			
*Address 1	<input type="text"/>		
Address 2	<input type="text"/>		
*City	<input type="text" value="mansfield"/>	*State	<input type="text" value="Louisiana"/>
		*Zip Code	<input type="text" value="71052"/>
*Parish	<input type="text" value="DESOTO"/>		
Add Another Child			
If you have not listed a child that you will be caring for, please click the "Add Child" button below.			
<input type="button" value="Add Child"/>		<input type="button" value="Remove this Child"/>	



Provider Application

Household Members

List all household members (including children) living at the location where care is provided and complete the requested information on each

*Are there household members living at the location where care is provided, not including the provider? Yes No

Select which answer that applies.

Provider Application	
Household Employees	
List any adults that work in or on the property where care is provided such as housekeeper, yardman, etc.	
You are responsible for reporting any new employees 18 years of age or older	
*Are there any adults employed in or around the property where care is provided?	<input type="radio"/> Yes <input checked="" type="radio"/> No
It is your responsibility to report if any other adults or children move into or out of the location where care is being provided. Failure to report any changes to household members or persons employed where care is being provided may result in your termination as an eligible CCAP provider.	
<p>Select which answer that applies.</p>	

Provider Rate Agreement

Provider Rate Agreement

Rate Details

Please complete the following and include verification of your rates (notice to parents, such as a CCAP Rate and Availability Form will be sent for each child in your case and must be paid to be paid.

- *Are you licensed to provide care in a day care facility that is not part of a residence? Yes No
- *Are you a Head Start Program? Yes No
- *Do you have special rates for more than one child in a family? Yes No
- *Do you serve children with special needs age 13-17? Yes No
- *Do you serve children under age 18 who have special care needs, requires specialized facilities, lower staff ratio, or specially trained staff to meet his/her developmental and physical needs? Yes No
- *Do you participate in the Child and Adult Care Food Program? Yes No

Rates Charged Per Child

<p><u>Under 3 Years of Age</u></p> <p>*Full-Time Care: <input type="text" value="\$20.00"/> Per Day</p> <p>Complete part-time care rates only if you provide part-time care.</p> <p>Part-Time Care: <input type="text" value="10.00"/> Per Hour</p>	<p><u>3 Years of Age and Over</u></p> <p>*Full-Time Care: <input type="text" value="\$20.00"/> Per Day</p> <p>Part-Time Care: <input type="text" value="\$10.00"/> Per Hour</p>
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Complete all areas with a red asterisk (*). Also making sure to carefully read all areas.

Enter rate for a child UNDER 3 years of age.

Enter rate for a child OVER 3 years of age.

Direct Deposit

Step 1. Carefully read and review the Direct Deposit Authorization Information.

Step 2. Check this box to agree to the terms of the application.

Direct Deposit Authorization	
Direct Deposit Form Instructions	
<p>This form authorizes the Department of Education (LDE) to deposit payments directly into your account. The financial institution may be any bank, savings and loan association, or federal or state chartered credit union or similar institution. If you do not have an account in one of these institutions contact the financial institution of your choice to establish an account.</p> <p>All CCAP providers are required to receive CCAP payments through direct deposit. Deposits will be made by an electronic funds transfer (EFT) from the Department of Education to your account, provided your financial institution is a member of the Automated Clearing House (ACH) system.</p>	
Section 1-Provider Case Information	
<p>Name: Name of the provider. This is the name of the facility, In-Home provider, or Family Child Care Provider. The name of the bank account must be in the name of the facility for Type III, Military, and School Child Care Providers. A personal account for these facilities is not acceptable.</p> <p>Date of Birth: Enter the date of birth of the Family Child Care or In-Home Provider.</p> <p>Mailing Address: The complete mailing address of the provider, including an apartment number (where appropriate). This address must be kept current with the LDE.</p> <p>You must notify the LDE when your address changes.</p> <p>Telephone Numbers: Area code and daytime telephone number of the provider.</p> <p>Social Security Number: Social Security number of the In-Home or Family Child Day Care Home provider. The Social Security number is used to identify the provider's records and payments.</p>	

NOTE: This document consist of a total of (2) pages in its entirety. This section will consist of just the first and last pages of the provider agreement.

Section 3- Authorization Agreement for Direct Deposit	
<p>Signature: Check the box indicating your Authorization Agreement for Direct Deposit.</p>	
Information Acknowledgement	
<p><input checked="" type="checkbox"/> I have read and understand the Direct Deposit Form Instructions</p>	

Check this box to agree to the terms of Direct Deposit.

This page is an extremely important page and many times have most of the errors. Take your time and enter this information accurate to eliminate payment issues or delays

Step 1. Enter your Financial Institution information. This account will be used for Direct Deposits.

Direct Deposit Authorization

Financial Institution Information

*Name of Financial Institution

*Is the name of the account holder an Individual or Facility? Individual Facility

*Facility Name

*Address 1

Address 2

*City *State *Zip Code

*Daytime Telephone # *Account Number

*Routing Number *Account Type Checking Savings

*Note: Be sure to upload/mail a voided check for checking accounts. For savings accounts, submit a statement from your financial institution showing the account number and routing number.

Enter your Financial Institution (Bank) information. This account will be used for Direct Deposits

Step 1. Check this box to authorize the terms of Direct Deposit.

Direct Deposit Authorization	
Authorization Agreement for Direct Deposit Payments	
<input checked="" type="checkbox"/>	<p>I authorize the Department of Education (LDE) to deposit my payments directly into my checking account or savings account as specified above. LDE is also authorized to adjust any over/under deposit it has made to my checking account or savings account. I understand the deposits/adjustments will be made electronically by Automated Clearing House Network (ACH) transactions and I must allow the Federal Reserve two work days from the disbursement date to have the funds available to my financial institution. I also understand the following: It is my responsibility to provide correct routing and account information for ACH transmissions by attaching a voided check for a checking account or a statement from my financial institution showing the account number and the routing number for a savings account. The voided check must be imprinted with my name and address. If my voided check does not include the information, a statement from my financial institution showing my name, address, account number and routing number must be provided. I will immediately notify LDE if my banking information changes. I must submit a new Direct Deposit Authorization form to change or cancel my direct deposit. I must notify LDE of any changes to my address. I must include my name and provider number on all correspondence regarding direct deposit. To verify when a payment is posted to my account and funds are available, I will have to contact my financial institution.</p>

Check this box to authorize the terms of Direct Deposit.

Criminal Background Check

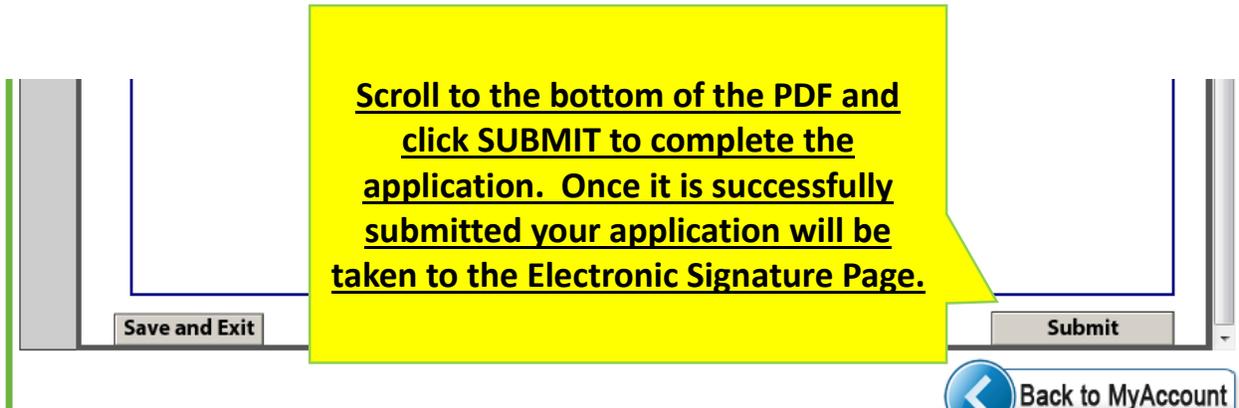
Step 1. Please complete this page appropriately

Criminal Background Check Authorization				
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Information About the Criminal Background Check</div>				
<p>You must go to www.louisianabeliveyes.com to download a Criminal Background Check Authorization Form (CCAP 18E) and complete TWO forms EACH for the provider (including Family Child Care Provider and In-Home Provider), all adults living at the location where care is provided, all adults employed in, and all adults employed on the property where care is being provided (this does not include the parents/caregivers if an In-Home provider). Complete two (2) sets for each person, one to submit with your CCAP application and one set to keep until Provider Certification staff notifies you to go to your local Sheriff's office to obtain the fingerprints. Once you have been contacted by Provider Certification, take one set of forms to your local Sheriff's Office to process your fingerprint based CBC. You must have your fingerprints processed within five (5) business days of being notified. You will be required to pay all fees associated with the CBC; therefore, you may have to contact your local Sheriff's Office to get the amount of the payment and the acceptable payment methods. Do NOT send money orders or any other form of payment to Provider Certification.</p> <p>Based on the information that you have provided, below is a list of individuals that may require a Criminal Background check. When you are contacted by provider certification staff, you will be notified which individuals require a criminal background check.</p>				
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Applicant Information</div>				
First Name	Middle Name	Last Name	Suffix	Date of Birth

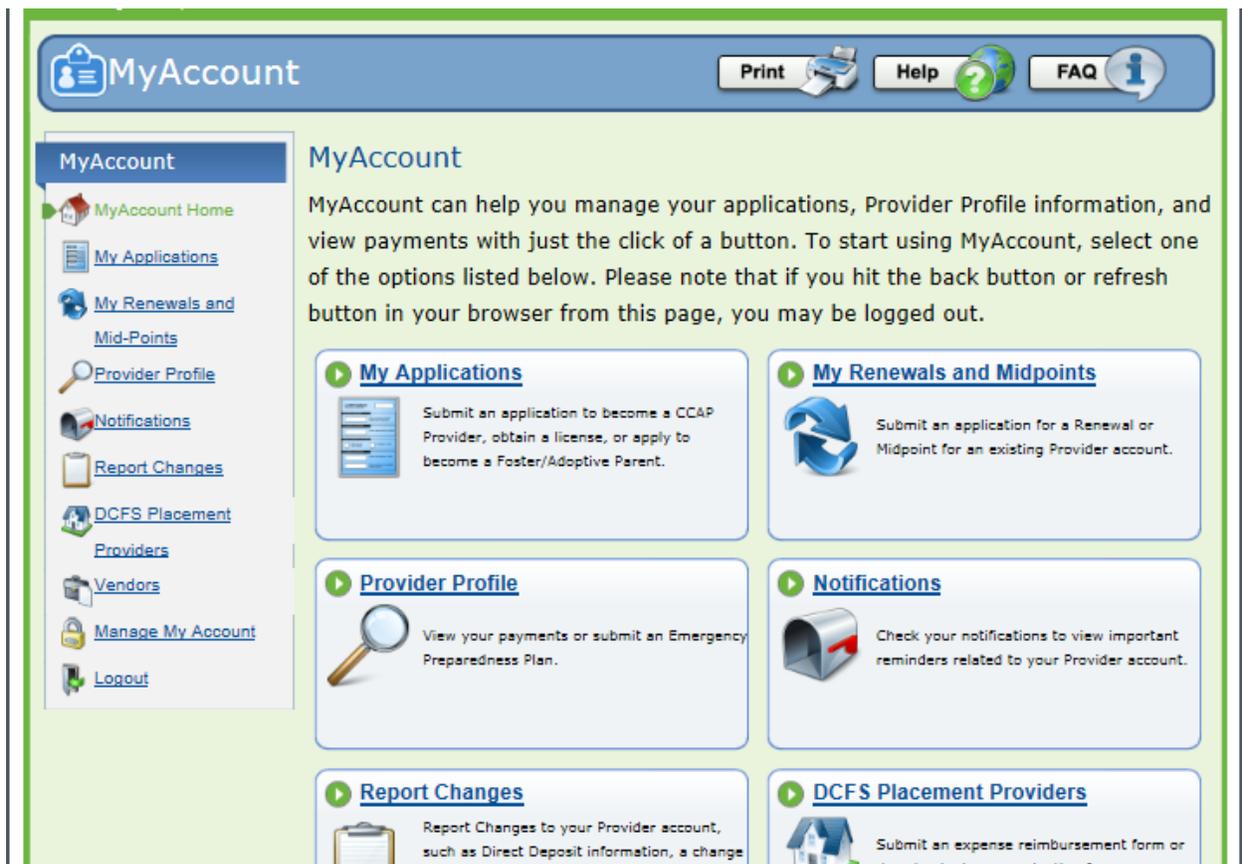
Complete this area appropriately. Also making sure to carefully read all areas.

Submission

Once you have completed the PDF, click submit to complete the provider application. Providers will have to click submit to complete the application. CAFÉ will review the form and prompt users to complete any mandatory fields that are blank. It should also be noted that providers can Save and Exit their application and return to it later to complete it. Also, incomplete applications will be deleted if not submitted after 30 days.



Once you click [SUBMIT], you will be taken back to the MyAccount page.



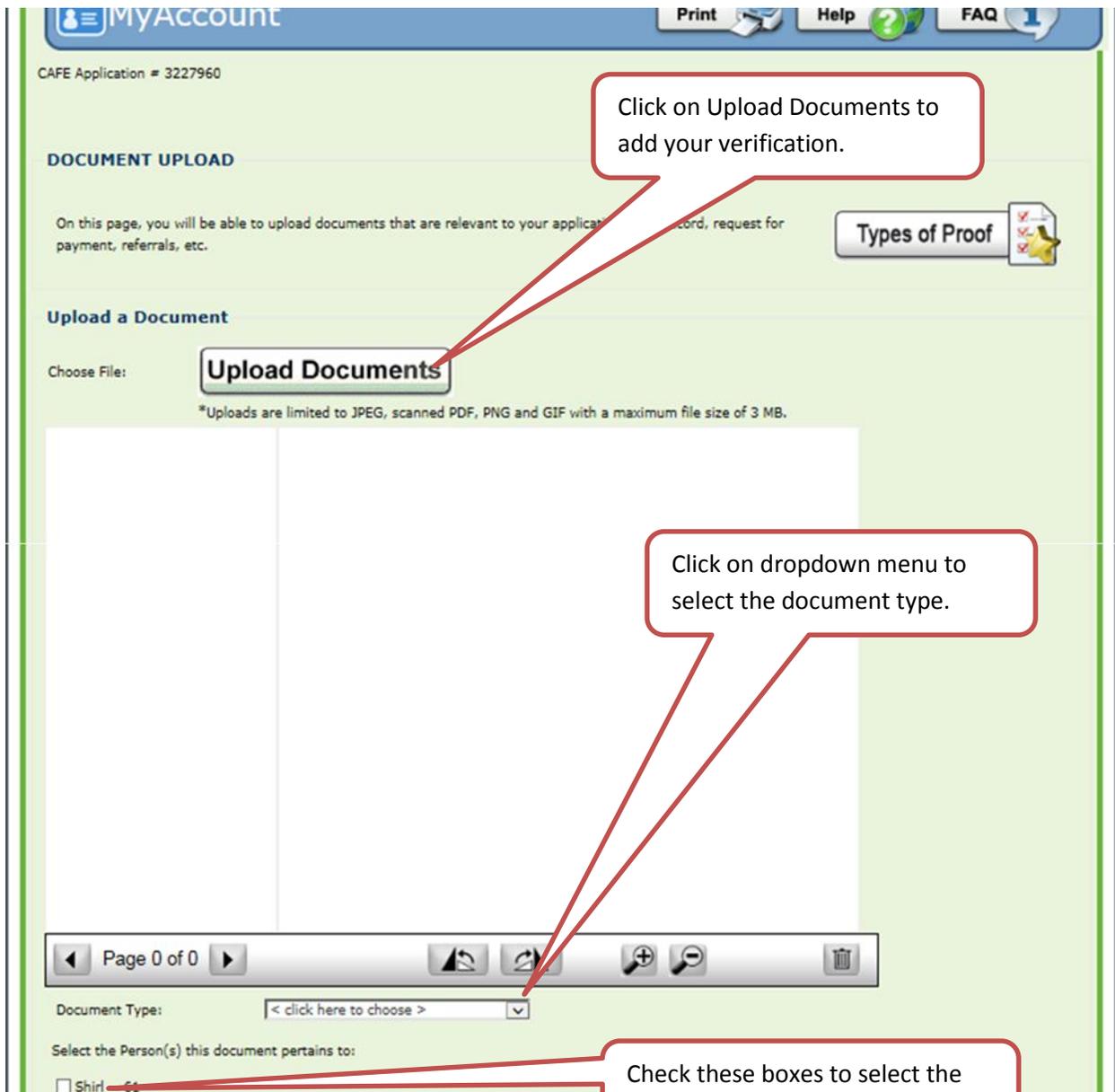
How to upload documents

Step 1. Select the facility and/or Individual the documents pertains to before uploading to CAFÉ.

Step 2. Click on dropdown menu to select the document type.

Step 3. Click on Upload Documents to add your verification.

NOTE: You must upload each separately. Your application is not considered complete until all necessary documents are received. Documents can be no larger than 3MB and must be a JPEG, scanned PDF, PNG, or GIF format.



Child Care Assistance Program
Provider Instructions for Applying Online Using CAFE

Contact us

For more help with entering a Midpoint/Renewal call Provider Certification [1-877-453-2721](tel:1-877-453-2721) for assistance.

For other Provider Certification issues, you can also reach our department at:

Louisiana Department of Education

Provider Certification

P.O. Box 2510

Baton Rouge, LA 70821

225.342.0694

225.342.4180 (Fax)

Earlychildhood@la.gov

LouisianaBelieves.com