



Child Care Civil Background Check System (CCCBC System)

User Manual for

Providers and Approved Entities







Quick User Guide for the Child Care Civil Background Check System





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Overview of the Child Care Criminal Background Check (CCCBC)

Components of the Child Care Criminal Background Checks

Components of a CCCBC includes:

- 1. A fingerprint-based search of the La. Bureau's criminal history record information (CHRI);
- 2. A fingerprint-based search of the FBI CHRI;
- 3. A search of the National Sex Offender Registry (NSOR);
- 4. A search of the La. Sex Offender Registry;
- 5. A request for a search of the La. Child Abuse and Neglect Registry; and
- 6. A name-based search of the following in each state in which the individual has resided in the past five years: state criminal repository, state sex offender registry, and state child abuse and neglect registry.

Based on a review of these results, LDOE will determine whether an individual is eligible or ineligible for child care purposes. The CCCBC eligibility determination will be good for 5 years unless LDOE receives notice from a verifiable source of a prohibited offense.





Welcome to the Online System Getting Started:

The Child Care Civil Background Check System (CCCBC System) may be accessed at https://CCCBCLDOE.la.gov.

1. EXISTING PROVIDERS: LOGGING INTO THE SYSTEM

If you are an existing, licensed Child Care Provider seeking to obtain the new CCCBC for new and/or existing employees, you will not have to request an account. A username and password will be issued to you prior to the March 1st, 2018 go-live date. You may visit the <u>https://CCCBCLDOE.la.gov</u> website and enter the provided username and password into the appropriate fields.

2. NEW OR EXISTING APPROVED ENTITIES AND NEW PROVIDERS: REQUESTING AN ACCOUNT

If you are a new or existing approved entity or a new Child Care Provider seeking to obtain the new CCCBC for new and/or existing employees, you must first request an account by completing registration within the CCCBC System. You may visit the https://cccBcLDOE.la.gov website and select New Provider/Entity User Register Here to begin the account request process.

Overview of account request process

Registration request must be processed and approved by LDOE. Upon acceptance of the request, LDOE's system will generate an email notification to the email address you provided in your registration information. Please be sure to provide your **business email address**.

This notification contains your Username and a temporary password. You will also find a link to the login homepage as well as your System ID #. The System ID # will be used as your center ID number and may be used to add Users to your account.

Once the link in the email is clicked, the following screen will be opened. The provider will provide their

Email/Username and the Temporary Password. The system will automatically direct you to your user account to update your password.







Authorized CCCBC Applicants

The CCCBC System is a secure system and only authorized persons or entities may access its functions. The following individuals/entities are authorized by law to request a user account. Should you have any questions, please contact LDEchildcareCBC@la.gov.

Bulletin 137 expressly authorizes the following entities to apply for CCCBCs:

- Local public schools that provide services to children in early learning centers (ELC)
- Resource and referral agencies that are approved by BESE and under contract with the Department
- Entities approved by BESE and under contract with the Department to provide mental health consultations
- Teacher preparation programs approved by BESE, for their employees, contract employees and enrolled students
- Accredited Louisiana universities for therapeutic program faculty and enrolled students that are required to be in ELCs
- Lead agencies approved by BESE and under contract with the Department
- Louisiana Department of Health, which provides IDEA, Part C services for children in ELCs
- 3rd party contractors approved by BESE and under contract with the Department to provide services in ELCs
- Entities approved by the Department that provide services in early learning centers
- The Department, which provides services in ELCs, for its employees and contract employees

*Entities and contractors that are not listed here must have a provider or entity apply on their behalf.

Provider/Entity Registration Step 1: New Provider/Entity Registration

Login
Email:
Password: Show Password
Login
Forgot Password? New Provider/Entity User Register Here





Upon selecting the **New Provider/Entity User** option, you will be navigated to the **User Information** screen. You will be required to provide the following information:

- 1. business email;
- 2. phone;
- 3. first and last name;
- 4. address;
- 5. entity type;
- 6. entity name; and
- 7. provider #, EIN # **or** License #.

IMPORTANT NOTE: Use your business email address for setting up a Provider/Entity Account. Use your personal email address for setting up your personal applicant portal to obtain the CCCBC as an Owner, Operator or Director.





	User Informa	tion	
You will be required to upload a copy of a Registration (i.e. Articles of Organization). if application (i.e. Articles)	State-Issued Identification Verification (i.e. Driver's Lices oplicable, Please start the Registration only if you have al	nse), Proof of Employment (i.e. Cer Il documents to be uploaded ready	rtification of Employment), and Proof of Business y.
Login Email	Verify Login Email	Phone	Alt. Phone
anewprovider@yahoo.com	anewprovider@yahoo.com	(225) 222-2210	└
Last Name	First Name	Middle Name	Suffix
Offerman	Nic		V
ZIP Code: 71301 Par	rish/County: RAPIDES	City: ALEXANDRIA	State: LA 🔽
	cility? @ Yes O No		
Are you the first User to register for your fa			And a second sec
Are you the first User to register for your fa Entity Type	Louisiana Child Care Provider	Entity Name	We Luv Kids
Are you the first User to register for your fa Entity Type Enter the following Identification Numbers Provider #	Louisiana Child Care Provider if available: EIN # 10101010	Entity Name License #	We Luv Kids

If you are the First person to register a facility

Are you the first User to register for your facility?	⊙Yes ○No		
Entity Type	V	Entity Name	
Enter the following Identification Numbers if available:			
Provider #	EIN#	License #	

If you are the first person to request an account for your facility, you will answer YES to the question "Are you the

first User to register for your facility." You will be prompted to provide the

- 1. provider #;
- 2. EIN #; (REQUIRED) and
- 3. License #.

This choice will navigate you to the **Attachments Screen** where you will be prompted to upload required verification documentation.





If you are NOT the First person to register a facility

Are you the first User to register for your facility?	⊖Yes [®] No		
System ID #		Re-enter System ID #	

Adding a User to Your Account:

If you are not the first person to request an account for the facility and/or you are seeking to add or be an additional user for an existing facility's account such as an additional Director or Director Designee, you will answer **NO** to the question **"Are you the first User to register for your facility"**.

You will be prompted to enter the System ID # of the facility you wish to add a user to. (See above).

Next, you will need to enter the CAPTcha image and select Next.







Step 2: Uploading Required Attachments

After selecting next, the system will navigate you to the **Attachments page.** Entity accounts and new providers will be required to complete this step. Such accounts must upload the required documents that are pre-populated in a drop down list.

To view the options within the drop down list, select **Document Type.** The drop list will identify the required documents that must be uploaded. These documents include:

- 1. state issued identification verification document; (ID, Driver's License);
- 2. letter of employment on official letterhead; and (Employment verification, W2, 1099 form); and
- 3. proof of incorporation or business registration. (Business License, Letter from Secretary of State).

ent Type:	•	Upload File:	_	Browse
	Identification Verification Docu Letter of Employment on Officia	ment al Letterhead	Clear	
	Proof of Incorporation or Busin	ess Registration		

To begin uploading, select a required document from the drop down list. To locate the appropriate document from the device, select **Browse**. After choosing the appropriate document, select **Upload**.

Helpful Uploading Hints

- 1. If you do not have access to a scanner, you can take a picture of the document and email it to yourself from your mobile device and save it to your computer.
- 2. Make sure the document is in the right format if you receive any error messages. The system can upload the following file types: JPEG, PNG, PDF, and TIF.

After each instance of an uploaded document, the system will display a pop up box indicating the **"File upload** completed."





and the second sec	Upload file:	Pres.		
		Uploaf Clear		
Automation (191		and the second s		
Attachments	- Tipe	Uploaded By	Uploaded On	Delete
ATTACHMENTSEJIPG	Letter of Employment on Official Letterhead	SCREENSHOTS, TESTING	2/15/2018 #54:00 AM	0
ATTAOHMENTSLIPS	Identification Verification Document	SCREENSHOTS, TESTING	2/19/2018 8:53:00 AM	0
		rage from unity opp		
		the second se		

Click **OK** to continue to add uploads.

Verifying Successful Uploads

Each successfully uploaded document will reflect in a grid. The grid will provide information such as

- 1. attachment description;
- 2. type of attachment;
- 3. who uploaded;
- 4. time and date stamp of upload; and
- 5. option to delete.

If an upload does not appear in the grid, then it was not a successful upload and you will need to perform the upload process again.

To view a successfully uploaded attachment, you may double click on the desired attachment on the header entitled **Attachment** within the grid.

To delete the attachment, locate the **red X icon** in the grid on the far right side of the specific attachment you would like to remove. The system will generate a pop up box that will appear which will allow you to either confirm or cancel the deletion.

NOTE: The system will not allow users to register until all required documents have been uploaded.

Once all required docs are uploaded, you may then select **Register** to continue. Should you wish to return to the home login screen, select **Cancel.** The system will not store the canceled registration request.





Upon clicking **Register**, the system will display the following pop up notification. This notification informs you that your request for registration has been sent to LDOE for review. You will receive an email about your registration status when the review is completed.

Document Type:	• Up	load File: Brose	
ecolored 'a test doc.pdf'		Upload Gear	
Attachments	Type	Linkadad Rv. Linkadad On Delete	
A TEST DOC.PDF	Letter of Employmer Letterhead	Message from webpage	
A TEST DOC.PDF	Proof of Incorporation Business Registration	receive an email about your registration status when the review is completed.	
A TEST DOC.PDF	Identification Verific Document		





Notification of New Account Approved

New and existing approved entities and new providers that complete a request for an account will have the username, temporary password, and System ID Number generated for them and communicated to them via the email notification entitled: Louisiana Child Care Civil Background Check System- Account Approved.

The creation of a new account must be approved by LDOE. New Users may expect to receive the Account Approved Notification within 1-2 business days to the email they provided LDOE in their User Information form.

The notification will contain several pertinent pieces of information that enables the User to proceed within the system:

- 1. username/email ID;
- 2. link to the CCCBC website;
- 3. temporary password; and
- 4. System Entity ID Number generated by the System for your specific entity/location.

NOTE: The system ID is important because it links additional Users to the Provider/Entity.

To view this notification, login to the **business email address** that you provided. **If you completed the registration process on the CCCBC System and did not receive the email notification containing the information within 2 business days, contact LDOE immediately at** <u>LDEchildcareCBC@la.gov</u>.





There are two options to access the new account from this point:

- 1. Return to the CCCBC System login page via the link provided in the email; or
- 2. Return to the CCCBC System login page by typing in the URL into the search bar.

The URL is https://cccbcldoe.la.gov

COMPOSE	LDOE Child Care Civil Background Check System - Account Approved 🛛 🗤 🖈 🖶
Inbox (1) Starred Sent Mail Drafts More -	▲ do_not_reply_LDOE_CBC@la.gov Mar 1 (3 days ago) ☆ to me To whom it may concern:
Baby * +	Your request to register as a Provider/Entity in the LDOE Child Care Civil Background Check System has been processed and is Approved. If you have questions or concerns please contact the Criminal Background Check Unit by email at <u>LDEchildcareCBC@la.gov</u> or by phone at (225) 342-5311. <u>Click here to go to LDOE Child Care Civil Background Check System</u> Login: <u>barneyandfriends2002@gmail.com</u> Temporary Password: Ks29QdLc5
No recent chats Start a new one	System ID # 001776 All Users who register for this Provider/Entity will be required to use this System ID. Please do not reply to this email as it is automatically generated.
• D t.	Click here to go to LDOE Child Care Civil Background Check System





Updating Temporary Password to New Password

After entering your username and the temporary password on the CCCBC login page for the first time, the system will automatically direct you to a page to immediately update your account with a new password. On this page, you will enter:

Old password: This will be the temporary password you were given in the notification email.

New password: Here you choose a password. Password requirements may be found to the immediate right of the screen. Passwords:

- Must be at least between 8 to 15 characters.
- Must contain at least one lower case letter, one upper case letter, one digit and one special character, space is not allowed.

NOTE: Valid special characters: @#\$%&+=-_.

You must then select Save Password.

Check here to Change Password	
Enter Previous or Temporary	§ Password Requirements
Password:	 Must be at least between 8 to 15 characters
nter New Password:	 Must contain at least one lower case letter, one upper case letter, one digit and one special character, space is not allowed
/erify New Password:	Valid special characters are @#\$%&+=;,
Show Passwords	

You may then select 3 security questions from a drop down list and provide the corresponding answer to each. You must then select **Save Questions.**

Once you have saved your password and/or security questions, please click the **Home Button** to go to your applications. By clicking the Home Button, the system will navigate you to your provider dashboard.

1 What was your favorite teacher's name?	~	Wiltz		
2 What is the name of your childhood best	friend?	Ava		
3 What is your father's middle name?	~	Ryan		
Login Email lasttestprovider@yahoo.com	Verify Login Email lasttestprovider@y	rahoo.com	Phone (222) 222-2222	Alt. Phone
Last Name	First Name		Middle Name	Suffix
HOPE	HANNAH			~
Address:	a to look up City and States			





The Provider Dashboard

Every instance proceeding the initial setup, upon entering the username and password, the system will then navigate you to your dashboard. Features on the dashboard include:



Home Icon: Click this icon at any time to return to your homepage of your dashboard

Question Icon: Click this icon for Help topics regarding functions of the system and Q&As regarding the CCBC

process

X Icon: Click this icon to exit the CCCBC System

System Generated ID Number:



The System generated Entity Number is located in the top right corner. In this box, the name of your center and the System ID number is viewable. Providers that have additional centers may click the drop down tab to view their additional locations.





Action Tabs:

my Account Notifications Outstanding involces New Application Check for Engloring Case Log Elcensing Repo		My Account	Notifications	Outstanding Invoices	New Application	Check for Eligibility	Case Log	Licensing Report
---	--	------------	---------------	----------------------	-----------------	-----------------------	----------	------------------

My Account Tab:

To view or update the Provider/Entity information, password or security questions, select the **My Account tab**. Here you will select or update three (3) security questions, update your password, and update any contact information.

Notifications Tab:

To view or search received notifications from the system, select the **Notifications tab**. Here you will be able to enter a date range into the field boxes for any date. The system will return results of any notifications sent within that date range in a grid. These notifications may be viewed as a PDF by clicking the letter icon.

Outstanding Invoices Tab:

To view any outstanding balances, select the **Outstanding Invoices tab.** Here you will find any unpaid applications as well as any additional fees that were required by LDE (i.e. the applicant was later found to have lived outside of the state). Payments may be made per application or by batch.

New Application Tab:

To begin a New Application for a new or existing hire, select the **New Application tab**. By selecting the **New Applications tab**, the system will direct you to a new page which will begin the application process. **SEE APPLYING FOR A NEW APPLICATION SECTION.**

Check for Eligibility Tab

To search for an existing CCCBC for an individual, select the **Check for Eligibility tab**. Here you will be able to provide information for the system to simply locate and return a result as to whether this individual is eligible or provisional for child care purposes. You will not be able to "add a new hire with a CCCBC Eligibility" from here. **<u>SEE ADD A</u> <u>NEW HIRE WITH A CCCBC ELIGIBILITY SECTON</u>. **

You will need to provide information in the required fields to locate an individual that already has an eligibility determination. All fields are **required**.





You will need to input the following information:

- 1. last name;
- 2. first name;
- 3. Date of Birth
- 4. type of ID issued; and
- 5. ID Number.

NOTE: The type of ID provided by the applicant when their CCCBC was initially requested MUST match the type of ID being used to search for the applicant. For example, if a Social security Number was used, a social security number must be used to search for the individual.

Check Eligibility	Check I	ligibility Audit Log							
Check Eligibility									
Check eligibility for Entity BROCHARD'S CHILD CARE CENTER - 001786									
Date of Birth (MM/DD/YYYY)		ID Type	ID Number	Last Name	First Name				
••••••		APPLICATION ID	•••	Smith	John				
	Search Clear Dashboard								
			□Show Identifying Infor	mation					

Case Log Tab:

To view payment or transaction history, select **Case Log**. Here this function will allow you to input a date range and the system will generate history within a grid.

Search Function

Application ID	Last Name	First Name	Search Clear

The search function is located beneath the action tabs. To perform a search, you may enter information into any of the available fields:

- 1. application ID (found in the email notification)
- 2. Last name
- 3. First name





You may enter any one or combination of these items of information and select **Search**. The system will populate results with the Summary grid on the homepage of your dashboard.

Status Bar:

Status	Records
INCOMPLETE	1
PENDING SUBMIT	0
PENDING PAYMENT	1
IN PROGRESS	3
AWAITING FINGERPRINTS	0
CORRECTIONS REQUESTED	2
INDETERMINABLE	1
ELIGIBLE FOR CHILD CARE PURPOSES	0
INELIGIBLE FOR CHILD CARE PURPOSES	2
EXPIRED	0

In the far left corner of the provider dashboard is the **Status Bar.** Here you are able to see all of the possible statuses of your applications. To view applications found in any of the statuses, click on the particular status. Any applications currently assigned to that status by the system will be viewable in the summary grid on the dashboard.

Descriptions of the statuses are as follows:

Incomplete: Application has begun, but not yet completed. The application will be available in edit mode.

Pending Submission: Application form is complete, but User has not submitted. You will no longer be able to edit the application. Any edits must be performed via a Corrections Request by the LDOE

Pending Payment: User has not paid for application yet. You will no longer be able to edit the application. Any edits must be performed via a Corrections Request by the LDOE

In Progress: Application has been submitted and all fees have been paid. This queue will contain applications that LDE is currently performing the search on.

Awaiting Fingerprints: Application has been submitted and fees have been paid, however the applicant has not submitted fingerprints yet.





Corrections Requested: User may select application to update with correct information. To request a correction to an application, you must contact the LDOE at LDEchildcareCBC@la.gov.

Indeterminable: The applicant never submitted fingerprints and has not completed the CCCBC process.

Eligible: This queue will contain both Eligible and Provisional employees. You will be able to view and print determination letters in PDF format from this list.

Ineligible: This queue will contain applicants that were determined ineligible. You will be able to view and print determination letters in PDF format from this list.

Expired: This queue will contain employees whose CCCBC has expired. A renew button will be available for this individual.

New Application

Beginning a New Application:

This function serves 2 purposes:

- 1. Apply for a new hire
- 2. Add a new hire that has an existing CCCBC to the User Eligible Roster.

Applying For a New Hire: Step 1:

A. To begin a new application for a new hire, select New Application.



The system will navigate you to the **New Applicant screen**. Here you will have two options of information to provide:

- 1. Social Security Number; or
- 2. Applicant has no social security number

If the applicant **has** a social security number, you will enter the Social Security Number once and then again for verification purposes. You will then select **Next.**





		New Applicant		
Show Identifying Informa	tion	Re-Enter SSN: (Numbers Only)	•••••	Applicant has no SSN issued
		Next Clear Cancel]	

If the applicant does not have a social security number, you will select Applicant Has no Social Security Number.

The system will automatically populate additional fields in which you must provide the following information:

- 1. **identification type** selected from the Drop down box.
- 2. **issued by** selected from the Drop down box. You will need to choose the applicable state.
- 3. identification # (Number). You will need to enter a current, valid number.

		New App	licant		
Show Identifying Inform	nation				
Enter SSN: (Numbers Only)		Re-Enter SSN: (Numbers Only)			Applicant has no SSN issued
Select Identification Type:	STATE ISSUED ID	Issued By	COLORADO	~	
Identification #	•••••	Re-Enter Identification #	•••••		
		Next Clear	Cancel		





B. Complete Applicant Contact Information Form

You will need to complete the Applicant Contact Information Form fields. You will need to fill out the form in its entirety. Should you omit a required field, the system will alert you with a red icon beside the field requiring attention. An application form with all the required fields is available <u>here</u>.

You will need to select the **Arrow** button to proceed.

	Applicant Contact In	formation	
Applicant Type:	Applicant's Desired Position:	Date of Birth	
New Hire	Employee	2/1/1990	
Last Name	First Name	Middle Name	Suffix
DAY	JESSICA	NEW	V
Alias, Nickname or Tribal Names (All Names m	nust be listed including all names resulting from previ	ous marriages):	
Last Name	First Name		
		Add Alias	
Email Address	Verify Email Address	Telephone Number	Alternate Phone Number
ANOTHERTESTEMAIL@YAHOO.COM	ANOTHERTESTEMAIL@YAHOO.COM	(225) 222-2229	U
Physical Address:			
Enter the Street Address and then ZIP Code to lo	ook up City and State: 🗌 Out of Country		
Street Address: 100 HEY GIRL AVE			
ZIP Code: 70802 Parist	h/County: EAST BATON ROUGE	city: BATON ROUGE	State: LA 🗸
Is Mailing Address same as Physical Address Mailing Address: Enter the Street Address and then ZIP Code to Io Street Address: P.O. Box 123	? ○Yes ●No		
Is Mailing Address same as Physical Address Mailing Address: Enter the Street Address and then ZIP Code to Io Street Address: P.O. Box 123 ZIP Code: 70802 Parish	? Yes No No No City and State: Out of Country h/County:	city: BATON ROUGE	State: 🕰 💙
Is Mailing Address: Mailing Address: Enter the Street Address and then ZIP Code to lo Street Address: P.O. Box 123 ZIP Code: 70802 Parist	Yes No No No City and State: Out of Country County: EAST BATON ROUGE	city: BATON ROUGE	State:
Is Mailing Address: Enter the Street Address and then ZIP Code to lo Street Address: P.O. Box 123 ZIP Code: 70802 Parist Place of Birth (City) Monroe	? Yes No Nok up City and State: Out of Country h/County: EAST BATON ROUGE State	city: BATON ROUGE	State: My
Is Mailing Address same as Physical Address Mailing Address: Enter the Street Address and then ZIP Code to lo Street Address: P.O. Box 123 ZIP Code: 70802 Parist Place of Birth (City) Monroe See	? Yes No Nok up City and State: Out of Country h/County: EAST BATON ROUGE State LOUISIANA Height	City: BATON ROUGE	State: Marital Status Single V Malifen Name
Is Mailing Address same as Physical Address Mailing Address: Enter the Street Address and then ZIP Code to lo Street Address: P.O. Box 123 ZIP Code: 70802 Parist Place of Birth (City) Monroe Sex FEMALE	? Yes No Nok up City and State: Out of Country h/County: EAST BATON ROUGE State LOUISIANA Height 5. Feet 4. Inches	City: BATON ROUGE Citizenship US Weight (Ibs.) 140	State: Marital Status Single V Malden Name
Is Mailing Address same as Physical Address Mailing Address: Enter the Street Address and then ZIP Code to lo Street Address: P.O. Box 123 ZIP Code: 70802 Parist Place of Birth (City) Monroe Sex FEMALE Identification Type	? Yes No No Nok up City and State: Out of Country h/County: EAST BATON ROUGE State LOUISIANA Height 5,Feet 4,Inches	City: BATON ROUGE Citizenship US Weight (Ibs.) 140_ Issued By	State: Marital Status Marital Status Single V Maiden Name Identification Expiration Date
Is Mailing Address same as Physical Address Enter the Street Address and then ZIP Code to lo Street Address: P.O. Box 123 ZIP Code: 70802 Parist Place of Birth (City) Monroe Sex FEMALE Identification Type DRIVERS LICENSE	? Yes No No Nokup City and State: Out of Country h/County: EAST BATON ROUGE State LOUISIANA Height 5, Feet Number 33333333	City: BATON ROUGE Citizenship US Weight (lbs.) 140, Issued By LOUISIANA	State: LA V Marital Status Single V Malden Name Identification Expiration Date 2/1/2022
Is Mailing Address: Mailing Address: Enter the Street Address and then ZIP Code to lo Street Address: P.O. Box 123 ZIP Code: 70802 Parist Place of Birth (City) Monroe Sex FEMALE Identification Type DRIVERS LICENSE DRIVERS	? Yes No Nok up City and State: Out of Country h/County: EAST BATON ROUGE State LOUISIANA Height 5, Feet 4, Inches Number 33333333	Citizenship UB Weight (Ibs.) 140, Issued By LOUISIANA	State: Marital Status Single V Maiden Name Identification Expiration Date 2/1/2022
Is Mailing Address: Mailing Address: Enter the Street Address and then ZIP Code to lo Street Address: P.O. Box 123 ZIP Code: 70802 Parist Place of Birth (City) Monroe Sex FEMALE Identification Type DR/VERS LICENSE Race: Wanter	? Yes No book up City and State: Out of Country bh/County: EAST BATON ROUGE State LOUISIANA Height	Citizenship UB Weight (Ibs.) 140_ LOUISIANA	State: Marital Status Single V Maiden Name Identification Expiration Date 2/1/2022 Eye Color
Is Mailing Address same as Physical Address Mailing Address: Enter the Street Address and then ZIP Code to lo Street Address: P.O. Box 123 ZIP Code: 70802 Parist Place of Birth (City) Monroe Sex FEMALE Identification Type DRIVERS LICENSE Race: WHITE Control have any full of the store store and the direct full of the store store and the store and the store store and the s	? Yes ●No book up City and State: Out of Country h/County: EAST BATON ROUGE State LOUISIANA Height 5. Feet 4. Inches Number 33333333 Hair Color BROWN ♥	Citizenship UB Weight (lbs.) 140, Issued By LOUISIANA	State: Marital Status Single V Maiden Name Identification Expiration Date 2/1/2022 Eye Color BLUE V
Is Mailing Address same as Physical Address Mailing Address: Enter the Street Address and then ZIP Code to lo Street Address: P.O. Box 123 ZIP Code: 70802 Parist Place of Birth (City) Monroe Sex FEMALE V Identification Type DR/VERS LICENSE V Race: W WHITE V Do you have any tattoos, scars and/or distinguishing the second start of th	? Yes No Nok up City and State: Out of Country h/County: EAST BATON ROUGE State LOUISIANA Height 5, Feet a, Inches Number 33333333 Hair Color BROWN W	Citizenship US Weight (fbs.) 140, Issued By LOUISIANA	State: Marital Status Single V Maiden Name Identification Expiration Date 2/1/2022 Eye Color BLUE V
Is Mailing Address: Mailing Address: Enter the Street Address and then ZIP Code to lo Street Address: P.O. Box 123 ZIP Code: 70802 Parist Place of Birth (City) Monroe Sex FEMALE V Identification Type DRIVERS LICENSE V Race: V WHITE V Do you have any tattoos, scars and/or distin if so, describe:	? Yes ●No Nok up City and State: Out of Country h/County: EAST BATON ROUGE State LOUISIANA Height 5, Feet a, Inches Number 33333333 Hair Color BROWN ♥ Inclusion ♥	Citizenship US Weight (Ibs.) 140, Issued By LOUISIANA	State: 🔊 🗸





Upon selecting **Next**, the system will navigate you to the **Applicant Residence History** screen. Here, you will need to provide the last 5 years of residence history for the applicant.

You may select **Copy Current Address** to have the system auto-populate the residency information previously entered. You will need to add the **Date From (MM/YYYY)** and the **Date To (MM/YYYY)** information in the appropriate fields. Once you have entered all required information, select **Save.** Select **Clear** to clear the fields.

Name: DAY, JESSICA NEW Entity: ONLY A TEST DAYCARE	- 001809	Application ID: 45		Print Exit Abandon
	Applicar	nt Residence His	tory	
Residential Addresses in the Copy Current Address	Past Five (5) Years Date From (MM/YYYY) 01/2	012	Date To (MM/YYYY	01/2018
Residence Address: Enter the Street Address and th	en ZIP Code to look up City and State: 🗌 Out of C	ountry		
Street Address: 100 HEY GIP	RL AVE			
ZIP Code: 70802	Parish/County: EAST BATON ROUGE	city	BATON ROUGE	State: LA 💌
		Save Clear		
	oss P	eriod of Residence		

The system will populate this address into a grid. The grid will reflect the Address, Period of Residence, an Edit button, and a Delete button.

If you would like to edit the information, select Edit.

If you would like to delete the entry, select **Delete.**

You may repeat these steps to continue add additional addresses. Below is an example of multiple addresses entered for an applicant:

Name: DAY, JESSICA NEW Entity: ONLY A TEST DAYCARE - 001809		Application ID: 45		Print Ex	dit Abandon
	Applica	nt Residence His	tory		
Residential Addresses in the Past Five ((5) Years Date From (MM/YYYY)	_	Date To (MM/YYYY)		
Residence Address: Enter the Street Address and then ZIP Coa	le to look up City and State: 🗌 Out of	Country			
Street Address:					
ZIP Code:	Parish/County:	City	ŧ	State:	~
		Save Clear			
Address	1	Period of Residence			
100 HEY GIRL AVE, BATON ROUGE	, LA 70802 F	rom 01/2012 To 01/2018	Edit	Delete	
101 NEXT DOOR DR. MONROE I	LA 71202 F	rom 02/1990 To 01/2012	Edit	Delete	





Attaching Required Documents

You will need to attach required documents to the application from this page. You will first need to print the Applicant's Consent Form (See below). You must have the applicant sign this consent form and upload the signed document to the system.

NOTE: The system will only accept attachment types of only .jpeg, .pdf, or .tif. If you are having trouble getting a document to upload, check to see that the file is one of these types.

Required documents to attach for an application include:

- 1. applicant's Consent Form (Signed);
- 2. state issued identification; and
- 3. possibly forms required by other states, depending on the applicant's residential history.

Download and Upload the Consent Form

You will first need to print the Applicant's Consent Form (See below). You must have the applicant sign this consent form and upload the signed document to the system.

To view and print the PDF of the Consent Form for your applicant to sign, click on the link next to the PDF icon entitled **Click her to print the Consent Form.**

Active X must be enabled on your computer to print any documents from the site. Steps to enable ActiveX controls in Internet Explorer:

- 1. Select **Tools --> Internet Options** menu from the Internet Explorer.
- 2. Select the **Security** tab from the Internet Options dialog.
- 3. Select the appropriate Web content zone and click **Custom Level**.
- 4. Make the following options available under ActiveX controls and plug-ins to either **enable** or prompt:
 - 1. Download signed ActiveX controls
 - 2. Run ActiveX controls and plug-ins
 - 3. Script ActiveX controls marked safe for scripting
- 5. Click **Ok** to save the security settings.
- 6. Click **OK** to save and close the Internet Options dialog.

Note: It is recommended to add the Desktop Central server URL under trusted site zone of Internet explorer.







Then select the print icon on the application.

	NT CONSENT FORM				>
∮ ∮ 1	of 2 🕨 🌬 🖕 100%	Fir	nd Next 🔍 🗸 😨 🧔	3	
		SIANA DEPAF	TMENT OF	EDUCATION	
	INDIVIDUAL	AUTHORIZATION	AND CONSENT	FORM	
	CHILD CARE (DETERMINATION	CRIMINAL BACKG	ROUND CHECK	-BASED E PURPOSES	
Full Le	gal Name of Individual (print)	CONTRACTOR	SPEECH		
		(Last Name)	(First Name)	(Middle Name)	
Name	of Child Care Provider or §1809	Entity BOW	LING BALLS ACADI	EMY	
BY SI	GNING BELOW:				
BY SI	GNING BELOW: I CONTRACTOR, SPEECH	(Legal Name	of Individual), give m	ny consent for and authorize	
BY SI	GNING BELOW: I CONTRACTOR, SPEECH BOWLING BALLS ACADEMY	(Legal Name of Karles) (F	of Individual), give m ull Name of Child Ca	ny consent for and authorize are Provider or §1809 Entity)	
BY SI	GNING BELOW: I CONTRACTOR, SPEECH BOWLING BALLS ACADEMY to submit a request to the Lou Background Check (CCCBC) and I agree to provide all info	(Legal Name (F isiana Department of E -based determination of rmation necessary for L	of Individual), give m ull Name of Child Ca ducation (LDOE) for f eligibility for child o DOE to make said de	ny consent for and authorize are Provider or §1809 Entity) a Child Care Criminal are purposes on my behalf, etermination of eligibility.	
BY SI 1. 2.	GNING BELOW: I CONTRACTOR, SPEECH BOWLING BALLS ACADEMY to submit a request to the Lou Background Check (CCCBC) and I agree to provide all info I give my consent for and auti as part of my CCCBC, and ba eligible for child care suppose	(Legal Name of E isiana Department of E -based determination of rmation necessary for L norize LDOE to request sed on the information to a based on the requirem	of Individual), give m ull Name of Child Ca ducation (LDOE) for f eligibility for child o DOE to make said de and receive any back requested and receive ents set forth in 45 C	ny consent for and authorize are Provider or §1809 Entity) a Child Care Criminal care purposes on my behalf, stermination of eligibility.	

Have applicant sign his/her legal name on the consent form. Upload the document onto your computer and upload it into the applicant's required documents.

To upload documents, you may select from the drop down list provided in **Document Type.** To upload the appropriate file from your personal device, click **Browse.** Find the appropriate attachment and select **Upload.**

After each instance of an uploaded document, the system will display a pop up box indicating the **"File upload completed."** Click **OK** to continue to add uploads.

	Ap	plicant Attachments	
Click here to Print the Consent Form Marriage Certificate, Divorce Decree and, Miscc System will only accept attachments of type .p: Upload Documentation from the Document Type list	llaneous attachments are optional. If .tif , png and .jpg with a maximum file size of 10 below	18.	25
Document Type:	Upload File:	Browse Upload Clear	
Received 'new applicant add,JPG'			





Verifying Successful Uploads

Each successfully uploaded document will reflect in a grid. The grid will provide information such as:

- 1. Attachment description
- 2. Type of attachment
- 3. Who uploaded
- 4. Time and date stamp of upload
- 5. Option to delete

If an upload does not appear in the grid, then it was not a successful upload and you will need to perform the upload process again.

To view successfully uploaded attachments, you may double click on the desired attachment on the header entitled **Attachment** within the grid.

To delete the attachment, locate the **red X icon** in the grid on the far right side of the specific attachment you would like to remove. The system will generate a pop up box that will appear which will allow you to either confirm or cancel the deletion.

Name: FREE, BONNIE Entity: NEW HOPE DAYCARE -	001821 S5N: XXX	-XX-1117 on ID: 73	Print Exi	Abandon
	Applicant	Attachments		
Click here to Print the (C Marriage Certificate, D System will only accep Upload Documentation from Document Type:	Consent Form ivorce Decree and, Miscellaneous attachments are op t attachments of type .pdf, .tif, .png and .jpg with a m n the Document Type list below Upload File: Uploa	tional. aximum file size of 10MB. Brow d Clear	58	
Received 'a test doc.pdf'	Туре	Uploaded By	Unloaded On	Delete
A TEST DOC.PDF	Applicant's Driver's License or other Approved forms of Identification	HOPE, HANNAH	2/15/2018 11:19:00 PM	0
A TEST DOC.PDF	Applicant's Consent and Disclosure Form for Initial CCCBC	Hope, Hannah	2/15/2018 11:18:00 PM	8
Do you want to	o open or save A TEST DOCPDF from cccbcldoetest.la.gov?		Open Save 🔻 Cancel	×





Out of State Applications and Required Documents

Name: TRAVELER, BETTY Entity: FELLOWSHIP DAY CARE - 001795	SSI Ap	N: XXX-XX-1616 plication ID: 245			Print Exit
	Applicant	Attachments			
Marriage Certificate, Divorce Decr System will only accept attachmer	ee and, Miscellaneous attachments are optional. nts of type .pdf, .tif, .png, .jpeg and .jpg with a maximum f	ile size of 10MB.	Click	ere to Print the Consent Form	POF
Upload Documentation from the Docur	ment Type list below				
Document Type:	- Upload File:		Browse		
	Uploa	dClear			
Attachments	Туре	Uploaded By		Uploaded On	
DESERT.JPG	Applicant's Driver's License or other Approved form of Identification	s OWNER, OLLIE		3/14/2019 3:08:00 PM	
PENGUINS.JPG	Applicant's Consent and Disclosure Form for Initial CCCBC	OWNER, OLLIE		3/14/2019 3:06:00 PM	
You will also be required to uploa then upload the scanned form using t	d the forms shown below for the Out of State residences. he Browse and Upload buttons shown below for the form.	Click the corresponding	State form link to download	the form and print it. Complet	e the form and
	Out of State F	orms			
Click here to Download and Print the CH	IRI form for the state of ALASKA		Browse	pload ALASKA CHRI	
Click here to Download and Print the CA	N form for the state of ALASKA		Browse	pload ALASKA CAN	
You must follow the specific LDOE instru	uctions for the state of ALASKA. Click here to download and pri	nt instructions specified.			
Click here to Download and Print the CA	N form for the state of NEW YORK		Browse	pload NEW YORK CAN	
You must follow the specific LDOE instru	uctions for the state of NEW YORK. Click here to download and	print instructions specifie	d.		





	Applica	nt Attachments			
Marriage Certificate, Divorce I System will only accept attach Please upload at least one attachme Please upload at least one attachme Please upload at least one attachme	Decree and, Miscellaneous attachments are optional. ments of type .pdf, .tif, .png, .jpeg and .jpg with a maximu It for Document Type CHRI for Residence in the State of ALASKA It for Document Type CAN for Residence in the State of ALASKA If for Document Type CAN for Residence in the State of NEW YC	ım file size of 10MB. A. ORK.	8	Click here to Print the Consent Form	A Nor
Upload Documentation from the D	ocument Type list below				
Document Type:	v Upload File:	pload Clear	B	owse	
Attachments	Туре	Uploaded By	l	Jploaded On	Delete
DESERT.JPG	Applicant's Driver's License or other Approved for of Identification	orms OWNER, OLLIE	la la	3/14/2019 3:08:00 PM	
PENGUINS.JPG	Applicant's Consent and Disclosure Form for Init CCCBC	tial OWNER, OLLIE	3	8/14/2019 3:06:00 PM	
You will also be required to u then upload the scanned form usi	pload the forms shown below for the Out of State residenc ng the Browse and Upload buttons shown below for the fo Out of State	e Forms	g State form link to dow	nload the form and print it. Complet	e the form and
Click here to Download and Print th	e CHRI form for the state of ALASKA		Browse	Upload ALASKA CHRI	
Click here to Download and Print th	e CAN form for the state of ALASKA		Browse	Upload ALASKA CAN	
You must follow the specific LDOE i	nstructions for the state of ALASKA. Click here to download and	d print instructions specified.			
Click here to Download and Print th	e CAN form for the state of NEW YORK		Browse	Upload NEW YORK CAN	
	nstructions for the state of NEW YORK. Click here to download	and print instructions specifi	ied.		

Submission of Application:

Once you select next, the system will navigate you to the Application Submission Page. Here you may review a PDF

of the current Applicant Information on the left of the screen.

At the top of the screen you may review the accuracy of the Applicant's information

- 1. Social Security Number, if provided;
- 2. date of Birth; and
- 3. state issued identification information

You may choose to take the following actions:

- 4. Go Back to the Application.
- 5. Proceed to Payment.
- 6. Delete Application.
- 7. Return to Dashboard.





ACTIONS YOU MAY TAKE BEFORE PAYMENT:

If you have discovered an inaccuracy in the applicant's information and want to continue to edit the application,

select Go Back to the Application

If you would like to completely remove the existence of the application, select **Delete Application**

If you would like to leave the application as is and continue with other actions within the system, without continuing

to pay, select Return to Dashboard. The application status will be viewable on your dashboard as Incomplete.

Louis	EPARTMENT of EDUCATION siana Believes	Child Car	e Civil Backgrou	BCS nd Check System	ð ? 🔉	Welcome, BARBARA	
7 Plea	ase check the accuracy ble and send the Appli	y of the application and re cation for Processing.	view the Affidavi	t, then check the 'I Agree' b	ox below if you agree to	o the Affidavit and click 'Proceed to Payment' to make a payment if	
SSN:	XXX-XX-3222	Date of Birth:	9/9/1969	Identification:	LOUISIANA DRIV	ERS LICENSE #8778998 EXP: 09/09/2020	
				Amount D	ue: \$15		
		Go Back	o Application	Proceed to Payment	Delete Application	Return to Dashboard	
14 4	1 of 1 ▷ ▷	4 100% •	F	nd Next 🔍 🊱 🖨			
	DUCATION	Child Care Civi	Backgroun	d Check System			
Louisia	ana Believes	Louisiana	Department o	fEducation			
		В	1201 N 3rd St aton Rouge, LA 70	802			
		(225) 342	-5311 (225) 342-5	311 Fax () -			



I CERTIFY that I am either a licensed early learning center or a §1809 entity pursuant to BESE Bulletin 137 - Louisiana Early Learning Center Licensing Regulations, or a home-base child care provider eligible to participate in the Child Care Assistance Program (CCAP) pursuant to Bulletin 139 - Louisiana Child Care And Development Fund Programs; and

I FURTHER CERTIFY that I am requesting this Child Care Criminal Background Check (CCCBC)-based determination of eligibility for child care purpose for and with the consent of the above-listed individual, who is required by State or federal law or regulation to obtain this determination prior to being present in either a licensed early learning center or the residence of a home-based child care provider eligible to participate in CCAP; and

I FURTHER CERTIFY that all of the information I provided on this form is true and complete and the information that was provided to me by the above-listed individual is truthfully and accurately reported as it was provided to me; and

I FURTHER CERTIFY that I will remove the name of the above-listed individual from my list of eligible individuals when s/he is no longer a staff member or present or providing services in my center or home.



Please verify the SSN entered at the time of creating the application:





Payment Process: PROCEEDING TO PAYMENT:

If you would like to submit and pay for the application, you must first read the text box entitled **Affidavit.** This section of information indicates that you, as a provider or entity, have read and understand the legal obligations and consequences of submitting this application.

Select I agree.

NOTE: Should you choose not to agree to the language of the Affidavit, the application will not continue to be submitted and you will be navigated back to your dashboard. The status of the application will remain **Incomplete**. *Once you have selected I agree, you may click on the Proceed to Payment Button.*

Paying for the CCCBC: 4 Step Process

Step 1: Pay Now or Pay Later

You may pay for applications one at a time or in batches.

The system grants the option to either 1. Pay Now or 2. Exit and Pay Later.

If you would like to pay for several applications at a time, choose to Exit and Pay Later. The application will go into

the queue.

If you would like to pay for each application individually, choose to Pay Now.

			Step 1 of 4 Complete	
Step 1 of the app proceed to paym to exit the applica Invoice Nur Amount Du	plication process is co lent and submit your a ation and return later f mber: 000032 le: \$15.00	mplete. Below is an invol pplication to the Louisiana or payment.	ice for partial payment of this application. Click "Pay" to a Department of Education (LDOE), Click "Exit & Pay Later	Steps for a complete CCCBC submission: 1. Application (complete) 2. Pay focts to LODE 3. Pay focts to IDDE 4. Send Applicant for fingerprinting
			Pay Lxit & Pay Later	
	10 00 0 0 00 00 00 00 00 00 00 00 00 00	Find	Next 🔍 👶 🖨	
Id I I of DEPARTMEN EDUCAT Instation Belle	Child Care Louis	Civil Background (isans Department of Ex 1201 N 3rd St Balon Rouge, 10 70800 Casa (con 200 0000 Fee)	Next ⊶ ఈ ∯ ∯ Check System iducation 2	
Id d 1 of DEPARTMEN LEDUCATI	1 0 1 0 10000 Tot Child Care Louis (225) 767-	Civil Background C tiana Department of Ec 1201 N 3rd St Balon Rouge, 1 A 76807 -5830 (990) 200-0000 Fax (2 Itunice Dete	I Next System Glucation 2226) 757-5030	
Id d 1 of DEPARTMEN LEDUCATI Londstana Balle	1 b bl a 10040 Ton Child Care Louis (225) 767- 600032	Civil Background C isana Department of El 1201 N 3rd St Balon Rhage, 1 A 70802 6030 (990) 300-0000 Fax (2 Invoice Date Distant	1 Next 4 + 20 ♣ Check System iducation 7 226) 757-5030 1/2/1/2018 1/2/1/2018	
Id 4 1 of DEPARTMEN DEPARTMEN DepEndent Invoice # Application ID Nome	L b bl b look Child Care Louis (225) 767- (225) 767- Cooo32 45 CAY JESSION NEW	Pind 1 Civil Background (tiana Department of Ex 1201 N 3rd 3t Bidro Kang, I A 7/020 5030 (590) 000-0000 Fax (2 Invoice Date Phene	Next 4 • 4 • 4 • 4 • 4 • • • • • • • • • •	
Id A I of DEPARTMEN DEPARTMEN EDUCAT Invoice # Application ID Name Address	L b bl c 1004 Child Care Louis (225) 767- (225) 767- Cooo.2 45 Tay, JESSICA NEW P 0 B2X 123 EATON BOLICE, LA 70002	Pind 1 Civil Background (inan Dopartment of Ex- 1201 N 3rd St. Background (inan Dopartment of Ex- inans Range, 1 A 7(202) C6030 (690) 500-0000 Fax (2 Invoice Date Please	Next 4 • 4 • 4 • 4 • • • • • • • • • • • •	
Id d I of Department Departm	1 b bl d 100% Child Care Louis (225) 767- (22	Pine 1	Next 4	

Upon selecting to **Pay Now**, the system will generate a pop up box verifying that you wish to proceed with the option selected.





			Step 1 of 4 Comp	olete		
Step 1 of the proceed to pa to exit the app Invoice N Amount [application process is complete. yment and submit your applicatio lication and return later for paym umber: 000052 Due: \$15.00	Below is an invoic n to the Louisiana ent. Message f	e for partial payment of this ap Department of Education (LDOE). rom webpage Are you sure you wish to proceed with	Dication. Click "Pay" to Click "Exit & Pay Later"	 Application (complete CCCBC submission: Application (complete) Pay fees to LDOE Pay fees to Fingerprinting Entity Send Applicant for fingerprinting 	
14 4 1	of 1 ▷ ▷ ↓ ↓ 100% ▼		C	K Cancel		^
LOUISIANA BO	Child Care Civil E Lieves Louisiana D Bato (225) 342-63	Background C epartment of Ed 1201 N 3rd St n Rouge, LA 70802 111 (225) 342-5311 F	heck System ucation Fax () -			
Invoice #	000052	Invoice Date	2/15/2018			- 1

Step 2: Payment

The system will direct you to a third party vendor's secure payment site. Here you will pay the LDOE fees.

You will select a **Method of payment.** The CCCBC system currently only accepts credit card. You may use either

- 1. Visa;
- 2. MasterCard;
- 3. American Express; or
- 4. Discover.

Select **Next** to continue to the next page.

		Background Check
Payment Method		
	* Indicates required field	
	Your Information	
	* Applicant/Lnifty Name: SLCONDARY PROVIDL * Receipt Number: 42 * Amount, 15.00 * Invoice Count, 1	
	Choose method of payment	
	Pay by credit card VISA Back Next Exit	





You will need to provide the third party with the following:

- 1. Business Name
- 2. Street line 1
- 3. Street line 2
- 4. City
- 5. Phone
- 6. Email

You will also need to identify the payment method information:

- 1. Name on the card
- 2. Card Number
- 3. Expiration Month
- 4. Expiration Year
- 5. Captcha Image

Once you have entered all of this information, you will select Next.

*Business Name: New Hope *Street Line 1: 101 New Street Line 2: *City: Zachary	9 Daycare Hope Ln
*Street Line 1: 101 New I Street Line 2: *City: Zachary	Hope Ln
Street Line 2: "City: Zachary	
*City: Zachary	
100 C	
*State: Louisiana	~
*Zip: 70791	
Phone:	
E-Mail:	
Payment Details)
rayment Amount. 13.00 031	á.
Payment Method	
*Name on Card: Hannah H	ope
	55554444
Card Number: 55555555	
"Card Number: 5555555	
*Expiration Date:	11 🗸
*Payment Amount: 15.00 USI Payment Method *Name on Card: Hannah H) ope





A Payment Review page will now be viewable by you to verify that your payment information is correct.

Select **Pay Now** to submit and pay LDOE fees.

Select **Cancel** to avoid continuing in the payment process, this application will go in your dashboard on your summary.

Select **Back** if you need to make an edit to your payment information before submitting payment.

Couisiana Believes	Id Care Civil Background Check System	Background Check
Payment Review		
	Address Billing Address: New Hope Daycare 101 New Hope Ln Zachary, LA 70791	
	Payment Method Credit Card Card Hannah Hope x4444 01/20	
	Payment Amount Amount: 15.00 USD Total: 15.00 USD	
	Back Pay	Now Exit

By selecting **Pay Now**, the system will redirect you to the **Payment Confirmation** page.

Select **Print** to print this page for your records.

Select **Home** to return to your home screen.

You will then be ready to proceed to Step 3.

DEPARTMENT C EDUCATIO		Care Civil Background Check Syste	Bem	Welcome, HANNAH
	Paymen	t Confirmation		Step 2 of 4 Complete
Payment Processed: Confirmation Number:	III Payment Successful III 18021604448947			Steps for a complete CCCBC submission:
Invoice Amount Paid: Payment Submission Date:	\$15.00 2/16/2018			1. Application (complete) 2. Pay fees to LDOE (complete) 3. Pay fees to Fingerprinting Entity.
Authorization Code:	157808			for each individual applicant). Note: the payment to the Fingerprint Entity must be
Invoice No.	Application ID	Name	Amount	done individually for each applicant. 4. Send Applicant for fingerprinting.
000052	73	FREE, BONNIE	\$15.00	Click to view Fingerprint Locations
Total Amount Paid: \$15	.00 Pri	Home		
			Copyright © 2018 DB Sysg	3 Sysgraph Inc.





Step 3: Paying Fingerprinting Fees

step 3 of the 4 steps to complete the CCCBC request is paying the fees to the fingerprinting entity via the CCCBC System. Unlike the application fees that may be paid to LDOE either by single transaction or in a batch, **the fingerprinting fee must be paid separately for each individual by choosing the fingerprint Icon (see below)**.

After selecting **HOME** on the payment confirmation page of Step 2, the system will navigate you back to your provider dashboard. You will find a snapshot of the applicant's status information a grid on the homepage. For applications that: (1) have been submitted, (2) the application fees have been paid, and (3)their status is IN PROGRESS, the system will populate a **Fingerprint Icon** to the far right.

Choose this icon to continue to pay for the fingerprinting fees. You will be redirected to a third party vendor site. Follow the instructions on the site to complete the payment process.

ID	Name	Position	Status	Date Submitted	Date Issued	Expiration Date	
61	CONTRACTOR, SPEECH	CONTRACTOR	INCOMPLETE				
77			INCOMPLETE				\cap
57	GEORGIA, ATLANTA	EMPLOYEE	PENDING PAYMENT				()
69	TEST, THOMASINA	EMPLOYEE	IN PROGRESS	2/12/2018			ଶ୍ୱି
68	TEST, JOSEPH THOMAS	EMPLOYEE	IN PROGRESS	2/12/2018			ୗୗ
52	SMITH, NANNIE BOOBOO	DIRECTOR DESIGNEE	IN PROGRESS	2/5/2018))) ()()
64	TEST, JOSEPH THOMAS	EMPLOYEE	CORRECTIONS REQUESTED	2/8/2018			<i>ା</i> ଣି
63	THOMAS, JOSEPH TEST	EMPLOYEE	CORRECTIONS REQUESTED	2/8/2018			କି
							\ /

FINGERPRINTING AND THE TCN

During the completion of paying the fingerprinting fees, the vendor will generate a **Transaction Control Number (TCN)** for the specific applicant. The TCN links the applicant to the fingerprinting location.

This TCN must be given to the fingerprint location.

There are several places that this TCN number will be available. However, it will be emailed to the User and it will be emailed to the Applicant.

TON.	LA123450	radine. W	UTE GARE TAKEN	
Transaction Fee:	\$ 46			
Fields with the yellow background c	olor are required 🚇	Important notice rega	rding failed payments and google	toolbar
Credit Card Information		- Billing Address -		
Credit Card Type		Street Address		
Visa VISA		656 Second St		
Card Number		City	State	
4055011111111111		Jefferson city	Louisiana 🗸 👻	
Card Verification Code (CVV2)		Zip Code		
456		65101		
Expiration Date		Daytime Phone I	lumber	
01 🛛 2015 💽		(314)569-7	896 Ext	
Name As It Appears On Card		Email Address		
SANDY SMITH			1	





TOTAL FEES FOR THE CCCBC:

The \$15 fee charge by the Department will contribute to an effort to make the process as efficient and user-friendly to the providers as possible.

Fees Collected by the Department on the System (Step 2) include

- \$15 LDOE administrative fee;
- \$25 DCFS fee for search of State Central Registry for Child Abuse and Neglect (on or after July 2018); and
- \$15 (if applicable) fee per state for record searches in any other state in which the person has resided during the past five years (to be sent to other state agencies). This will only be charged if the person lived in another state in the last 5 years.

Fees Collected by Fingerprint Vendor (Step 3) include

- \$26 fee for Louisiana Bureau for Louisiana criminal history record information;
- \$13.25 fee for FBI for federal criminal history record; and
- \$10 fee from fingerprint vendor

Step 4: Send Applicant for Fingerprinting CONFIRMATION: SEND APPLICANT FOR FINGERPRINTS

Once you have completed the payment process on the vendor's site, you will be redirected back to the CCCBC portal

to a Payment Confirmation page.

You may now send your applicant to the fingerprinting location to submit their fingerprints. It is not necessary to schedule an appointment, however hours of operation may vary depending on the location.

If you would like to print the confirmation page, select the **Print** button.

Fingerprint locations are available on the **Provider Dashboard Page** here.

If you would like to return to your portal homepage, select the **Home** button.

Payment Processed: III Payment 1 Confirmation Number: 18013104392 Invoice Amount Paid: \$15.00 Payment Submission Date: 1/31/2018	accessful III 23		Steps for a complete CCCBC submission: 1. Application (complete) 2. Pay fact to LDDE (complete)
Confirmation Number: 18013104392 Invoice Amount Paid: \$15.00 Payment Submission Date: 1/31/2018	23		1. Application (complete)
Invoice Amount Paid: \$15.00 Payment Submission Date: 1/31/2018			2 Pay fees to LDOF (complete)
Payment Submission Date: 1/31/2018			a. Tuy rees to Ebot (comprete)
			3. Pay foce to Finger printing Entrity
Authorization Code: 591182			4. Send Applicant for hingerprinting
Invoice No. Application	D Name	Amount	
000032 45	DAY, JESSICA NEW	15.00	
Total Amount Paid: \$15.00			





Notifications:

When an application has been submitted, the system will generate an email notification entitled: LDOE Child Care

Civil Background Check System Application Submission to the applicant's email that was provided on the application. This email will notify the applicant that an application has been submitted on their behalf. It will also notify them that there are additional payment processing steps that must occur before completion.

	×
To whom it may concern:	^
The Child Care Criminal Background Check (CCCBC) that your Center and/or authorized Entity have requested through the Louisiana Department of Education (LDOE) Child Care Civil Background Check System is now ready to view. You can monitor the status of the request by logging into the secure online system using the link provided below:	
Click here to go to LDOE Child Care Civil Background Check System	
There will be additional steps and payment prior to the completion of the CCCBC request.	
The applicant must bring their Transaction Control Number (TCN) with them to the fingerprint location.	
Applicant TCN: LA000173	
The outstanding fees required before fingerprint submission are as follows:	
 Fee for Louisiana Bureau for Louisiana criminal history record information; Fee for FBI for federal criminal history record information; and Fee for the fingerprint submission 	
Please do not reply to this email as it is automatically generated. If you have questions or concerns please contact the Criminal Background Check Unit by email at LDEchildcareCBC@la.gov or by phone at (877) 453-2721.	
If you did not authorize this request contact LDOE IMMEDIATELY at LDEchildcareCBC@la.gov.	~

Providers/Entities will receive an email notification entitled: LDOE Child Care Civil Background Check System

Application was submitted. This email notifies you that the application was successfully submitted and the status

may be monitored via the provider dashboard. This email serves to remind you that there are additional fees and

actions that must be taken regarding fingerprints before the process is complete.





🗖 EMAIL



Notifications: Eligible and Ineligible Notifications Notices of Eligibility/Ineligibility

When LDOE has made a determination on an applicant, the system will automatically generate two separate notices:

- 1. Notice of Eligibility or Notice of Ineligibility to the Provider/Entity
- 2. Notice of Eligibility or Ineligibility to the Applicant

The content of these notices sent to the provider will be different than the content of the notice sent to the applicant.

You, the provider/entity, will receive a notification entitled: Child Care Criminal Background Check Status Change.

This notification will notify you that a status change has occurred to a specific application. The body of the notification will contain the application Number and a link to the CCCBC System. You will need to login to your provider dashboard and conduct a search using the Application Number. The system will populate the applicant summary in the review grid. To view the determination letter, select the **Letter Icon** on the far right. A PDF version of the determination may viewed in a pop screen.





EMAIL

SUBJECT: Child Care Criminal Background Check Status Change

EMAIL BODY/CONTENT:

To whom it may concern:

This notice is to inform you that there has been a change of status for the Child Care Criminal Background Check (CCCBC)-based eligibility determination for the individual with the following Application ID:

Application ID: 36.

You can view the status of the request and any determination letters that may have been issued by logging into the secure online system using the link provided below:

Click here to go to LDOE Child Care Civil Background Check System

You may search for the Applicant Name to view the new status. If there has been a determination letter issued due to the change in status, click on the View Determination Letter icon on the Applicant's record.

Please do not reply to this email as it is automatically generated. If you have questions or concerns please contact the Criminal Background Check Unit by email at LDEchildcareCBC@la.gov or by phone at (877) 453-2721.

Sincerely,

Valerie Black Senior Program Manager





When a determination has been issued, whether eligible or ineligible, the system will then create a portal for that applicant. The applicant shall receive an email notification to the email provided in the application notifying them that an account has been created on their behalf. This notification will include a username and temporary password for the applicant. Once the applicant logs in using this information, they will be able to see the results of their CCCBC along with the determination letter. **You will not have access to this personal account.**



How to View "My Roster" of Eligible Employees:

You may view your current "roster" of eligible employees by selecting **Eligible for Child Care Purposes** located under the Status bar. A grid will populate with the employees of the center that have been determined Eligible or Provisional for child care purposes.

Information that is summarized in the grid include:

- 1. Application ID: You may use the ID to search for the employee within the system
- 2. Name
- 3. Status
- 4. Date of Submission (This date reflects the date that the application was submitted and paid.)
- 5. Issue Date (This date reflects the date LDOE issued the employee's eligibility determination.)
- 6. Expiration Date (This date reflects the date that the current CCCBC will expire.)
- 7. Fingerprint Payment Icon (Click here to pay fingerprinting fees.)

You may view a PDF of the employee's applicant information by clicking on the individual row.





If you would like to view the determination letter, click on the **Determination Icon.**

If you would like to remove the employee from your roster, click on the **Delete Icon**.

DEPARTMENT OF EDUCATION Louisiana Believes		Child	Care Civil Backg	BCS round Check Sys	tem Welcom	e, JUSTINA			â	ζ ζ	X
My Account Notifications Outstanding Invoices New Application Check for Eligibility Case Log											
Application ID			Last N	ame	Firs	t Name			Search	Clear	
Status	Records	ID	Name	Position	Status	Date Submitted	Date Issued	Expiration Date			^
INCOMPLETE PENDING SUBMIT	1	45	DAY, JESSICA NEW	EMPLOYEE	ELIGIBLE FOR CHILD CARE PURPOSES	1/31/2018	2/6/2018	2/6/2023	Delete	Determination	
PENDING PAYMENT IN PROGRESS	1	36	KNOPE, LESLIE P	EMPLOYEE	ELIGIBLE FOR CHILD CARE PURPOSES	1/29/2018	1/30/2018	1/30/2023	Delete	Determination	1
AWAITING FINGERPRINTS CORRECTIONS REQUESTED	0	8	doe, jane	DIRECTOR DESIGNEE	ELIGIBLE FOR CHILD CARE PURPOSES	1/17/2018	1/19/2018	1/19/2023	Delete	Determination	
INDETERMINABLE ELIGIBLE FOR CHILD CARE PURPOSES	0 3										
INELIGIBLE FOR CHILD CARE PURPOSES	1										

Checking Eligibility of Contractors/Potential employees

To check eligibility of a contractor or a potential employee, login to your provider dashboard.

Select the Check Eligibility tab.

The system will navigate you to the next screen where you can provide information required to locate the individual within the system. You will need

- 1. last name;
- 2. first name;
- 3. date of birth;
- 4. ID type; and
 - a. **NOTE:** The ID type you select must match the ID type given at the initial application. These must match in order to locate the individual in the system.
 - b. Ex: Jane Doe used her Driver's License to apply. You will select Driver's License as the ID type.
- 5. ID Number.

Select Search.





TIP: If you are unable to locate the individual using the ID type and number they have provided, continue to try with the other available options of ID Types and the corresponding ID Numbers. For example, if you provided the Social Security Number, but the system does not locate them, try using the Driver's License instead.

Check Eligibility Check Eligibility Audit	Log					
Check Eligibility						
Check eligibility for Entity	FELLOWSHIP DAY CARE - 001795					
Date of Birth (MM/DD/YYYY)	ID Type	ID Number	Last Name	First Name		
	~					
		Search Clear Dashboard				
		Show Identifying Information				

Check Eligibility Log

Check Eligibility	Check Eligibilit	y Audit Lo	9			
Search for	All Applicants	Celigible Ap	plicants Only			
Date Range	03/03/2018	то	03/15/2019			
					Vie	ew Clear
	> ▷∥ ф 100%	v	Find Next	🖳 • 🛞 🖨		
	Child	Care Civi	I Backgroun	d Check	System	
		Louisiana	Department o	f Educatio	1	
		В	1201 N 3rd St aton Rouge, LA 70	802		
		Ch	eck Eligibility A	Audit		
		Date Search	ed During 3/3/201	8 to 3/15/2019	9	
Searched	Results	Date Search	ned Searc	hed By	Provider Name	System Entity ID
LAST NAME: BUSH, FIRST NAME: BELLA	NO RECORD FOUND	2/27/2019	OWNE	ER, OLLIE	BROCHARD'S CHILD CARE CENTER	001786
LAST NAME: CEASER, FIRST NAME: DONALD	ELIGIBLE FOR CHILD CARE PURPOSES	2/27/2019	OWNE	ER, OLLIE	BROCHARD'S CHILD CARE CENTER	001786
LAST NAME: KNOPE, FIRST NAME: LESLIE	NO RECORD FOUND	2/27/2019	OWNE	ER, OLLIE	BROCHARD'S CHILD CARE CENTER	001786
LAST NAME: SHADY,	ELIGIBLE FOR CHILD	2/27/2019	OWNE	ER, OLLIE	BROCHARD'S CHILD	001786





Child Care Civil Background Check System

Louisiana Department of Education

1201 N 3rd St Baton Rouge, LA 70802

Check Eligibility Audit

Date Searched During 12/3/2018 to 3/29/2019

Searched	Results	Date Searched	Searched By	Provider Name	System Entity ID
LAST NAME: JUNGLE, FIRST NAME: GEORGE	NO RECORD FOUND	3/8/2019	OWNER, OLLIE	OLLIE'S PLACE	001820
LAST NAME: LUE, FIRST NAME: MARY	ELIGIBLE FOR CHILD CARE PURPOSES	3/8/2019	OWNER, OLLIE	OLLIE'S PLACE	001820
LAST NAME: MAMMOTH, FIRST NAME: WOOLEY	NO RECORD FOUND	3/8/2019	OWNER, OLLIE	OLLIE'S PLACE	001820
LAST NAME: TIGERS, FIRST NAME: GEAUX	PROVISIONAL FOR CHILD CARE PURPOSES	3/8/2019	OWNER, OLLIE	OLLIE'S PLACE	001820
LAST NAME: HAPPY, FIRST NAME: FINGERS	NO RECORD FOUND	3/12/2019	OWNER, OLLIE	OLLIE'S PLACE	001820

Adding New Hires with an Existing CCCBC Determination:

New Hires with an Existing CCCBC Determination may be added via the provider dashboard.

To add a new hire with an existing CCCBC, login to your provider dashboard and click on the New Application tab.

The system will navigate you to the **New Applicant** Page.



From the **New Applicant Page**, you will be able to locate the applicant in two ways:

- 1. By entering the SSN or
- 2. By selecting Applicant has no SSN issued, if the individual does not have a SSN.

By entering the SSN:

On the New Applicant page, you will enter in the applicant's SSN and once again for verification purposes. If the applicant used a SSN the first time their CCCBC was applied for, the system will match the SSN to the existing record.





Louisiana	MENT of CATION Believes		BCS Background Check System	Weld	ome, LINDSEY		ŵ	8	\mathbb{X}
			Ne	w Applicant					
	Enter SSN:	123 45 5789	Re-Enter SSN:	123 45 6789	×	Applicant has no SSN issued			
			Next	Clear Cancel]	an i Antoni constant son i Antoni			

By selecting Applicant has no SSN issued:

		New App	licant		
Show Identifying Inform	nation	and the second			
Enter SSN: (Numbers Only)		Re-Enter SSN: (Numbers Only)			Applicant has no SSN issued
Select Identification Type:	STATE ISSUED ID	Issued By	COLORADO	~	
Identification #	•••••	Re-Enter Identification #	•••••		
		Next Clear	Cancel		

If using the SSN returns no results, then select **Applicant has no SSN issued**. The system will generate optional fields in which you can provide information. For example, if you provided the SSN, but the system does not locate the individual, try using the driver's license instead.

Click on Select Identification Type and choose from the following options in the drop down list:

- 1. driver's license
- 2. state issued ID

You'll need to provide information in the fields:

- 1. issued by (state)
- 2. identification #
- 3. re-enter identification #

Select Next to initiate the search.

If the applicant was found in the system, the system will generate a message verifying whether the applicant information it has found matches the applicant in which you are searching for. The system will display the applicant's name and address.





The message will ask you to click on the **Consent Form**. Print this consent form and have the applicant sign. See screenshot below.

NOTE: Remember to activate **Active X** in order to print. See page 51 in the **Troubleshooting guide** on how to activate.

To view and print this form, select document type and click on Applicant Consent Form.

To upload the signed consent form from your device, click **Browse**. Select the appropriate document and click **Upload**. If the upload is successful, the system will reflect the upload in a grid.

You may view the upload by clicking on the attachment within the grid. You may also delete the attachment by clicking on the **red X icon** if you wish to remove it.

Review the screen to ensure that you have identified the individual as the person you seek to add to your list of eligible and that you have successfully uploaded the Consent Form.

Select **Confirm** to continue.

		New	Applicant		
Enter SSN:	123-45-6789	Re-Enter SSN:	123-45-6769	Applicant has no SSN issued	
	If the Individual b	elow is the person you're search DAY 100 HEY GIRL AV	h <mark>ing for, Please upload the Consent fo</mark> r, JESSICA NEW E, BATON ROUGE, LA 70802	rm and click 'Confirm'	
click here to F	rint the Consent Form				
Click here to f	Print the Consent Form Ily accept attachments of typ ation from the Document Type	e .pdf, .tif, .png and .jpg with a s list below	n maximum file size of LOMB.	Prnase	
Click here to P System will on Upload Documenta Document Type:	Print the Consent Form IV accept attachments of typ ation from the Document Type Applicants Consent Form	e .pdf, .tif, .png and .jpg with a a list below	naximum file size of LOMB.	Penase	
Click here to P System will on Upload Documents Document Type: Received YealsJpg'	Print the Consent Form by accept attachments of typ attion from the Document Type Apolizonts Consent Form	e .pdf, .tif, .png and .jpg with a : list below * Upi	n maximum file size of 10MB. Upload File:	- Rosage	
Click here to f System will on Upload Document: Document Type: Acceived Real-Jp; Attachments	Print the Consent Form Ily accept attachments of type attachment Type Applicants Consent Form Type	e .pdf, tif, .png and .jpg with a a list below Upl	unaximum file size of JOMB. Upload File: Ond Clear Uploaded By	[Prove Upleaded On	Delete

After selecting **Confirm**, the system will generate the following message:

This Applicant is added to your ELIGIBLE FOR CHILD CARE PURPOSES Roster.

NOTE: It may instead indicate that the person has been added to your Provisional for Child Care Purposes Roster as well since these statuses are both managed in the Eligible list.

The process of adding the new hire to your roster is now complete. To return to your dashboard, select **View Roster**. The system will navigate you back to your dashboard and will reflect the new addition in the grid.





Adding a Center to Your Account:

To add an additional Center to your account, you will need to contact LDOE Customer Services at

LDEchildcareCBC@la.gov.

Troubleshooting Guide

- I need my password reset. What do I do?
 - Click Forgot password under the log in
 - Make sure to set up your security questions
 - You will receive an email with a temporary

password. Enter that password to login and update your password.

- I can't find my applicant? How do I find them?
 - Using the search tool, on the provider dashboard, you may search by application ID, last name, or first name.

Application ID	Last Name	First Name	Search Clear

- Enabling Active X Controls your device must have active x controls to print documents from the system. You may follow the prompts from your computer for enabling it or follow these steps:
 - Select **Tools --> Internet Options** menu from the Internet Explorer.
 - Select the **Security** tab from the Internet Options dialog.
 - Select the appropriate Web content zone and click **Custom Level**.
 - Make the following options available under ActiveX controls and plug-ins to either enable or Prompt:
 - 1. Download signed ActiveX controls
 - 2. Run ActiveX controls and plug-ins
 - 3. Script ActiveX controls marked safe for scripting
 - Click **Ok** to save the security settings.
 - Click **OK** to save and close the Internet Options dialog.
 - It is recommended to add the Desktop Central server URL under trusted site zone of Internet explorer.





- I need to print my applicant consent form, but the print icon is not available.
 - If you are using Chrome or Firefox, the print icon will not appear. The print icon is only supported in IE. You may open the document as an adobe pdf, word document or excel document by clicking on the disk symbol and print the document from the open file. PDF is recommended.

[4 4 1 of 2 ▶ ▶]	4 100% 🗹 🛛 Find Next 🖶 🕲 🖨
	LOUISIANA DEPARTME
IN CH DETER!	DIVIDUAL AUTHORIZATION AND CONSENT FORM for ILD CARE CRIMINAL BACKGROUND CHECK-BASED MINATION OF ELIGIBILITY FOR CHILD CARE PURPOSES
Do you want to open or save Appl	cant Consent Report_2_20_2018 10_30_02 AM.pdf from cccbcldoetest.la.gov? Open Save Cancel ×

Open the downloaded file and print from the new document.

- I did not receive my notification email regarding my applicant's change in status. What can I do?
 - Check your notifications log to view all sent messages. You may click View

under

to see the Message notification that was sent.

If you have any additional questions regarding the system or have issues that are not addressed here, please email Idechildcarecbc@la.gov.





Appendix

Required documents for Provider/Entity registration:

- 1. state issued identification verification document; (ID, Driver's License);
- 2. letter of employment on official letterhead; and (Employment verification, W2, 1099 form); and
- 3. proof of incorporation or business registration. (Business License, Letter from Secretary of State).

Required documents to attach for an application include:

- 1. Initial Consent and Disclosure Form for the Applicant (Signed, LDOE generated); and
- 2. State Issued Identification (i.e. ID, Driver's License).

Important Links:

- 1. Louisiana Believes Website
- 2. Criminal Background Check Section
- 3. Child Care Civil Background Check System (Website)
- 4. Fingerprint Locations
- 5. List of Prohibited Offenses
- 6. Initial Consent and Disclosure Form for the Applicant (CBC Download List)
- 7. Louisiana CCCBC Initial Request Form (CBC Download List)