



Edlink Access and In-Home Provider Application User Guide

2023-2024

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PURPOSE

The purpose of this User Guide is to assist Early Childhood Providers in Edlink account registration and Edlink Security access Requests in Edlink Security.

GENERAL INFORMATION

- Edlink Security streamlines all provisioning rights into one user-friendly system for all LDOE data systems.
- Edlink Security allows users access to multiple data systems with one User ID and Password.
- While previous legacy systems may have required communication and exchange via email or paper, Edlink Security virtually eliminates these processes by integrating documentation and requirements

LINKS UTILIZED IN THIS DOCUMENT

- MYLA- Create a User ID and Password or reset a Password.
<https://myla.la.gov/>
- Edlink Ops Portal- Complete Personal Profile and create Edlink account.
<https://ldo.edlink.la.gov/>
- Edlink Security- Request Role Access to Entity/ies.
<https://registration.edlink.la.gov/>
- Edlink Tech Support- Request Role Access to Entity/ies.
<https://edlinksupportsystem.com>

USER TIPS

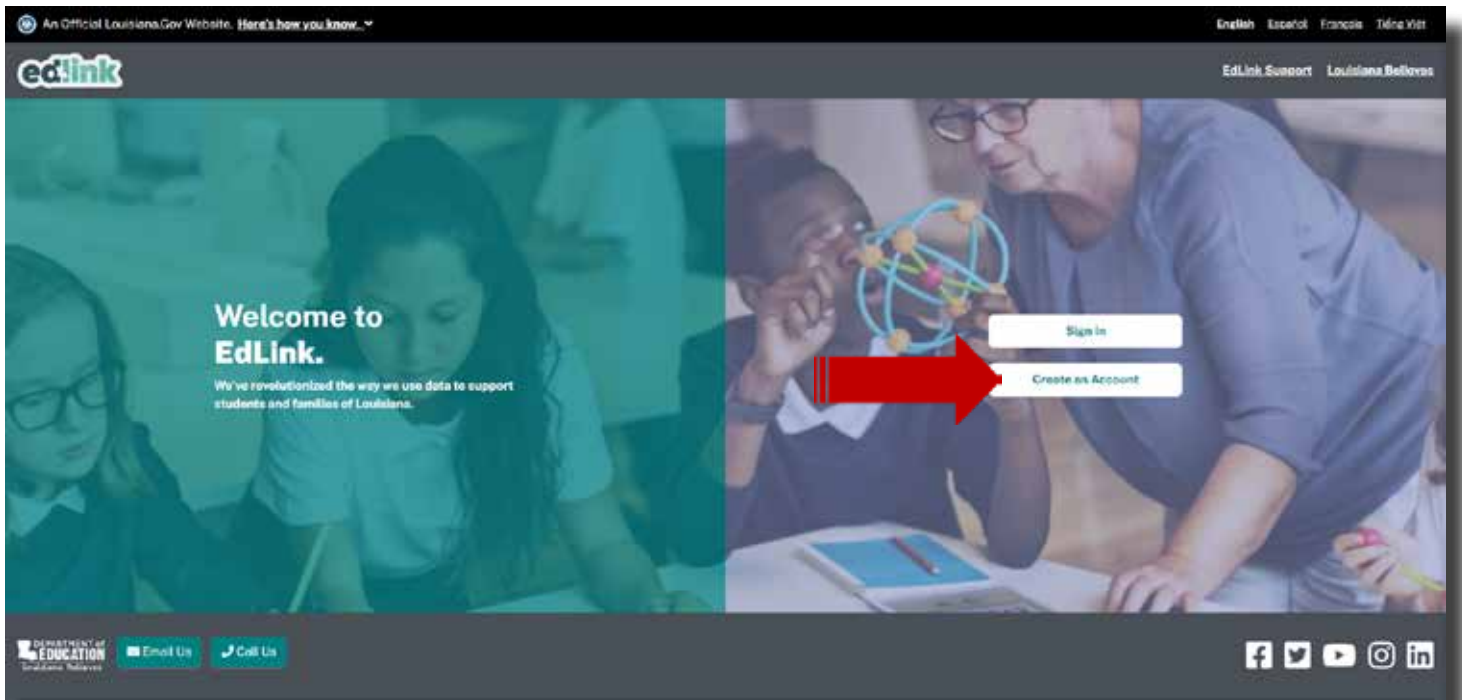
- *Google Chrome* or *Microsoft Edge* browsers must be used for functionality of Edlink Systems.
- Do not create a new account if you already have a MyLa account.
- Do not create a new account if you forget your Password or User ID.
- Use your PERSONAL email when creating your Edlink account.

Change User Information
[Forgot User ID or Password](#)

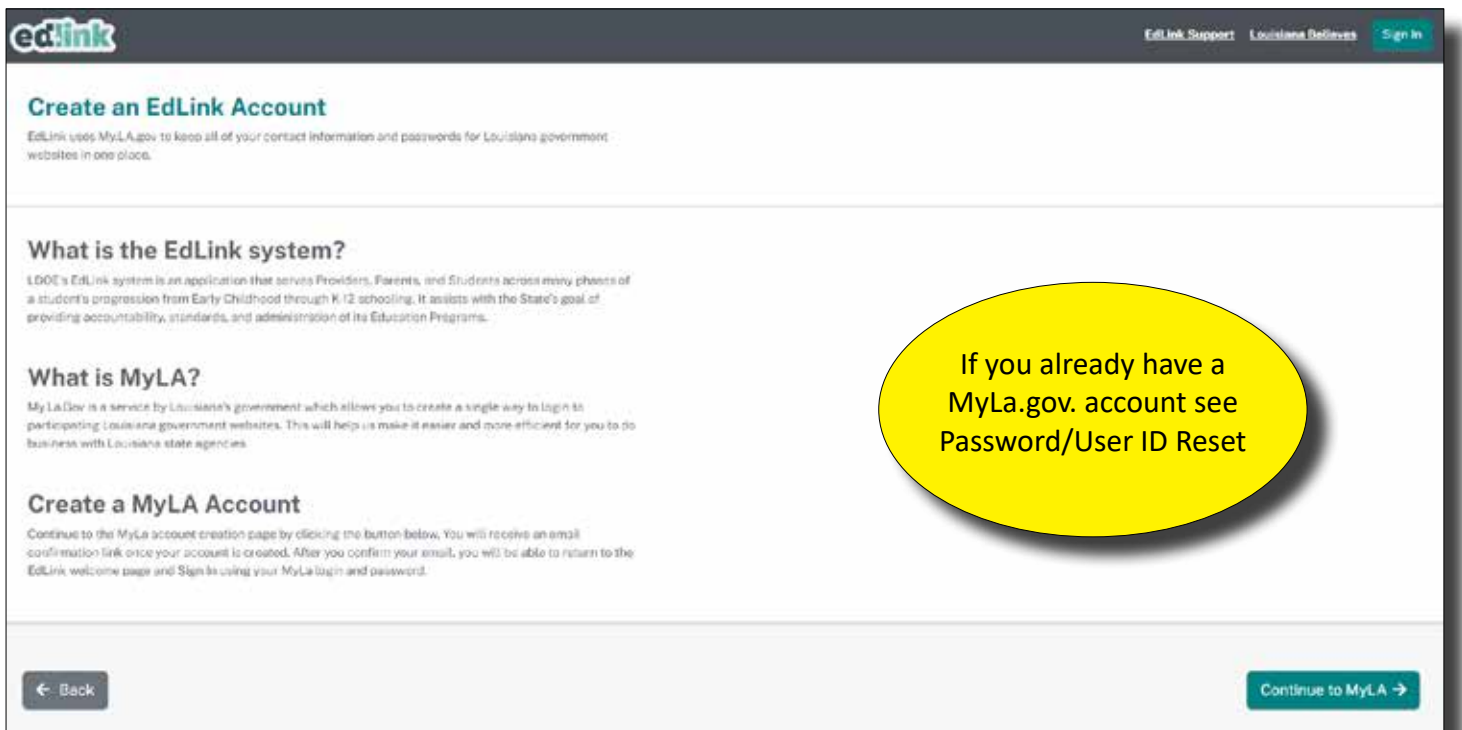
LDOE EDLINK SYSTEMS ACCESS

Using the link below, begin creating your MyLa.Gov account and gain access to EdLink. The following instructions are presented in a step-by-step format to help you do this.

<https://ldoe.edlink.la.gov/#/>



Take a moment to read the information on this page. Then select “continue to MyLa.”



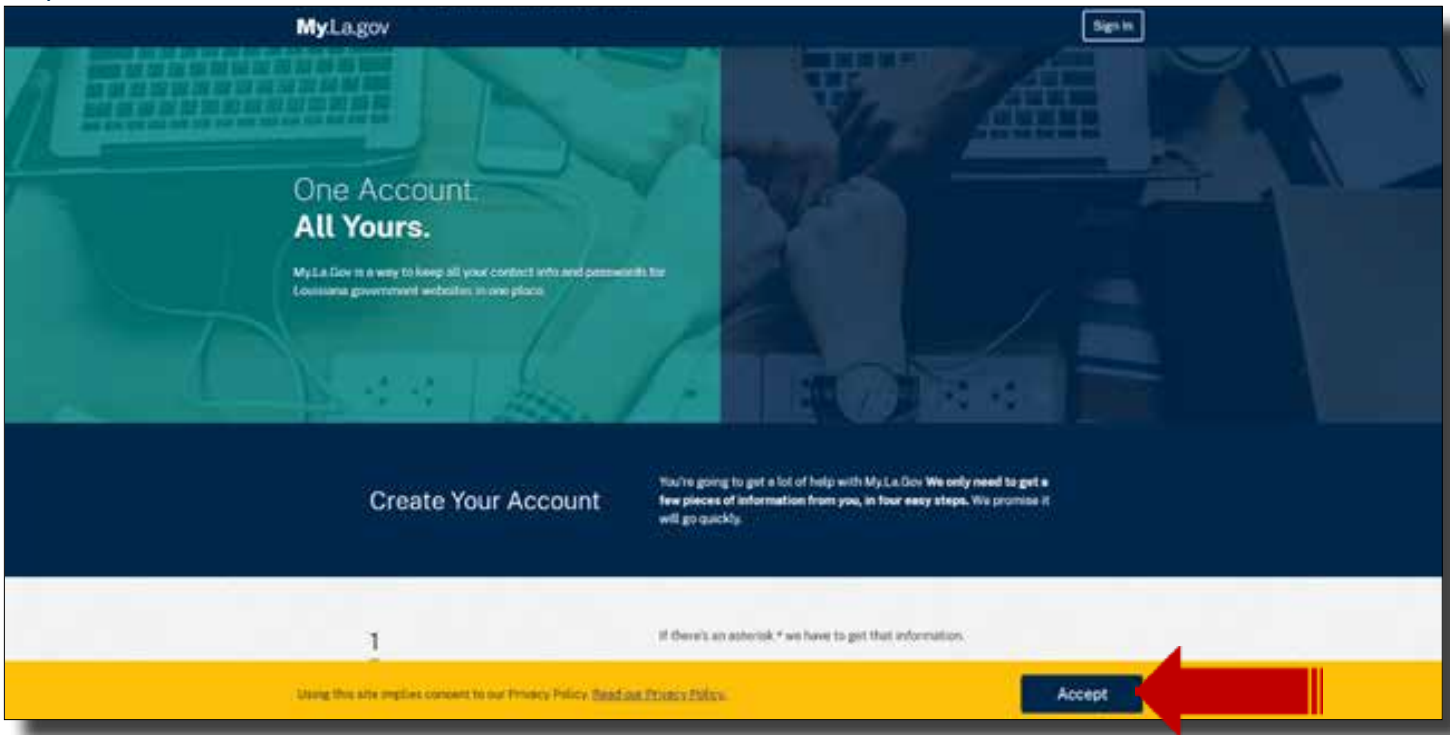
If you believe that you already have a MyLa.gov account, see the Password/User ID Reset Instructions located on the [Edlink Training](#) page. Sign into the main portal. Complete the New User Profile using your personal information. Avoid using Auto Fill (shared computers/data entry will select erroneous data). Once you've completed the profile, select Save. Continue to page 21 and SignIn to Edlink.

After selecting, "Continue to MyLa", proceed to the next page to complete your registration.

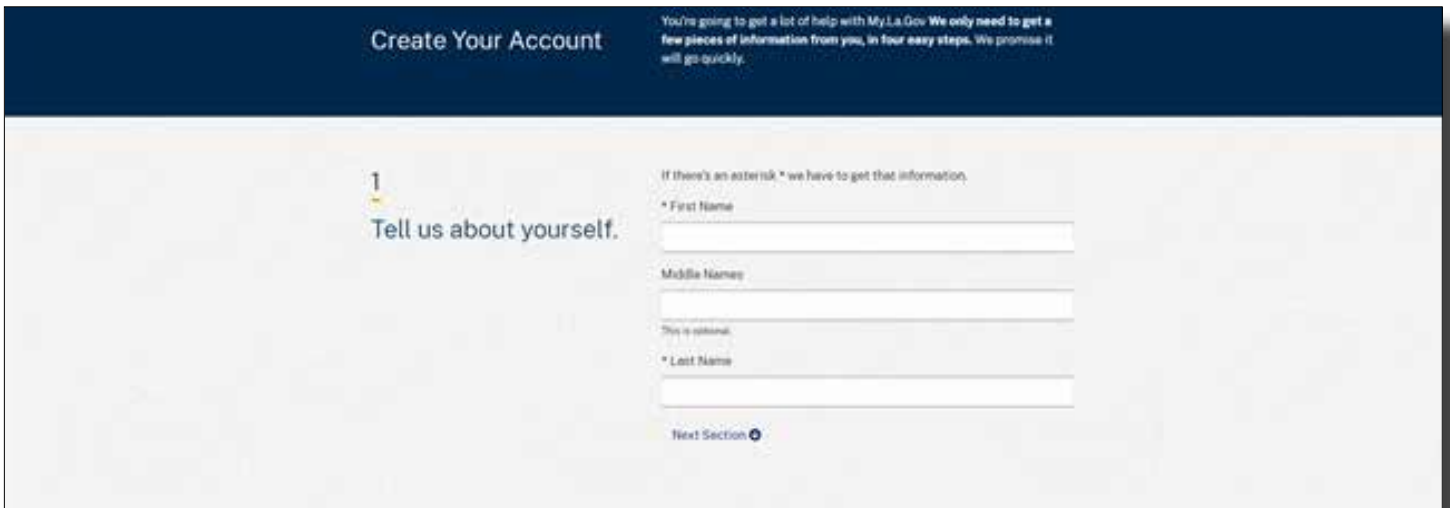


MY NOTES

The "Create Your Account" page will appear. Accept the security policies and scroll down slowly until you see Step 1 of "Create Your Account."



Scroll down and begin inputting your information into the Tell Us About Yourself section. Please note that where there is a red asterisk, you must enter information to proceed.



Create a User ID. If you need assistance with creating a User ID, click on the blue light bulb below the text box. You will see this light bulb throughout the process.

2
Let's start your account.

We need to get some information to start. We'll ask you to create a User ID and a password.

If there's an asterisk * we have to get that information.

* User ID

Want help making a User ID?

* Password

Show Passwords

Want help making a Password?

* Confirm Password

Previous Section Next Section

Do not use your email in Step 2, User ID. Please stay below 20 characters.

Click on the blue light bulb to view the required format for your User ID and Password. Click on the light bulb again to collapse the format requirements.

* User ID

Want help making a User ID?

- ✘ Don't use any special character twice in a row.
- ✔ You can use one of these symbols: - @ _ , but not twice in a row.
- ✔ You must use at least one English letter, A-Z or a-z.
- ✔ You can use numbers too.
- ✔ You must use least 8 characters but fewer than 64.

The image shows a password creation interface. At the top, there is a label '* Password' followed by an empty text input field. Below this is a toggle switch labeled 'Show Passwords' which is currently turned off. A blue rounded rectangle highlights a link that says 'Want help making a Password?' with a lightbulb icon. A red arrow points from the right towards this link. Below the link is a list of password requirements, each with a status icon: a red 'x' for the first rule, and green checkmarks for the others. The rules are: 'Don't use a password from any of your other accounts.', 'You must use letters and numbers.', 'Make some letters uppercase, make letters some lowercase.', and 'Use some of these symbols too:'. Below the list is a black box containing a set of allowed symbols: { [(< ! # , \$ % ^ @ : \ | / & * - _ + = : ; } . At the bottom of the form is a label '* Confirm Password' followed by another empty text input field. A yellow oval callout on the right side of the form contains the text: 'Before moving forward, record your Password and User ID.'

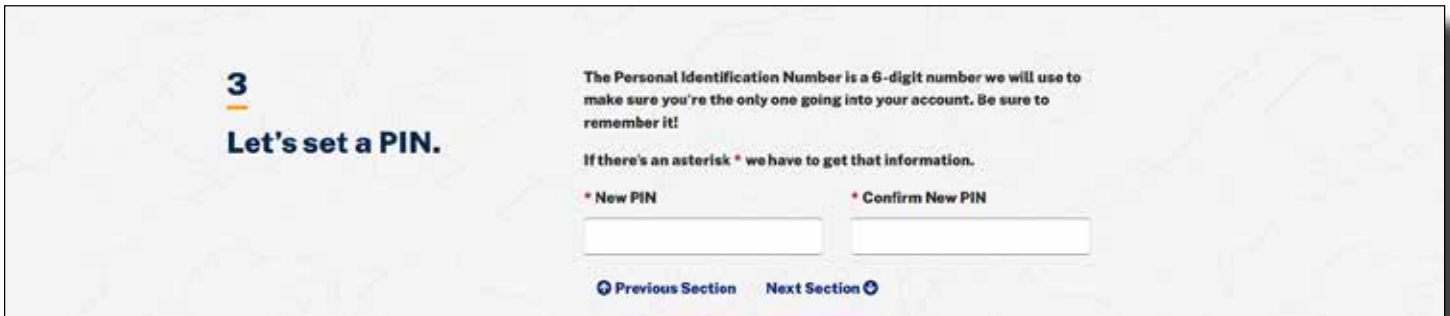
User IDs and Password Standards:

User IDs assigned by the Security Coordinator consists of the letter “E” plus six characters. The first three numbers is the Sponsor Code.

Users are required to maintain the confidentiality of their passwords and to change their password when they suspect that the privacy of their password may have been compromised.

Each user will be allowed to select their own password based on established password standards.

Create a pin number by selecting 6 digits. Numbers ca not be consecutive (123456) or the same number (999999). Write this number down.



3
Let's set a PIN.

The Personal Identification Number is a 6-digit number we will use to make sure you're the only one going into your account. Be sure to remember it!

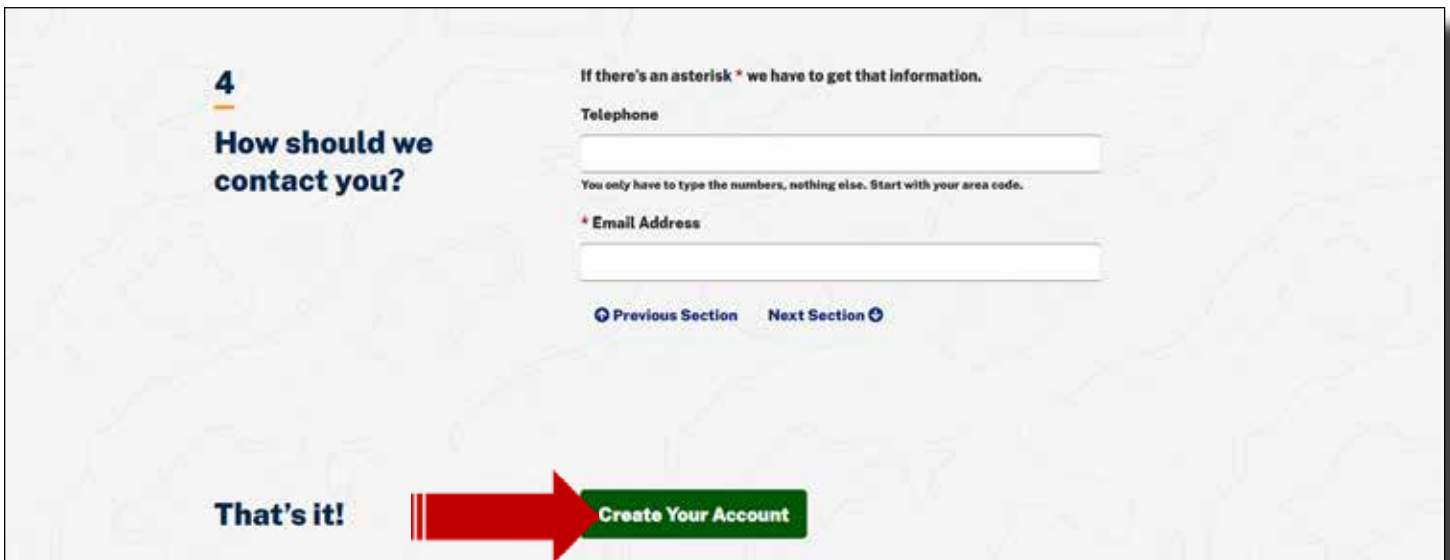
If there's an asterisk * we have to get that information.

* New PIN

* Confirm New PIN

[Previous Section](#) [Next Section](#)

Enter your current phone number and personal email address below. The email must be immediately accessible. Before you select, Create Your Account, make sure that your information is correct in Steps 1-4.



4
How should we contact you?


If there's an asterisk * we have to get that information.

Telephone

You only have to type the numbers, nothing else. Start with your area code.

* Email Address

[Previous Section](#) [Next Section](#)

That's it!  **Create Your Account**

Proceed to the next page to receive instructions for Confirming your Email. You will not have access until your email has been confirmed.

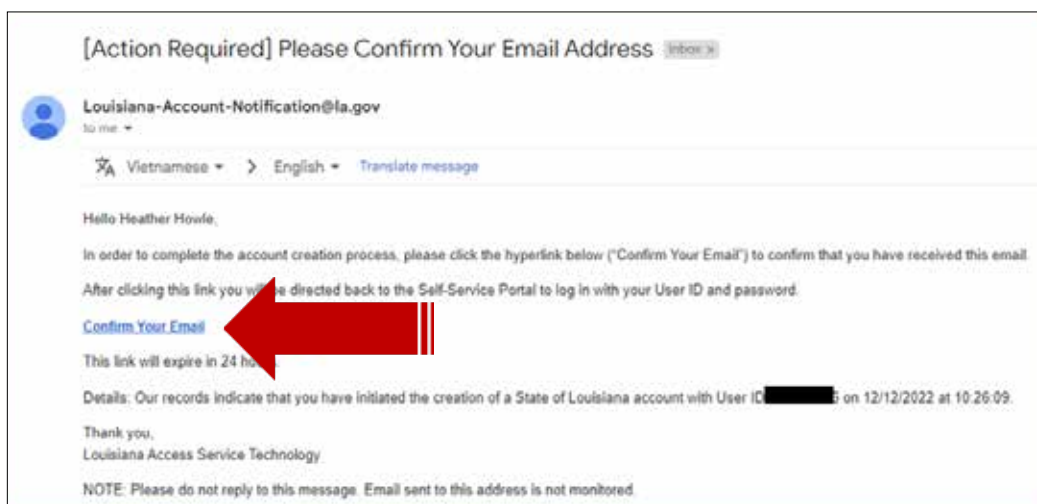
You'll now be asked to confirm your email. Find the email inbox of the address that you listed in your MyLa registration. Follow the instructions in the email. Once you have confirmed your email, Sign back into as shown below, as shown on the next page.

CONFIRM EMAIL



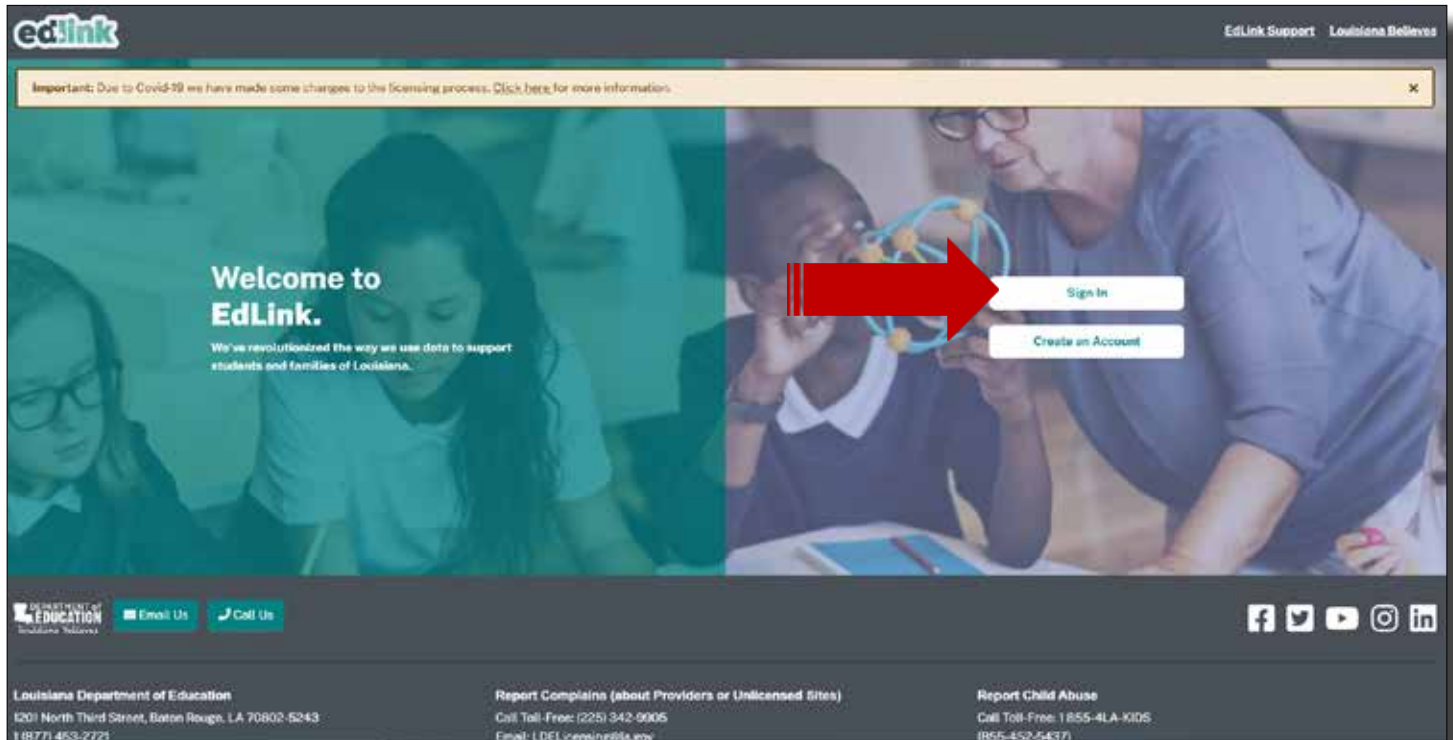
An email will be sent to the email on record that you must verify. You must click on the Confirm Email option located within the verification email. The verification email will expire in 24 hours.

Once you've confirmed your email, return to the link on the next page and Sign In. You do not need to close out any of the previous pages. However, it will be less confusing if you do not have unnecessary pages open.



YOU ARE NOW READY TO ACCESS EDLINK!

Return to <https://ldoe.edlink.la.gov> and Sign In.



Enter the User ID and Password that was used to create the MyLa account.



Click on this link if you've forgotten your User ID or Password. You are not permitted to change your User ID, only retrieve it.

You'll now be navigated to the New User Profile page .

MyLa [FAQs](#) [Help](#) [Sign In](#)

Account help

Resend Verification Email

Never got your email verification? Enter your email address and we'll send you a new verification.

* Email Address

[Send verification Email](#)

Forgot your password?

Enter your User ID and email and we'll send you a link to reset your password.

User ID

Email Address

[Send Password Reset Link](#)

Forgot your User ID?

Enter your email and we'll send you the information

Email Address

[Send User ID Reminder](#)

Want to know more?

MyLa will replace outdated ways of signing in to Louisiana government websites. Read our Frequently Asked Questions and get to know MyLa

[Read the FAQs →](#)

MyLa [FAQs](#) [Help](#) [Sign In](#)

Frequently asked questions

? What is MyLa and why do I need to create an account?

MyLa is a service by Louisiana's government which allows you to create a single way to login to participating Louisiana government websites. [Help us make it easier and more efficient for you to do business with Louisiana state agencies.](#)

▶ [How does MyLa work?](#)

▶ [Who is responsible for MyLa?](#)

▶ [What if I change email addresses?](#)

▶ [What if I change phone numbers?](#)

NEW USER PROFILE

You'll be asked to complete your profile by entering your personal information. Your SSN will be redacted after move to the next box. Complete each box with a red asterisk. Other boxes are optional. Select Early Childhood. Once all of your information has been entered, select, "Save."

Personal Profile

Account Settings / Personal Profile

Pamela Mertens - Personal Profile

Review or update your personal profile information below.

Name and Contact

Member Name	Contact Information
Prefix	*Primary Phone Number
*First Name Pamela	Secondary Phone Number
Middle Name	*Email Address
*Last Name Mertens	MyLA UserID
Suffix	Staff ID

Copy to Mailing

You will not receive a confirmation. Your information will be "grayed-out" and cannot be edited.

Address Information

Physical Address	Mailing Address
*Street Name 1 1201 N River Rd	*Street Name 1 1201 N River Rd
Street Name 2	Street Name 2
*City Baton Rouge	*City Baton Rouge
*State Louisiana	*State Louisiana
*Zip 70802	*Zip 70802
*Parish/County	*Parish/County

Copy to Mailing

Personal Identification

*Date of Birth 01/12/1985	*SSN [REDACTED]	*Identification Number 6754	*Issuing State Louisiana
*Gender Female	*Race White/Caucasian	Married <input checked="" type="checkbox"/> Yes	

STOP!
If you did not receive a Staff ID # after Saving, complete a Support Ticket.

Entity Access Requested

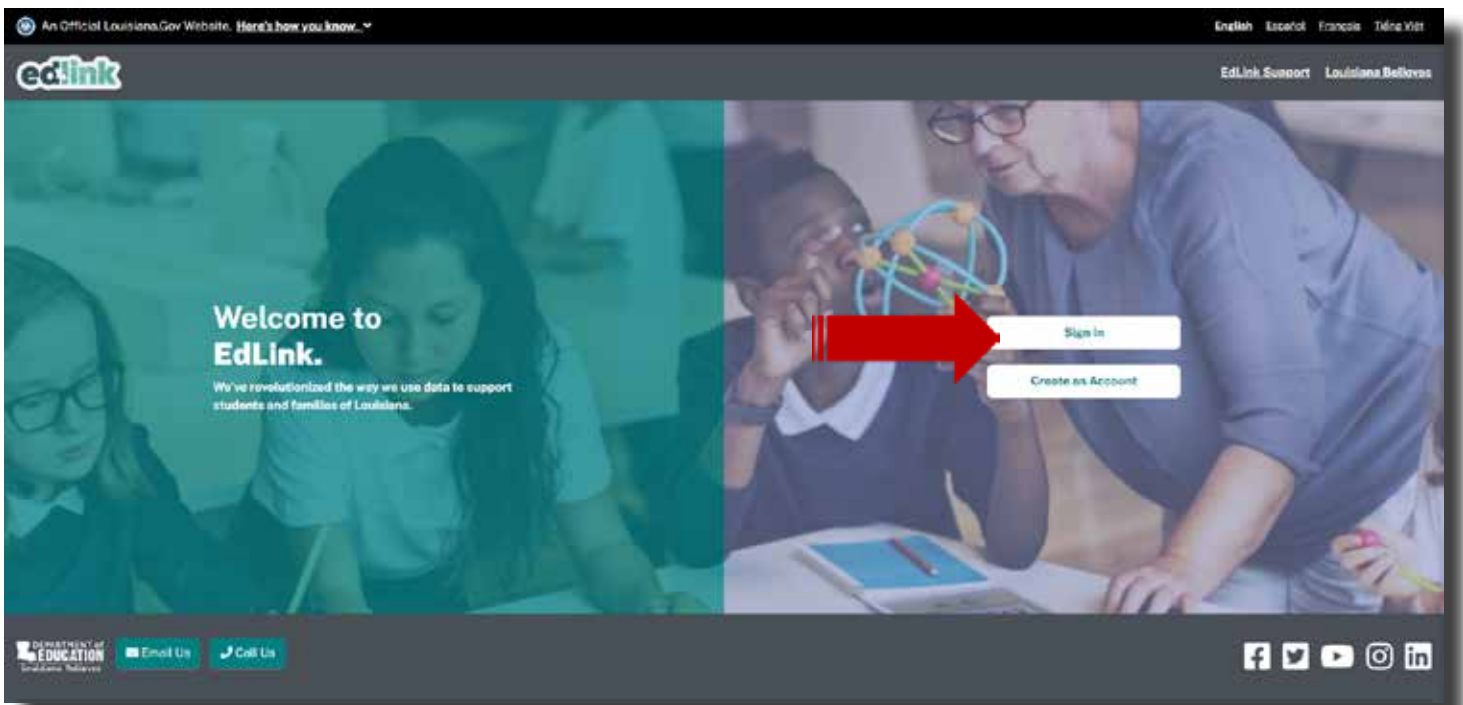
Select the organization you will be interacting with. Note, your request may take up to 3-5 business days to review.

*What organization
 Early Childhood K-12

To complete your access, “Sign Out”, from the navigation panel, located under your User ID at the top left side of your screen.

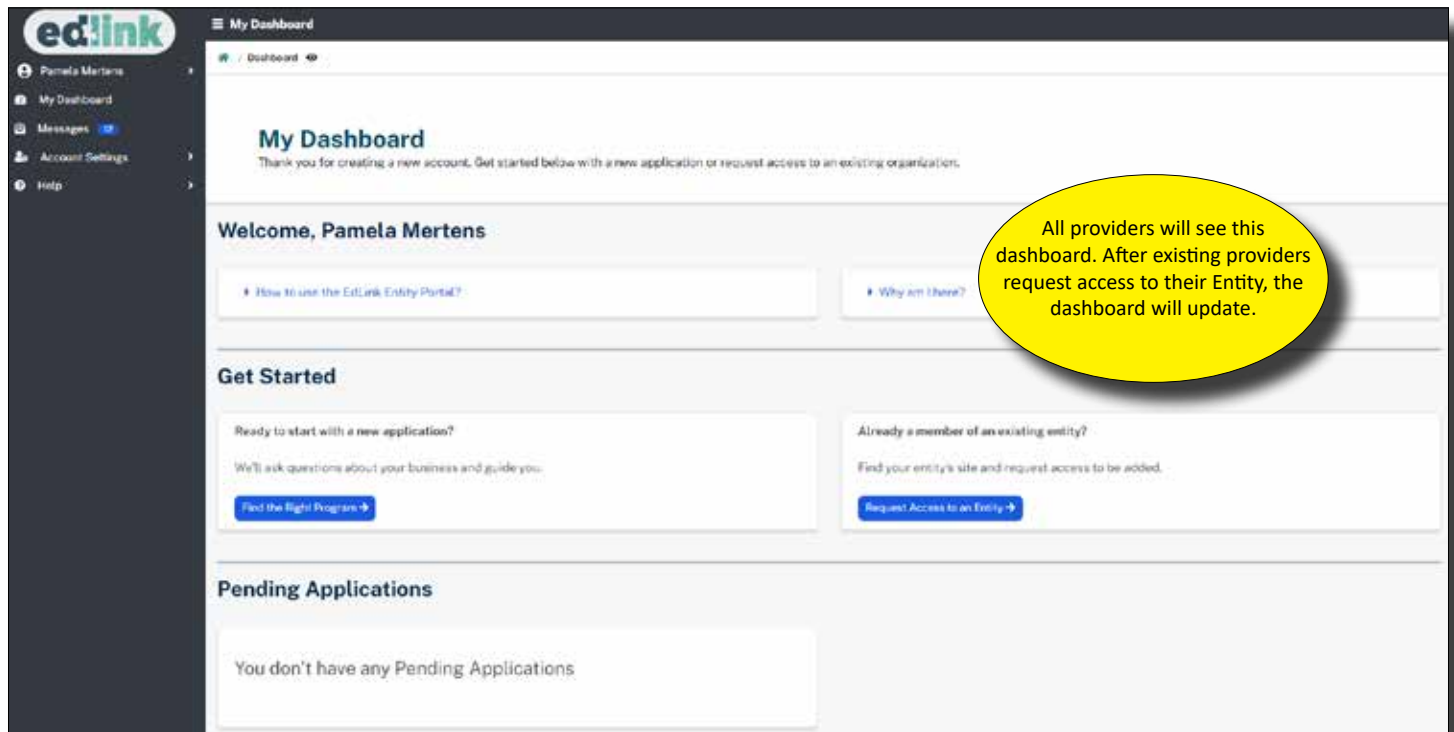


Once again, you'll be navigated to the Edlink Sign In page shown below. Select, Sign In."



NEW USER DASHBOARD

Your personal Dashboard will appear. On the Dashboard, your Entity Name and License Status is shown, if you are an existing Entity. If you are applying for licensing or certification for the first time, your access will be limited until your application has been approved.



ALL PROVIDERS WILL SEE THE NEW USER DASHBOARD!

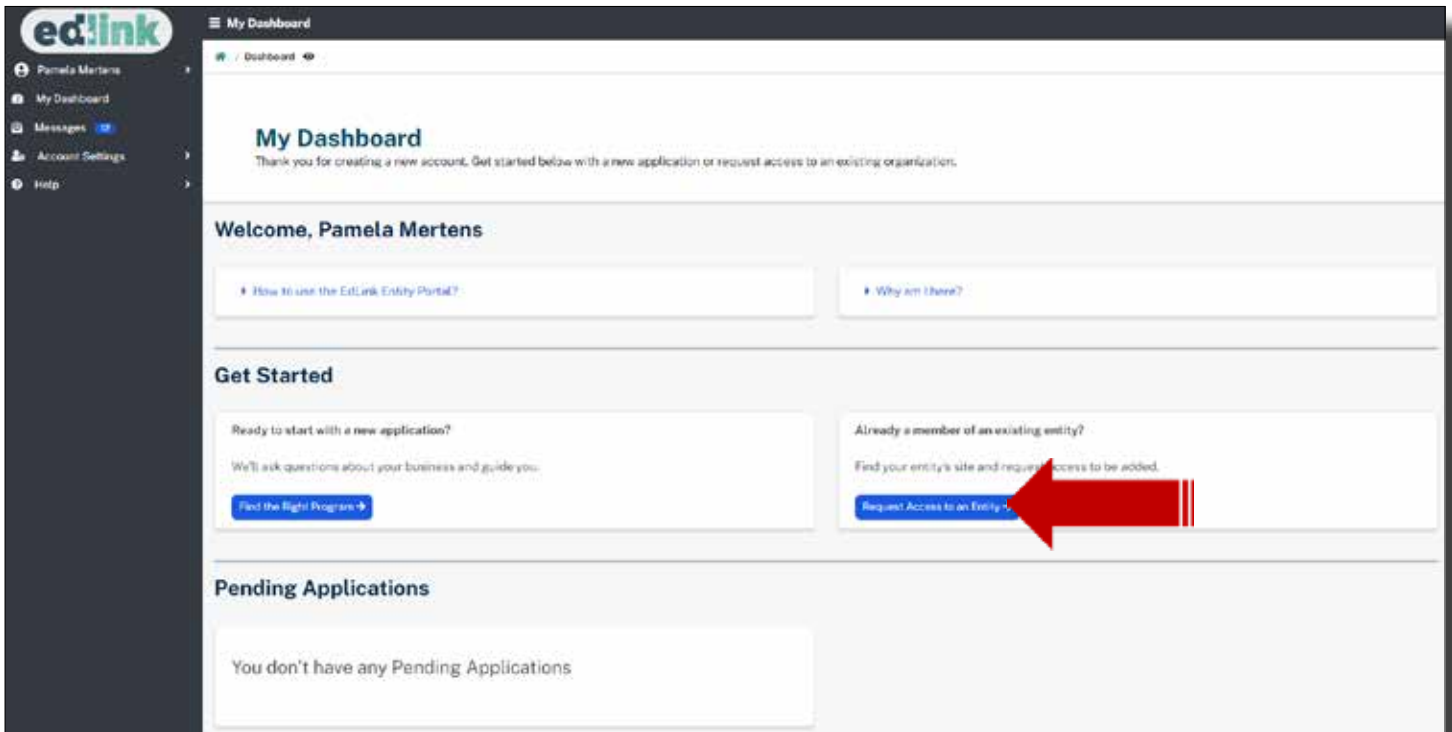
New providers, from the left menu, select Help and Find the Right Program, to begin a new application. **NEW PROVIDERS** will request access **AFTER** a license has been approved and issued.

Existing providers, continue to the next page to request access to your entity and begin your renewal application. you'll request to be assigned as the Entity Manager and Security Coordinator for your each of your entities. You will need to be assigned both roles to gain access. You must make requests for each location, one at a time, for Entity access.

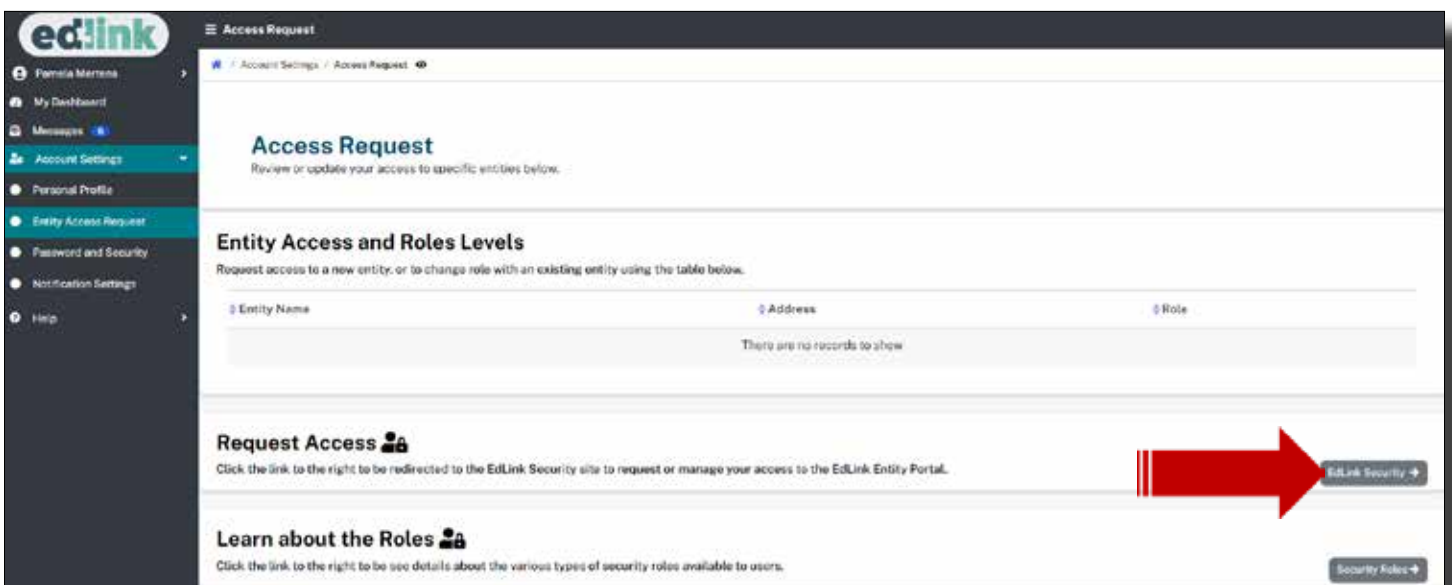
REQUESTING ACCESS FOR EXISTING PROVIDERS (DIRECTORS)

To begin the request for access to your Entity Access, follow these instructions. Directors must request Entity Manager and Security Coordinator to access their entity. **Only 1 Entity Manager per site is permitted.**

Select the blue Requesting Access to Entity button, as shown below.

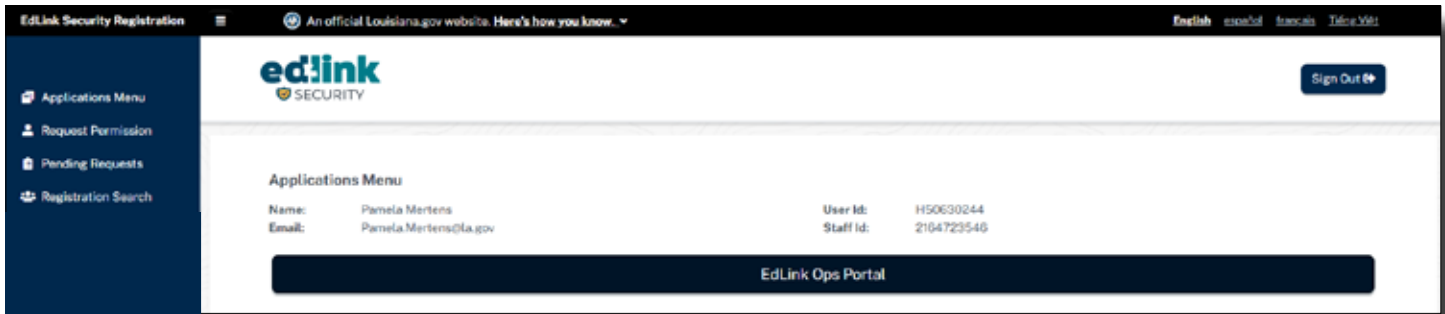


Next, select the Edlink Security button. The Entity Roles page is currently unavailable. See roles descriptions at the [Edlink Training](#) page



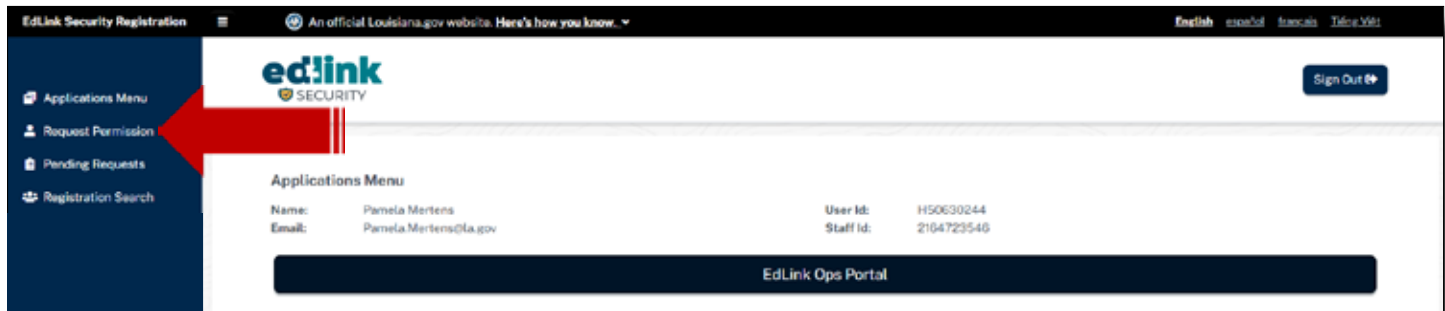
ENTITY MANAGER (DIRECTORS OR OWNERS)

On this page, you should see your personal information; Name, User ID, Email and Staff ID.



Note: the following screenshots are examples only and not intended to instruct users which roles to select. Please see the [Edlink Training](#) page for Role Descriptions.

STEP 1



Select Request Permission from the left side Menu.

STEP 2



STEP 3

The screenshot shows the 'Request Permission' form in the edlink SECURITY interface. At the top left is the edlink SECURITY logo, and at the top right is a 'Sign Out' button. The main heading is 'Request Permission'. Below it is a dropdown menu with the placeholder text 'Please make a selection based on your information system access needs ...'. A red arrow points to this dropdown menu. Below the dropdown are two buttons: 'Submit Request' (blue) and 'Cancel Request' (orange).

Select Early Childhood (ECE) from the drop-down menu.

STEP 4

The screenshot shows the 'Request Permission' form with 'Organization Type' set to 'Early Childhood (ECE)'. Below it is another dropdown menu with the placeholder text 'Please Select Application ...'. A red arrow points to this dropdown menu. Below the dropdown are two buttons: 'Submit Request' (blue) and 'Cancel Request' (orange). A small refresh icon is visible next to the 'Early Childhood (ECE)' text.

Select Edlink Ops Portal from the drop-down menu. Note the small circle with the arrow next to ECE. Click on the circle if you would like to return to the previous screen to make another selection.

STEP 5

The screenshot shows the 'Request Permission' form with 'Organization Type' set to 'Early Childhood (ECE)' and 'Application' set to 'EdLink Ops Portal'. Below it is a third dropdown menu with the placeholder text 'Please Select Location Filter ...'. A red arrow points to this dropdown menu. Below the dropdown are two buttons: 'Submit Request' (blue) and 'Cancel Request' (orange). Refresh icons are visible next to both 'Early Childhood (ECE)' and 'EdLink Ops Portal'.

Select District and Local from the drop-down menu (bottom selection).

STEP 6

Organization Type: Early Childhood (ECE)

Application: EdLink Ops Portal

Location Filter: District and Local

weather

- Sheila Orsot Weatherman (Early Childhood)**
10013 Santa Monica Ave., Central, LA 70818
District Code: Site Code: YG0001
- Weatherford Academy (Early Childhood)
613 Fourth Street, Westview, LA 70094
District Code: Site Code: 613001
- Weatherford Academy (Early Childhood)

Begin entering the name of your Entity. IH/FH will enter their first and/or last name. Select the appropriate site as shown in Step 7.

STEP 7

Organization Type: Early Childhood (ECE)

Application: EdLink Ops Portal

Location Filter: District and Local

Location: Sheila Orsot Weatherman (Early Childhood)

Address: 10013 Santa Monica Ave., Central, LA 70818
District Code: Site Code: YG0001

Please Select Role ...

- ELC Entity Manager**
- ELC Other Staff
- ELC Staff
- ELC Staff Administrator

Select the appropriate site. Ensure the address is your address, as many Entities have very similar names.

STEP 8

Organization Type: Early Childhood (ECE)

Application: EdLink Ops Portal

Location Filter: District and Local

Location: Sheila Orsot Weatherman (Early Childhood)

Address: 10013 Santa Monica Ave., Central, LA 70818
District Code: Site Code: YG0001

Role: ELC Entity Manager

Optional Notification: Requesting Access

Submit Request

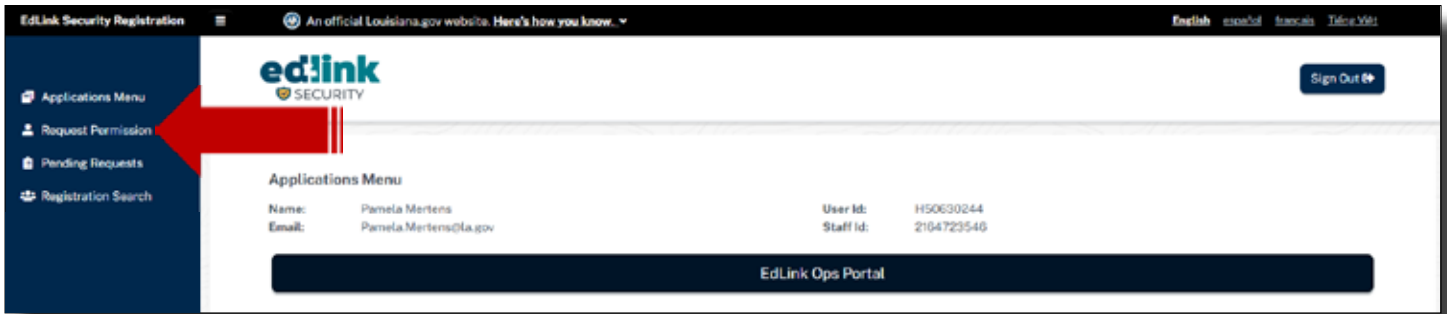
Cancel Request

Select Entity Manager (Directors, Owners or Director Designees) and Staff Administrator (HR, Owners, Director Designees and Other Staff). Only 1 Entity Manager per site is permitted.

Enter "Requesting Access" in the text box and Submit for Approval by LDOE. Please allow 2 business days for LDOE to review your requests. An email notification will be sent as soon as the request has been reviewed.

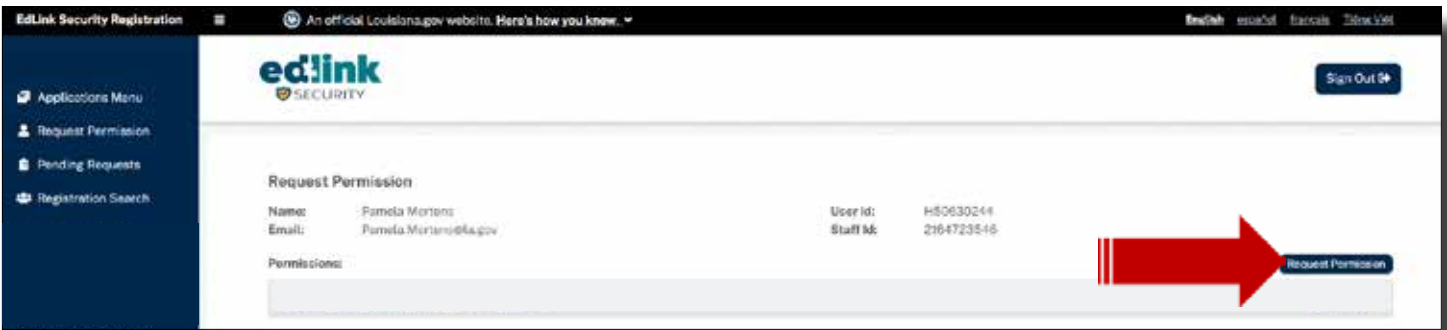
SECURITY COORDINATORS (DIRECTORS OR OWNERS)

STEP 1



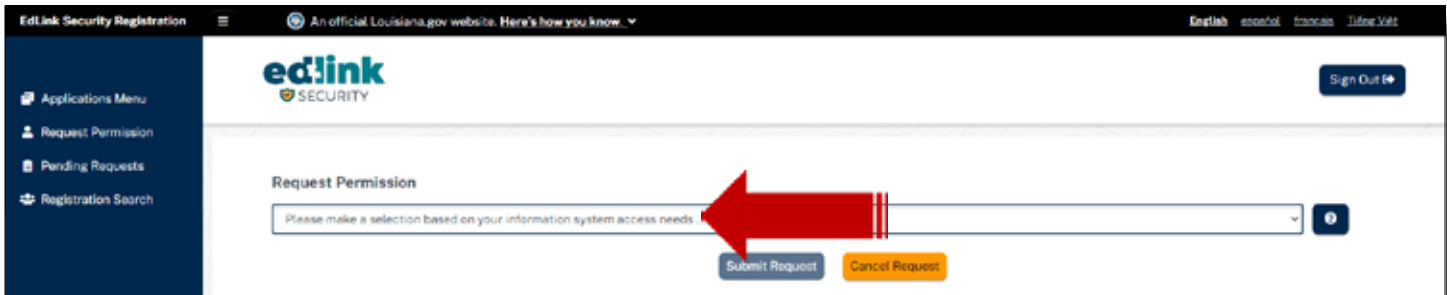
Select Request Permission from the left side Menu.

STEP 2



Select Request Permission from the right side of the screen.

STEP 3



Select Early Childhood (ECE) from the drop-down menu.

STEP 4

Organization Type: Early Childhood (ECE) ↻

Please Select Application ...

- Please Select Application ...
- EdLink Ops Portal
- EdLink Security (Access)**
- KinderConnect

A red arrow points to the 'EdLink Security (Access)' option in the dropdown menu.

Select Edlink Security Access from the drop-down menu. Note the small circle with the arrow next to ECE. Click on the circle if you would like to return to the previous screen to make another selection.

STEP 5

Organization Type: Early Childhood (ECE) ↻

Application: EdLink Security (Access) ↻

Please Select Location Filter ...

- Please Select Location Filter ...
- District (School System)
- Local (Site)
- District and Local**

A red arrow points to the 'District and Local' option in the dropdown menu.

Select District and Local from the drop-down menu (bottom selection).

STEP 6

Organization Type: Early Childhood (ECE) ↻

Application: EdLink Security (Access) ↻

Location Filter: District and Local ↻

wath

- Shiela Orsot Weatherman (Early Childhood)**
10013 Santa Monica Ave., Central, LA 70019
District Code: Site Code YG0001

A red arrow points to the first search result.

Begin entering the name of your Entity. IH/FH will enter their first and/or last name. Select the appropriate site as shown in Step 7.

STEP 7

Organization Type: Early Childhood (ECE) ↻

Application: EdLink Security (Access) ↻

Location Filter: District and Local ↻

wath

- Shiela Orsot Weatherman (Early Childhood)**
10013 Santa Monica Ave., Central, LA 70019
District Code: Site Code YG0001
- Weatherford Academy (Early Childhood)**
613 Fourth Street, Westwego, LA 70094
District Code: Site Code 6A9001
- Weatherford Academy (Early Childhood)**

A red arrow points to the first search result.

STEP 8

Organization Type: Early Childhood (ECE)

Application: EdLink Security (Access)

Location Filter: District and Local

Location: Sheila Orsot Weatherman (Early Childhood)

Address: 10013 Santa Monica Ave., Central, LA 70818

District Code: Site Code: YG0001

Local:

Permissions:

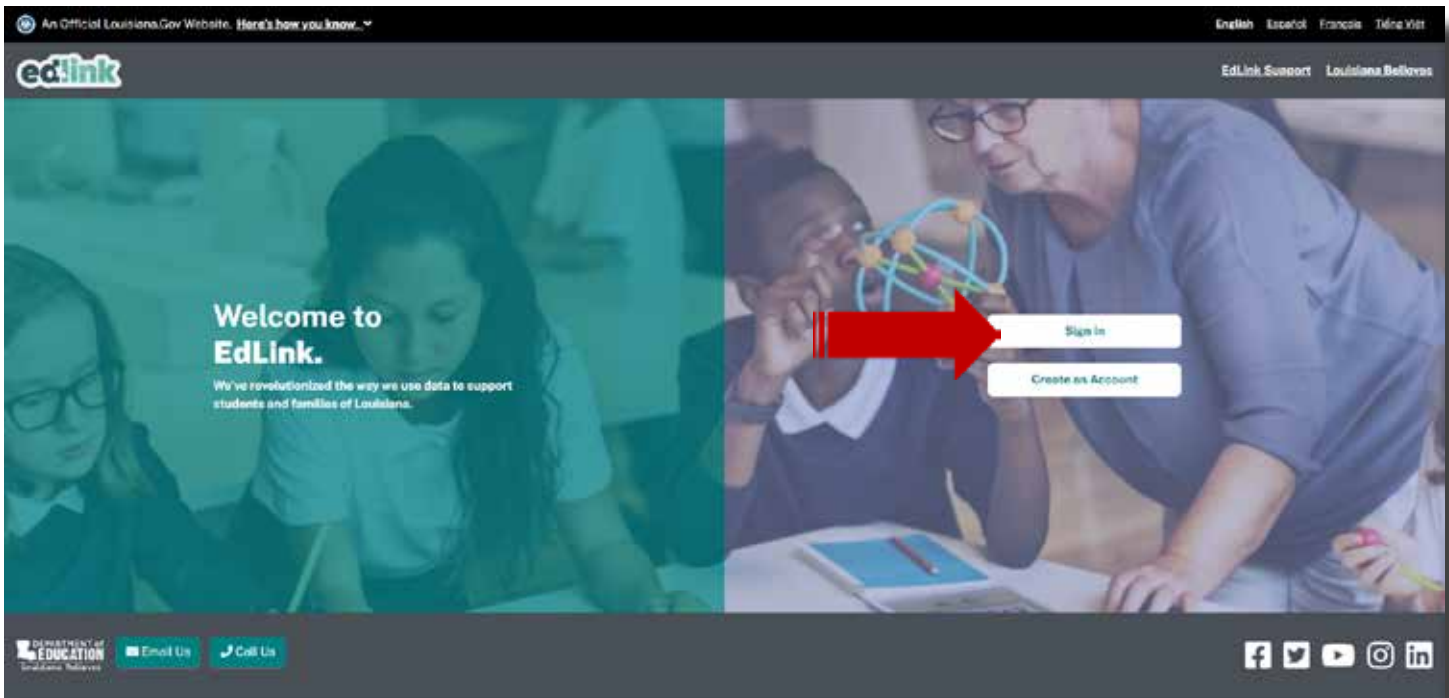
- Select All
- Security Coordinator EdLink Contacts
- Security Coordinator EdLink Oas Portal
- Security Coordinator EdLink Security (Access)
- Security Coordinator KinderConnect
- Security Coordinator KinderTrack

Optional Notification: In addition, select Security Coordinator KinderConnect if you are a CCAP provider.

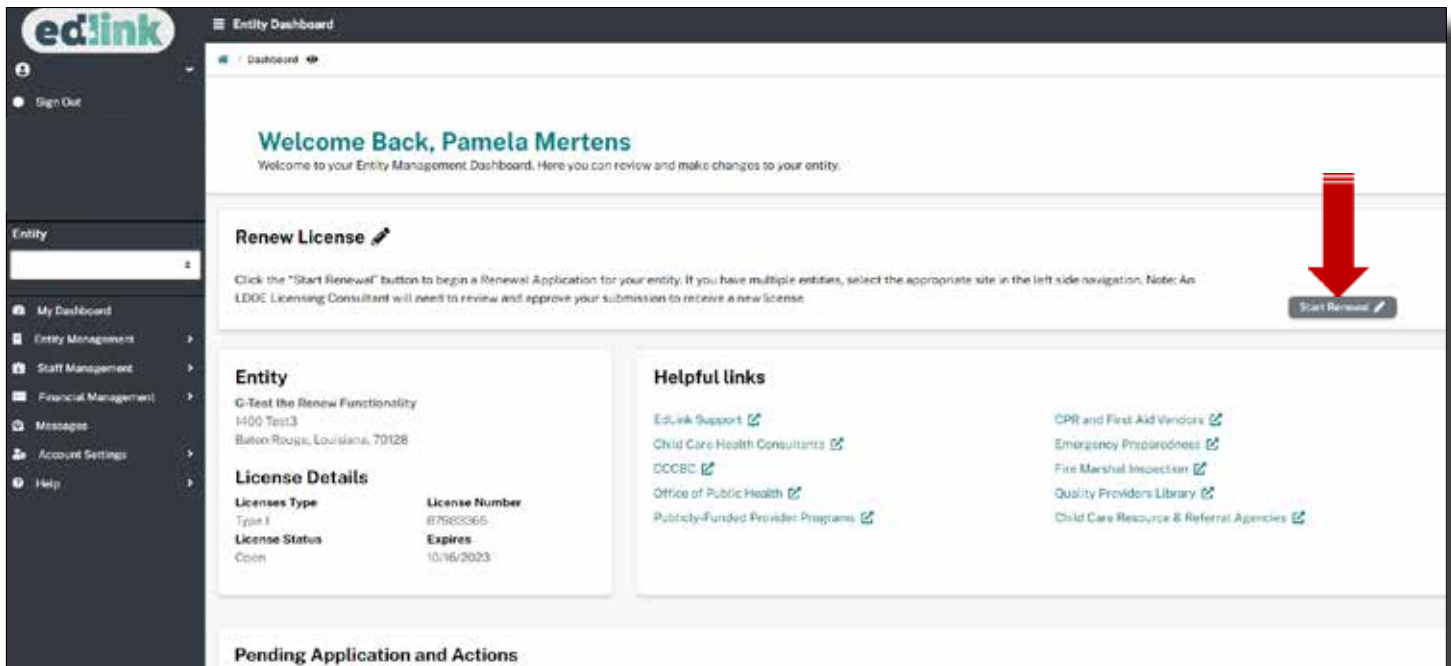
Check the box for Security Coordinator Edlink Security (Access).

Enter “Requesting Access” in the text box and Submit for Approval by LDOE. Please allow 2 business days for LDOE to review your requests. An email notification will be sent as soon as the requests has been reviewed.

Sign Out in the top right-hand corner of the page. Return to <https://ldoe.edlink.la.gov> and Sign In.



ENTITY DASHBOARD

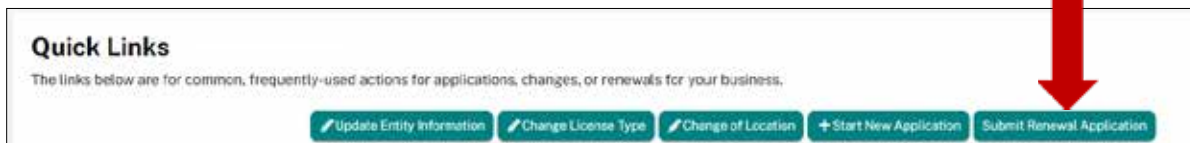


Your Dashboard will display a left-side navigation menu, Entity drop-down, Entity Snapshot, Entity Name, Address, License Status, License Number and Expiration Date of your License or Certification.

Use the white drop-down menus to view and work with a different Entity, if you have multiple sites.

In the QUICK LINKS section, your renewal button will only be active if you are less than 90 days from your expiration date. If the button is dark green, you may click it and begin your renewal.

OR



All information pertaining to your Entity will be accessible for change within the Renewal Application. This includes Director and staff additions or deletions, credentials, hours of operation and any changes to your services. Read the instructions carefully once you've opened the Renewal Application.

*Only 1 application may be in progress at any given time, per Entity. If of the green buttons have been clicked on; Change Entity Information, Change of License Type, Change of Location or Submit renewal Application, you will not be able to select any other type of application. The selections will remain light green until LDOE approves the application (changes), the application is canceled or withdrawn.

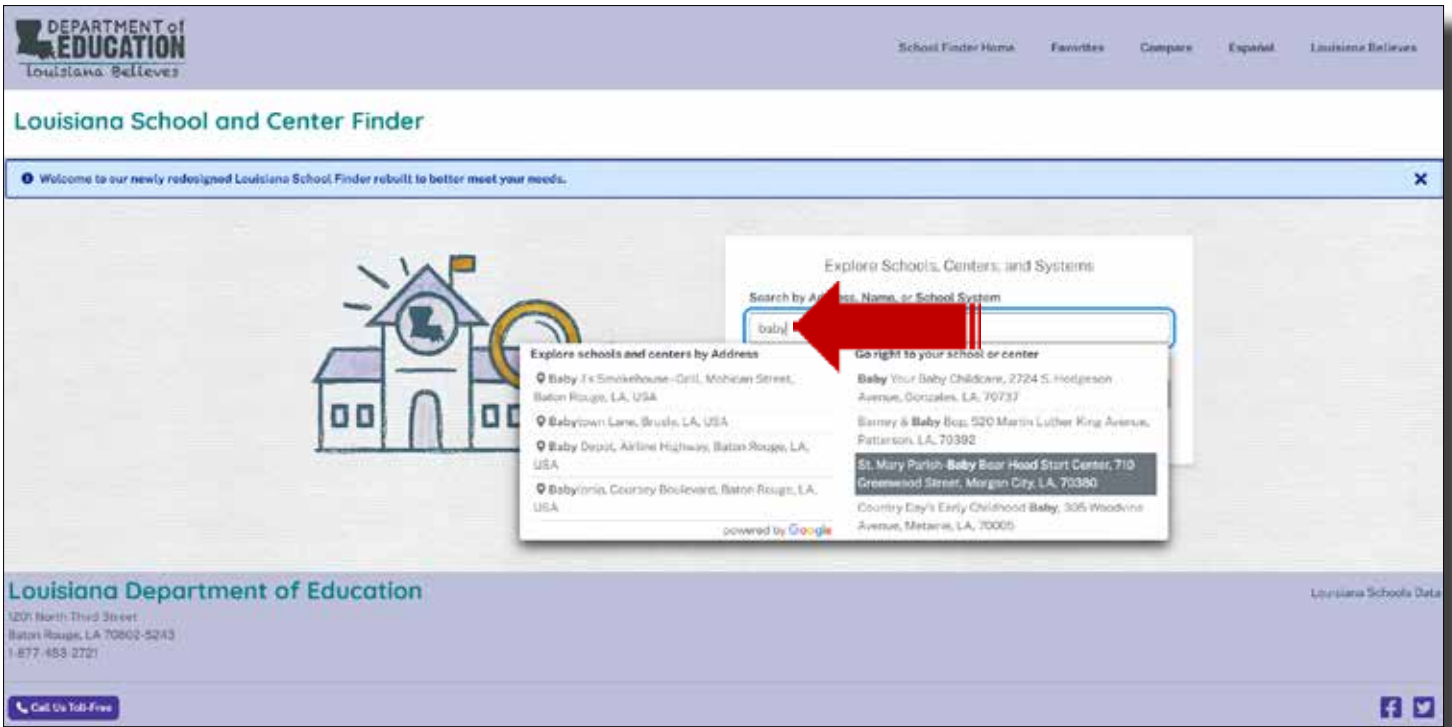
*The Start New Application button should only be selected if a provider wants to ADD AN ADDITIONAL Entity.

NEW PROVIDER APPLICATION PROCESS

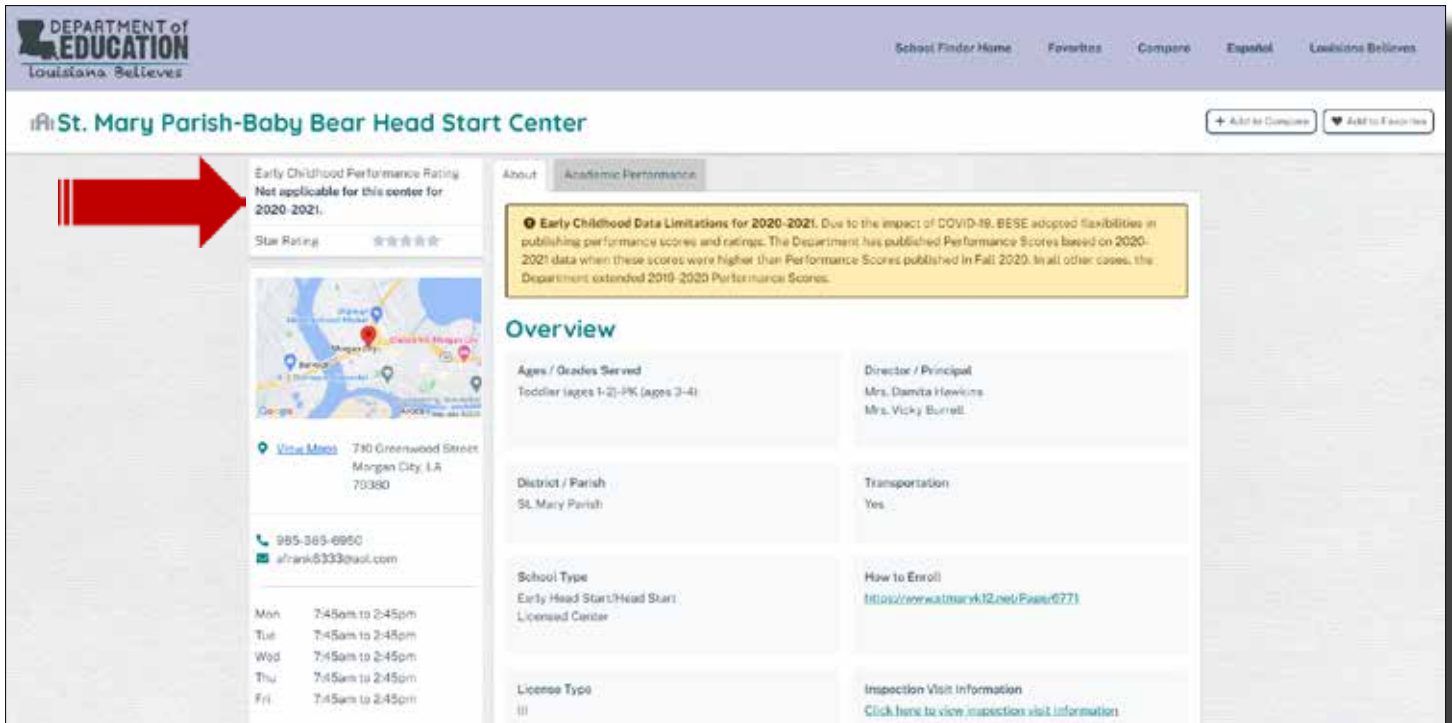
Find the Right Program will navigate you to a series of questions that will help identify which Type of licensing or Certification is the best fit for you and children who will be in your care.

The screenshot shows the EdLink user interface. On the left is a dark sidebar with the EdLink logo and navigation links for Pamela Mertens, My Dashboard, Messages, Account Settings, and Help. The main content area is titled 'My Dashboard' and includes a welcome message for Pamela Mertens. Below this are two columns of options under the heading 'Get Started'. The left column, 'Ready to start with a new application?', contains a blue button 'Find the Right Program' which is highlighted with a red arrow. The right column, 'Already a member of an existing entity?', contains a blue button 'Request Access to an Entity'. Below these is a 'Pending Applications' section with a message: 'You don't have any Pending Applications'.

Find the Right Program is also located in the left navigation panel in Help. Both methods will navigate to the same series of questions.



The School and Center Finder displays Provider pages for parents and other providers.



Close the link's browser tab if you are finished searching. All links opened from within the application, may be closed at any time without impacting the application process. Each link opens into a separate window.

In “Section 2: Early Learning Center Name,” there are 2 subsections that requires Provider to enter information within, which are:

- Physical Address-Enter the physical address here.
- Mailing Address-Enter the mailing address here.

In the “Physical Address” drop-down, there is only 1 drop-down but 5 text boxes that requires Provider to enter information, which are:

- Street Name 1
- Street Name 2
- City
- Zip
- State(drop-down)
- Parish/County

Note:

- Providers may utilize the “Copy to All” selection if physical and mailing addresses are the same.

In the “Mailing Address” drop-down, there is only 1 drop-down but 5 text boxes that requires Provider to enter information, which are:

- Street Name 1
- Street Name 2
- City
- Zip
- State (Drop-down)
- Parish/County

The screenshot displays a form titled "Section 2: Address Information" with two main sections: "Physical Address" and "Mailing Address". Each section contains five input fields: "Street Name 1", "Street Name 2", "City", "State", and "Parish/County". The "Physical Address" section has a "Copy to Mailing" button at the bottom left, which is highlighted by a red arrow. The "Mailing Address" section is identical but lacks the copy button. The form is set against a light gray background with a white border.

In “Section 3: Early Learning Center Contact,” there are 7 text boxes that requires Provider to enter information, which are:

- Primary Telephone Number
- Secondary Telephone Number
- Notification Email Address
- Provider Website Address
- Provider Facebook Page
- Provider Twitter Account
- Provider Instagram Account

After entering all of the Provider’s information and once again selecting, “Save and Continue,” the “Service and Hours” page will appear. Provider must enter all mandatory information before proceeding to the next page.

Section 3: In Home Provider Contacts

*Primary Telephone Number
648-548-5165

Secondary Telephone Number

*Notification Email Address
PM@GMAIL.COM

Provider Website Address

Provider Facebook Page

Provider Twitter Account

Provider Instagram Account

[← Back to Funding Source](#) [Save and Continue →](#)

SERVICE AND HOURS

In the “Services and Hours” section, there are 3 subsections that initially appear and require information to be entered, which are:

- Section 1: Licensed Capacity
- Section 2: Operating Hours
- Section 3: Additional Services

In “Section 1: Licensed Capacity,” there are 3 text boxes and 2 drop-downs, requiring information to be entered, which are:

- Select total capacity -Enter total capacity number here.
- Enter Age- Enter age here.
- Select Age Range (Drop-down)
- Enter Age- Enter age here.
- Select Age Range (Drop-down)

In “Section 2: Operating Hours” section, questions must be answered using Yes or No, selection of each day and time ranges. Each day requires that the user select whether or not the school or center will be open or closed. If the school or center will be open, select the “Open From” option and enter the time in which it will open. Next, select the “Open Until” option and enter the time in which the school or center will be closed.

- A Yes or No Response is required the following 2 questions:
- Is this facility open all months of the year?
- Is this facility open 24 hours a day?

A time range must be entered within the following 2 drop-downs:

- From (Open)
- To (Close)

Select a day of the week that the previous time range will apply to.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

In this section, complete all boxes that contain red asterisks. Information must be entered and be formatted properly to Save and Continue.

Services and Hours
The information entered on this page will be linked to the provider profile on the EDOE School Finder website.

[Return to Application Home](#)

Section 1: Household information

*Enter Age: 2 (Maximum age being served)
*Select Age Range: Months
*Enter Age: 5 (Maximum age being served)
*Select Age Range: Years

Safety Approved Cribs (less than 1 yr old)
This statement must be certified by the applicant anytime they make a new request to take care of a child that is less than 1 year old in a center.
I certify that the center listed on this application currently has the safety approved cribs available for each infant in care.

*Signature: Pamela Merlans (Type your full name to certify)
*Today's Date: 03/31/2023 (Enter today's date in the format of MM/DD/YYYY)

If you are offering care to children under 1 year in age, you'll be mandated to sign and date (always today's date) into the Safety Approved Crib Statement shown below. You will need to update the date each time this page is accessed.

Section 1: Licensed Capacity

*How many buildings will be used by the children: 2
*How many classrooms will be used by the children: 5

*Enter Age: 11 (Maximum age being served)
*Select Age Range: Months
*Enter Age: 7 (Maximum age being served)
*Select Age Range: Years

Safety Approved Cribs (less than 1 yr old)
This statement must be certified by the applicant anytime they make a new request to take care of a child that is less than 1 year old in a center.
I certify that the center listed on this application currently has the safety approved cribs available for each infant in care.

*Signature: Pamela Smith (Type your full name to certify)
*Today's Date: 03/16/2023 (Enter today's date in the format of MM/DD/YYYY)

Services and Hours [X]

Some of the fields are missing. Do you still want to continue?

Yes No

If you need to leave this page or any other page in the application before it's complete, select, Save and Continue. You'll receive this message box. Do not be alarmed. It's only a reminder that you did not enter all information. What you have entered will be saved and you can return to this page at any time to finish entering all of your information.

In “Section 2: Operating Hours” section, questions must be answered using Yes or No, selection of each day and time ranges. Each day requires that the user select whether or not the school or center will be open or closed. If the school or center will be open, select the “Open From” option and enter the time in which it will open. Next, select the “Open Until” option and enter the time in which the school or center will be closed. Use Copy to All to enter hours quickly.

There is also the option of selecting No and entering a From and To Month for partial year.

Use the toggles to slide and select yes or no and the days that the center will be in operation. Sections 3 and 4, Additional Services and Hours, will provide additional toggle options if you indicate that additional hours and services will be provided.

Section 2: Operating Hours

Is this facility open all months of the year? Yes No

Is this facility open 24 hours a day? Yes No

Day	Open	Open From:	Open Until:
Monday	<input checked="" type="checkbox"/> Open	07:00 AM	05:00 PM
Tuesday	<input checked="" type="checkbox"/> Open	07:00 AM	05:00 PM
Wednesday	<input checked="" type="checkbox"/> Open	07:00 AM	05:00 PM
Thursday	<input checked="" type="checkbox"/> Open	07:00 AM	05:00 PM
Friday	<input checked="" type="checkbox"/> Open	07:00 AM	05:00 PM
Saturday	<input type="checkbox"/> Closed		
Sunday	<input type="checkbox"/> Closed		

Copy to all

If a Provider chooses any of the options from “Section 3: Additional Services”, “Section 4: Additional Service Hours” will appear requesting that additional information be entered.

Section 3: Additional Services

Before Care All Day Transportation (To/From Home or School)

After Care Half Day Transportation (Field Trips)

Summer/Holiday Hours Half Day Only Special Needs

Overnight Care (Open to 6am)

Section 4: Additional Service Hours

Before Care

Start Time: 09:00 AM End Time: 09:00 AM

Days Available: Monday Available, Tuesday Available, Wednesday Available, Thursday Available, Friday Available, Saturday Unavailable, Sunday Unavailable

After Care

Start Time: 01:00 PM End Time: 06:00 PM

Days Available: Monday Available, Tuesday Available, Wednesday Available, Thursday Available, Friday Available, Saturday Unavailable, Sunday Unavailable

← Back to ELC Information Save and Continue →

OWNERSHIP TYPE

The “Ownership Type” page, there are 4 sections, each consisting of drop-down options or text boxes requiring that information be entered by the user.

In “Section 1: Ownership Type”, the drop-down menu consists of 3 options; select the appropriate option.

- Individual
- Corporation/Limited Liability company
- Partnership

If the “Individual” option was selected in “Section 1: Ownership Type”, proceed to “Section 2: Individual Owner”.

In “Section 2: Individual Owner,” enter the tax information into the “Tax Information” subsection text boxes, which are:

- Federal EIN (9 digit number)
- State Tax ID Number (9 digit number)

If the “Corporation/Limited Liability Company” option was selected in “Section 1: Ownership Type”, 3 remaining sections require the entry of information, which are:

- Section 2: Corporation/LLC
- Section 3: Address Information
- Section 4: Tax Information

In “Section 2: Corporation/LLC,” there are 2 text boxes that require the entry of information, which are:

- Business Entity Name
- Previous Name

In “Section 3: Address Information,” there are 2 subsections that require the entry of information, which are:

- Physical Address
- Mailing Address

In “Physical Address,” there are 5 text boxes and one drop-down that require the entry of information, which are:

- Street Name 1
- Street Name 2
- City
- Zip
- State(Drop-down)
- Parish/County

In "Mailing Address," there are 5 text boxes and 1 drop-down that require the entry of information, which are:

- Street Name 1
- Street Name 2
- City
- Zip
- State(Drop-down)
- Parish/County

Note:

Users may utilize the "Copy to All" selection if the physical and mailing address is the same.

Ownership Type

Your Ownership Type selection will determine which information will need to be entered for Center Owners and also to determine if you are eligible for certain programs.

Return to Application Home

Section 1: Ownership Type

*Select your organization structure type

--Select--

Individual

Corporation

Partnership

Limited Liability Company

Back to Services and Hours

Save and Continue

In "Section 4: Tax Information", will require a Yes or No response for 1 question and information entered into 2 text boxes, which are:

- Federal EIN
- State Tax ID Number
- Is your organization a nonprofit organization?

Ownership Type

Your Ownership Type selection will determine which information will need to be entered for Center Owners and also to determine if you are eligible for certain programs.

Return to Application Home

Section 1: Ownership Type

*Select your organization structure type

Individual

Section 2 - Individual Owner

You selected Individual. As owner you will need to enter your personal information in Step 6 - Center Owner section of the Application. If you are married, you will also need to enter your spouse's information.

Tax Information

*Federal EIN

545454345

*State Tax ID Number

123422

Back to Services and Hours

Save and Continue

HOME-BASED PROVIDER

There are 4 sections displayed on the Home-Based Provider page, which are:

- Section 1: Name and Contact
- Section 2: Additional Names
- Section 3: Address Information
- Section 4: Personal Identification

The screenshot shows the 'Home-based Provider' form. At the top, there is a breadcrumb trail: 'Find the Right Program > Facility Home > Home-based Provider'. Below this is the title 'Home-based Provider' and a sub-header: 'The Ownership Type you selected is Individual. You will need to add all your personal information. If you are married, you will also need to enter your spouse's information.' A 'Return to Application Home' button is located below the sub-header.

Section 1: Name and Contact

Owner Name

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

Owner Information

*Primary Phone Number:

Secondary Phone Number:

*Email Address:

This employee is an emergency contact for this Center: Yes

I will be working on-site at this Center: Yes

Section 2: Additional Names

Have you used another name in the past 5 years? Yes

First Name	Middle Name	Last Name	Date Started	Date Ended
There are no records to show				

+ Add New

*First Name:

Middle Name:

*Last Name:

Suffix:


*Date Started:

*Date Ended:

Red arrows point to the 'I will be working on-site at this Center' checkbox, the 'Have you used another name in the past 5 years?' checkbox, the '+ Add New' button, and the 'Date Started' and 'Date Ended' fields.



Section 3: Address Information

Physical Address		Mailing Address	
*Street Name 1 555 Main St	*Street Name 1 555 Main St	Street Name 2	Street Name 2
*City Baton Rouge	*City Baton Rouge	*State Louisiana	*State Louisiana
*Zip 70036	*Parish/County Assumption	*Zip 70036	*Parish/County Assumption
<input type="button" value="Copy to Mailing"/>			



Section 4: Personal Identification


*Date of Birth 03/10/1980	*SSN ***-**-5546	*Identification Number ⓘ 88888	*Issuing State Louisiana
*Sex Female	*Race Black/African American	Are you married? <input type="radio"/> No	
<input type="button" value="Back to Ownership Type"/>		<input type="button" value="Save and Continue"/>	

Select YES on the toggle button if you are married. Complete the questions pertaining to your spouse as shown below.


Section 4: Personal Identification

*Date of Birth 03/10/1980	*SSN ***-**-6546	*Identification Number ⓘ 88888	*Issuing State Louisiana
*Sex Female	*Race Black/African American	Are you married? <input checked="" type="radio"/> Yes	



Section 5: Spouse Name and Contact

Spouse Name	Spouse Information
Prefix	*Primary Phone Number 654-654-6545
*First Name Bob	Secondary Phone Number
Middle Name	*Email Address bb@gmail.com
*Last Name Burns	This employee is an emergency contact for this Center <input type="radio"/> No
Suffix	I will be working on-site at this Center <input type="radio"/> No



Section 6: Spouse Additional Names

Have you used another name in the past 5 years?

No



Section 6: Spouse Additional Names

Have you used another name in the past 5 years?

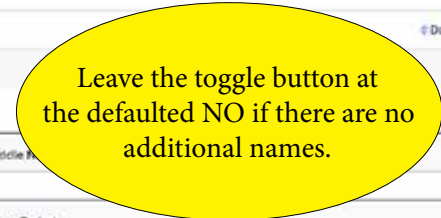
Yes

* First Name

* Middle Name

* Date Started

* Date Ended



+ Add New

* First Name

Middle Name

Suffix

* Date Started

* Date Ended

mm/dd/yyyy

mm/dd/yyyy

X



Section 7: Spouse Address Information

Physical Address

Mailing Address

Copy Spouse's Address

* Street Name 1

555 Main St.

Street Name 2

* City

Baton Rouge

* State

Louisiana

* Zip

70036

* Parish/County

Assumption

Copy to Mailing



Section 8: Spouse Personal ID

* Date of Birth

03/24/1965

* SSN

***-**-4654

* Identification Number

6546546

* Issuing State

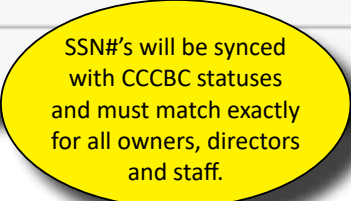
Louisiana

* Sex

Male

* Race

Black/African American



← Back to Ownership Type

Save and Continue →



PROVIDERS AND STAFF

Select, Add New to add another provider or staff. There are six (6) required documents that must be uploaded into each category and type for the Provider. All documents must be uploaded before the credentials and page can be Saved.

If a New Staff Member is being added, Personal Identification information may have to be reentered, if the page is left for any reason, for security purposes.

Providers and Support Staff

Find the Right Program / Family Home / Providers and Support Staff

Providers and Support Staff

Enter all hired Staff Members who will be on site at the Provider's Center. Providers who will be working on site will also need to provide additional details on the Provider and Support Staff page.

Return to Application Home

Section 1: Providers and Support Staff

Name	Position Type	Primary Phone Number	Email Address	Date Hired
Sally Burns	-- Select --	444-444-4444	kk@edc.com	Incomplete

+ Add New

Back to Home-based Provider

Continue

Section 2: Address Information

Physical Address

*Street Name 1
24 Red Road

Street Name 2

*City
New Orleans

*State
Louisiana

*Zip
77889

Copy to Mailing

Mailing Address

*Street Name 1
24 Red Road

Street Name 2

*City
New Orleans

*State
Louisiana

*Zip
77889

*Parish/County
Calbome

Section 3: Personal Identification

*Date Of Birth
03/17/1990

*SSN
###-##-7687

*Identification Number
846846546

*Issuing State
Louisiana

*Sex
Female

*Race
White

Are you married?
 No

Section 4: Employment Details

*Position Type
 --Select--
 Provider
 Support Staff

*Date appointed to current role
 mm/dd/yyyy

*Date Hired in any Capacity
 mm/dd/yyyy

Warning! To be certified as a CGAP provider, all Family child care providers must meet the following education/training requirements which include: CPR training, Pediatric First Aid training, Pre-Service Orientation, Medication Administration Training, Mandated Reporters, ELC Experience

Section 5: Degrees and Certifications
 Add all validated education, training, and/or certifications. Choose the category and type from the drop-down selections and upload your supporting documentation.

Category Type

There are no records to show

+ Add New

Click on links for further information and/or instructions.

Category Type

There are no records to show

+ Add New

*Category
 --Select--
 --Select--
 Education/Training
 Certifications
 Experience

*Type
 --Select--

Browse

Section 5: Degrees and Certifications
 Add all validated education, training, and/or certifications. Choose the category and type from the drop-down selections and upload your supporting documentation.

Category Type

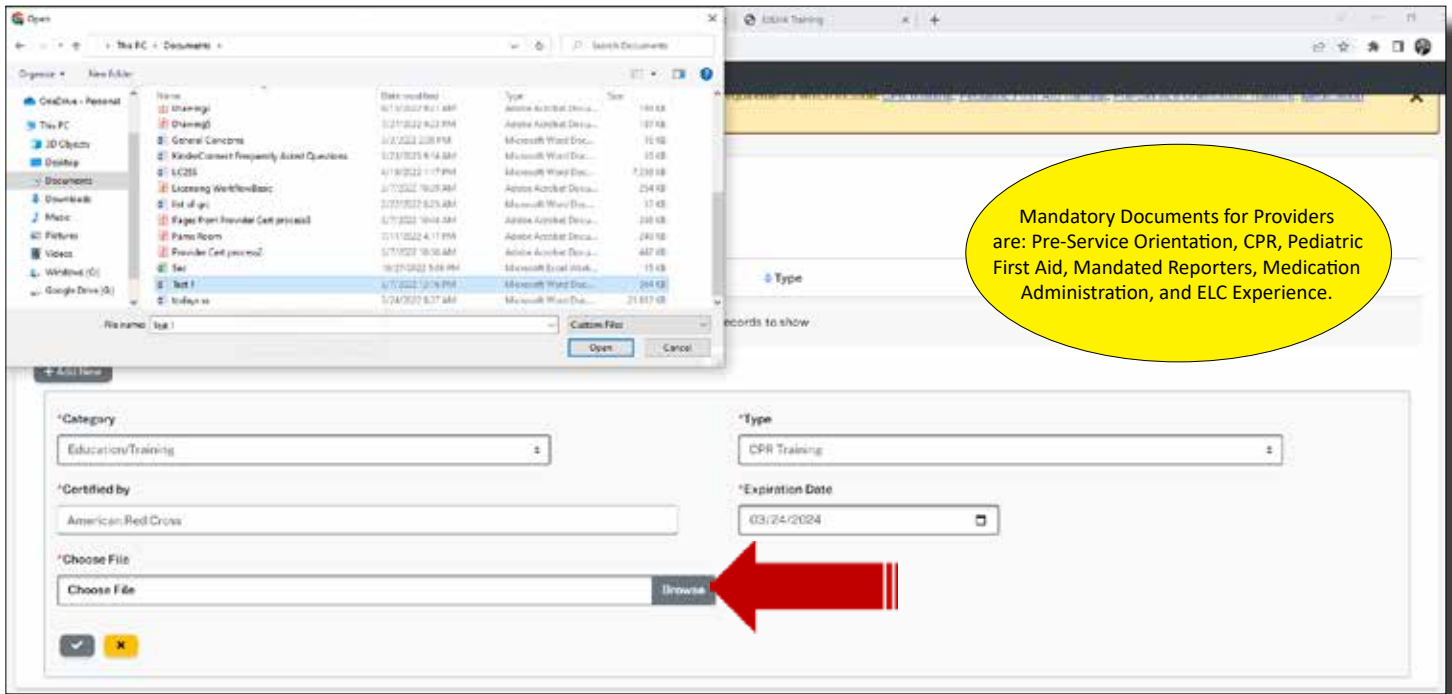
There are no records to show

+ Add New

*Category
 Education/Training

*Choose File
 Choose File

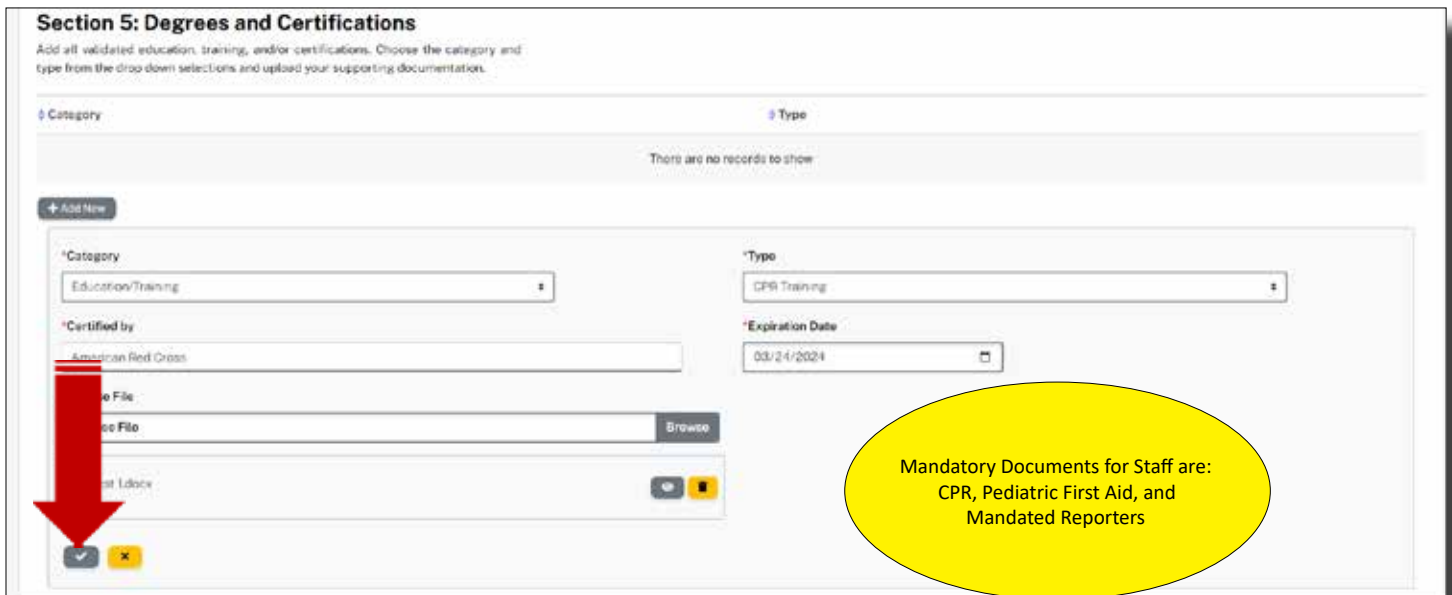
*Type
 --Select--
 --Select--
 CPR Training
 Pediatric First Aid
 Pre-service Orientation
 Medication Administration Training
 Degree
 Continuing Education Training
 College Credit Hours
 Mandated Reporters



If you are not a CCAP Provider, upload a “Dummy Doc” (blank word docx) into the Pre-Service Category and Type.



Please refer to the Application Home Page and Application Instructions for details or visit this link: [Qualifications](#).



Section 5: Degrees and Certifications
Add all validated education, training, and/or certifications. Choose the category and type from the drop-down selections and upload your supporting documentation.

Category: Education/Training Type: CPR Training

+ Add New



Section 5: Degrees and Certifications
Add all validated education, training, and/or certifications. Choose the category and type from the drop-down selections and upload your supporting documentation.


Category: Education/Training Type: CPR Training

+ Add New

*Category: Education/Training

*Choose File: Choose File [Browse]

*Type: --Select--
--Select--
CPR Training
Pediatric First Aid
Pre-service Orientation
Medication Administration Training
Degree
Continuing Education Training
College Credit Hours
Mandated Reporters



Click on the pencil, trash can or Eye icon to edit, delete or view the uploaded document.

Section 5: Degrees and Certifications
Add all validated education, training, and/or certifications. Choose the category and type from the drop-down selections and upload your supporting documentation.

Category: Education/Training Type: Pediatric First Aid

+ Add New


*Category: Education/Training

*Certified by: American Red Cross

*Choose File: Choose File [Browse]

*Expiration Date: 03/25/2024

Test 1.docx



Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop down selections and upload your supporting documentation.

Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		

[+ Add New](#)

Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop down selections and upload your supporting documentation.

Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		

[+ Add New](#)

*Category:

*Choose File: [Browse](#)

*Type:

- Select -
- CPR Training
- Pediatric First Aid
- Pre-service Orientation**
- Medication Administration Training
- Degree
- Continuing Education Training
- College Credit Hours
- Mandated Reporters

Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		

[+ Add New](#)

*Category:

*Type:

*Certified by:

*Date Completed:

*Expiration Date:

*Choose File: [Browse](#)

Test 1.docx



Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop down selections and upload your supporting documentation.

Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		
Education/Training	Pre-service Orientation		

 [+ Add New](#)

Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop down selections and upload your supporting documentation.

Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		
Education/Training	Pre-service Orientation		

[+ Add New](#)

*Category

*Choose File
 [Browse](#)

*Type

--Select--
CPR Training
Pediatric First Aid
Pre-service Orientation
Medication Administration Training
Degree
Continuing Education Training
College Credit Hours
Mandated Reporters

Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		
Education/Training	Pre-service Orientation		

+ Add New

*Category: Education/Training

*Type: Medication Administration Training

*Certified by: Udemy

*Expiration Date: 03/25/2024

*Choose File: Choose File **Browse**

Test 1.docx

Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop-down selections and upload your supporting documentation.

Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		
Education/Training	Pre-service Orientation		
Education/Training	Medication Administration Training		

+ Add New

Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop-down selections and upload your supporting documentation.

Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		
Education/Training	Pre-service Orientation		
Education/Training	Medication Administration Training		

+ Add New

*Category: Education/Training

*Choose File: Choose File **Browse**

*Type:

- Select --
- CPR Training
- Pediatric First Aid
- Pre-service Orientation
- Medication Administration Training
- Degree
- Continuing Education Training
- College Credit Hours
- Mandated Reporters**

Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		
Education/Training	Pre-service Orientation		
Education/Training	Medication Administration Training		

+ Add New

*Category:


*Type:

*Choose File: **Browse**

*Expiration Date:

Test Lock:

K




Section 5: Degrees and Certifications

Add associated education, training, and/or certifications. Choose the category and type from the drop-down selections and upload your supporting documentation.

Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		
Education/Training	Pre-service Orientation		
Education/Training	Medication Administration Training		
Education/Training	Mandated Reporters		

+ Add New



Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		
Education/Training	Pre-service Orientation		
Education/Training	Medication Administration Training		
Education/Training	Mandated Reporters		

+ Add New

*Category:

*Type:

*Choose File: **Browse**

Test Lock:

K



Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		
Education/Training	Pre-service Orientation		
Education/Training	Medication Administration Training		
Education/Training	Mandated Reporters		

+ Add New

*Category: Experience

*Choose File: Choose File **Browse**

*Type: --Select--
 --Select--
 ELC Experience

One more to go! All documents must be uploaded before this Director/Staff Member can be saved. Upload the mandatory documents first. Then upload any additional certificates, degree or hours last. Be sure to Save.

Education/Training	Pre-service Orientation		
Education/Training	Medication Administration Training		
Education/Training	Mandated Reporters		

+ Add New

*Category: Experience

*Type: ELC Experience
Licensed Early Learning Center or comparable

*Number of years: 5

*Choose File: Choose File **Browse**

Test Lock

Section 5: Degrees and Certifications

The reported credentials may qualify for an Early Childhood Auxiliary Certificate (ECAC). An ECAC can be used as a qualifying credential to become a Director or Director Designee of a licensed child care center. Visit the [Teach LA Live Portal](#) to apply for an ECAC. Note: The submitted ECAC application will need to include a transcript showing the degree completion. For Directors and Director Designees, please review [Accreditation Instructions](#).

Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		
Education/Training	Pre-service Orientation		
Education/Training	Medication Administration Training		
Education/Training	Mandated Reporters		
Education/Training	ELC Experience		

PROVIDER

Save **Cancel**

Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop down selections and upload your supporting documentation. For Directors and Director Designees, please review [Application Instructions](#).

Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		
Education/Training	Mandated Reporters		

STAFF

[+ Add New](#)

[Save](#) [Cancel](#)

After uploading the mandatory documents, select Save. This will save all of your previous personal information and all uploaded documents.

To return to the staff member to add additional documents, click on the pencil icon. The staff page will open for review and edit. Scroll to Section 5 and begin uploading your supporting documents. After entering all staff members and documents, select, continue.

Providers and Support Staff

Enter all hired Staff Members who will be on site at the Provider's Center. Providers who will be working on site will also need to provide additional details on the Provider and Support Staff page.

[Return to Application Home](#)

Section 1: Providers and Support Staff

Name	Position Type	Primary Phone Number	Email Address	Date Hired	
betty sue	Support Staff	654-654-6546	ks@gmail.com	03/31/2023	
pamela mertens	Provider	687-878-7846	pm@gmail.com	03/31/2023	

[+ Add New](#)

[Back to Home-based Provider](#) [Continue](#)

Select the yellow trash can to delete a staff member. You must have a Provider with all required documents in order to Submit the application.

HOUSEHOLD RESIDENTS

In Home Resident, there are two sections:

- Section 1: List Residents
- Section 2: Child's Home Address

Select, Add New+ to begin adding Household Residents.

Household Residents
This should include individuals who live in your home. Usually this will mean your children or other relatives who live in your household, like cousins/siblings or grandparents. Children who are in college should also be included, even if they spend much of the year living elsewhere.

← Return to Application Home

Section 1: List Residents

First Name	Middle Name	Last Name	Staff Member	Relationship	Date of Birth
+ Add New					

← Back to Providers and Support Staff Save and Continue →

Household Residents
This should include individuals who live in your home. Usually this will mean your children or other relatives who live in your household, like cousins/siblings or grandparents. Children who are in college should also be included, even if they spend much of the year living elsewhere.

← Return to Application Home

Section 1: List Residents

First Name	Middle Name	Last Name	Staff Member	Relationship	Date of Birth
+ Add New					
* First Name	Middle Name	* Last Name	Suffix	* Relationship Type	* Date of Birth
Frank		Smith		--Select--	mm/dd/yyyy
				--Select--	
* Spouse/Partner					
Child or dependent (under 18)					
Other (includes family or non-family members that reside in the home)					
* Is this resident a staff member?					
<input type="radio"/> No					

Household Residents
 This should include individuals who live in your home. Usually this will mean your children or other relatives who live in your household, like cousins/siblings or grandparents. Children who are in college should also be included, even if they spend much of the year living elsewhere.

[Return to Application Home](#)

Section 1: List Residents

First Name	Middle Name	Last Name	Staff Member	Relationship
Frank		Smith	N	Spouse/Partner

+ Add New

* First Name: Middle Name: * Last Name: Suffix:

* Relationship Type: * Date of Birth: * SSN: * ID Number:

Phone Number: Email Address:

* Is this resident a staff member?
 No Yes

State Dropdown:
 --State--
 Louisiana
 Alabama
 Alaska
 Arizona
 Arkansas
 California
 Colorado
 Connecticut
 Delaware
 Florida
 Georgia
 Hawaii
 Idaho
 Illinois
 Indiana
 Iowa
 Kansas
 Kentucky
 Maine
 --State--

Select, the Check to Save and you'll be navigated to the Household Resident List shown below.

Household Residents
 This should include individuals who live in your home. Usually this will mean your children or other relatives who live in your household, like cousins/siblings or grandparents. Children who are in college should also be included, even if they spend much of the year living elsewhere.

[Return to Application Home](#)

Section 1: List Residents

First Name	Middle Name	Last Name	Staff Member	Relationship	Date of Birth
Frank		Smith	N	Spouse/Partner	03/18/1967

+ Add New

[Back to Providers and Support Staff](#) [Save and Continue](#)

CCCBC (Background Check)

In “Criminal Background Check,” there are two sections:

- Section 1: Submit CCCBC Application
- Section 2: Background Status

In “Section 1: Submit CCCBC Application,” there are two Hyperlinks:

- Click the blue link or image below to access the CCCBCS Page

In “Section 2: Background Status,” there is one drop-down and four columns:

- Filter by Status
- Status
- Name
- Contact Number

Criminal Background Check
All Center Staff members are required to submit to a Criminal Background Check. Employer and Employees will need to submit their information on the Child Care Civil Background Check System (CCCBCS).

[Return to Application Here](#)

Section 1: Submit CCCBC Application
Employees of a Provider/Entity who want to submit applications for background check on behalf of applicants must first be registered to use the CCCBC system. Existing licensed Child Care Providers must be registered by LDOE when the system is first available to the public. Additional users for that Provider must register using the link on that page. For additional information about the registration form and process [click here](#).

Click the image below to access the CCCBCS Page

DEPARTMENT of EDUCATION
Louisiana Believes

CCCBCS
Child Care Civil Background Check System

Section 2: Background Status
The table below includes all Center Owners, Directors, and currently hired staff who have been reviewed by the CCCBC system and have an “Eligible” or “Provisional” status for their application to be approved.

Filter by Status
-Select-

[Refresh CCCBC Status](#)

Status	Name	Contact Number	Email Address
Eligible	Sally Burns	444-444-4444	kk@adc.com
Eligible	Frank Smith	465-464-5545	FS@gmail.com

If you receive a “No Match”, it will not prevent you from submitting. Your current status will be available to your consultant.

Select, CCCBC Status to refresh. Eligible and Provisional Statuses must be displayed. Please contact your Provider Certification Administrator if you any questions regarding your status within Edlink.

EMERGENCY PREPAREDNESS PLAN

Emergency Preparedness Plan
The Emergency Plan describes the procedures that your Early Learning Center uses to provide for the care and well-being of children under care and your staff. This plan addresses circumstances that threaten lives and property.

[Return to Application Home](#)

Section 1: Upload your Plan

Upload your plan below. If you do not have an existing plan, download the template below.

[Download Plan Template](#)

*File

Choose File

Emergency Plan - Test Edoca 01/16/2023

**SCAN PROFILE:
70-100 DPI, B&W, PDF/
JPG/BMP...**

Download the Emergency Preparedness Template located at the top of the page. Save the document to your computer. The PDF document is editable, and may be completed electronically, with the exception of your signature. Make sure to save your information as you progress through the document. Do this by saving a copy to your hard drive.

You'll need to print, scan and upload the completed Plan. Select the Browse to locate the file from your personal computer. Double-click on the file or select the file and Open to initiate the upload.

If you already have a EPP, you may upload the file, as long as it addresses all areas that the Template has indicated. Download the Emergency Plan Requirements and save to your computer.

Section 2: Emergency Plan Requirements

Once your application is submitted, your plan is reviewed and a field inspection is scheduled. The plan must provide the items outlined in the file below. [Emergency Preparedness and Evaluation Plan](#)

Info: If you choose to upload an Emergency Plan not based on the template provided, you must ensure your plan meets the requirements outlined in the file available below. Plans that do not meet the requirements will be rejected and the application will not move forward until all elements are fulfilled.

[Download Emergency Plan Requirements](#)

Section 3: Emergency Contacts

Your plan must have named contacts for Staff in the event of an Emergency. Please review below to confirm that these are your intended Emergency Contacts.

Warning: The Center will need one on-site and one off-site emergency contacts. Off-site emergency contacts are individuals who the Department can reach in the event of an emergency should we be unable to reach anyone via the Center, Office, or Director's Home Phone Numbers.

Contact Type	Name	Primary Phone	Secondary Phone
On-Site	Sally Fields	554-654-6546	

[Add New](#)

Next, you'll identify at least one On-Site and one Off-Site Emergency Contact. You should see at least one On-Site already listed. If you do not have an On-Site listed, return to the Center Staff Step from the Application Home page. Select the pencil icon next to the Staff Member or yourself to view the details. In the top section, look for the toggle button asking, "Will this person be working On-Site?" Select, Yes. Scroll to the bottom of the page and select, Save. Now return to the Emergency Preparedness Step to ensure that the On-Site Emergency Contact is now listed.

The next images will show you how to add Off-Site Emergency Contacts.

Emergency Preparedness Plan
 The Emergency Plan describes the procedures that your Early Learning Center uses to provide for the care and well-being of children under care and your staff. This plan addresses circumstances that threaten lives and property.

[Return to Application Home](#)

Section 1: Upload your Plan
 Upload your plan below. If you do not have an existing plan, download the template below.

[Download Plan Template](#)

*File

Choose File [Browse](#)

Test Lock 30%

Emergency Plan
 Test Lock
 03/23/2023

Section 1: Upload your Plan
 Upload your plan below. If you do not have an existing plan, download the template below.

[Download Plan Template](#)

*File

Choose File [Browse](#)

Emergency Plan
 Help Desk Linkdocs
 04/03/2023

Next, you'll add at least one Off-Site Contact. An On-Site was added when the Provider's information page was completed. If the On-Site Contact is not listed, you'll need to return to the Application Home Page, In-Home Provider Page and check the toggle for On-Site Emergency Contact. This is located in Section 1. You may have any number of contacts for both but you must have at least one of each to Submit your application.

Section 2: Emergency Plan Requirements
 Once your application is submitted, your plan is reviewed and a field inspection is scheduled. The plan must provide the items outlined in the file below.

Info: If you choose to upload an Emergency Plan not based on the template provided, you must ensure your plan meets the requirements outlined in the file available below. Plans that do not meet the requirements will be rejected and the application will not move forward until all elements are fulfilled.

[Download Emergency Plan Requirements](#)

Section 3: Emergency Contacts
 Your plan must have named contacts for Staff in the event of an Emergency. Please review below to confirm that these are your intended Emergency Contacts.

Warning: The Center will need one on-site and one off-site emergency contacts. Off-site emergency contacts are individuals who the Department can reach in the event of an emergency should we be unable to reach anyone via the Center, Office, or Director's Home Phone Numbers.

Contact Type	Name	Primary Phone	Secondary Phone
On-Site	Sally Burns	444-444-4444	

[Add New](#)

Section 3: Emergency Contacts

Your plan must have named contacts for Staff in the event of an Emergency. Please review below to confirm that these are your intended Emergency Contacts.

Warning! The Center will need one on-site and one off-site emergency contacts. Off-site emergency contacts are individuals who the Department can reach in the event of an emergency should we be unable to reach anyone via the Center, Office, or Director's Home Phone Numbers.

Contact Type	Name	Primary Phone	Secondary Phone
On-Site	Sally Burns	444-444-4444	

[+Add New](#)

*Do you want to select an existing on-site Owner or Staff member as an emergency contact or add a new off-site emergency contact? Use on-site owner/staff New off-site

*Off-Site Emergency Contact Name:

*Primary Phone Number:

Secondary Phone Number:

*Email Address:

Section 2: Emergency Plan Requirements

Once your application is submitted, your plan is reviewed and a field inspection is scheduled. The plan must provide the items outlined in the file below.

Info. If you choose to upload an Emergency Plan not based on the template provided, you must ensure your plan meets the requirements outlined in the file below. The application will not move forward until all elements are fulfilled.

[Download Emergency Plan Requirements](#)

Section 3: Emergency Contacts

Your plan must have named contacts for Staff in the event of an Emergency. Please review below to confirm that these are your intended Emergency Contacts.

Warning! The Center will need one on-site and one off-site emergency contacts. Off-site emergency contacts are individuals who the Department can reach in the event of an emergency should we be unable to reach anyone via the Center, Office, or Director's Home Phone Numbers.

Contact Type	Name	Primary Phone	Secondary Phone
On-Site	Sally Burns	444-444-4444	
Off-Site	Kimberly Holmes	654-654-6546	

[+Add New](#)

[Back to Background Check](#) [Save and Continue](#)

Pencil=Edit
Trashcan=Delete
Check=Save

You must have 1 On-Site and 1 Off-Site Emergency Contact to proceed. Once you have both, select, Save.

CHILD CARE ASSISTANCE PROGRAM (CCAP)

Manually click onto the scroll bar to the right of the Agreement Provisions and scroll as you read. The scroll bar must be taken to the bottom of the text box to activate the “Accepted” button.

Even if you are not a CCAP Provider, you’ll still need to read the Agreement Provisions and initial the Assurances before you can proceed. This is not an acceptance of CCAP, but rather that CCAP was explained to you as a Provider for future consideration.

Child Care Assistance Program
The following required information includes the Child Care Assistance Program (CCAP) Agreement, Center's rates and fees, and Time and Attendance agreement.

[Return to Application Home](#)

Section 1: CCAP Agreement Provisions

Please review the CCAP Agreement below and click the box agreeing that you have read and understood all the provisions.

General Provisions:

1. The Louisiana Department of Education (LDOE, 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 services requested by a caregiver. Caregiver is any person legally obligated to provide or secure care for a child, including a parent, legal guardian, foster home parent, or other person providing a residence for a child.
2. Provider will participate in all aspects of the Early Childhood Care and Education Network as stated in R.S. 17:407.91 et seq. and BESE Bulletin 140, Louisiana Early Childhood Care and Education Network, including participation in the local Community Network, the Accountability System (including both local and third party observations), Coordinated Enrollment, and obtaining Academic Approval as applicable.

Laws, Regulations and Standards

3. Provider will comply with all applicable state and federal laws, regulations, and other standards and requirements, in providing services under this Agreement, which include but are not limited to:
 - A. State Licensing requirements of BESE Bulletin 137-Louisiana Early Learning Center Licensing Regulations, and BESE Bulletin 139-Louisiana Child Care and Development Funds Program for Child Care Assistance Program (CCAP) certified centers;

* By clicking this box I have read through all the provisions and agree to them.

Accepted

Download a copy of the CCAP Agreement for your records.

[Download CCAP Agreement](#)

Here, you may download a copy of your CCAP Agreement and save it on your personal computer.

Section 1: CCAP Agreement Provisions
Please review the CCAP Agreement below and click the box agreeing that you have read and understood all the provisions.

must submit a new Agreement; or
H. Payment shall not be made outside of the effective date of this Agreement.

24. The Department may terminate 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 321 of BESE Bulletin 136, Louisiana Child Care and Development Fund Program or a condition or situation exists that places the lives, safety, physical, mental or emotional well-being of any child entrusted to the Provider's care in imminent danger, regardless if such a condition or situation results from an act or omission by the Provider.
25. Neither the federal government nor the State of Louisiana offers appeal rights for Providers whose participation in the Child Care Assistance Program is refused or terminated. The decision to deny appeal rights was made by the State Legislature and the Department does not have the authority to overrule State law. The Provider is not entitled to CCAP payments during any appeal process and winning the appeal does not restore CCAP payments of eligibility.

26. Provider Compliance

Provider initials below indicates provider has thoroughly read each statement and agrees to adhere to the terms written therein.

* By clicking this box I have read through all the provisions and agree to them.

Accepted

Download a copy of the CCAP Agreement for your records.

[Download CCAP Agreement](#)

Enter your rates and fees in the respective boxes next to the ages that you will service. Place a value of at least \$1 into all boxes of ages not serviced. Enter your current rates into the boxes of the ages that are serviced. These rates will be verified by the Provider Certification Administrator, CCAP and by submitted a Notification of Rates to parents.

Section 3: Rates and Fees

Please enter your Center's rates and registration fees. Provide them both as a **daily** rate for full time care and as an **hourly** rate for part time care. Rates can be changed in the future from the Entity Management section of the Entity Portal. However, changes will not take affect until the next calendar month.

Enter Your Daily Rates

Age	*Full Daily Rate	*Part Time Hourly Rate
Age 0	75	20
Age 1	75	20
Age 2	75	20
Age 3	75	20
Age 4	75	20
Age 5 & Ovr	75	20

*Do you charge a registration fee?
 No

If a registration fee will be charged for any service that is offered, select yes. See each drop-down for options. If no registration fee will be charged, leave the box empty. You do not have to charge fees for a specific services.

*Do you charge a registration fee?
 Yes

Registration Fee	*This fee is charged	*This fee is collected
45 <small>Example: 75.00</small>	Per Child	Annually
25 <small>Example: 75.00</small>	Per Child	One-Time
025 <small>Example: 15.00</small>	Per Child	One-Time

Download the Time and Attendance Agreement, complete, sign and scan. Upload the scanned in document by clicking on, Browse, and selecting the file by double clicking on it.

Section 4: Time and Attendance Agreement

Download and complete the Louisiana CCAP Provider Time and Attendance Equipment Agreement below. Then scan your signed and completed document and upload using the "Upload File" option below.

[Download CCAP HEA Form](#)

Upload File

Choose File

Time and Attendance Agreement
Text 1.docx
01/16/2023

Section 4: Time and Attendance Agreement

Download and complete the Louisiana CCAP Provider Time and Attendance Agreement below. Then scan your signed and completed document and upload using the "Upload File" option below.

[Download CCAP T&A Form](#)

*Upload File:

Choose File

Time and Attendance Agreement
Test Looce
03/23/2023



Section 5: Agreement Signatures

An authorized Director or Owner will need to sign the Child Care Assistance Program Agreement.

I certify that I have personally completed this application and have carefully investigated all facts necessary to complete this application. I further certify that all information contained in this application is true and correct to the best of my knowledge and ability. I understand that knowingly providing false information on this application may cause my application to be denied or my certification to be terminated, or not renewed. I further understand that failure to provide complete information may result in my application being delayed, denied, or my certification terminated, or not renewed. I also understand that knowingly providing false information may result in criminal charges. I understand that failure to comply with the law and regulations governing the certification of child care facilities could result in my certification being denied or revoked.

*Position Type:
*Full Name:
*Date of Birth:

Director
Director Designee
Lead Teacher
Teacher
Other Staff
Owner



DOCUMENT UPLOAD

Upload the required documents below. Multiple files may be uploaded in each section. Ensure that your scanned documents are not too large for your personal computer to upload. Scan Profiles should be 70-100 DPI, B&W and a common file type, such as PDF, JPG, BMP...Edlink will take most types with the exception of video files. This profile will ensure that the files are small in file size but completely viewable.

Document Upload

The Family Home registration application has several types of documents that are required to be submitted in order for your application to be complete. Based on the services you may provide, there may be additional documents required.

[Return to Application Home](#)

Section 1: State Fire Marshal Information

Upload the Center's completed and approved State Fire Marshal Inspection Form. To request a State Fire Marshal Inspection, visit [here](#) for more details.

*Upload File

Choose File

Section 2: Residence Pictures

Pictures of the residence that the services will take place at. Pictures may include: The residence entrance, space where care will be provided.

*Upload File

Choose File

Section 3: Proof of Residency

Verification of physical address where the services will be provided. Examples are given in the application instructions.

*Upload File

Choose File

Section 4: Documentation of Ownership

A signed, dated, and notarized documentation of ownership of the Early Learning Center will need to be uploaded to your licensing application.

*Upload File

Choose File

Section 5: Verification of Identity

Upload a copy of a government issued picture ID for all owners, directors, and designers.

*Upload File

Choose File

Section 6: Social Security Cards

A copy of the social security cards for all owners and providers is required to submit the application.

*Upload File

Choose File

Section 7: W-9 or IRS SS-Form

Upload a copy of the most recent W-9 or IRS SS-Form. If you have not applied for an EIN, then you may submit an IRS Form W-9.

*Upload File

Choose File

Section 8: Rates Verification

Upload a copy of notice to parents such as newsletter, bulletin, memo, etc.

*Upload File

Choose File


[Back to CCAP](#)

Here are a few examples of what your page will look like as you upload and after an upload was successful.

Section 6: Social Security Cards
A copy of the social security cards for all owners and providers is required to submit the application.

*Upload File

Choose File


 Social Security Cards
Test Ldlock
03/23/2023

Status
Under Review

Section 7: W-9 or IRS SS-Form
Upload a copy of the most recent W-9 or IRS SS-Form. If you have not applied for an EIN, then you may submit an IRS Form W-9.

*Upload File

Choose File


 Test Ldlock
03/23/2023

Status
Under Review

Section 7: W-9 or IRS SS-Form
Upload a copy of the most recent W-9 or IRS SS-Form. If you have not applied for an EIN, then you may submit an IRS Form W-9.

*Upload File

Choose File


 W9 or IRSSS Form
Test Ldlock
03/23/2023

Status
Under Review

Section 8: Rates Verification
Upload a copy of notice to parents such as newsletter, bulletin, memo, etc.

*Upload File

Choose File

 Rate Verification
Test Ldlock
03/23/2023

Status
Under Review

After uploading all documents, Select, Save and Continue, to be navigated to the Banking Information page.

BANKING INFORMATION

Download the direct authorization form. Fill in the correct banking information, legibly. Scan the document and upload it into Sections 1. Only the Director or Entity Manager will have the ability to change the center's banking information.

Banking Information

Provide the banking details required below that will be used for provider reimbursements and public funding.

[← Return to Application Home](#)

Section 1: Banking Information

Please upload your banking information to indicate where provider reimbursements and public funding will be deposited for your Early Learning Center. A template is provided below that includes all instructions and requirements to receive State funding.

[Download bank info template](#)

Upload File

Choose File

Banking Information	Status
Test 1.docx 03/23/2023	Under Review

*Bank Name Southwest Bank	Banking Address
*Bank Routing Number 51654654654	*Street Name 1 55 Waters Road
*Bank Account Number 654654654564	Street Name 2
*Disbursement Type 0 - Personal Checking	*City New Orleans
	*State Louisiana
	*Zip 77085
	*Parish/County Catahoula

*Account Owner - First Name Sally	Payee Address
Account Owner - Middle Initial 	*Street Name 1 33 Robin Dr
*Account Owner - Last Name Burns	Street Name 2
DBA (Business Name) 	*City New Orleans
	*State Louisiana
	*Zip 77956
	*Parish/County Dezoto

[← Back to Document Upload](#) [Save and Review →](#)

After uploading the Direct Authorization Form, Select, Save and Continue, to be navigated to the Application Home page.

APPLICATION HOME (REVIEW)


The Application Home page is the final page before you submit the application. Ensure that all badges are green and complete. You will need to visit or revisit any blue or yellow badges before the application can be submitted. To do this, click onto the Review or Edit button above the incomplete badge and enter the missing documents or information. Then return to the Application Home page to submit.

Application Home

The Renewal Application Home page lists all the required steps in completing the In Home Licensing Application. Once all required information is submitted, you will be able to submit your application for review.

[← Return to Entity Dashboard](#)

- 1 - Renewal Application Instructions**
This page describes all the requirements and instructions for completing the Licensing Application. [View 1](#) [Complete](#)
- 2 - Funding Source**
Update and verify the funding source for your Early Learning Center. [View 2](#) [Complete](#)
- 3 - In Home Provider**
Provide the name, location, and contact information for your In Home Provider on this page. [View 3](#) [Complete](#)
- 4 - Services and Hours**
Update and verify your center's hours of operation and services offered at your facility. [View 4](#) [Complete](#)
- 5 - Ownership Type**
Verify the legal ownership type of your Early Learning Center. [View 5](#) [Complete](#)
- 6 - Home-based Provider**
Verify all Legal Owners and update current owner personal information. Change of Ownership is not permitted in renewals. [View 6](#) [Complete](#)
- 7 - Providers and Support Staff**
Verify and update all currently hired Providers and other staff on this page. [View 7](#) [Complete](#)
- 8 - Household Members**
Update and verify all household members living on site at the residence. [View 8](#) [Complete](#)
- 9 - Criminal Background Check**
This page will provide you the status of all Owners, Directors, and Staff who have completed a Criminal Background check. [View 9](#) [Complete](#)
- 10 - Emergency Plan**
Update the center's Emergency Preparedness Plan and verify emergency contacts. [View 10](#) [Complete](#)
- 11 - CCAP**
Review and accept the details of the Child Care Assistance Program on this page, and supply additional information about your Center's fees. [View 11](#) [Complete](#)
- 12 - Document Upload**
This page allows you to upload all required supporting documentation for your Early Learning Center. [View 12](#) [Complete](#)
- 13 - Banking Information**
This page will collect you banking information. [View 13](#) [Complete](#)

[Withdraw Application →](#)  [Submit Application →](#)

edlink Entity Dashboard

Welcome Back, Pamela Mertens

This page will show you all the relevant information about your entity. It includes widgets that highlight new alerts, messages, and calls to action from each of major administrative functions of your entity.

Entity
 I Automation Application
 4155 Esann Ln
 Apt # 102
 Baton Rouge, Louisiana, 70816

License Status
 Open Provider Number 1903528
 CCAP Expiration Date 04/17/2023

Entity Snapshot

1

Pending Applications

Mary's Munchkins - Type In Home Pending

Application ID	Category	Last Update	Expires on
114803	New	03/23/2023	06/20/2023

[View](#) [Withdraw Application](#)

All applications will be located in Pending Applications on your Dashboard. The following is only an example. Click on Edit to continue an unfinished application or withdraw a submitted application.

Pending Applications

<p>Pamela Mertens - Type In Home In Progress</p> <table border="1"> <thead> <tr> <th>Application ID</th> <th>Category</th> <th>Last Update</th> <th>Expires on</th> </tr> </thead> <tbody> <tr> <td>115105</td> <td>New</td> <td>04/03/2023</td> <td>06/26/2023</td> </tr> </tbody> </table> <p>Edit Cancel</p>	Application ID	Category	Last Update	Expires on	115105	New	04/03/2023	06/26/2023	<p>I Automation Application - Type In Home Withdrawn</p> <table border="1"> <thead> <tr> <th>Application ID</th> <th>Category</th> <th>Last Update</th> <th>Expires on</th> </tr> </thead> <tbody> <tr> <td>115071</td> <td>Renewal</td> <td>03/30/2023</td> <td>06/28/2023</td> </tr> </tbody> </table>	Application ID	Category	Last Update	Expires on	115071	Renewal	03/30/2023	06/28/2023
Application ID	Category	Last Update	Expires on														
115105	New	04/03/2023	06/26/2023														
Application ID	Category	Last Update	Expires on														
115071	Renewal	03/30/2023	06/28/2023														
<p>Pamela Mertens - Type In Home Withdrawn</p> <table border="1"> <thead> <tr> <th>Application ID</th> <th>Category</th> <th>Last Update</th> <th>Expires on</th> </tr> </thead> <tbody> <tr> <td></td> <td>Renewal</td> <td>03/30/2023</td> <td>06/22/2023</td> </tr> </tbody> </table>	Application ID	Category	Last Update	Expires on		Renewal	03/30/2023	06/22/2023	<p>ukitfikik - Type In Home Pending</p> <table border="1"> <thead> <tr> <th>Application ID</th> <th>Category</th> <th>Last Update</th> <th>Expires on</th> </tr> </thead> <tbody> <tr> <td>114970</td> <td>New</td> <td>03/30/2023</td> <td>06/26/2023</td> </tr> </tbody> </table> <p>View Withdraw Application</p>	Application ID	Category	Last Update	Expires on	114970	New	03/30/2023	06/26/2023
Application ID	Category	Last Update	Expires on														
	Renewal	03/30/2023	06/22/2023														
Application ID	Category	Last Update	Expires on														
114970	New	03/30/2023	06/26/2023														

COMPLETING AN IN-HOME RENEWAL APPLICATION

In order to complete your renewal application, access must be requested and approved through Edlink Security: Self Registration. Once approved, the Entity Dashboard, shown below, will be displayed.

Only one application can be in progress at a time, per Entity. So, make all of your changes within your renewal application. The Submit Renewal Application button will be available when you are 90 days or less from the expiration date. The button will be dark green as shown below.

Do not utilize the Management tabs on the left-side menu unless your Provider Certification Administrator asked that information be changed outside of your renewal application. Examples of this might be staff, family members, and change of location.

Select the Submit Renewal Application to begin.

The screenshot displays the Edlink Entity Dashboard for Pamela Mertens. The left sidebar shows navigation options like 'My Dashboard', 'Entity Management', and 'Staff Management'. The main content area includes a 'Welcome Back' message, entity details (Automation Application, 4155 Essex Ln, Apt # 192, Baton Rouge, Louisiana, 70816), and license status (Open, Provider Number 1900531, CCAP Expiration Date 04/17/2023). An 'Entity Snapshot' bar chart shows 'Total Staff' at 1, 'Capacity' at 0, 'Licensing Visits' at 0, and 'Deficiencies' at 0. A blue banner at the bottom provides instructions for renewing the license and features a 'Start Renewal' button, which is highlighted with a red arrow.

Take a few moments to read all of the instructions, especially those within banners. This particular blue banner provides specific instructions on the order of operations and how to navigate through the application. You must visit each Step in chronological order first. Then you will be permitted to revisit any of the Steps in any order.

Blue: Need to select first

Green: Step is complete (Exception: Step 7)

Yellow: Step is Incomplete

Badges will change colors as you progress through the application.

IN-HOME RENEWAL APPLICATION HOME

Read all instructions within the banners. Select, Verify and Modify to begin.

Renewal Application Home

The Renewal Application Home page lists all the required steps in completing the In Home Licensing Application. Once all required information is submitted, you will be able to submit your application for review.

[← Return to Entity Dashboard](#)

Page Help. We have provided a way for you to keep track of all the information needed for you to complete your Center's Renewal application. After all required information is submitted within each step, you will see a green "Completed" badge on the Application Home page. Once you have started a step, you can always return to a previous section using the "Return to Previous" button or return to this Home page by using the "Return to Application Home" button. ✕

- ### 1 - Renewal Application Instructions

This page describes all the requirements and instructions for completing the Licensing Application.

[Modify & Verify Step 1](#)
- ### 2 - Funding Source

Update and verify the funding source for your Early Learning Center.

[Modify & Verify Step 2](#)
- ### 3 - In Home Provider

Provide the name, location, and contact information for your In Home Provider on this page.

[Modify & Verify Step 3](#)
- ### 4 - Services and Hours

Update and verify your center's hours of operation and services offered at your facility.

[Modify & Verify Step 4](#)
- ### 5 - Ownership Type

Verify the legal ownership type of your Early Learning Center.

[Modify & Verify Step 5](#)
- ### 6 - Home-based Provider

Verify all Legal Owners and update current owner personal information. Change of Ownership is not permitted in renewals.

[Modify & Verify Step 6](#)
- ### 7 - Providers and Support Staff

Verify and update all currently hired Providers and other staff on this page.

[Modify & Verify Step 7](#)
- ### 8 - Household Members

Update and verify all household members living on site at the residence.

[Modify & Verify Step 8](#)
- ### 9 - Criminal Background Check

This page will provide you the status of all Owners, Directors, and Staff who have completed a Criminal Background check.

[Modify & Verify Step 9](#)
- ### 10 - Emergency Plan

Update the center's Emergency Preparedness Plan and verify emergency contacts.

[Modify & Verify Step 10](#)
- ### 11 - CCAP

Review and accept the details of the Child Care Assistance Program on this page, and supply additional information about your Center's fees.

[Modify & Verify Step 11](#)
- ### 12 - Document Upload

This page allows you to upload all required supporting documentation for your Early Learning Center.

[Modify & Verify Step 12](#)
- ### 13 - Banking Information

This page will collect your banking information.

[Modify & Verify Step 13](#)
- ### 14 - Renewal Summary

Summary of changes made for submitting a renewal of ELC In-Home Application.

[Modify & Verify Step 14](#)

[Submit Renewal Application](#) ↑

Read all instructions by expanding or collapsing the text. Links are embedded to assist you each step of the way. Scroll to the bottom of the page, select, Yes, I agree, and then Save and Continue. Each time you select Save and Continue, the Page will navigate to the next step. Each step must be initially visited in order. Then you may return to any page.

Renewal Application Instructions

Renewal Application to renew registration as a In Home Child Care Provider.

[← Return to Application Home](#)

[Collapse All](#)

- List of all Providers and Support Staff Members**

All On-Site Providers and Support Staff Members will need to be identified in the Center Staff section of the Renewal Application. This information will be validated against the CCCBC system status of background checks. Provider information is required in this section of the application.

You will need to provide information about all On-Site Support Staff. This includes their personal address, phone number, and additional personally identifiable information. You will also need to upload training documentation for Providers and Support Staff. Owners who are also On-Site Staff Members will be required to enter their details on both the Center Owner and Provider and Support Staff pages.
- Qualifications of Provider and Support Staff**

Documentation verifying the education/training of the Provider and Support Staff will need to be uploaded to the Renewal Application. Examples include CPR, Pediatric First Aid, Pre-service Orientation, Medication Administration Training. See [here](#) for additional details.

All requirements are listed in Bulletin 139. For Family Child Care Providers, review section 309. For In Home Providers, review section 311. Download a copy [here](#).
- Child Care Civil Background Check**

All Owners and On-Site Staff Members identified in the Center Owner/Provider and Support Staff sections of the Renewal Application will be validated against the Child Care Civil Background Check system and will provide the status of background checks. This page also allows you to navigate to the CCCBC site.
- Emergency Preparedness Plan**

An updated Emergency Preparedness Plan will be uploaded as part of the Renewal Application. Templates will be available in the "Emergency Plan" section. Additional details can be found [here](#).
- Provider Agreement / Provider Rate Agreement**

The provider agreement and rate agreement page will require you to review and agree to the terms and conditions of the providers who take part in the Child Care Assistance Program. This page also requires you to enter the rates and registration fees for your services.
- Current State Fire Marshal Inspection**

A updated copy of the completed and approved State Fire Marshal Inspection will need to be uploaded with your Renewal Application. Information on requesting an inspection can be found [here](#).
- Pictures of Residence**

Pictures of the residence that the services will take place at. Pictures may include: The residence entrance, space where care will be provided.
- Additional Supporting Documents (based on services offered)**

Vehicle Information: Transportation (Insurance or Contract information)
- Verification of checking or savings account**

The provider must download and complete the form available and upload proof of checking/savings account.
- Verification of Rates**

Please submit a memo or notification to parents of your rates charged.

I have read and understand all the application instructions. I'm aware that supporting documentation will need to be uploaded prior to submitting my application.

Yes, I Agree

[← Back to Application Home](#) [Save and Continue →](#)

Selecting the links will navigate you to more information. Each will open into a new page and may be closed at anytime.

FUNDING SOURCE

Entry Management > In Home Renewal Application > Funding Source

Funding Source

Please fill in the Funding Source for your Center. Note: In Home applications include the Child Care Assistance Program funding by default.

[Return to Application Home](#)

Section 1: Funding Source

How will your center be funded? Choose all that apply.

- Private Pay
- Child Nutrition Program

[Back to Application Instructions](#) [Save and Continue](#)

You may only uncheck Child Nutrition Program if you are electing to no longer participate in the Child Nutrition Program. Private Pay will remain as a mandatory default. Select Save and Continue to proceed to the next step.

IN-HOME PROVIDER

Review and Modify all of the information in each section. The information that you see now was transferred from last year's certification/registration. To edit the information, Select, Edit. All fields that may be edited will turn to white, rather than grey, allowing the information to be edited. Select Save and Continue to proceed to the next step.

In Home Provider
The In Home Provider on this page will be linked to the provider profile on the LDQE School Finder website.

[← Return to Application Home](#)

Section 1: In Home Provider Name
*As it will appear on School or Center Finder
Automation Application [Edit](#)

Section 2: Address Information

Physical Address	Mailing Address
*Street Name 1 4155 Essen Ln	*Street Name 1 4155 Essen Ln
Street Name 2 Apt # 192	Street Name 2 Apt # 192
*City Baton Rouge	*City Baton Rouge
*State Louisiana	*State Louisiana
*Zip 70816	*Zip 70816
*Parish/County East Calcasieu	*Parish/County East Calcasieu
Copy to Mailing Edit	Edit

Section 3: In Home Provider Contacts

*Primary Telephone Number 819-765-7650	Provider Facebook Page www.facebook.com/vajkumar
Secondary Telephone Number 819-765-7650	Provider Twitter Account www.twitter.com/vajkumar
*Notification Email Address vajkumar@la.gov	Provider Instagram Account www.instagram.com/vajkumar
Provider Website Address www.vajkumar.com	Edit

[← Back to Funding Source](#) [Save and Continue →](#) [↑](#)

See pages 37-38 for School and Center Finder Information.

SERVICES AND HOURS

Review and Modify all of the information in each section. The information that you see now was transferred from last year's certification/registration. To edit the information, Select, Edit. All fields that may be edited will turn to white, rather than grey, allowing the information to be edited. Select Save and Continue to proceed to the next step.

Entity Management / In Home Care Application / Services and Hours

Services and Hours

The information entered on this page will be linked to the provider profile on the LDOE School Finder website.

[Return to Application Home](#)

Section 1: Household information

*Enter Age: Minimum age being served

*Select Age Range:

*Enter Age: Maximum age being served

*Select Age Range:

[Edit](#)

Safety Approved Cribs (less than 1 yr old)

This statement must be certified by the applicant anytime they make a new request to take care of a child that is less than 1 year old in a center.

I certify that the center listed on this application currently has the safety approved cribs available for each infant in care.

*Signature: Last your full name to certify

*Today's Date: Date (add a 0 in the format of MM/DD/YYYY)

If you are caring for children under 1 yr old, you'll need to sign and date the Safety Crib Statement each time the application is closed and reopened.

Section 2: Operating Hours

*Is this facility open all months of the year? Yes

*Is this facility open 24 hours a day? No

Day	Open	Open From:	Open Until:	Copy to All
Monday	<input checked="" type="checkbox"/> Open	<input type="text" value="07:00 AM"/>	<input type="text" value="05:00 PM"/>	Copy to All
Tuesday	<input checked="" type="checkbox"/> Open	<input type="text" value="07:00 AM"/>	<input type="text" value="05:00 PM"/>	
Wednesday	<input checked="" type="checkbox"/> Open	<input type="text" value="07:00 AM"/>	<input type="text" value="05:00 PM"/>	
Thursday	<input checked="" type="checkbox"/> Open	<input type="text" value="07:00 AM"/>	<input type="text" value="05:00 PM"/>	
Friday	<input checked="" type="checkbox"/> Open	<input type="text" value="07:00 AM"/>	<input type="text" value="05:00 PM"/>	
Saturday	<input type="checkbox"/> Closed	<input type="text" value=""/>	<input type="text" value=""/>	
Sunday	<input type="checkbox"/> Closed	<input type="text" value=""/>	<input type="text" value=""/>	

[Edit](#)

Click on Copy to All to save time.

Section 3: Additional Services

Before Care

After Care

Summer/Holiday Hours

All Day

Half Day

Half Day Only

Overnight Care (8pm to 6am)

Transportation (To/From Home or School)

Transportation (Field Trips)

Special Needs

[Edit](#)

[Back to ELC Information](#)

[Continue](#)

OWNERSHIP TYPE

Review and Modify all of the information in each section. The information that you see now was transferred from last year's certification/registration. To edit the information, type in the correct information. Select Save and Continue to proceed to the next step.

The screenshot shows a web form titled "Ownership Type" with a sub-header "Section 1: Ownership Type". Below this is a dropdown menu for "Select your organization structure type" with "Individual" selected. The next section is "Section 2 - Individual Owner" with a note about entering personal information. Under "Tax information", there are two input fields: "Federal EIN" (containing 910760765) and "State Tax ID Number" (containing 98765). A red arrow points to the "State Tax ID Number" field. At the bottom right, there is a "Save and Continue" button, also indicated by a red arrow. A yellow callout bubble is positioned over the bottom of the form.

Ownership Type
Your Ownership Type selection will determine which information will need to be entered for Center Owners and also to determine if you are eligible for certain programs.

← Return to Application Home

Section 1: Ownership Type
*Select your organization structure type ⓘ
Individual

Section 2 - Individual Owner
You selected Individual. As owner you will need to enter your personal information in Step 6 - Center Owner section of the Application. If you are married, you will also need to enter your spouse's information.

Tax information
*Federal EIN: 910760765
*State Tax ID Number: 98765

← Back to Services and Hours | Save and Continue →

Do not click the Edit button if the information has remained the same.

HOME-BASED PROVIDER

Review and Modify all of the information in each section. The information that you see now was transferred from last year's certification/registration. To edit the information, Select, Edit. All fields that may be edited will turn to white, rather than grey, allowing the information to be edited. Select Save and Continue to proceed to the next step.

Home-based Provider

The Ownership Type you selected is Individual. Please verify all the information is correct.

[Return to Application Home](#)

Section 1: Name and Contact

Owner Name Prefix <input type="text"/>	Owner Information *Primary Phone Number <input type="text" value="919-700-7650"/>
*First Name <input type="text" value="919760765"/>	Secondary Phone Number <input type="text"/>
Middle Name <input type="text"/>	*Email Address <input type="text" value="raj.kumar.della.gov"/>
*Last Name <input type="text" value="Deshineni"/>	This employee is an emergency contact for this Center <input type="radio"/> No
Suffix <input type="text"/>	I will be working on-site at this Center <input type="radio"/> No

Section 2: Additional Names

*Have you used another name in the past 5 years?
 No

Section 3: Address Information

Physical Address *Street Name 1 <input type="text" value="4155 Essen Ln"/>	Mailing Address *Street Name 1 <input type="text" value="4155 Essen Ln"/>
Street Name 2 <input type="text"/>	Street Name 2 <input type="text"/>
*City <input type="text" value="Baton Rouge"/>	*City <input type="text" value="Baton Rouge"/>
*State <input type="text" value="Louisiana"/>	*State <input type="text" value="Louisiana"/>
*Zip <input type="text" value="70816"/>	*Zip <input type="text" value="70816"/>
*Parish/County <input type="text" value="East Carroll"/>	*Parish/County <input type="text" value="East Carroll"/>

Section 4: Personal Identification

*Date of Birth <input type="text" value="12/05/1985"/>	*SSN <input type="text" value="***-**-4747"/>	*Identification Number <input type="text" value="636104747"/>	*Issuing State <input type="text" value="Louisiana"/>
*Sex <input type="text" value="Male"/>	*Race <input type="text" value="Asian"/>	Are you married? <input type="radio"/> No	

[Back to Ownership Type](#) [Save and Continue](#)

You will need one On-Site and one Off-Site Emergency Contact. On-Site Contacts can only be added on his/her Staff page.



PROVIDERS AND SUPPORT STAFF

Review and Modify all of the information in each section. The information that you see now was transferred from last year's certification/registration. To edit the information, Select, Edit. All fields that may be edited will turn to white, rather than grey, allowing the information to be edited. The red warning symbol indicates that you will need to select the pencil (edit) icon and provide any required information. Select Save and Continue to proceed to the next step.

Providers and Support Staff
Verify and update all hired staff and owners who will be on site.

← Return to Application Home

Section 1: Providers and Support Staff

Name	Position Type	Primary Phone Number	Email Address	Date Hired	
Raj Dshineni	Provider	919-760-7650	rajkumar@la.gov	11/03/2022	

+ Add New

← Back to Home-based Provider

Save and Continue →

Provider Staff Detail

Providers and Support Staff
Provide the details for all Providers and Support Staff that will be working on site at the Center.

Section 1: Name and Contact

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

*Primary Phone Number:

Secondary Phone Number:

*Email Address:

This employee is an emergency contact for this Center: Yes

This employee is also a household resident: No

Select, Yes if this person (Provider) will be an Emergency Contact. Provider will always select yes.

Section 2: Address Information

Physical Address

*Street Name 1
4155 Essen Ln

Street Name 2

*City
Baton Rouge

*State
Louisiana

*Zip
70816

*Parish/County
East Carroll

Copy to Mailing

Mailing Address

*Street Name 1
4155 Essen Ln

Street Name 2

*City
Baton Rouge

*State
Louisiana

*Zip
70816

*Parish/County
East Carroll



SSN#'s will be synced with CCCBC statuses and must match exactly for all owners, directors and staff.

Section 3: Personal Identification

*Date Of Birth
12/05/1985

*SSN
***-**-4747

*Identification Number
636104747

*Sex
Male

*Race
Asian

Section 4: Employment Details

*Position Type
Provider

*Years of experience in a licensed center
0

*Date appointed to current role
11/03/2022

*Date Hired in any Capacity
11/03/2022

Qualify for School Readiness Tax Credit Level
No



Click on links for further information and/or instructions.

Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop down selections and upload your supporting documentation.

Category

Type

There are no records to show

+ Add New

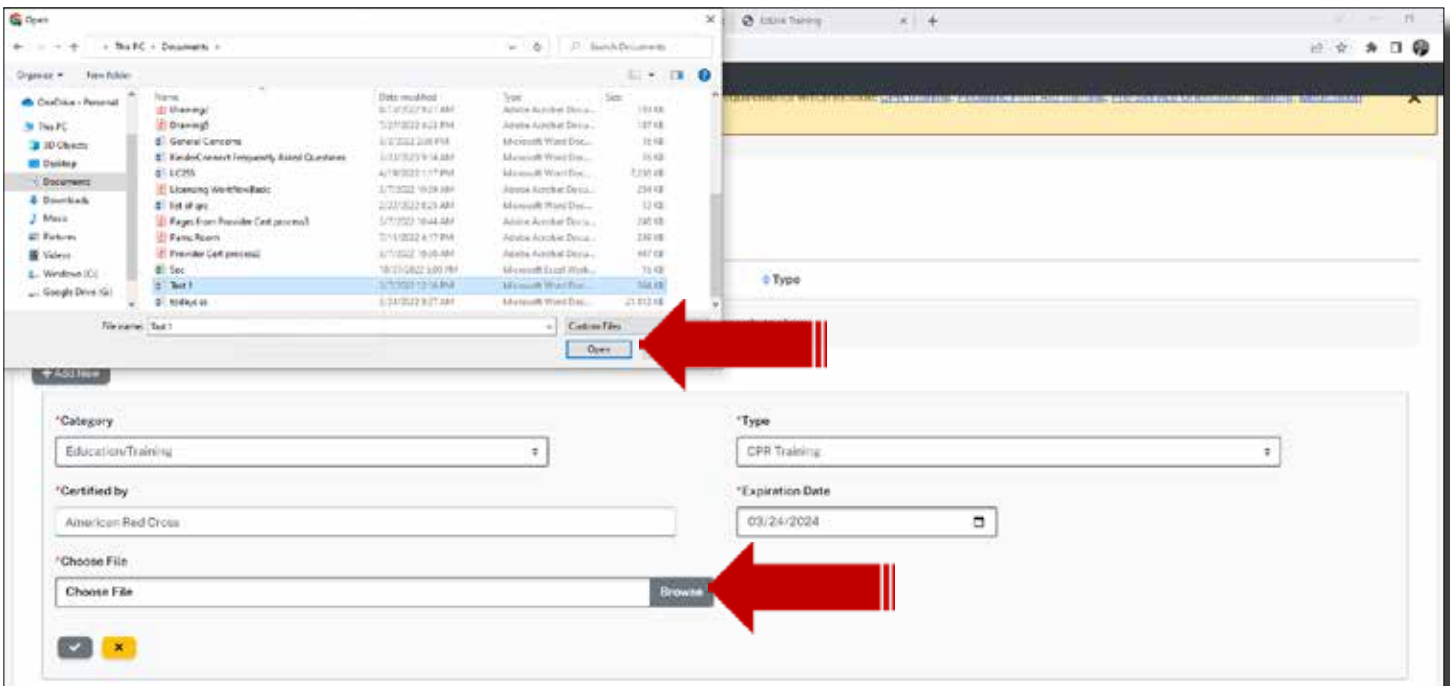
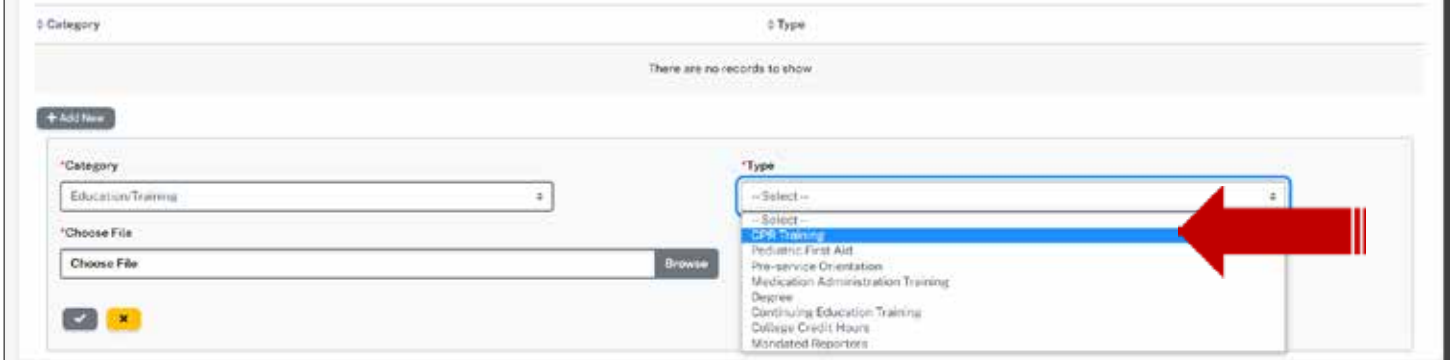
Save Cancel





Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop down selections and upload your supporting documentation.



Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop-down selections and upload your supporting documentation.

Category: Education/Training | Type: CPR Training

There are no records to show

+ Add New

*Category: Education/Training

*Type: CPR Training

*Certified by: American Red Cross

*Expiration Date: 03/24/2024

*Choose File: [Choose File] [Browse]

*Upload Document: [Upload] [Cancel]

[Checkmark] [Close]

Mandatory Documents for Providers are: Pre-Service Orientation, CPR, Pediatric First Aid, Mandated Reporters, Medication Administration, and ELC Experience.

Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop-down selections and upload your supporting documentation.

Category: Education/Training | Type: CPR Training

+ Add New

[Pencil] [Trash] [Eye]

Click on the pencil, trash can or Eye icon to edit, delete or view the uploaded document.

Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop-down selections and upload your supporting documentation.

Category: Education/Training | Type: CPR Training

+ Add New

*Category: Education/Training

*Choose File: [Choose File] [Browse]

*Type: [Dropdown Menu]

- Select--
- Select--
- CPR Trainings
- Pediatric First Aid**
- Pre-service Orientation
- Medication Administration Training
- Degree
- Continuing Education Training
- College Credit Hours
- Mandated Reporters

Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop down selections and upload your supporting documentation.

Category	Type
Education/Training	CPR Training

+ Add New

*Category: Education/Training

*Type: Pediatric First Aid

*Certified by: American Red Cross

*Expiration Date: 03/25/2024

*Choose File: Choose File [Browse]

Test 1.docx

✓ ✕

Mandatory Documents for Staff are:
CPR, Pediatric First Aid, and
Mandated Reporters

Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop down selections and upload your supporting documentation.

Category	Type
Education/Training	CPR Training
Education/Training	Pediatric First Aid

+ Add New

Save Cancel

Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop down selections and upload your supporting documentation.

Category	Type
Education/Training	CPR Training
Education/Training	Pediatric First Aid

+ Add New

*Category: Education/Training

*Choose File: Choose File [Browse]

✓ ✕

*Type: -- Select --
-- Select --
CPR Training
Pediatric First Aid
Pre-service Orientation
Medication Administration Training
Degree
Continuing Education Training
College Credit Hours
Mandated Reporters

Mandatory Documents for Staff are:
CPR, Pediatric First Aid, and
Mandated Reporters

Category: Education/Training | Type: CPR Training

Education/Training | Pediatric First Aid


+ Add New

*Category: Education/Training | *Type: Pre-service Orientation

*Certified by: [Name] | *Date Completed: 03/07/2023 | *Expiration Date: 03/25/2026

*Choose File: Choose File | Browse

Test 1.docx




Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop down selections and upload your supporting documentation.

Category	Type	Actions
Education/Training	CPR Training	[Edit] [Delete]
Education/Training	Pediatric First Aid	[Edit] [Delete]
Education/Training	Pre-service Orientation	[Edit] [Delete]

+ Add New



Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop down selections and upload your supporting documentation.


Category	Type	Actions
Education/Training	CPR Training	[Edit] [Delete]
Education/Training	Pediatric First Aid	[Edit] [Delete]
Education/Training	Pre-service Orientation	[Edit] [Delete]

+ Add New

*Category: Education/Training | *Choose File: Choose File | Browse

*Type:

- Select--
- Select--
- CPR Training
- Pediatric First Aid
- Pre-service Orientation
- Medication Administration Training
- Degrees
- Continuing Education Training
- College Credit Hours
- Mandated Reporters



Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		
Education/Training	Pre-service Orientation		

+ Add New

*Category: Education/Training


*Type: Medication Administration Training

*Certified by: Udemy

*Expiration Date: 03/25/2024

*Choose File: Choose File **Browse**

Test E-docs




Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop down selections and upload your supporting documentation.

Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		
Education/Training	Pre-service Orientation		
Education/Training	Medication Administration Training		

+ Add New



Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop down selections and upload your supporting documentation.

Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		
Education/Training	Pre-service Orientation		
Education/Training	Medication Administration Training		


+ Add New

*Category: Education/Training

*Choose File: Choose File **Browse**

*Type:

- Mandated Reporters
- Select--
- CPR Training
- Pediatric First Aid
- Pre-service Orientation
- Medication Administration Training
- Degree
- Continuing Education Training
- College Credit Hours
- Mandated Reporters



Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		
Education/Training	Pre-service Orientation		
Education/Training	Medication Administration Training		

+ Add New

*Category:

*Choose File: **Browse**

Test Lock:

*Type:

*Expiration Date:

Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop-down selections and upload your supporting documentation.

Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		
Education/Training	Pre-service Orientation		
Education/Training	Medication Administration Training		
Education/Training	Mandated Reporters		

+ Add New

Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		
Education/Training	Pre-service Orientation		
Education/Training	Medication Administration Training		
Education/Training	Mandated Reporters		

+ Add New

*Category: **Browse**

*Type:

Category	Type		
Education/Training	CPR Training		
Education/Training	Pediatric First Aid		
Education/Training	Pre-service Orientation		
Education/Training	Medication Administration Training		
Education/Training	Mandated Reporters		

+ Add New

*Category:

*Choose File:

*Type:

Section 5: Degrees and Certifications

The reported credentials may qualify for an Early Childhood Ancillary Certificate (ECAC). An ECAC can be used as a qualifying credential to become a Director or Director Designee of a licensed child care center. Visit the [Teach.LA.Links Portal](#) to apply for an ECAC. Note: The submitted ECAC application will need to include a transcript showing the degree completion. For Directors and Director Designees, please review [Application Instructions](#).

Category	Type	PROVIDER		
Education/Training	CPR Training			
Education/Training	Pediatric First Aid			
Education/Training	Pre-service Orientation			
Education/Training	Medication Administration Training			
Education/Training	Mandated Reporters			
Education/Training	ELC Experience			

If a New Staff Member is being added, Personal Identification information may have to be reentered, if the page is left for any reason, for security purposes.

See pages 46-67 for more detail on entering Providers and Staff.

Other Staff will need CPR, Pediatric First Aid, and Mandated Reporters uploaded.

IN-HOME HOUSEHOLD MEMBERS

Review and Modify all of the information in each section. The information that you see now was transferred from last year's certification/registration. Select, Add New, to add a new resident. All fields that may be edited will turn to white, rather than grey, allowing the information to be edited. Select Save and Continue to proceed to the next step.


In Home Residents
This includes all individuals who reside in the home where the child care is provided. Usually this will mean any children or other relatives who live in their household, like cousins/siblings or grandparents. Children who are in college should also be included, even if they spend much of the year living elsewhere.

[← Return to Application Home](#)

Section 1: List Residents

First Name	Middle Name	Last Name	Staff Member	Relationship	Date of Birth
------------	-------------	-----------	--------------	--------------	---------------

[+ Add New](#)



In Home Residents
This includes all individuals who reside in the home where the child care is provided. Usually this will mean any children or other relatives who live in their household, like cousins/siblings or grandparents. Children who are in college should also be included, even if they spend much of the year living elsewhere.

[← Return to Application Home](#)

Section 1: List Residents

First Name	Middle Name	Last Name	Staff Member	Relationship	Date of Birth
------------	-------------	-----------	--------------	--------------	---------------


[+ Add New](#)

* First Name: Tracy
Middle Name:
* Last Name: Burns
Suffix:

* Relationship Type: Child or dependent (under 18) | * Date of Birth: 03/29/2020 | * SSN: ***-**-5546 | * ID Number: 0000000 | * Issuing State: Louisiana

Phone Number: | Email Address:

* Is this resident a staff member?
 No
 Yes




In Home Residents
This includes all individuals who reside in the home where the child care is provided. Usually this will mean any children or other relatives who live in their household, like cousins/siblings or grandparents. Children who are in college should also be included, even if they spend much of the year living elsewhere.

[← Return to Application Home](#)

Section 1: List Residents

First Name	Middle Name	Last Name	Staff Member	Relationship	Date of Birth
Tracy		Burns	N	Child or dependent (under 18)	03/29/2020

[+ Add New](#)



In Home Residents

This includes all individuals who reside in the home where the child care is provided. Usually this will mean any children or other relatives who live in their household, like cousins/siblings or grandparents. Children who are in college should also be included, even if they spend much of the year living elsewhere.

[← Return to Application Home](#)

Section 1: List Residents

First Name	Middle Name	Last Name	Staff Member	Relationship	Date of Birth	
Tracy		Burns	N	Child or dependent (under 18)	03/28/2020	 

[+ Add New](#)

* First Name Middle Name * Last Name Suffix

* Relationship Type * Date of Birth * SSN ID Number Issuing State

Phone Number Email Address

* Is this resident a staff member?
 No

In Home Residents

This includes all individuals who reside in the home where the child care is provided. Usually this will mean any children or other relatives who live in their household, like cousins/siblings or grandparents. Children who are in college should also be included, even if they spend much of the year living elsewhere.

[← Return to Application Home](#)

Section 1: List Residents

First Name	Middle Name	Last Name	Staff Member	Relationship	Date of Birth	
Tracy		Burns	N	Child or dependent (under 18)	03/28/2020	 
betty		ross	N	Parent	03/30/1995	 

[+ Add New](#)

Section 2: Child's Home Address

Physical Address

* Street Name 1

Street Name 2

* City * State

* Zip * Parish/County

[← Back to Providers and Support Staff](#)

[Save and Continue →](#)

CCCBC

The CCCBC page is informational. While you can refresh the status of yourself and Staff, there is no requirement to enter any information. Green Eligible status must be present for consideration of approval. Click on the CCCBC image or the link to access the CCCBC System and complete a background check.

The screenshot displays the CCCBC system interface. At the top, it says "Background Check" and "Criminal Background Check". Below this, there is a "Return to Application Home" button. Section 1 is titled "Submit CCCBC Application" and includes instructions for users. A banner for the Department of Education and CCCBCS is shown. Section 2 is titled "Background Status" and features a table of users with their status, name, contact number, and email address. A "Filter by Status" dropdown is set to "-- Select --". A "Refresh CCCBC Status" button is on the right, and a "Save and Continue" button is at the bottom right. Red arrows point to the "Eligible" status in the table, the "Refresh CCCBC Status" button, and the "Save and Continue" button.

Section 2: Background Status

The table below includes all Center Owners, Directors, and currently hired staff entered during the previous steps. All individuals will need to be reviewed by the CCCBC system and have an "Eligible" or "Provisional" status for their application to be approved.

Filter by Status: -- Select --

Status	Name	Contact Number	Email Address
Eligible	Sally Fields	564-654-6546	sallyf@gmail.com
Eligible	Abby Rhodes	645-556-3563	abby@gmail.com
Eligible	Betsy Ross	646-546-5465	BetsyRoss@gmail.com

Buttons: Back to Center Staff, Refresh CCCBC Status, Save and Continue

If you need to step away or take a break from the application, simply sign out. When you return, sign into your dashboard. Scroll down to Pending Applications. Select Edit to return to the Application Home page and continue the application.

EMERGENCY PREPAREDNESS PLAN

Emergency Preparedness Plan

Emergency Preparedness Plan

The Emergency Plan describes the procedures that your Early Learning Center uses to provide for the care and well-being of children under care and your staff. This plan addresses circumstances that threaten lives and property.

← Return to Application Home

Section 1: Upload your Plan

Upload your plan below; if you do not have an existing plan, download the template below.

Download Plan Template

*File

Choose File Browse

Emergency Plan - Test Docs 01/18/2023

SCAN PROFILE:
70-100 DPI, B&W,
PDF/JPG/BMP...

Download the Emergency Preparedness Template located at the top of the page. Save the document to your computer. The PDF document is editable, meaning that you may complete all but your signature electronically. Make sure you save your information as you progress through the document.

You'll need to print, scan and upload the completed Plan. Select the Browse to locate the file from your personal computer. Double-click on the file or select the file and Open to initiate the upload.

If you already have a EPP, you may upload the file, as long as it addresses all areas that the Template has indicated. Download the Emergency Plan Requirements and save to your computer.

Section 2: Emergency Plan Requirements

Once your application is submitted, your plan is reviewed and a field inspection is scheduled. The plan must provide the items outlined in the file below. [Emergency Preparedness and Evacuation Plan](#)

Info: If you choose to upload an Emergency Plan not based on the template provided, you must ensure your plan meets the requirements outlined in the file available below. Plans that do not meet the requirements will be rejected and the application will not move forward until all elements are fulfilled.

Download Emergency Plan Requirements

Section 3: Emergency Contacts

Your plan must have named contacts for Staff in the event of an Emergency. Please review below to confirm that these are your intended Emergency Contacts.

Warning: The Center will need one on-site and one off-site emergency contacts. Off-site emergency contacts are individuals who the Department can reach in the event of an emergency should we be unable to reach anyone via the Center, Office, or Director's Home Phone Numbers.

Contact Type	Name	Primary Phone	Secondary Phone
On-Site	Sally Fields	564-654-6546	

+Add New

Next, you'll identify at least one On-Site and one Off-Site Emergency Contact. You should see at least one On-Site already listed. If you do not have an On-Site listed, return to the Center Staff Step from the Application Home page. Select the pencil icon next to the Staff Member or yourself to view the details. In the top section, look for the toggle button asking, "Will this person be working On-Site?" Select, Yes. Scroll to the bottom of the page and select, Save. Now return to the Emergency Preparedness Step to ensure that the On-Site Emergency Contact is now listed.

The next images will show you how to add Off-Site Emergency Contacts.

Section 3: Emergency Contacts

Your plan must have named contacts for Staff in the event of an Emergency. Please review below to confirm that these are your Intended Emergency Contacts.

Warning! The Center will need one on-site and one off-site emergency contacts. Off-site emergency contacts are individuals who the Department can reach in the event of an emergency should we be unable to reach anyone via the Center, Office, or Director's Home Phone Numbers.

Contact Type	Name	Primary Phone	Secondary Phone
On-Site	Sally Fields	564-654-6546	

+Add New

*Do you want to select an existing on-site Owner or Staff member as an emergency contact or add a new off-site emergency contact? Use on-site owner/staff New off-site

*Off-Site Emergency Contact Name

Clark Gable

*Primary Phone Number

854-654-6546

Secondary Phone Number

*Email Address

clar@gmail.com



Pencil=Edit
Trashcan=Delete
Check=Save

Section 3: Emergency Contacts

Your plan must have named contacts for Staff in the event of an Emergency. Please review below to confirm that these are your Intended Emergency Contacts.

Warning! The Center will need one on-site and one off-site emergency contacts. Off-site emergency contacts are individuals who the Department can reach in the event of an emergency should we be unable to reach anyone via the Center, Office, or Director's Home Phone Numbers.

Contact Type	Name	Primary Phone	Secondary Phone
On-Site	Sally Fields	564-654-6546	
Off-Site	Clark Gable	854-654-6546	

+Add New

← Back to Background Check

Save and Continue →

You must have 1 On-Site and 1 Off-Site Emergency Contact to proceed. Once you have both, select, Save.

CHILD CARE ASSISTANCE PROGRAM (CCAP)

In “Child Care Assistance Program,” there are 5 sections, which are:

- Section 1: CCAP Agreement Provisions
- Section 2: CCAP Assurances
- Section 3: Rates and Fees
- Section 4: Time and Attendance Agreement
- Section 5: Agreement Signatures

In “Section 1: CCAP Agreement Provisions,” there are 25 agreement conditions. After reading all the conditions, a Provider must first select the check box. Next, by selecting the “Download CCAP Agreement,” a Provider can download the CCAP agreement.

In “Section 2: CCAP Assurances,” there are 7 boxes that require Provider’s initials to be entered.

In “Section 3: Rates and Fees,” there is a section titled, “Enter Your Daily Rates,” where a Provider must enter Age, Full Daily Rate, Part Time Hourly Rate and answer a Yes or No question, which is:

- Do you charge a registration fee?

In “Section 4: Time and Attendance Agreement,” there is 1 option titled, “Download CCAP 14EA Form” and an option where the Provider may upload documentation.

In “Section 5: Agreement Signatures,” there are 2 text boxes and 1 drop-down that require information to be entered or selected, which are:

- Position Type (drop-down)
- Full Name
- Date of Birth (date picker)



Providers that do not charge for their services and are funded either privately or sources outside of the CCAP, will still need to read through (grab the scroll bar and slide down) the Provisions to activate the Accepted button. All others, Download the CCAP Agreement for your records.

Child Care Assistance Program

Child Care Assistance Program

The following required information includes the Child Care Assistance Program (CCAP) Agreement, Center's rates and fees, and Time and Attendance agreement.

[Return to Application Home](#)

Section 1: CCAP Agreement Provisions

Please review the CCAP Agreement below and click the box agreeing that you have read and understood all the provisions.

must submit a new Agreement; or
H. Payment shall not be made outside of the effective date of this Agreement.

24. The Department may terminate 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 321 of BESE Bulletin 126, Louisiana Child Care and Development Fund Program or a condition or situation exists that places the lives, safety, or physical, mental, or emotional well-being of any child entrusted to the Provider's care in imminent danger, regardless if such a condition or situation results from an act or omission by the Provider.

25. Neither the federal government nor the State of Louisiana offers appeal rights for Providers whose participation in the Child Care Assistance Program is refused or terminated. The decision to deny appeal rights was made by the State Legislature and the Department does not have the authority to overrule State law. The Provider is not entitled to CCAP payments during any appeal process and winning the appeal does not restore CCAP payments of eligibility.

26. Provider Compliance
Provider initials below and states provider has thoroughly read each statement and agrees to adhere to the terms written therein.

* By clicking this box I have read through all the provisions and agree to them.

Accepted

Download a copy of the CCAP Agreement for your records.

[Download CCAP Agreement](#)

All Providers will (Entity Manager's) initials next to each CCAP Assurance. If you are Headstart or Grant funded, you are not accepting CCAP. You are simply attesting to having read the CCAP Provisions and Assurances. Your entity is already on record as nonCCAP provider. Future versions of Edlink will redirect Headstarts and Grant funded centers around the CCAP section as well as banking.

Section 2: CCAP Assurances

Please initial each section as you agree to the provisions.

*Initial Here Understand that Federal CCAP rules require that the provider must charge caregivers the rate provided on the current CCAP 30 form and must collect the difference between the rate charged and the amount of CCAP assistance received. This difference is the caregiver's "copy".

*Initial Here I agree to report problems with a Point of Service (POS) device or finger image scanner to the Conduent Provider Help Desk and the Department within 48 hours of failure.

*Initial Here I agree to notify the Department immediately of the removal of any child from its care so that payment from the Department for that child can be discontinued.

*Initial Here I will retain supporting fiscal documents (invoices, remittances, attendance logs, etc.) adequate to insure that claims for matching federal funds are in accordance with federal requirements. Provider will retain such documents for three (3) years after the close of the state fiscal year (July 1 through June 30) in which services are provided.

*Initial Here I understand that when the Department determines the provider is not in compliance with an administrative requirement, the Department may send written notice by mail or email informing the provider of the administrative noncompliance and requiring that the provider come into compliance.

*Initial Here I understand that if the provider does not come into compliance within 14 calendar days of such notice, the Department may suspend payments to the provider until the provider is in compliance.

*Initial Here I understand that if I do not turn my required documentation in timely manner then my application will be denied.

Enter your rates and fees in the respective boxes next to the ages that you will service. Place a value of at least zero into all boxes of ages not serviced. Enter your current rates into the boxes of the ages that are serviced. These rates will be verified by the Licensing Consultant, CCAP and by submitted a Notification of Rates to parents.

Headstarts and Grant funded centers will place a 1 in all boxes if there is no charge for care.

Section 3: Rates and Fees

Please enter your Center's rates and registration fees. Provide them both as a **daily** rate for full time care and as an **hourly** rate for part time care. Rates can be changed in the future from the Entity Management section of the Entity Portal. However, changes will not take effect until the next calendar month.

Enter Your Daily Rates

Age	*Full Daily Rate	*Part Time Hourly Rate
Age 0	75	20
Age 1	75	20
Age 2	75	20
Age 3	75	20
Age 4	75	20
Age 5 & Over	75	20

*Do you charge a registration fee?
 No

If a registration fee will be charged for any service that is offered, select yes. See each drop-down for options. If no registration fee will be charged, leave the box empty. You do not have to charge fees for a specific services.

*Do you charge a registration fee?
 Yes

*Registration Fee 45 <small>Example: 75.00</small>	*This fee is charged Per Child	*This fee is collected Annually
*Before Care Fee 25 <small>Example: 75.00</small>	*This fee is charged Per Child	*This fee is collected One-Time
*After Care Fee 025 <small>Example: 75.00</small>	*This fee is charged Per Child	*This fee is collected One-Time

Download the Time and Attendance Agreement, complete, sign and scan. Upload the scanned in document by clicking on, Browse, and selecting the file by double clicking on it.

Section 4: Time and Attendance Agreement

Download and complete the Louisiana CCAP Provider Time and Attendance Equipment Agreement below. Then scan your signed and completed document and upload using the "Upload File" option below.

Download CCAP MSA Form

Upload File

Choose File

Time and Attendance Agreement
Test 1.docx
01/16/2023

DOCUMENT UPLOAD

Document Upload

The In-Home registration application has several types of documents that are required to be submitted in order for your application to be complete. Based on the services you may provide, there may be additional documents required.

[Return to Application Home](#)

Section 1: State Fire Marshal Information

Upload the Center's completed and approved State Fire Marshal Inspection Form. To request a State Fire Marshal Inspection, visit [here](#) for more details.

*Upload File

Choose File

Section 2: Residence Pictures

Pictures of the residence that the services will take place at. Pictures may include: The residence entrance, space where care will be provided.

*Upload File

Choose File

Section 3: Proof of Residency

Verification of physical address where the services will be provided. Examples are given in the application instructions.

*Upload File

Choose File

Section 4: Documentation of Ownership

A signed, dated, and notarized documentation of ownership of the Early Learning Center will need to be uploaded to your licensing application.

*Upload File

Choose File

Section 5: Verification of Identity

Upload a copy of a government issued picture ID for all owners, directors, and designers.

*Upload File

Choose File

Section 6: Social Security Cards

A copy of the social security cards for all owners and providers is required to submit the application.

*Upload File

Choose File

Section 7: W-9 or IRS SS-Form

Upload a copy of the most recent W-9 or IRS SS-Form. If you have not applied for an EIN, then you may submit an IRS Form W-9.

*Upload File

Choose File

Section 8: Rates Verification

Upload a copy of notice to parents such as newsletter, bulletin, memo, etc.

*Upload File

Choose File

[Back to OCAP](#) [Save and Continue](#)



SCAN PROFILE:
70-100 DPI, B&W,
PDF/JPG/BMP...

Section 2: Residence Pictures

Pictures of the residence that the services will take place at. Pictures may include: The residence entrance, space where care will be provided.

*Upload File

Choose File Browse

TASK 2023.xlsx 100%

Residence Pictures	Status
TASK 2023.xlsx 03/30/2023	Under Review

Section 2: Residence Pictures

Pictures of the residence that the services will take place at. Pictures may include: The residence entrance, space where care will be provided.

*Upload File

Choose File

Residence Pictures	Status
TASK 2023.xlsx 03/30/2023	Under Review

File Upload - Existing Files ✕

File(s) were already uploaded. Please delete existing files before uploading again.

TASK 2023.xlsx

Ok

Section 7: W-9 or IRS SS-Form

Upload a copy of the most recent W-9 or IRS SS-Form. If you have not applied for an EIN, then you may submit an IRS Form W-9.

*Upload File

Choose File Browse

W9 or IRSSS Form	Status
Accessing Edlink.pdf 03/30/2023	Under Review

Section 8: Rates Verification

Upload a copy of notice to parents such as newsletter, bulletin, memo, etc.

*Upload File

Choose File Browse

Rate Verification	Status
Help Desk Link.docx 03/30/2023	Under Review

← Back to CCAP Save and Continue →

BANKING INFORMATION

Find the Right Program / In Home / Banking Information

Banking Information

Provide the banking details required below that will be used for provider reimbursements and public funding.

[Return to Application Home](#)

Section 1: Banking Information

Please upload your banking information to indicate where provider reimbursements and public funding will be deposited for your Early Learning Center. A template is provided below that includes all instructions and requirements to receive State funding.

[Download Bank Info Template](#)

***Upload File**

Choose File [Browse](#)

Banking Information Navigating EdLink.pdf 03/30/2023	Status Under Review	
--	------------------------	--

***Bank Name**
Bank of America

***Bank Routing Number**
5425465454

***Bank Account Number**
8488798754687

***Disbursement Type**
D-Personal Checking

Banking Address

***Street Name 1**
Candyland Lane

Street Name 2

***City**
New Orleans

***State**
Louisiana

***Zip**
77058

***Parish/County**
East Baton Rouge

***Account Owner - First Name**
Sally

Account Owner - Middle Initial

***Account Owner - Last Name**
Burns

DBA (Business Name)

Payee Address

***Street Name 1**
25 Blue Bird Lane

Street Name 2

***City**
Baton Rouge

***State**
Louisiana

***Zip**
77058

***Parish/County**
East Baton Rouge

[Back to Document Upload](#) [Save and Review](#)

APPLICATION HOME (REVIEW)

End the Right Program / In Home / Application Home

Application Home

The Application Home page lists all the required steps in completing the In Home Licensing Application. Once all required information is submitted, you will be able to submit your application for review.

[← Return to Dashboard](#)

Page Help: We have provided a way for you to keep track of all the information needed for you to complete your school's application. After all required information is submitted within each step, you will see a green "Completed" badge on the Application Home page. If a section remains incomplete there will be a yellow "Incomplete" badge. Once you have started a step, you can always return to a previous section using the "Return to Previous" button or return to this Home page by using the "Return to Application Home" button.

1 - Application Instructions This page describes all the requirements and instructions for completing the Licensing Application.	Review or Edit 1 Complete
2 - Funding Source Enter all the funding sources for your Early Learning Center on this page.	Review or Edit 2 Complete
3 - In Home Provider Provide the name, location, and contact information for your In Home Provider on this page.	Review or Edit 3 Complete
4 - Services and Hours This page allows you to enter the Center's hours of operation and list the services offered at your facility.	Review or Edit 4 Complete
5 - Ownership Type This page asks for the legal Ownership type of your Early Learning Center.	Review or Edit 5 Complete
6 - Home-based Provider List all the legal Owners of the Early Learning Centers on this page.	Review or Edit 6 Complete
7 - Providers and Support Staff Enter in all currently hired Providers and Other Staff on this page.	Review or Edit 7 Complete
8 - Household Members Enter in any household members living on site at the residence.	Review or Edit 8 Complete
9 - Criminal Background Check This page will provide you the status of all Owners, Directors, and Staff who have completed a Criminal Background check.	Review or Edit 9 Complete
10 - Emergency Plan The center's Emergency Preparedness Plan and emergency contacts will be completed on this page.	Review or Edit 10 Complete
11 - CCAP Review and accept the details of the Child Care Assistance Program on this page, and supply additional information about your Center's fees.	Continue Working 11 Incomplete
12 - Document Upload This page allows you to upload all required supporting documentation for your Early Learning Center.	Review or Edit 12 Complete
13 - Banking Information This page will collect your banking information.	Review or Edit 13 Complete

[Submit Application](#)

10 - Emergency Plan Update the center's Emergency Preparedness Plan and verify emergency contacts.	Review or Edit 10 Complete
11 - CCAP Review and accept the details of the Child Care Assistance Program on this page, and supply additional information about your Center's fees.	Review or Edit 11 Complete
12 - Document Upload This page allows you to upload all required supporting documentation for your Early Learning Center.	Review or Edit 12 Complete
13 - Banking Information This page will collect your banking information.	Review or Edit 13 Complete
14 - Renewal Summary Summary of changes made for submitting a renewal of ELC-In-Home Application	Review or Edit 14 Complete
	Submit Renewal Application →

REVIEW OF CHANGES

City Management / Home Renewal Application / Renewal Summary

[← Return to Application Home](#)

Review your Renewal Updates

Below is a list of all changes made during the renewal application. Please review and confirm the changes made. If you are satisfied with all changes made, please confirm and submit your application. Changes made after the submission of your renewal may incur additional fees.

Page	Section	Field	Action	Original Value	New Value	Confirm <input type="checkbox"/>
There are no records to show						

[← Back to Document Upload](#) [Save and Continue →](#)

In this last Step, you'll review all of your changes. If you agree with the changes that were made, click on the Confirm box to the right of each entry. You may also select the Confirm box at the top of the list to "Confirm All".

Select, Save and Continue.

APPLICATION HOME (REVIEW)

First the Right Program / In Home / Application Home


Application Home

The Application Home page lists all the required steps in completing the In Home Licensing Application. Once all required information is submitted, you will be able to submit your application for review.

[Return to Dashboard](#)

Page Help. We have provided a way for you to keep track of all the information needed for you to complete your school's application. After all required information is submitted within each step, you will see a green "Completed" badge on the Application Home page. If a section remains incomplete there will be a yellow "Incomplete" badge. Once you have started a step, you can always return to a previous section using the "Return to Previous" button or return to this Home page by using the "Return to Application Home" button.

- 1 - Application Instructions**
This page describes all the requirements and instructions for completing the Licensing Application. [Review or Edit 1](#) [Complete](#)
- 2 - Funding Source**
Enter all the funding sources for your Early Learning Center on this page. [Review or Edit 2](#) [Complete](#)
- 3 - In Home Provider**
Provide the name, location, and contact information for your In Home Provider on this page. [Review or Edit 3](#) [Complete](#)
- 4 - Services and Hours**
This page allows you to enter the Center's hours of operation and list the services offered at your facility. [Review or Edit 4](#) [Complete](#)
- 5 - Ownership Type**
This page asks for the legal Ownership type of your Early Learning Center. [Review or Edit 5](#) [Complete](#)
- 6 - Home-based Provider**
List all the legal Owners of the Early Learning Centers on this page. [Review or Edit 6](#) [Complete](#)
- 7 - Providers and Support Staff**
Enter in all currently hired Providers and Other Staff on this page. [Review or Edit 7](#) [Complete](#)
- 8 - Household Members**
Enter in any household members living on site at the residence. [Review or Edit 8](#) [Complete](#)
- 9 - Criminal Background Check**
This page will provide you the status of all Owners, Directors, and Staff who have completed a Criminal Background check. [Review or Edit 9](#) [Complete](#)
- 10 - Emergency Plan**
The center's Emergency Preparedness Plan and emergency contacts will be completed on this page. [Review or Edit 10](#) [Complete](#)
- 11 - CCAP**
Review and accept the details of the Child Care Assistance Program on this page, and supply additional information about your Center's fees. [Review or Edit 11](#) [Complete](#)
- 12 - Document Upload**
This page allows you to upload all required supporting documentation for your Early Learning Center. [Review or Edit 12](#) [Complete](#)
- 13 - Banking Information**
This page will collect your banking information. [Review or Edit 13](#) [Complete](#)
- 14 - Renewal Summary**
Summary of changes made for submitting a renewal of ELC - In-Home Application. [Review or Edit 14](#) [Complete](#)

 [Submit Renewal Application](#)

edlink Entity Dashboard

Welcome Back, Pamela Mertens
This page will show you all the relevant information about your entity. It includes widgets that highlight new alerts, messages, and calls to action from each of major administrative functions of your entity.

Entity

I Automation Applications
4155 Essen Ln
Apt # 192
Baton Rouge, Louisiana, 70816

License Status

Open Provider Number
1900538

CCAP Expiration Date
04/17/2023

Entity Snapshot

Category	Value
Total Staff	1
Capacity	0
Licensing Visits	0
Deficiencies	0

Messages and Notifications View All Messages

Show All
 Notifications
 Messages
 View All

Newest to Oldest

- Notification - Renewals Application Received** unread

Mar 24, 2023 11:25 AM

Action Required: Renewals Application Received
- Message - Renewals Application Received** unread

Pamela Mertens, Mar 24, 2023 11:25 AM

Action Required: Read the full message below
- Message - Renewal Application Submitted** unread

Pamela Mertens, Mar 24, 2023 11:24 AM

Action Required: Read the full message below
- Notification - Renewal Application Submitted**

Mar 24, 2023 11:24 AM

Action Required: Renewal Application Submitted

Pending Applications

I Automation Application - Type In Home **Pending**

Application ID	Category	Last Update	Expires on
115071	Renewal	03/30/2023	06/28/2023

WITHDRAW APPLICATION

Pending Applications

I Automation Application - Type In Home Pending

Application ID	Category	Last Update	Expires on
115071	Renewal	03/30/2023	06/28/2023

[View](#) [Withdraw Application](#)

[Withdraw Application](#) [Submit Renewal Application](#)

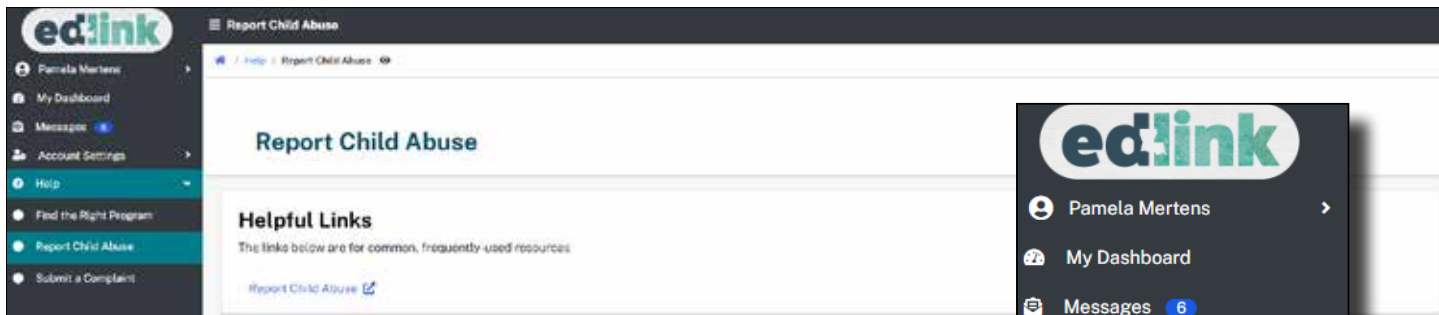
The screenshot shows the edlink dashboard with a sidebar on the left containing navigation options like 'My Dashboard', 'Entity Management', and 'Financial Management'. The main content area lists application steps: 10 - Emergency Plan, 11 - CCAP, 12 - Document Upload, 13 - Banking Information, and 14 - Renewal Summary. A warning dialog box is overlaid on step 12, asking 'Alert: Are You Sure You Want To Withdraw The Application?' with 'Yes' and 'No' buttons. A red arrow points to the 'No' button.

Pending Applications

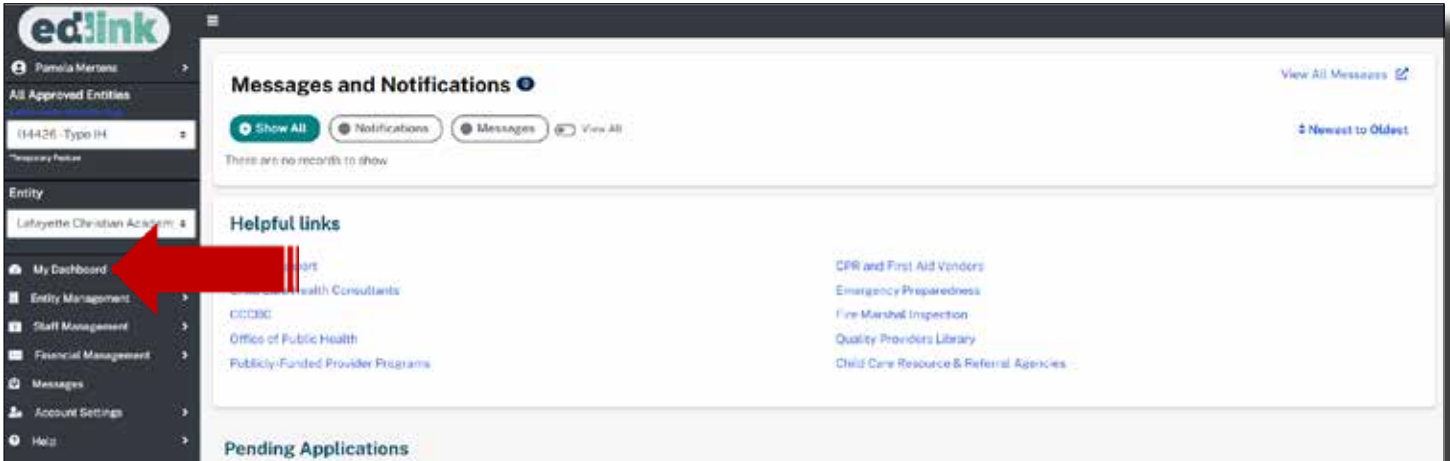
I Automation Application - Type In Home Withdrawn

Application ID	Category	Last Update	Expires on
115071	Renewal	03/30/2023	06/28/2023

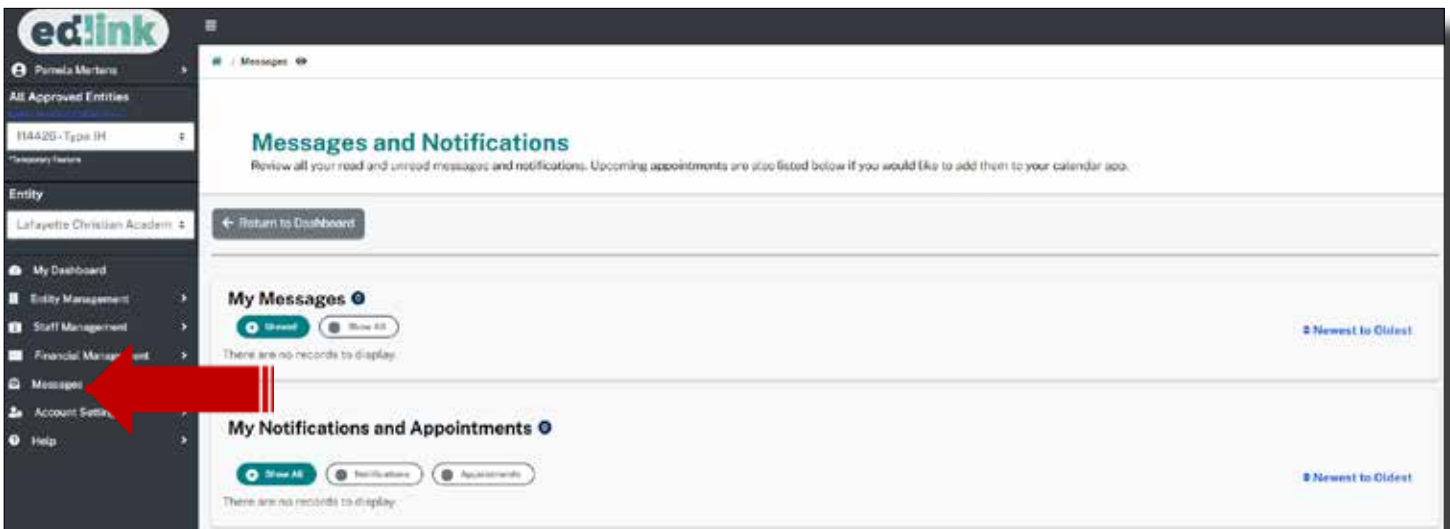
HELP



MESSAGES



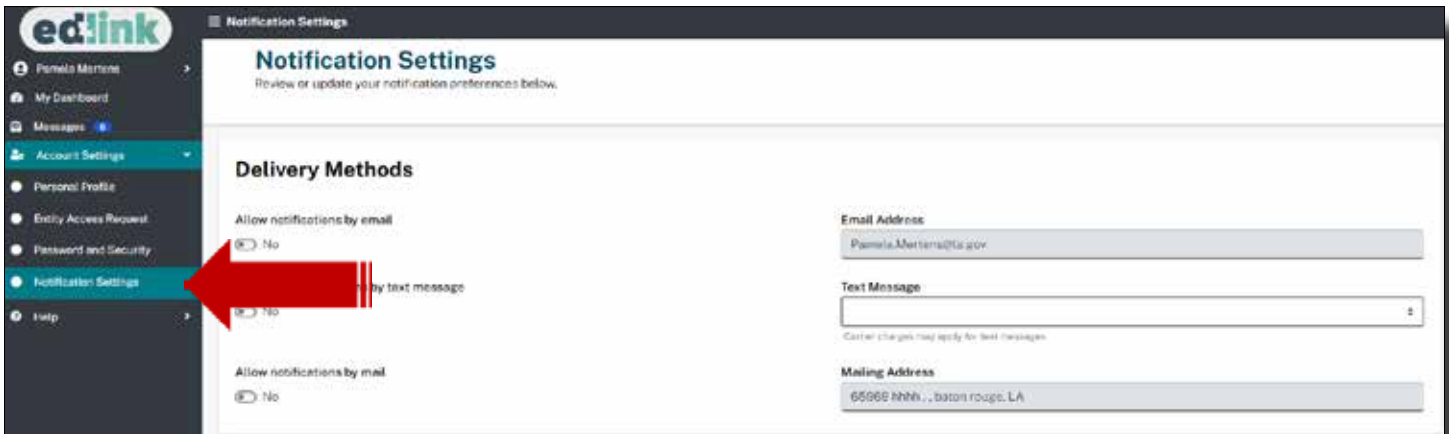
Select any of the Helpful Links on the Dashboard for more forms and information.



NOTIFICATIONS

From the left-side navigation menu, select the Account Settings tab and then the Notification Settings. Notifications from LDOE, regarding Edlink Registration/Certification will be sent to the email and text number provide on this page.

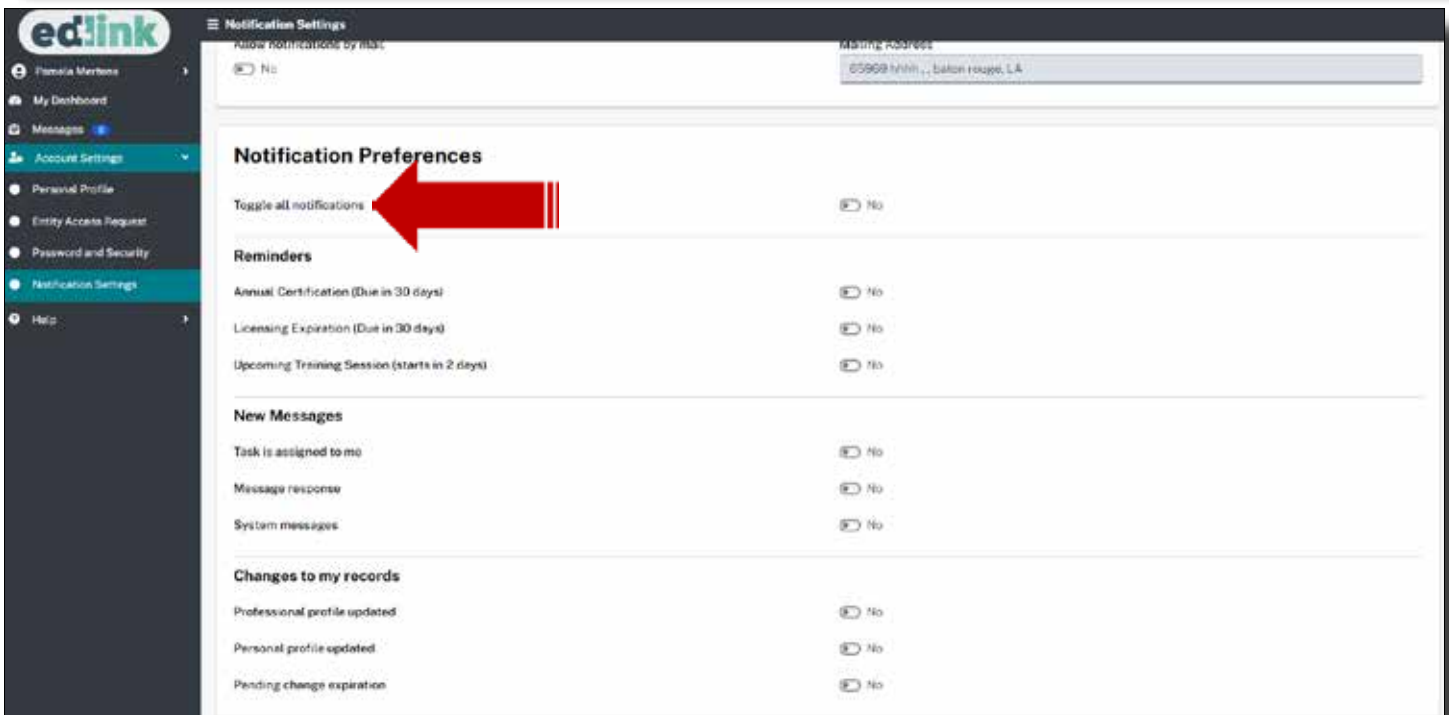
Select, "Toggle all notifications" to avoid missing any important notifications. You may always return to this page and reduce the level of notifications if you're receiving too many.



The screenshot shows the 'Notification Settings' page in the edlink system. The left navigation menu is visible, with 'Notification Settings' highlighted. The main content area is titled 'Notification Settings' and includes a sub-header 'Delivery Methods'. There are three sections for delivery methods, each with a toggle switch set to 'No':

- Allow notifications by email:** Toggle switch set to 'No'. To the right, the 'Email Address' field contains 'Pamela.Mertens@lsajov'.
- Allow notifications by text message:** Toggle switch set to 'No'. To the right, the 'Text Message' field is empty. A note below it says 'Carrier charges may apply for text messages'.
- Allow notifications by mail:** Toggle switch set to 'No'. To the right, the 'Mailing Address' field contains '65068 hhhh , baton rouge, LA'.

A red arrow points from the 'Notification Settings' menu item to the 'Allow notifications by text message' toggle.



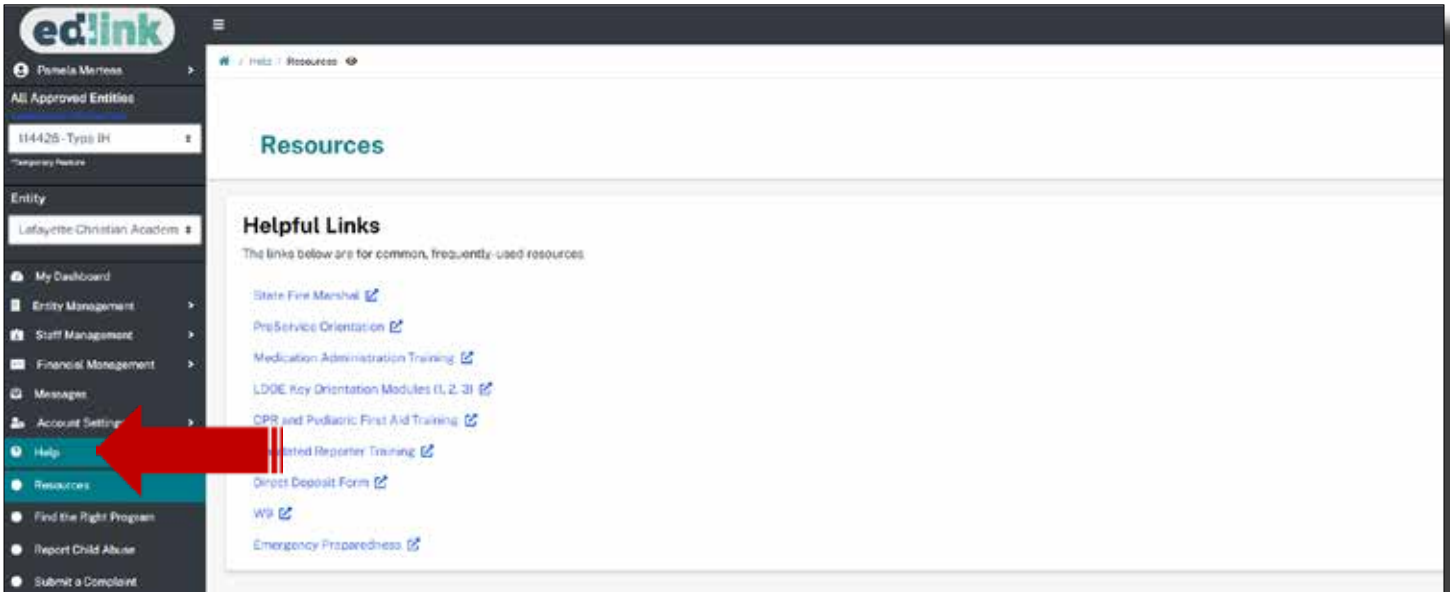
The screenshot shows the 'Notification Settings' page in the edlink system, specifically the 'Notification Preferences' section. The left navigation menu is visible, with 'Notification Settings' highlighted. The main content area is titled 'Notification Preferences' and includes several sections with toggle switches:

- Toggle all notifications:** Toggle switch set to 'No'. A red arrow points to this toggle.
- Reminders:**
 - Annual Certification (Due in 30 days): Toggle switch set to 'No'.
 - Licensing Expiration (Due in 30 days): Toggle switch set to 'No'.
 - Upcoming Training Session (starts in 2 days): Toggle switch set to 'No'.
- New Messages:**
 - Task is assigned to me: Toggle switch set to 'No'.
 - Message response: Toggle switch set to 'No'.
 - System messages: Toggle switch set to 'No'.
- Changes to my records:**
 - Professional profile updated: Toggle switch set to 'No'.
 - Personal profile updated: Toggle switch set to 'No'.
 - Pending change expiration: Toggle switch set to 'No'.

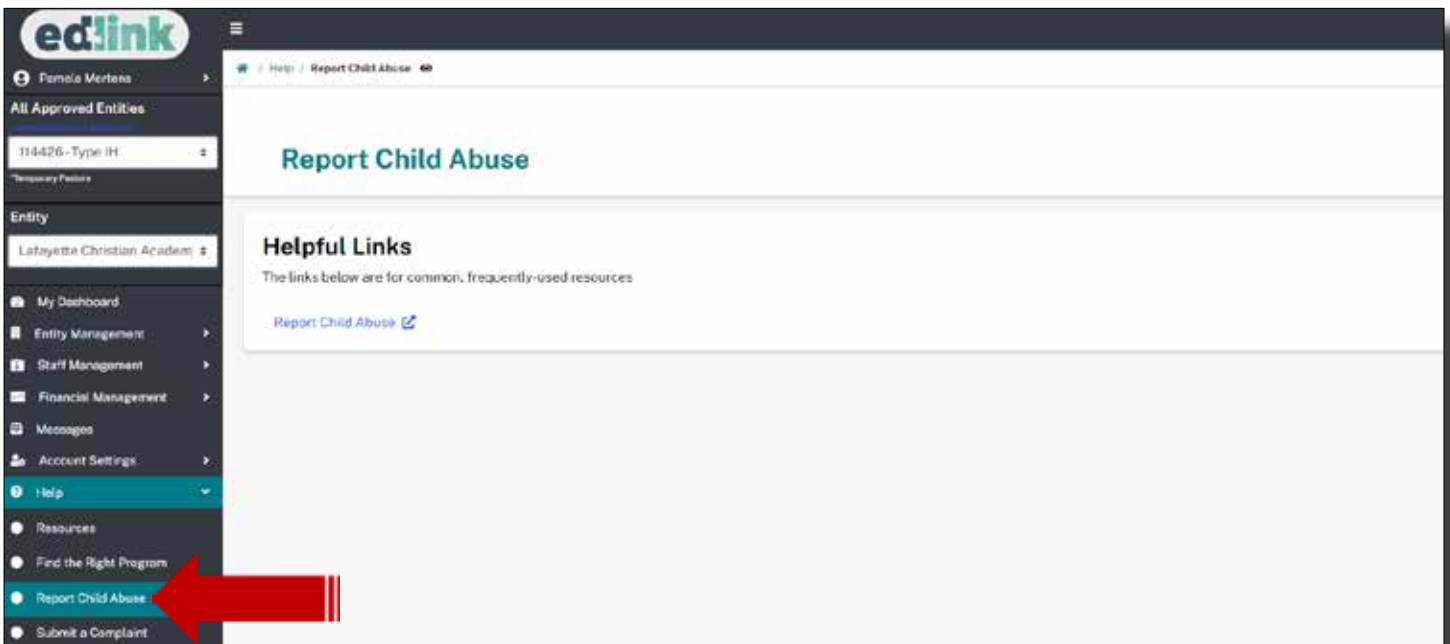
The 'Mailing Address' field from the previous screenshot is also visible at the top right, containing '65068 hhhh , baton rouge, LA'.

HELP

Select any of the Helpful Links on the Dashboard for more forms and information.



Select the Report Child Abuse link to report abusive behavior towards a child.



Select, Submit a Complaint to inform LDOE of any complaints against a Provider or Staff. Complete all sections of the complaint Form. Only boxes where there is a red asterisk present must be completed. All other boxes are useful to the complaint review but are optional.

edlink

Personal Messages

All Approved Entities

014426-Type I/II

Temporary Features

Entity

Lafayette Christian Academy

My Dashboard

Entity Management

Staff Management

Financial Management

Messages

Account Settings

Help

Resources

Find the Right Program

Report Child Abuse

Submit a Complaint

Child Care Provider Complaint Form

[Return to Dashboard](#)

Section 1: Reporter Information

Please enter your contact information. All of your information will remain anonymous during the investigation and will not be shared with the Entity. Your contact information is needed should more details are needed by our Complaint Intake Specialist. If an intake specialist is not able to verify the details the complaint may be closed without action.

Do you want to remain anonymous?

No

*First Name

*Primary Phone Number

*Last Name

*Email Address

Section 2: Provider Information

Entity in question have a valid license or registration with the State? Search below. If no Center is found, select "No" and enter the facility details

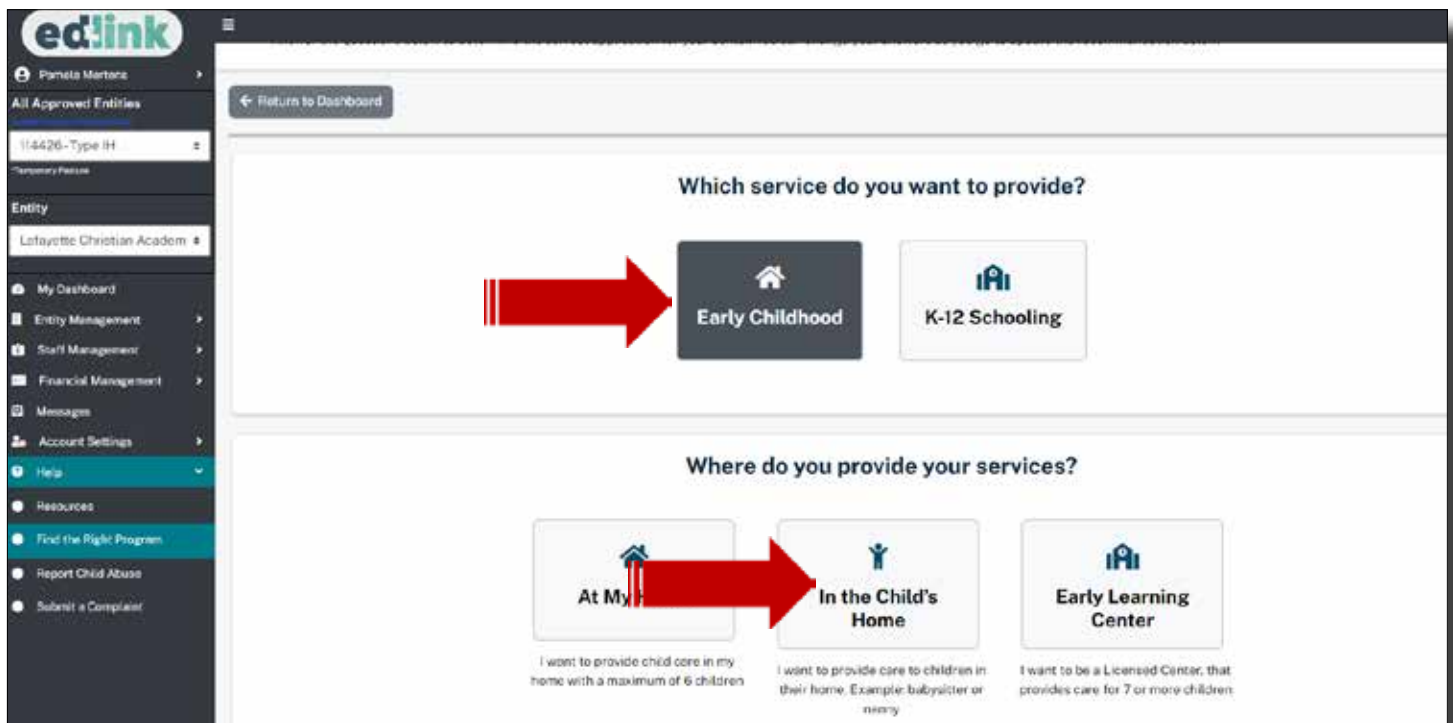
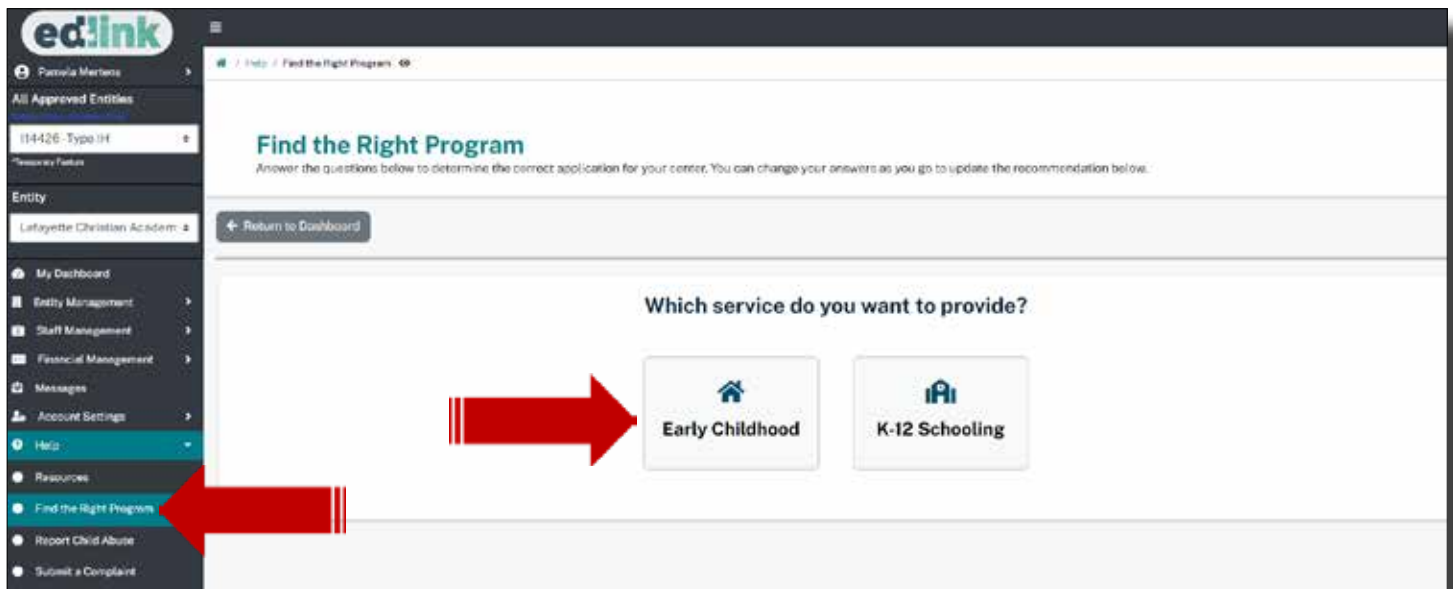
Yes

*Entity Search

Search by License Number, Entity Name or Address

NEW APPLICATION-FIND THE RIGHT PROGRAM



Answer the questions below to determine the correct application. You may change your answers as you go, which may update the recommendation below.






Find the Right Program
 Answer the questions below to determine the correct application for your center. You can change your answers as you go to update the recommendation below.

[← Return to Dashboard](#)


Which service do you want to provide?


 **Early Childhood** 


Where do you provide your services?



  **In the Child's Home** 

I want to provide child care in my home with a maximum of 6 children | I want to provide care to children in their home. Example: babysitter or | I want to be a Licensed Center, that provides care for 7 or more children

Child Care Assistance
 Registered Family Child Care providers can be eligible for up to \$7,027 annually per publicly funded child.

[Learn More](#)

Child and Adult Care Food Program
 You can be eligible for up to \$6 per child per day from the Federal Division of Nutrition Services.

[Learn More](#)

Advertise your School or Center
 Families interested in attending your center can be able to find your provider information on the School Finder Website.

[Learn More](#)

RECOMMENDED
In Home Registration 
 Let's begin filling out your application today.  [Start Application →](#)

Begin your application by selecting, Start Application. If you've answered the questions in error or have decided to change your application type, you may change your answers. Simply scroll back up to the questions and select a new response. You may or may not receive a new Application Recommendation.

COMPLETING A NEW APPLICATION

edlink

Parola Merlino

All Approved Entries

124426 - Type IH

Entity

My Dashboard

Entity Management

Staff Management

Financial Management

Messages

Account Settings

Help

Help / Find the Right Program / Confirm License Type

Confirm License Type

Please review the additional question below to continue to your application home page.

Section 1: Application Type

* Please answer the following questions about your application. Are you either a Military Organization or Purchasing a Center from another entity?

None

Choose the License Type you want to continue to.

* Select License Type

In Home

Return to Find the Right Program

Continue to Application

In this section, you'll confirm your license type. If the type is incorrect, click on the large gray button, Return to Find the Right Program, to change the responses to the series of questions. A new type may be recommended. Start the application by selecting, Continue to Application.

The "Submit a New In Home Application," has 13 sections, which are:

- 1 - Application Instructions
- 2 - Funding Source
- 3 - In Home Provider
- 4 - Services and Hours
- 5 - Ownership Type
- 6 - Home-based Provider
- 7 - Providers and Support Staff
- 8 - Household Members
- 9 - Criminal Background Check
- 10 - Emergency Plan
- 11 - CCAP
- 12 - Document Upload
- 13 - Application Fees

When a user selects, "Fill out step 1," the "Application Instruction" page will appear.

Note: Moving forward, all the sections will be explained.

Select, Fill Out Step 1, Application Instructions to begin.



APPLICATION HOME

Take a few moments to read all of the instructions, especially those within banners. This particular blue banner provides specific instructions on the order of operations and how to navigate through the application. You must visit each Step in chronological order first. Then you will be permitted to revisit any of the Steps in any order.

Blue: Need to select first

Green: Step is complete (Exception: Step 7)

Yellow: Incomplete

Badges will change colors as you complete the application.

The screenshot displays the 'Application Home' page with a list of 13 steps. Each step has a description and a 'Fill Out Step' button. A blue banner at the top provides instructions. A yellow callout box highlights the 'Fill Out Step 3' button for 'In Home Provider' with the text: 'Green Save and Close and Save and Continue will remain light green and inactive until all required information has been entered.' Red arrows point to the 'Fill Out Step 1' button and the 'Return to Application Selector' button.

Step Number	Step Title	Progress Status
1	Application Instructions	Fill Out Step 1
2	Funding Source	Fill Out Step 2
3	In Home Provider	Fill Out Step 3
4	Services and Hours	Fill Out Step 4
5	Ownership Type	Fill Out Step 5
6	Home-based Provider	Fill Out Step 6
7	Providers and Support Staff	Fill Out Step 7
8	Household Members	Fill Out Step 8
9	Criminal Background Check	Fill Out Step 9
10	Emergency Plan	Fill Out Step 10
11	CCAP	Fill Out Step 11
12	Document Upload	Fill Out Step 12
13	Banking Information	Fill Out Step 13

APPLICATION INSTRUCTIONS

Step 1 consists of the application instructions. The instructions are specific to your application type, so take the time to read them carefully. There are new regulations that may impact your licensing. Links and detailed instructions are provided in this section for various requirements you'll need for registration or certification. Links are provided for updating credentials for all staff. A link to the CCCBC (background check) is also in this section. Expand to read the instructions.

Application Instructions

Initial Application to register as a Family Child Care Provider or an In Home Provider. A Registration Number is required in order to proceed with Provider certification.

[← Return to Application Home](#)

[Expand All](#)

- List of all Providers and Support Staff Members
- Qualifications of Provider and Support Staff
- Pre-service Orientation Training
- Child Care Civil Background Check
- Emergency Preparedness Plan
- Louisiana CCAP Time and Attendance Equipment Agreement
- Provider Agreement / Provider Rate Agreement
- Current State Fire Marshal Inspection
- Pictures of Residence
- Proof of Residency
- Verification of identity (must be a government issued picture ID)
- Social Security Cards (copy) for all Owners and Providers
- IRS SS-4 Form (IRS generated copy)
- Additional Supporting Documents (based on services offered)
- Verification of checking or savings account
- Verification of Rates

***I have read and understand all the application instructions. I'm aware that supporting documentation will need to be uploaded prior to submitting my application.**

Yes, I Agree

The “Application Instruction” page has 18 Sections, which are:

- List of all Staff Members
- Child Care Civil Background Check
- Current Commercial and Medical Liability Insurance
- Current State Fire Marshal Inspection
- Current Office of Public Health Approval
- Pictures of Center
- Emergency Preparedness Plan
- Documentation of Ownership
- Qualifications of Director and Designee
- Additional Supporting Documents (based on location or services offered)
- Provider Agreement /Provider Rate Agreement
- Verification of identity (must be a government issued picture ID)
- Social Security Cards (copy) for all owners and directors
- IRS SS-4 Form (IRS generated copy)
- Verification of checking or savings account
- Verification of Rates
- Pre-Service Orientation Training
- Louisiana CCAP Time and Attendance Equipment Agreement

Notes:

- Providers may “Expand” the sections one by one or all at the same time;
- Providers may “Collapse” the sections one by one or all at the same time.
- The “Agree” option must be checked “Yes, I Agree” to proceed to the next page.
- Select the “Save and Continue” option to retain Provider information and to proceed.

On the “Application Instructions” page, there are two important buttons:

Back to Application Home.
Save and Continue.

Selecting, “Back to Application home,” a user can go to the previous page.

Selecting, “Save and Continue,” a user can go to the next available page.

Notes:

Users may “Expand” the sections one by one or all at the same time;
Users may “Collapse” the sections one by one or all at the same time.
The “Agree” option must be checked “Yes, I Agree” to proceed to the next page.
Select the “Save and Continue” option to retain user information and to proceed.

Application Instructions

Initial Application to register as a Family Child Care Provider or a Family Home Provider. A Registration Number is required in order to proceed with Provider certification.

[← Return to Application Home](#)

 Collapse All

▼ List of all Providers and Support Staff Members

All On-Site Providers and Support Staff Members will need to be identified in the Center Staff section of the License Application. This information will be validated against the CCCBC system status of background checks. Provider information is required in this section of the application.

You will need to provide information about all On-Site Support Staff. This includes their personal address, phone number, and additional personally identifiable information. You will also need to upload training documentation for Providers and Support Staff. Owners who are also On-Site Staff Members will be required to enter their details on both the Center Owner and Provider and Support Staff pages.

▼ Qualifications of Provider and Support Staff

Documentation verifying the education/training of the Provider and Support Staff will need to be uploaded to the Registration Application. Examples include CPR, Pediatric First Aid, Pre-service Orientation, Medication Administration Training. See [here](#) for additional details.

All requirements are listed in Bulletin 139. For Family Child Care Providers, review section 309. For In Home Providers, review section 311. Download a copy [here](#) 

▼ Pre-service Orientation Training

This 4-hour training is available [here](#). It provides the information that is needed for initial/renewing Family Child Care Providers and In Home Providers to maintain CCAP funding through the Department of Education. There is information on new legislative rules and tips for marketing your Family Child Care Center.

▼ Child Care Civil Background Check

All Owners and On-Site Staff Members identified in the Center Owner/Provider and Support Staff sections of the registration application will be validated against the Child Care Civil Background Check system and will provide the status of background checks. This page also allows you to navigate to the CCCBC site.

▼ Emergency Preparedness Plan

An Emergency Preparedness Plan will need to be completed and signed in order for the provider to receive Time and Attendance Equipment. This signed and completed form must be uploaded to the Child Care Assistance Program page. Additional details and templates will be available in the "Emergency Plan" section. Additional details can be found [here](#).

Selecting the links will navigate you to more information. Each will open into a new page and may be closed at anytime.

▼ Louisiana CCAP Time and Attendance Equipment Agreement

This document is available for download, which will need to be completed and signed in order for the provider to receive Time and Attendance Equipment. This signed and completed form must be uploaded to the Child Care Assistance Program page.

▼ Provider Agreement / Provider Rate Agreement

The provider agreement and rate agreement page will require you to review and agree to the general provisions applicable to Providers who take part in the Child Care Assistance Program. This page also requires you to enter the rates and registration fees for your services.

▼ Current State Fire Marshal Inspection

A copy of the completed and approved State Fire Marshal Inspection will need to be uploaded with your Registration Application. Information on requesting an inspection can be found [here](#).

▼ Pictures of Residence
Pictures of the residence that the services will take place at. Pictures may include: The residence entrance, space where care will be provided.

▼ Proof of Residency
Verification of physical address where the services will be provided, examples include: utility bill or cable bill, school records, Louisiana vehicle registration card, insurance policy or title, housing lease or contract, mortgage statement, property or income tax statement, military orders or military documents

▼ Verification of identity (must be a government issued picture ID)
A copy of one of the following Primary Acceptable IDs will be required: Driver's License from a U.S State, Federal or State ID Card, Military ID Card, or U.S. Passport.

▼ Social Security Cards (copy) for all Owners and Providers
A copy of the Social Security Cards for all Owners and Providers is required to submit the application.

▼ IRS SS-4 Form (IRS generated copy)
Form SS-4 (Application for Employer Identification Number) is the IRS form that businesses use to apply for an Employer Identification Number (EIN). It is available on the IRS website [here](#) .
If you have not applied for an EIN, you may submit an IRS Form W-9 which is available on the IRS website [here](#) .

▼ Additional Supporting Documents (based on services offered)
Vehicle Information: Transportation (Insurance or Contract Information)

▼ Verification of checking or savings account
The provider must download and complete the form available and upload proof of checking/savings account.

▼ Verification of Rates
Please submit: a memo or notification to parents of your rates charged.

***I have read and understand all the application instructions. I'm aware that supporting documentation will need to be uploaded prior to submitting my application.**

Yes, I Agree

[← Back to Application Home](#) [Save and Continue →](#)

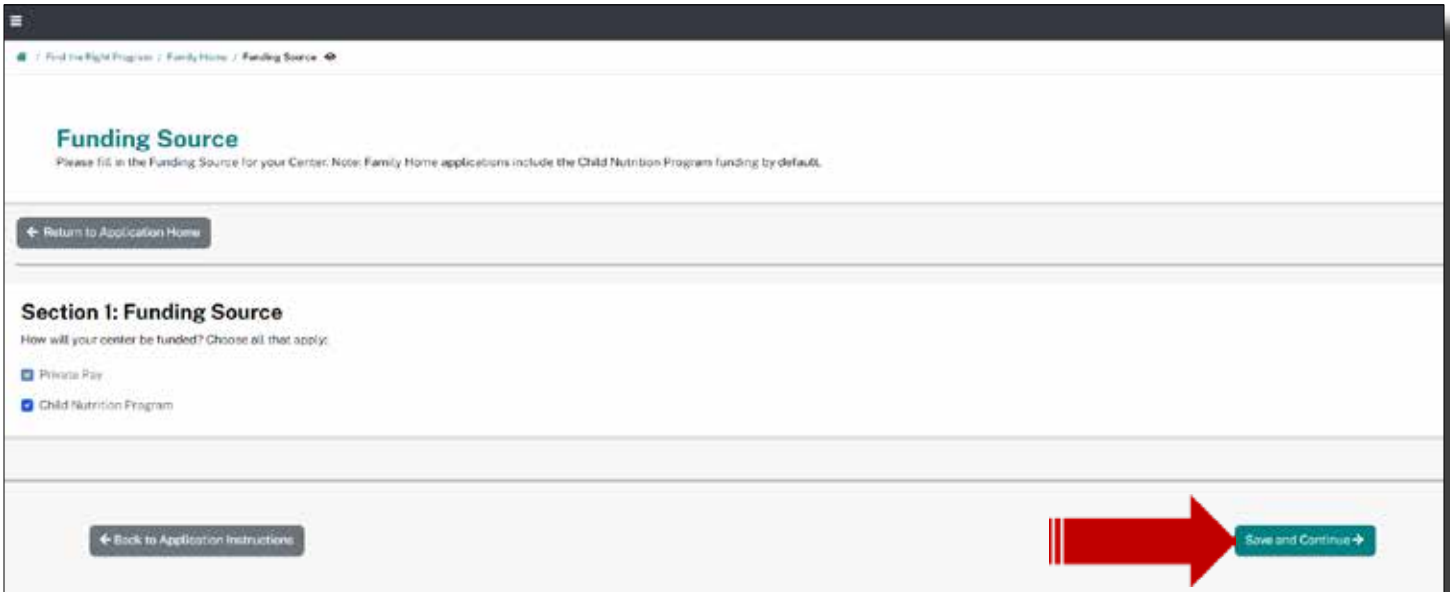
You must check the, Yes I Agree, for the Save and Continue button to proceed to Step 2, Funding Source. You will have the option at any time throughout your application, to return to this Step to review the instructions or to access links. Simply click on, Back/Return to Application Home Page. Then select, Step 1.

After selecting the “Save and Continue” option, the “Funding Source” page will appear.

FUNDING SOURCES

On the “Funding Source” page, there is only 1 section titled, “Section 1: Funding Source”. In “Section 1: Funding Source,” there is 1 “check or uncheck” option that users must respond to, which is:

- How will your Center be funded? Choose all that apply:
- Private pay (This is a button that the user can check/unchecked)
- Child Nutrition Program(This is a button that user can check/ uncheck)



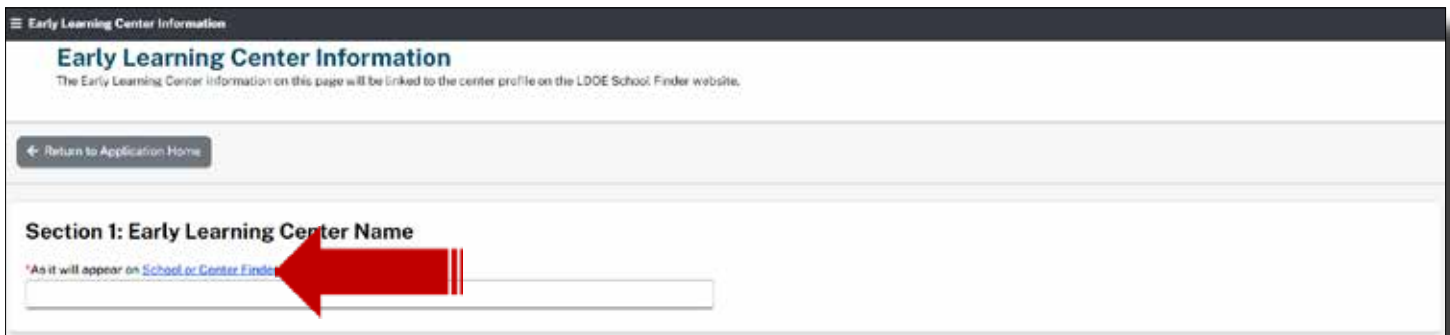
Select, Save and Continue to proceed to Step 3, In-Home Provider Information.

DOCUMENTS OR ITEMS I STILL NEED TO GATHER

- 1.
- 2.
- 3.
- 4.
- 5.
- 7.
- 8.
- 9.
- 10.

EARLY LEARNING CENTER INFORMATION

Section 1: Input YOUR name. Another provider may share your name, so click on the School and Center Finder link to see if your name is already listed. If so, return to the ELC Name section and modify your center name so that it is unique. You may do this by using your middle Initial in most cases.



Early Learning Center Information

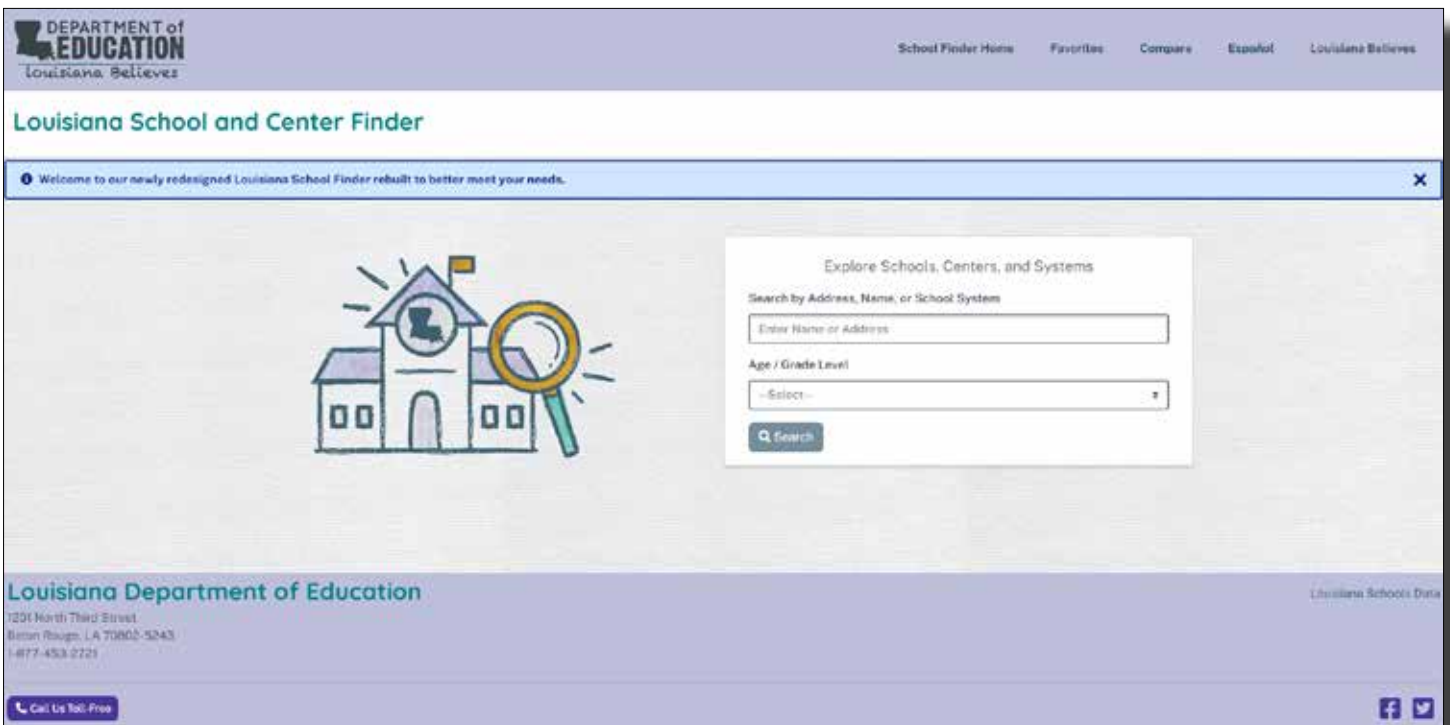
Early Learning Center Information

The Early Learning Center information on this page will be linked to the center profile on the LDOE School Finder website.

[Return to Application Home](#)

Section 1: Early Learning Center Name

*As it will appear on [School or Center Finder](#)




DEPARTMENT of EDUCATION
Louisiana Believes

School Finder Home Favorites Compare Español Louisiana Believes

Louisiana School and Center Finder

Welcome to our newly redesigned Louisiana School Finder rebuilt to better meet your needs.



Explore Schools, Centers, and Systems

Search by Address, Name, or School System

Age / Grade Level

-Select-

Search

Louisiana Department of Education

1221 North Third Street
Baton Rouge, LA 70802-5243
1-877-453-2721

Louisiana Schools Data

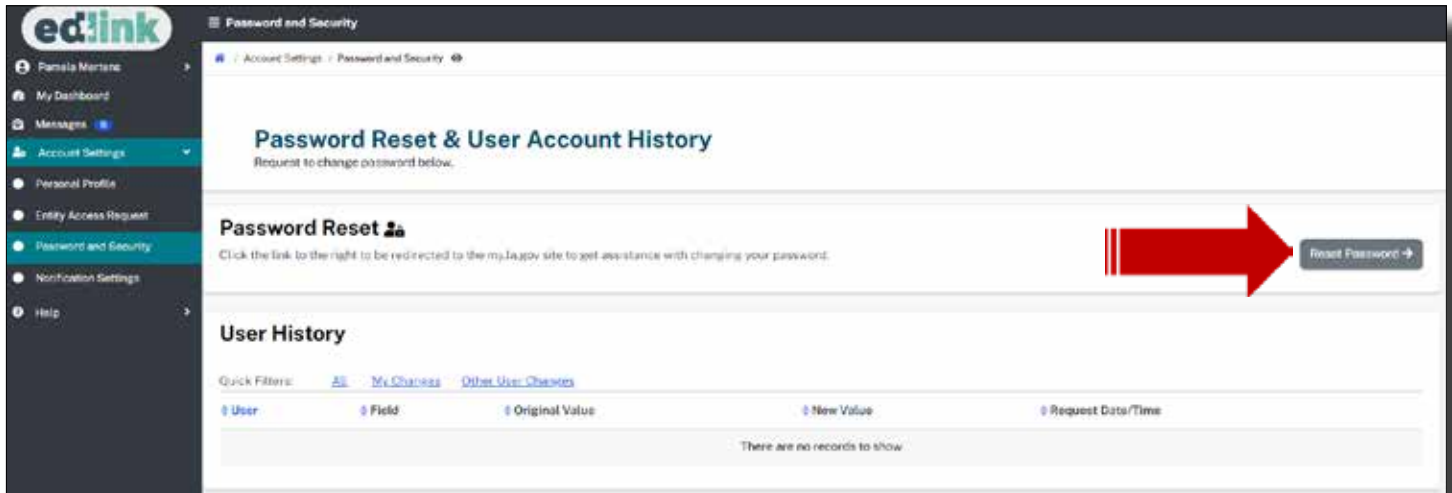
Call Us Toll-Free

Facebook Twitter

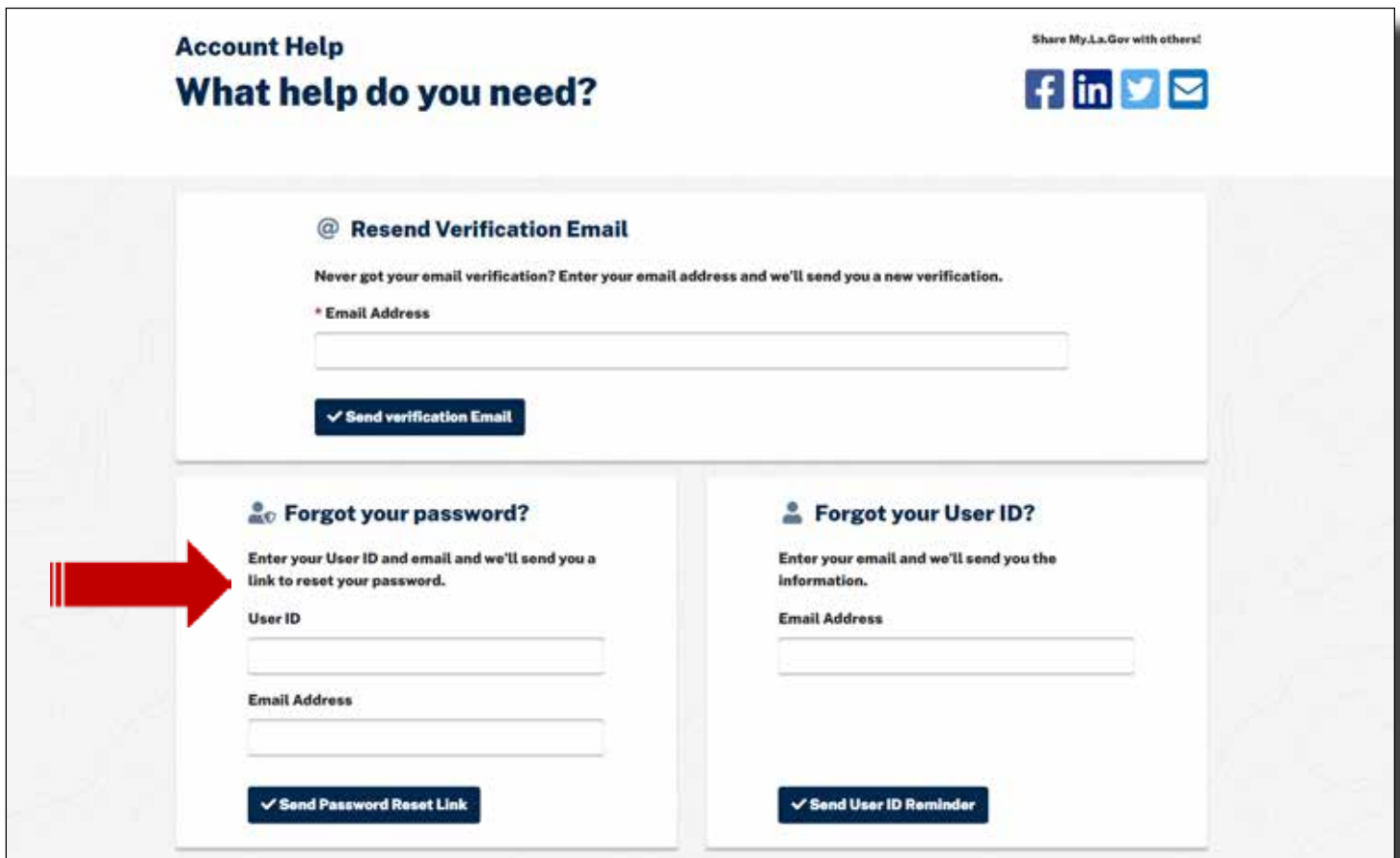


RESETTING PASSWORDS

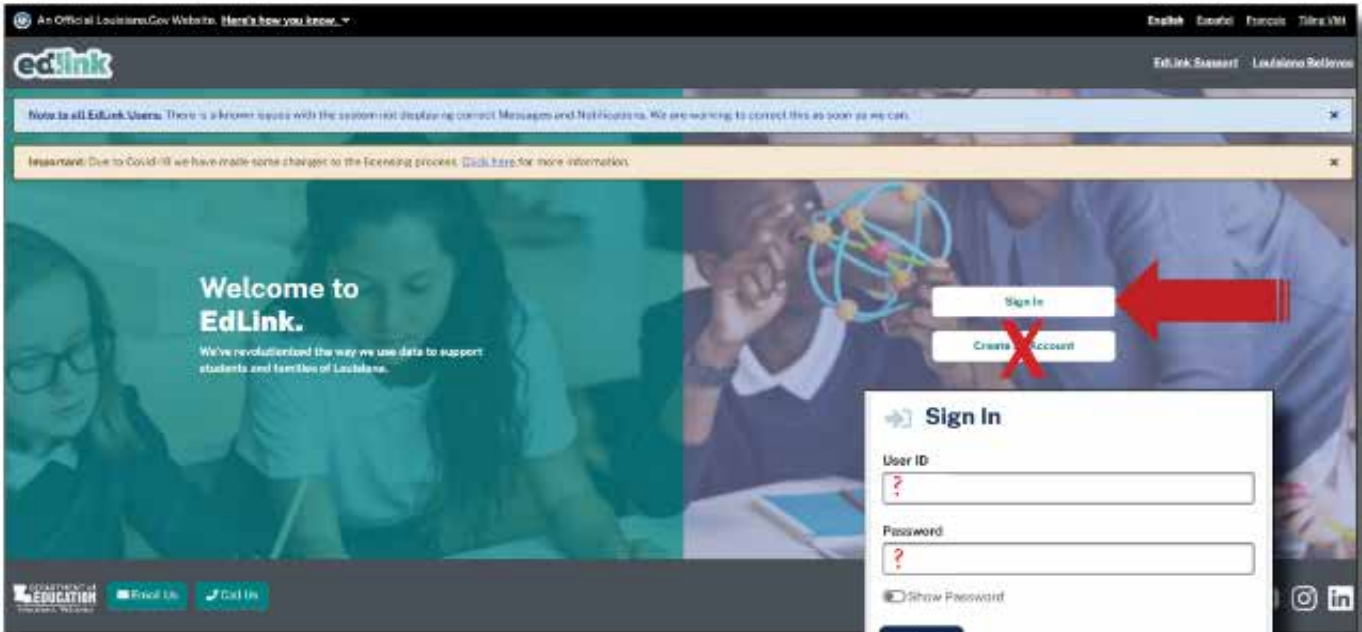
Select Account Settings from the left side navigation menu. Next, select, Password and Security and Reset Password. Complete the Password and/or the User ID options to reset your Password. You will receive emails with instructions for doing this within 2-3 minutes.



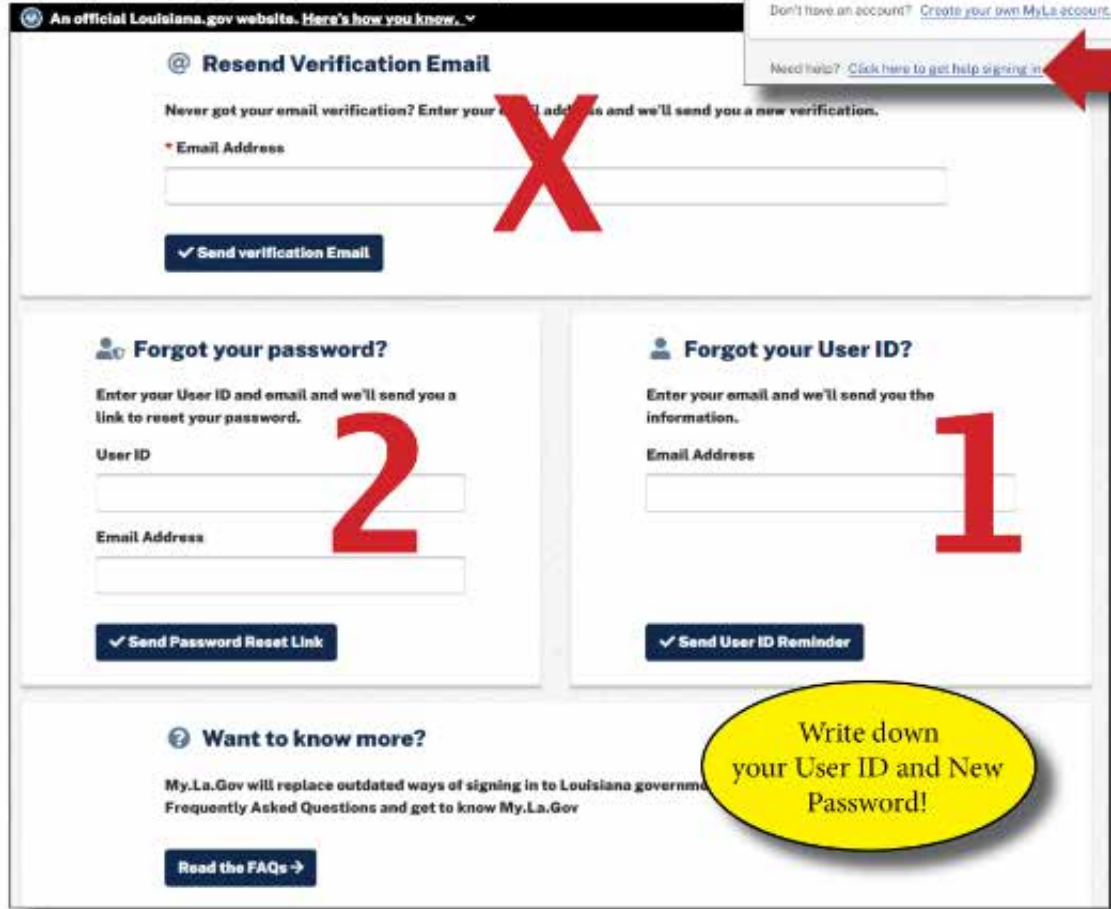
The screenshot shows the 'edlink' interface. On the left is a navigation menu with 'Account Settings' selected. The main content area is titled 'Password and Security' and contains a sub-section 'Password Reset & User Account History'. Under 'Password Reset', there is a 'Reset Password' button with a red arrow pointing to it. Below this is a 'User History' section with a table that currently shows 'There are no records to show'.



The screenshot shows the 'Account Help' page with the heading 'What help do you need?'. It features three main help sections: 'Resend Verification Email', 'Forgot your password?', and 'Forgot your User ID?'. A red arrow points to the 'Forgot your password?' section, which includes a 'Send Password Reset Link' button. The 'Forgot your User ID?' section includes a 'Send User ID Reminder' button. Social media icons for Facebook, LinkedIn, Twitter, and Email are visible in the top right corner.



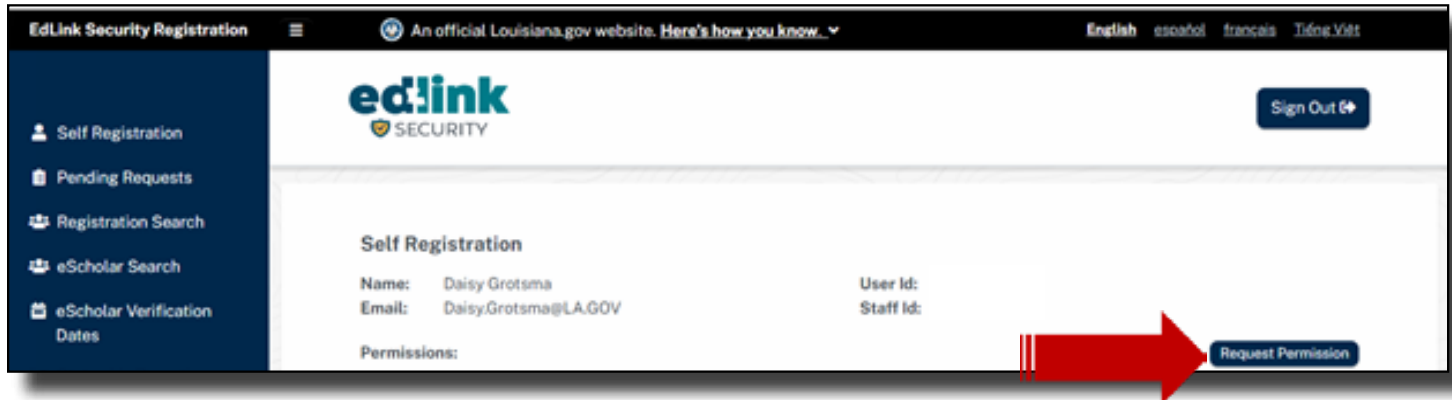
https://my.la.gov/en-us/Help (copy and paste into browser)



KINDERCONNECT ACCESS

Using the link below, you can request to be the KinderConnect, CCAP Attendance Administrator of your early learning center or home.

1. You must have a staff ID assigned, to check please click this link: <https://registration.edlink.la.gov>. Type in your name and to see if you have a Staff ID. Select "Request Permission" on the right side of the screen.



EdLink Security Registration

An official Louisiana.gov website. Here's how you know...

English español français Tiếng Việt

edlink SECURITY

Sign Out

Self Registration

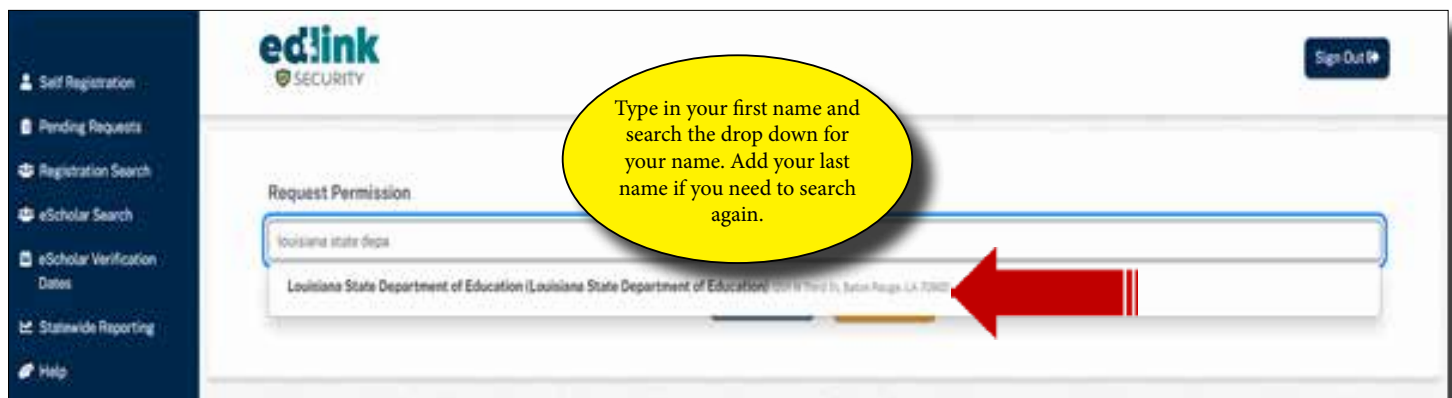
Name: Daisy Grotsma User Id:

Email: Daisy.Grotsma@LA.GOV Staff Id:

Permissions:

Request Permission

4. From the first drop-down, begin typing "Louisiana State Department of Education".



edlink SECURITY

Sign Out

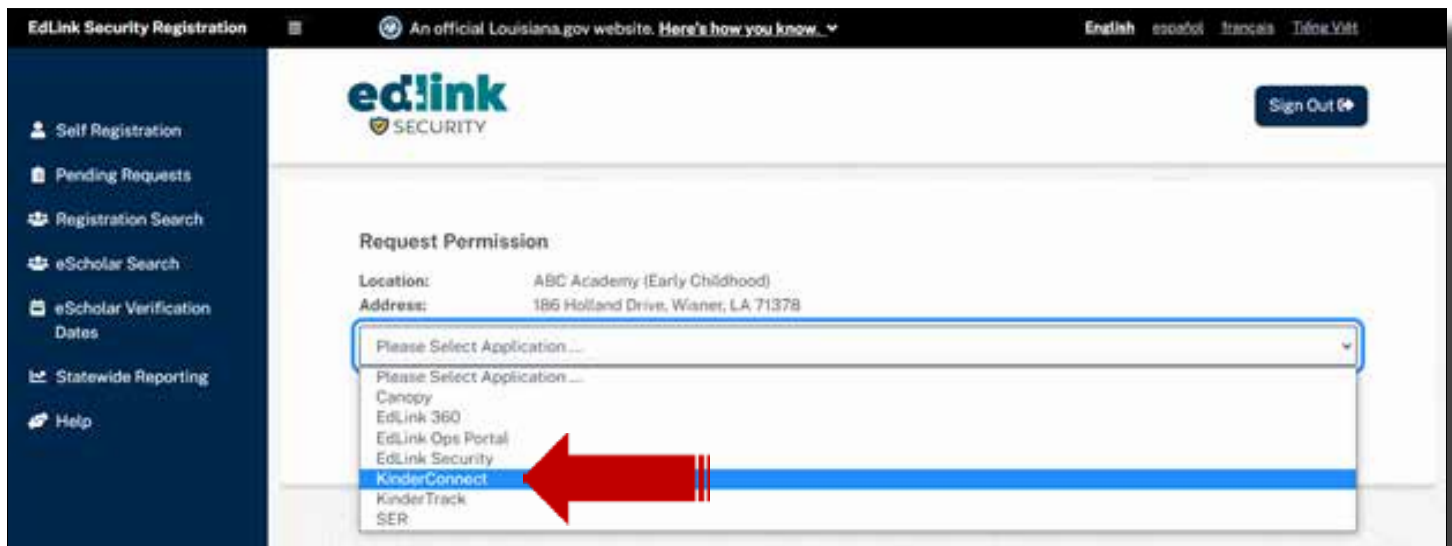
Request Permission

louisiana state depts

Louisiana State Department of Education (Louisiana State Department of Education) 10019 Third St, Baton Rouge, LA 70802

Type in your first name and search the drop down for your name. Add your last name if you need to search again.

5. From the second drop-down that appears, select KinderConnect.



EdLink Security Registration

An official Louisiana.gov website. Here's how you know...

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edlink SECURITY

Sign Out

Request Permission

Location: ABC Academy (Early Childhood)

Address: 186 Holland Drive, Wauer, LA 71378

Please Select Application ...

Please Select Application ...

Canopy

EdLink 360

EdLink Ops Portal

EdLink Security

KinderConnect

KinderTrack

SER

6. From the third drop-down, select Statewide Attendance Administrator. Enter a statement explaining why you are requesting the role of Statewide Attendance Administrator. Make sure to click inside of the little box labeled, CCAP Attendance Administrator, and select "Submit Request".

edlink
SECURITY

Request Permission

Location: Louisiana State Department of Education (Louisiana State Department of Education)
Address: 1201 N Third St. Baton Rouge, LA 70802
Application: KinderConnect
Role: Statewide Attendance Administrator
Optional Notification: I am a CCAP Analyst and need access to see Attendance

Permissions: Statewide Attendance Administrator

Submit Request **Cancel Request**

*Note: This request usually takes up to 48 hours for LDOE to approve.

7. After access is approved as "Statewide Attendance Administrator ":
- Please log into Edlink <https://ldoe.edlink.la.gov/>
 - Click on Entity Management to find the option "KinderConnect"
 - Click on KinderConnect and you will be re-directed to KinderConnect website

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