LOUISIANA DEPARTMENT OF EDUCATION

Edlink Access and In-Home Provider Application User Guide

2023-2024

April 2023 PM

Contents

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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/#/
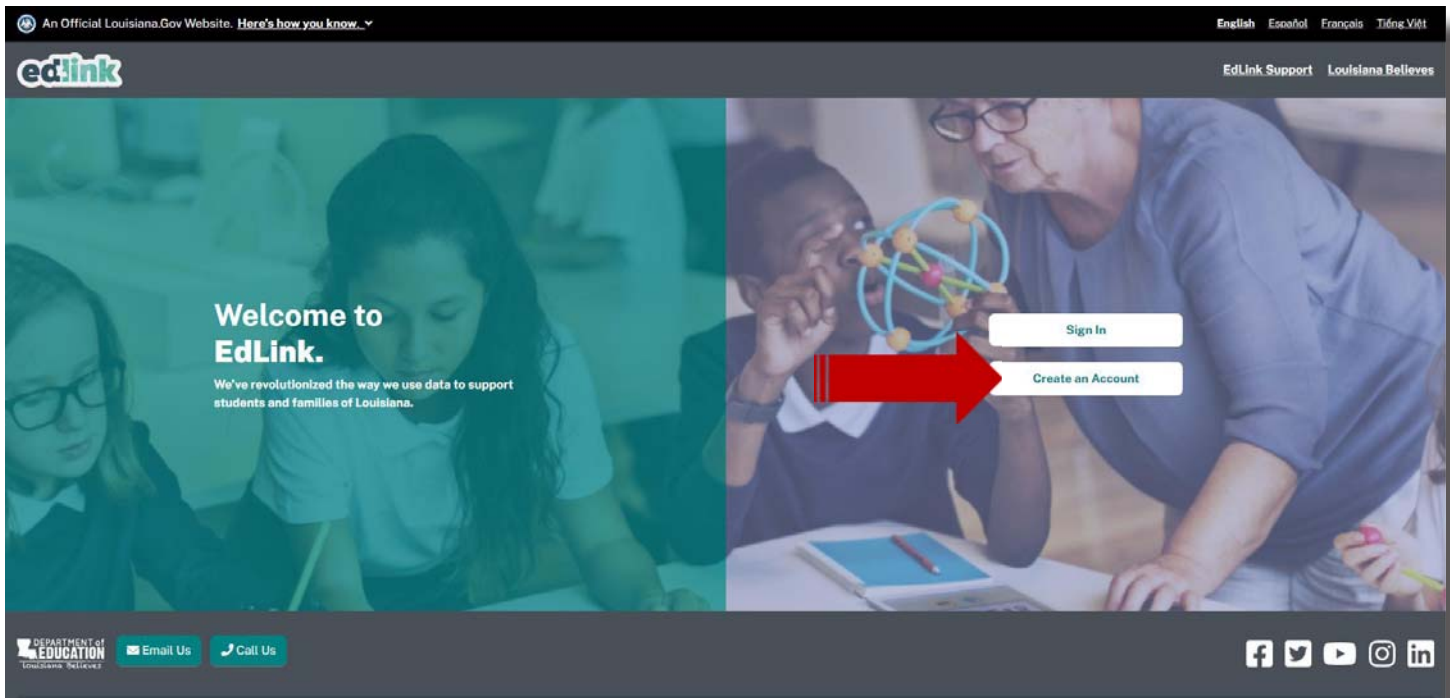
Take a moment to read the information on this page. Then select "continue to MyLa."
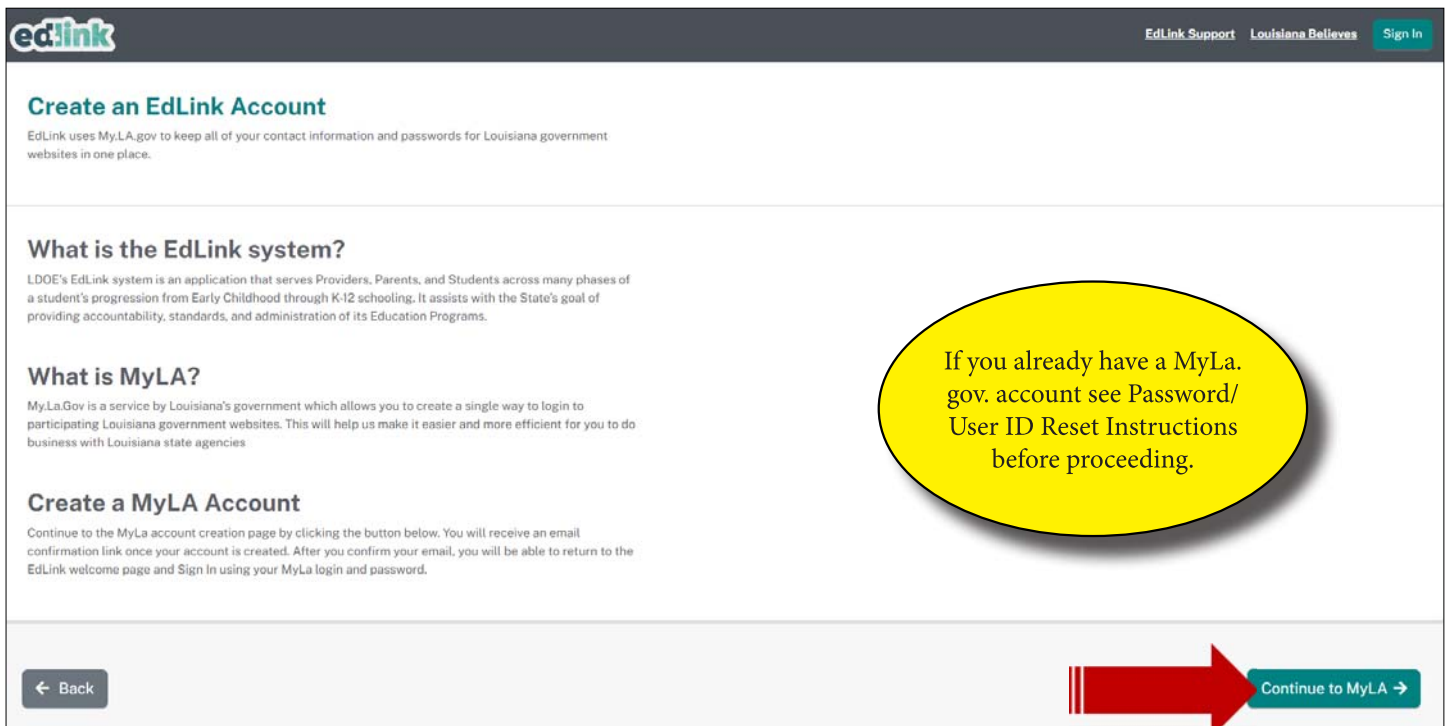
If you believe that you already have a MyLa.gov account, see the Password/User ID Reset Instructions located on the [Edlink Training](#) page. Sign into the main portal. If a New User Profile appears, then you've already created a MyLa.gov. account. Complete the profile with your personal information. 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 Sign In to Edlink.

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

The "Create Your Account" page will appear. Accept Cookies and scroll down slowly until you see Step 1 of "Create Your Account."
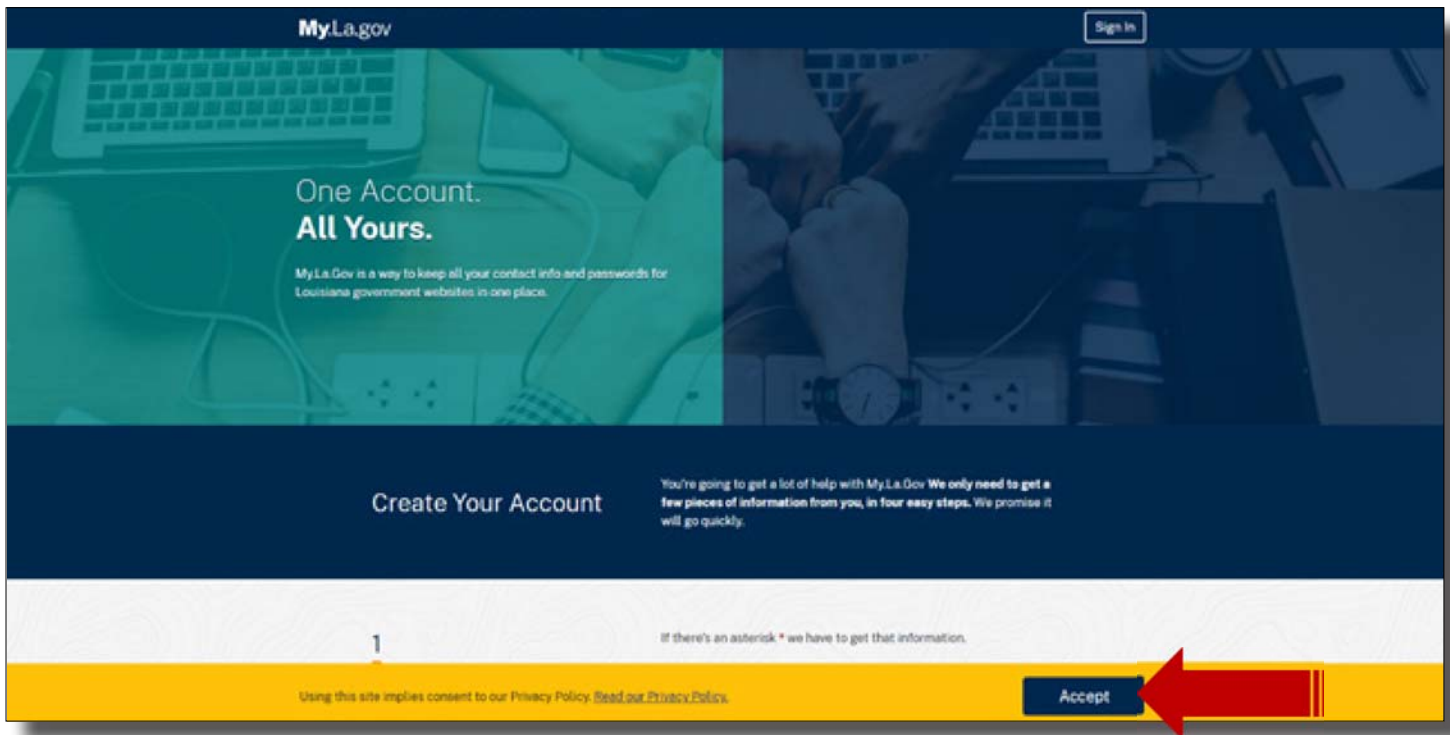
Scroll down and begin inputting your information into the Tell Us About Yourself section. Please note that where there is a red asterisk, you must enter information to proceed.

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.

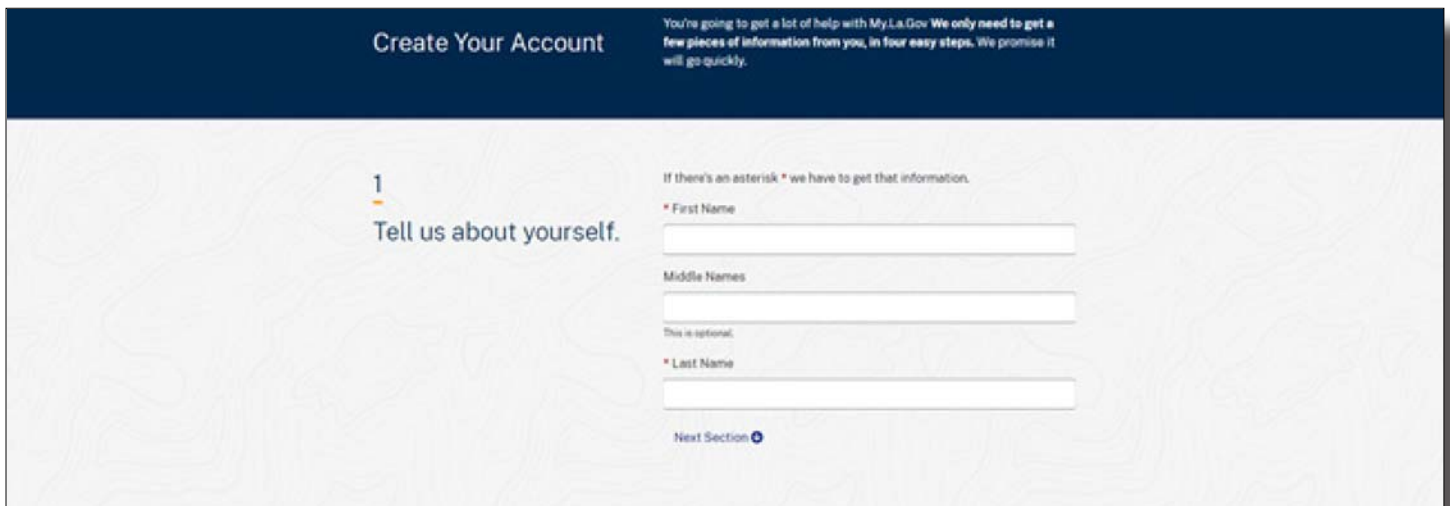*** User ID**

🔵 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 here. Please stay below 20 characters.

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

Before moving forward, record your Password and User ID.

User IDs and Password Standards:

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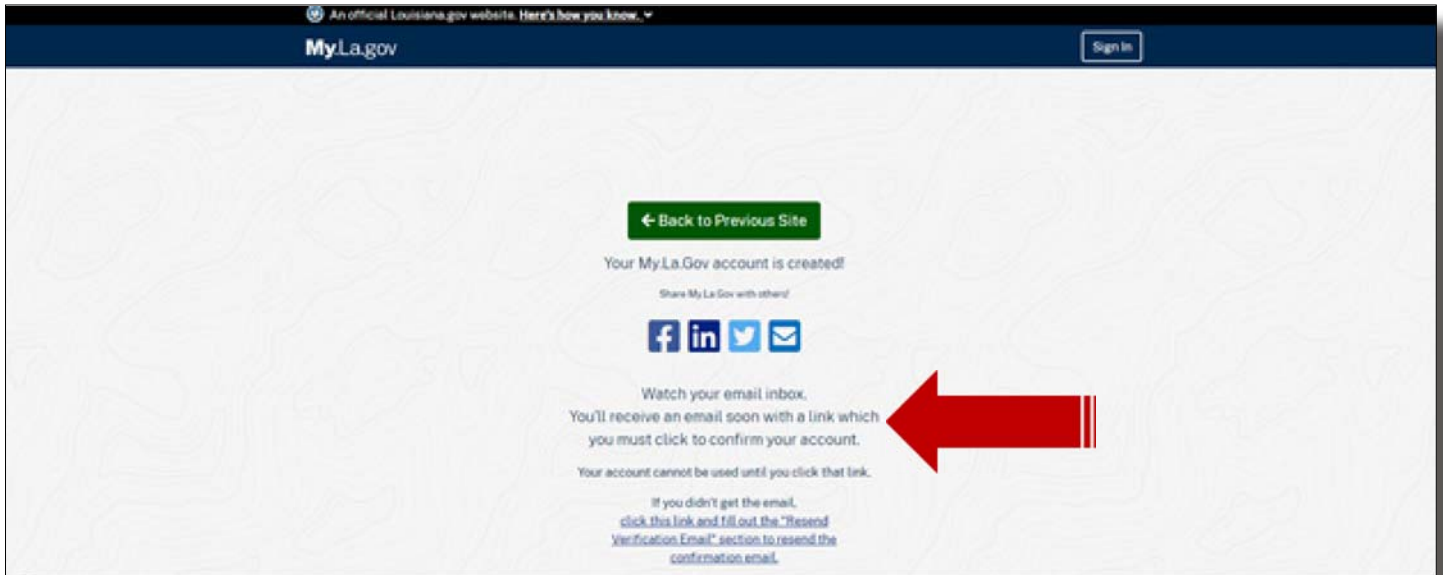
An email will be sent to the email on record that you must verify. You must click on the <u>Confirm Email</u> option located within the verification email. The verification email will expire in 24 hours.

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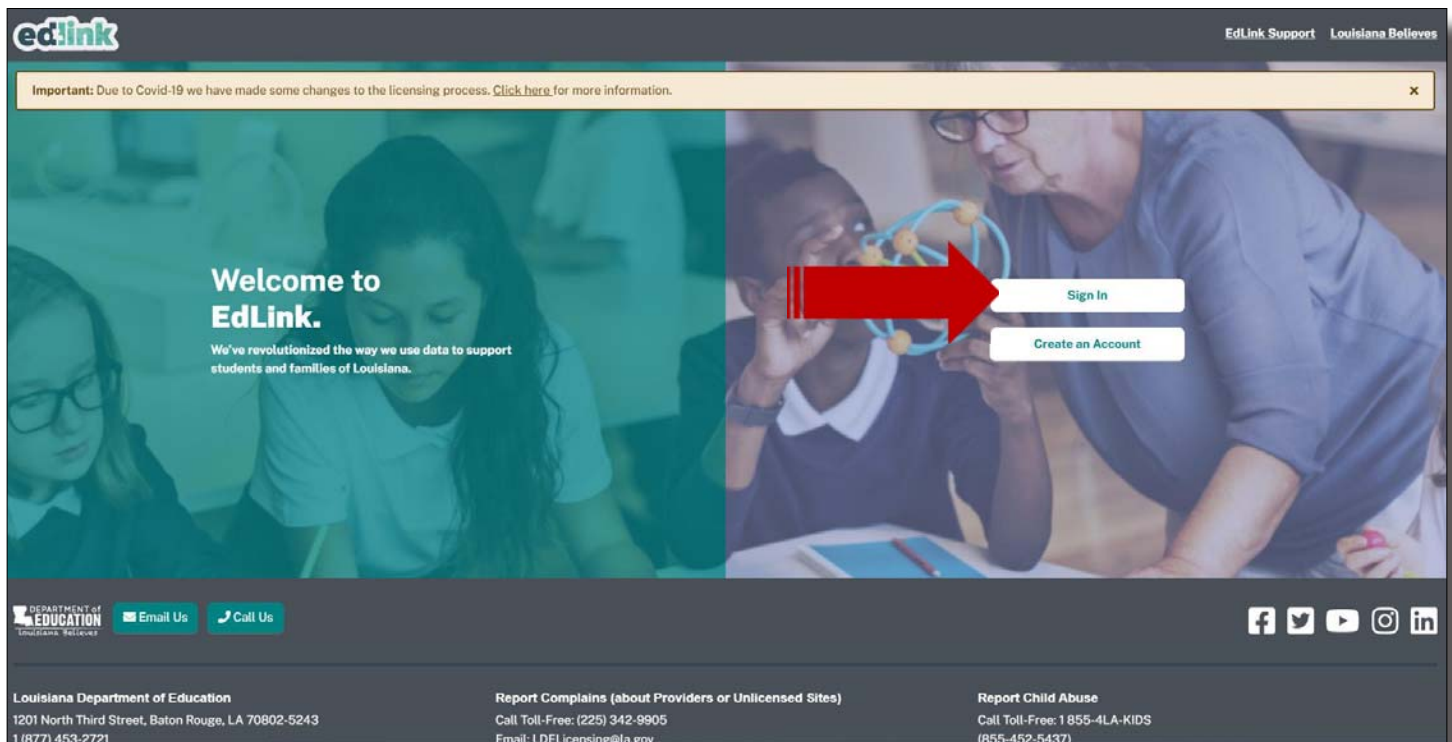
You'll now be navigated to the New User Profile page .

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."

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. You will not have to do duplicate functions in the future but it necessary to complete your access.

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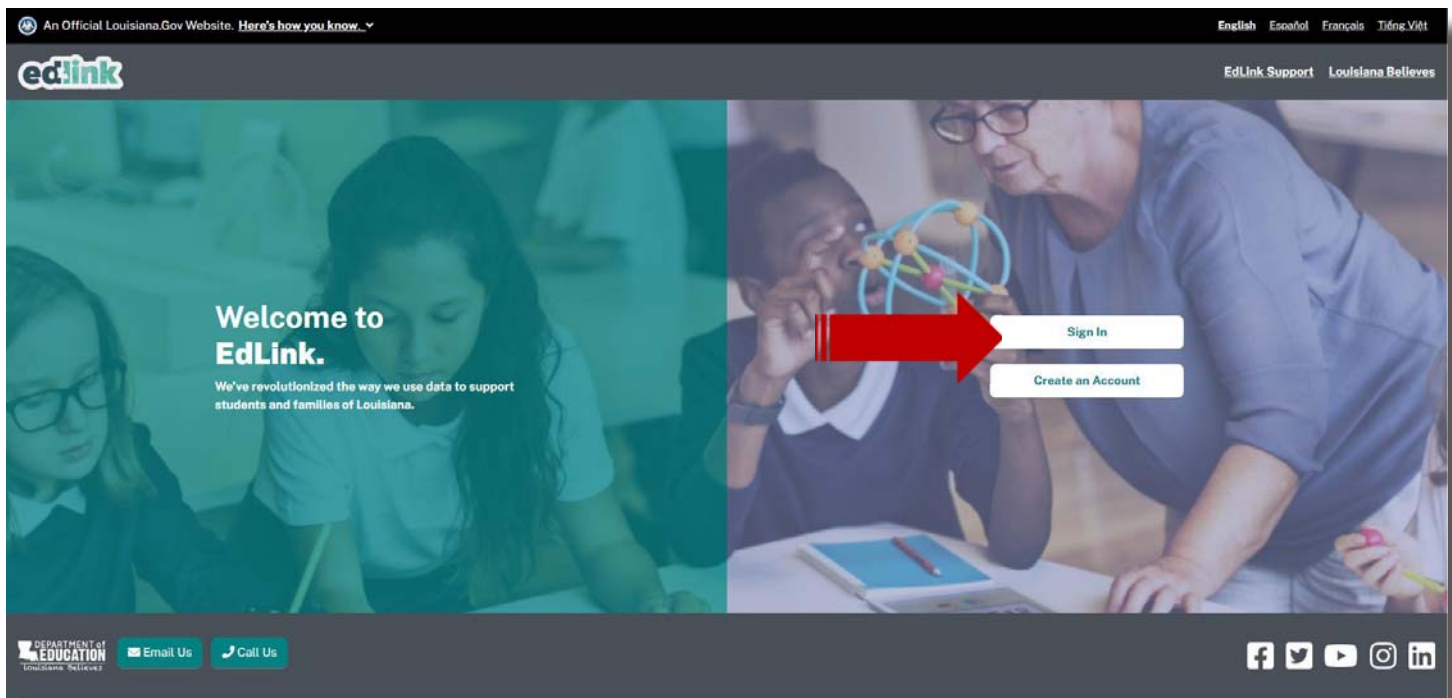
Your personal Dashboard will appear. On the Dashboard, your Entity Name and License Status is shown, if you are an existing Entity. If you are applying for licensing or certification for the first time, your access will be limited until your application has been approved.

ALL PROVIDERS WILL SEE THE NEW USER DASHBOARD!
<u>NEW PROVIDERS</u>, SKIP TO PAGE 28 OF THIS MANUAL TO BEGIN A NEW APPLICATION.

<u>EXISTING PROVIDERS</u>, CONTINUE TO THE NEXT PAGE OF THIS MANUAL TO REQUEST ACCESS TO YOUR ENTITY AND BEGIN THE RENEWAL APPLICATION.

*REGISTERED/CERTIFIED
Providers Renewal Applications Only*

Next, you'll request to be assigned as the Entity Manager and Security Coordinator for your Entity. You will need to be assigned both roles to gain access.

NEW PROVIDERS will request access **AFTER** an application has been approved and issued.

To begin the request for access to your Entity and begin the completion of the Renewal Application, follow the upcoming instructions.

Select the Requesting Access to Entity button.

Select the Edlink Security button. The Entity Roles page is currently unavailable. See Roles at Edlink Training for details.

You may also click on the link below to request access to your Entity. Both the previous button and this link will navigate you the same Edlink Security, Self Registration page. Follow the instructions in a step-by-step format to help you do this.

https://registration.edlink.la.gov

Requesting Entity Manager

1. Allow the screen to fully navigate to the Edlink Security page. This may take a few seconds.

2. Select "Request Permission" on the right side of the screen.

3. From the first drop-down, begin typing your name, and select the correct entity.

4. From the second drop-down that appears, select Edlink Ops Portal.

5. From the third drop-down, select Entity Manager.

6. In the final box that appears, enter a statement explaining why you are requesting the role of Entity Manager.

7. Click inside of the little box labeled, Entity Manager, and select "Submit."
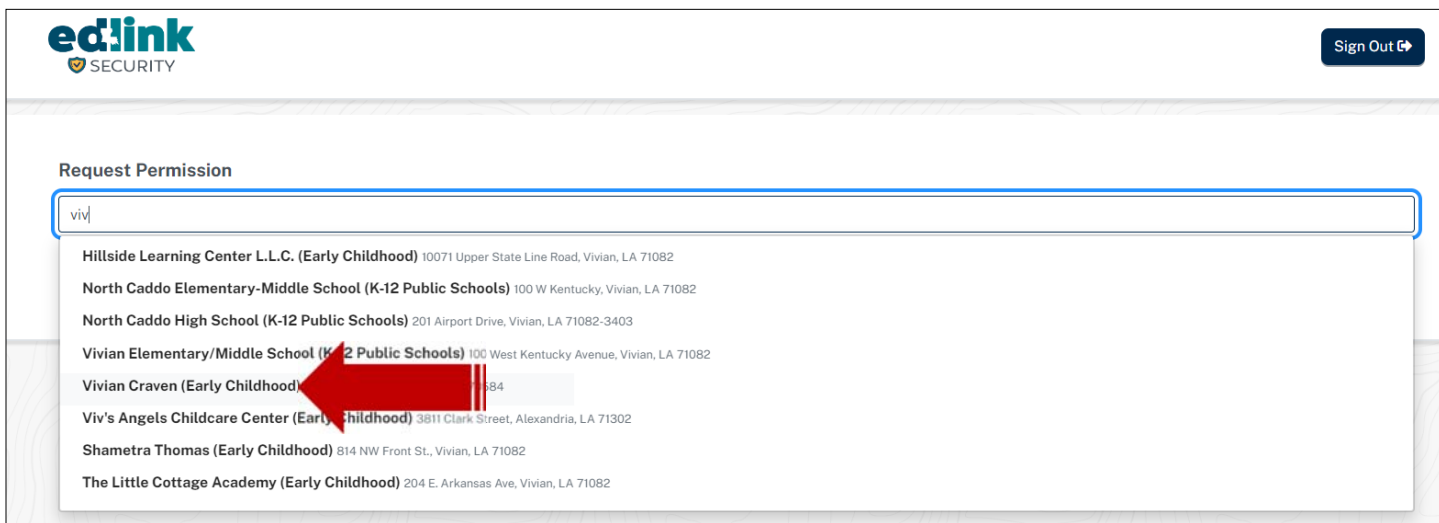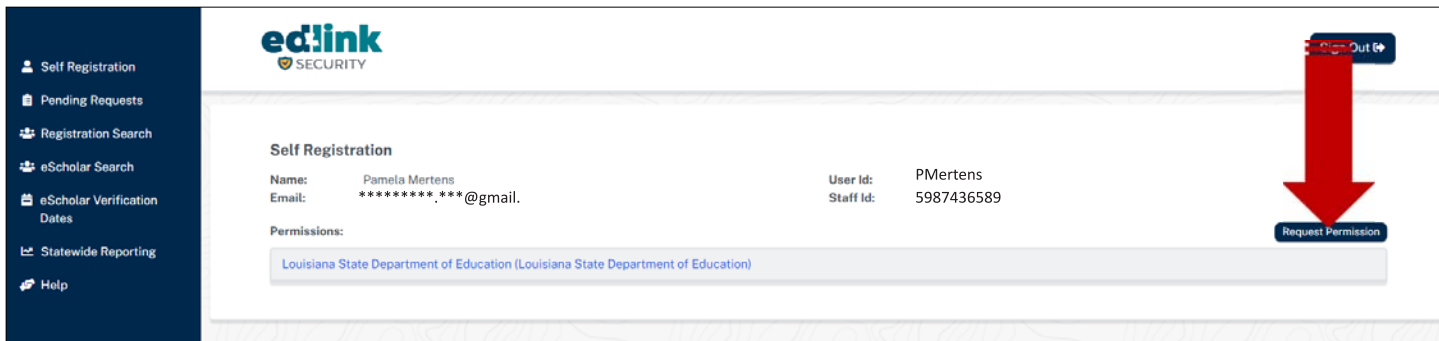
ed|link SECURITY

Sign Out ⮕

Request Permission

Location: Vivian Craven (Early Childhood)
Address: Your Address

Please Select Application ... ⌄

Please Select Application ...
Canopy
EdLink 360
EdLink Contacts
EdLink Ops Portal
EdLink Security
KinderConnect
KinderTrack
SER

---

ed|link SECURITY

Sign Out ⮕

Request Permission

Location: Vivian Craven (Early Childhood)
Address: Your Address
Application: EdLink Ops Portal

Please Select Role ... ⌄

Please Select Role ...
District Data Analyst
Entity Manager
NPS School Manager
Other Staff
Staff Administrator
Teacher

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ed|link SECURITY

Sign Out ⮕

Request Permission

Location: Vivian Craven (Early Childhood)
Address: 425 Roxsan Road, Sunset, LA 70584
Application: Your Address
Role: Entity Manager
Optional Notification: Requesting Access

Permis... ☑ Entity Manager

Submit Request   Cancel Request

Next, you'll request to be assigned as Security Coordinator for your entity.

Request Security Coordinator

1. Allow the screen to fully navigate to the Edlink Security page. This may take a few seconds.

2. Select "Request Permission" on the right side of the screen.

3. From the first drop-down, begin typing your name, and select the correct entity.

4. From the second drop-down that appears, select Edlink Security.

5. From the third drop-down, select Local.

6. In the final box that appears, enter a statement explaining why you are requesting the role of Security Coordinator.

7. Click inside of the little box labeled, Security Coordinator, and select "Submit."
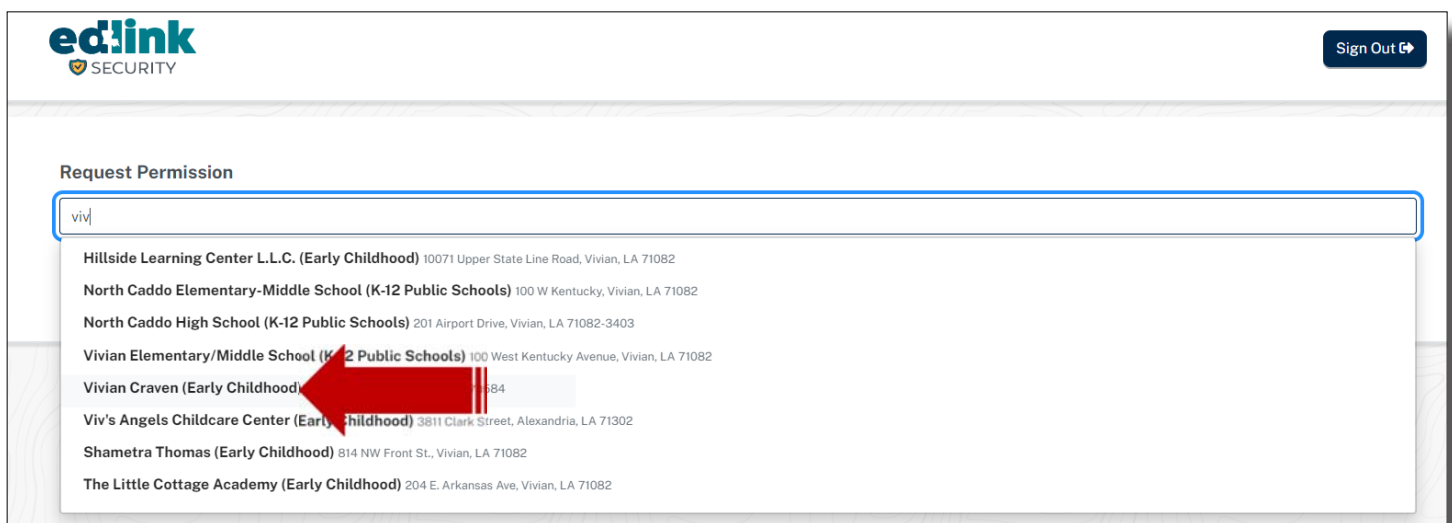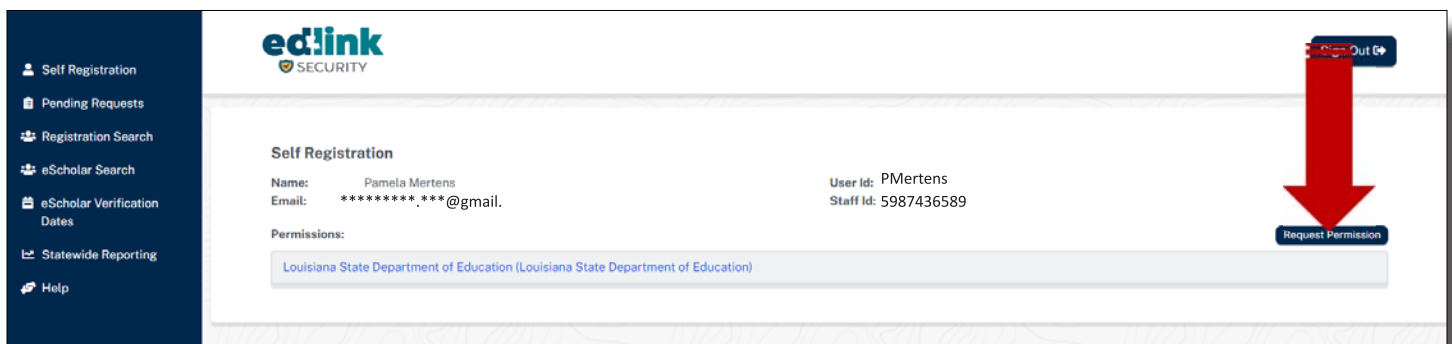
ed:link SECURITY

Sign Out ➡

Request Permission

Location: Vivian Craven (Early Childhood)
Address: Your Address

Please Select Application ...

Please Select Application ...
Canopy
EdLink 360
EdLink Contacts
EdLink Ops Portal
EdLink Security
KinderConnect
KinderTrack
SER

---

ed:link SECURITY

Sign Out ➡

Request Permission

Location: Vivian Craven (Early Childhood)
Address: Your Address
Application: EdLink Security

Please Select Role ...

Please Select Role ...
Local

Submit Request   Cancel Request

---

ed:link SECURITY

Sign Out ➡

Request Permission

Location: Vivian Craven (Early Childhood)
Address: Your Address
Application: EdLink Security
Role: Local
Optional Notification: Requesting Access

Permission   ☑ Security Coordinator

Submit Request   Cancel Request

Please allow 24-48 Hrs. for your requests to be approved by LDOE.

You will receive an email from LDOE informing you of the next steps, once your requests have been approved.

After Approval...

Log back into Edlink at
https://ldoe.edlink.la.gov

Select, Sign In."
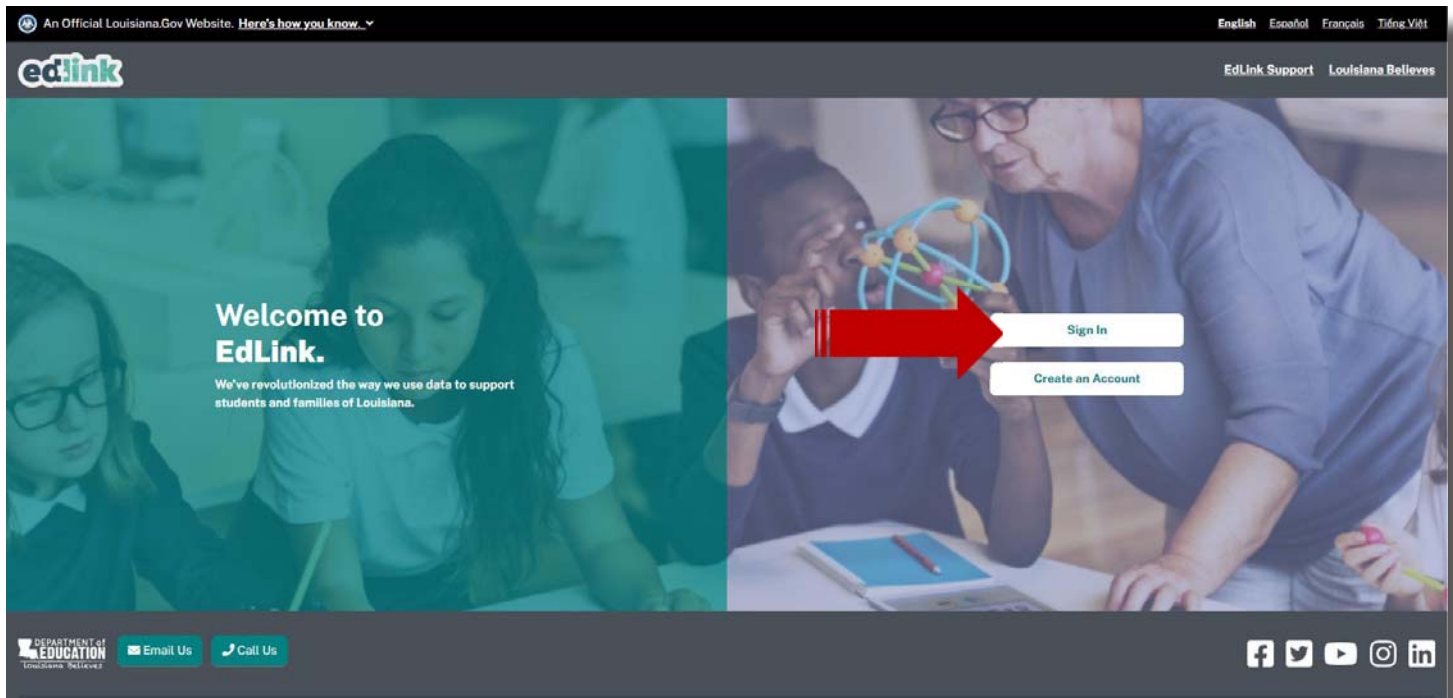
The next page displays an image of what your Entity Dashboard will look like. If you have received approvals for both Entity Manager and Security Coordinator, signed in and do not see a Dashboard in the next image, please submit a **Support Ticket** and describe the issue as, "I have approved access but I'm still seeing my New User Dashboard or I have only NA's in the Entity section."

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

Your renewal button will only be active <u>if you are less than 90 days from your expiration date</u>. If the button is dark grey, you may click it and begin your renewal.

All information pertaining to your Entity will be accessible for change within the Renewal Application. This includes PROVIDER 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.
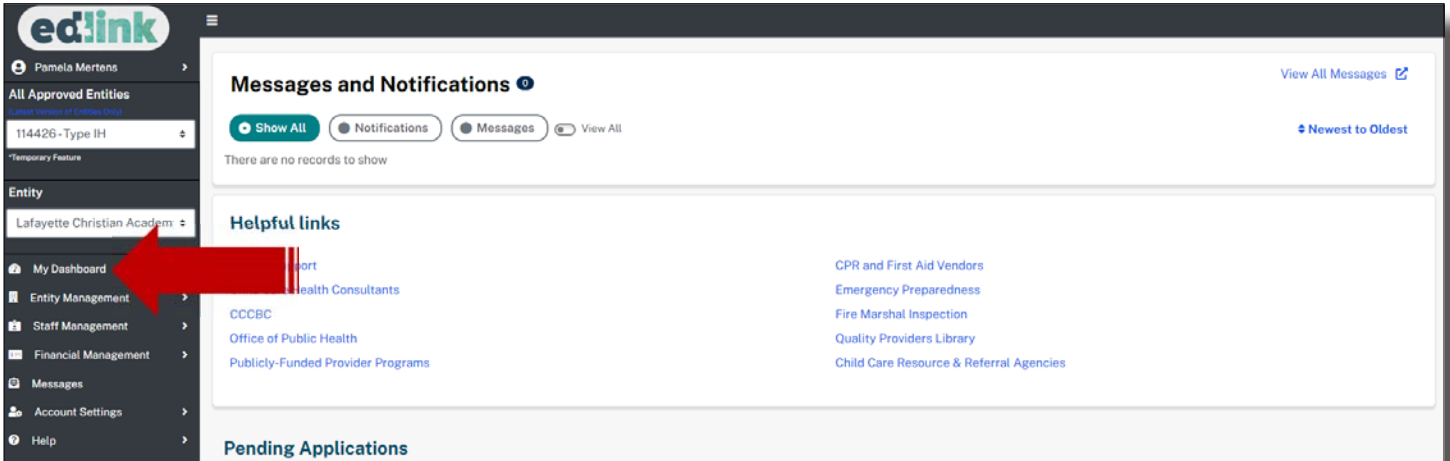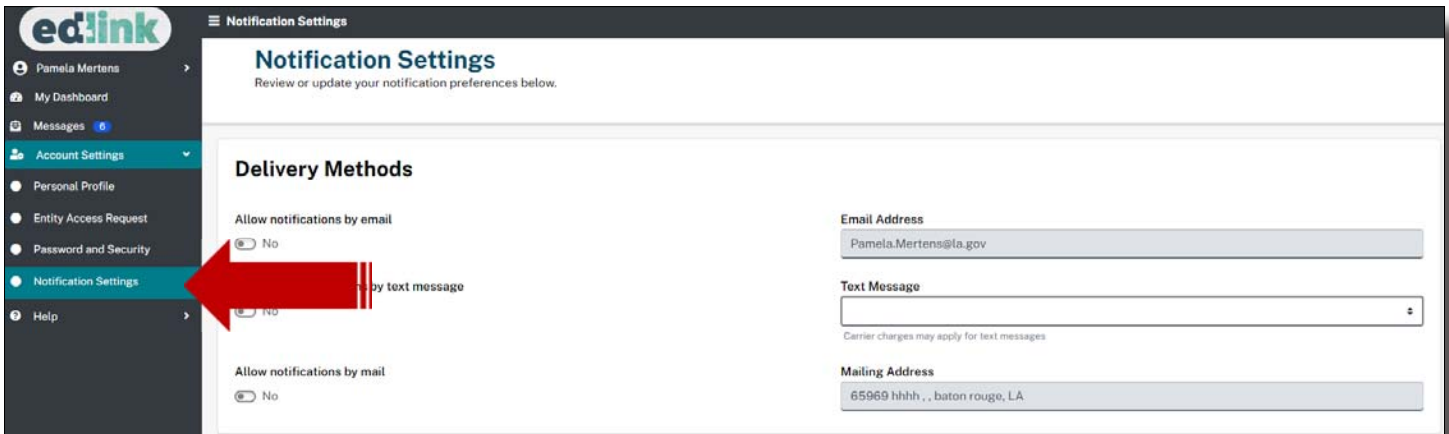
Select any of the Helpful Links on the Dashboard for more forms and information.
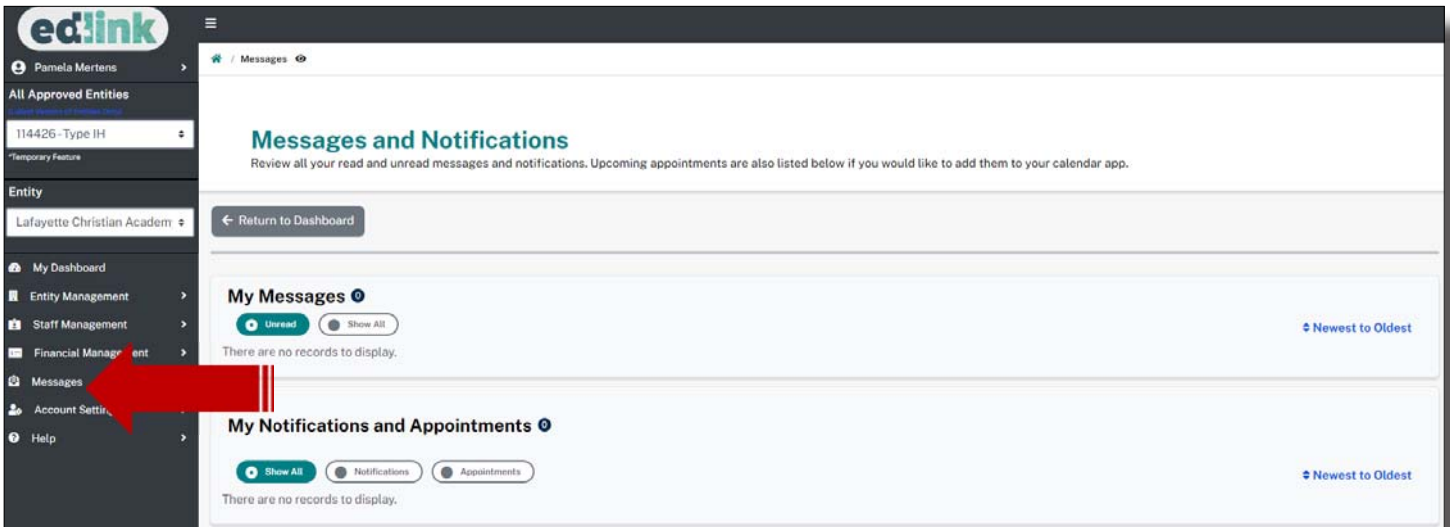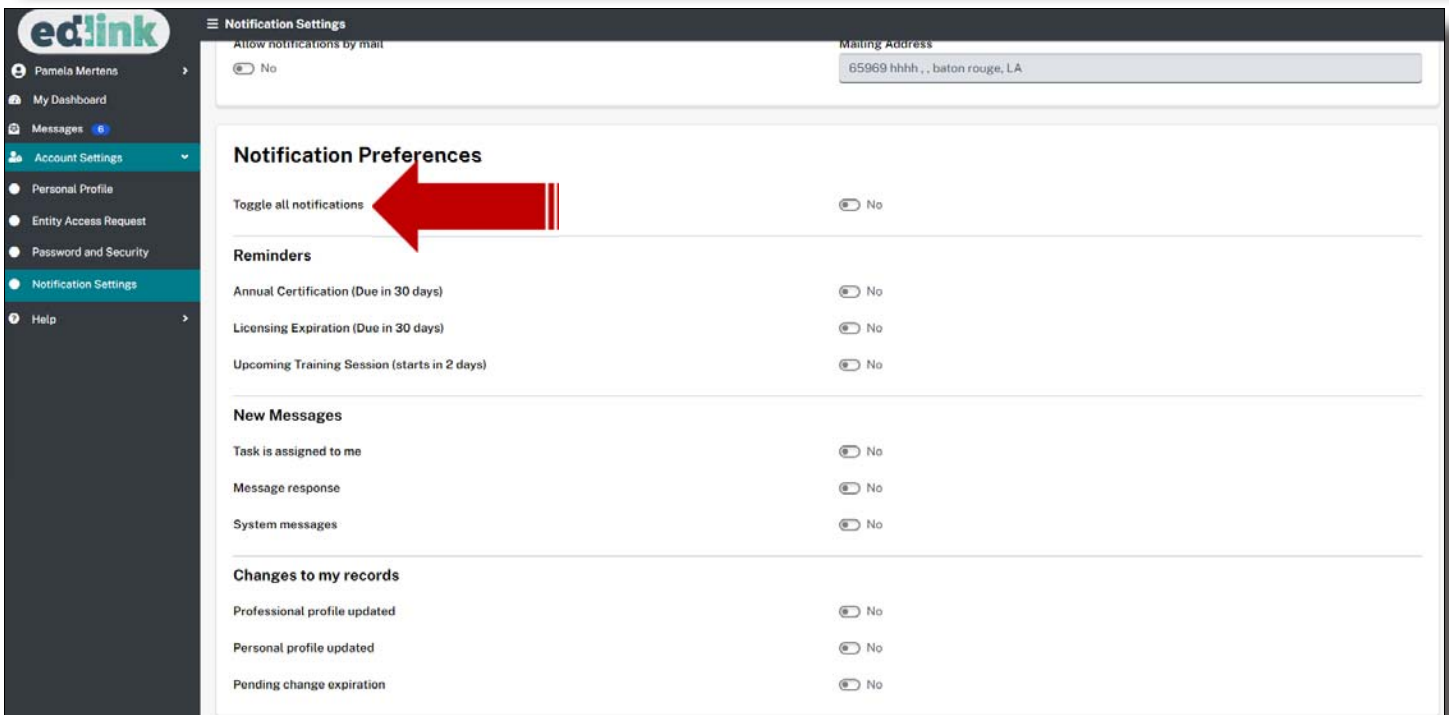
NOTIFICATIONS

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.

Select any of the Helpful Links on the Dashboard for more forms and information.
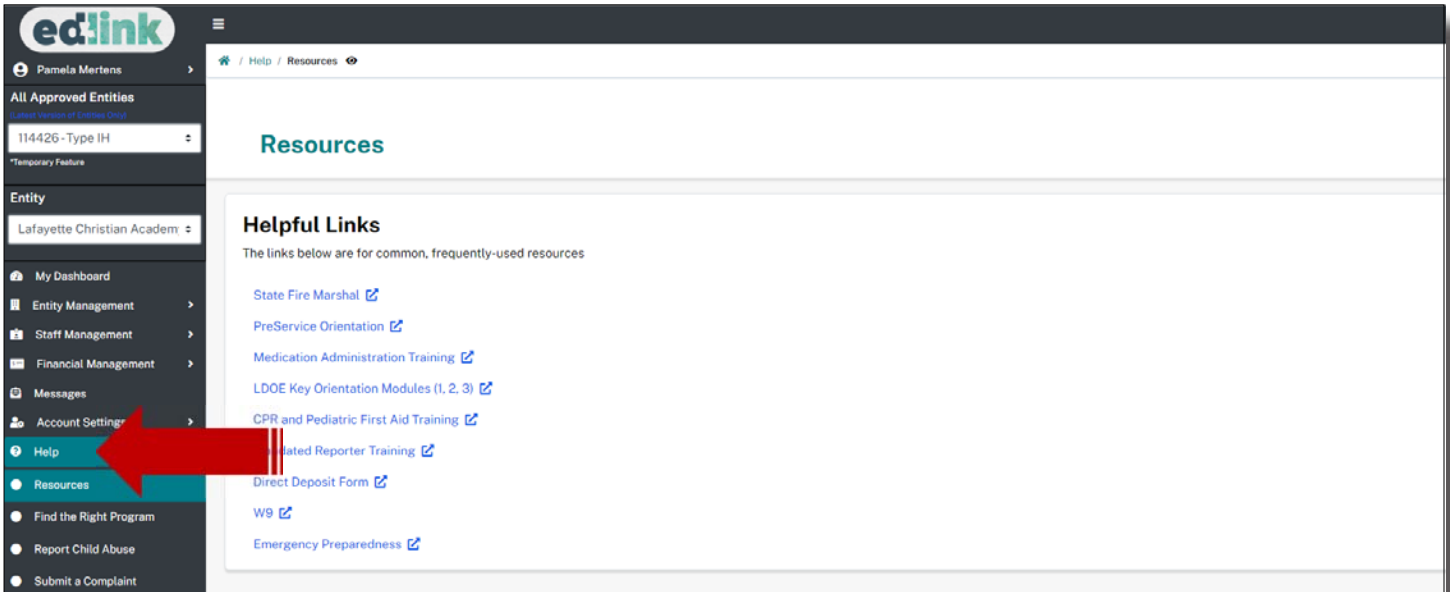
Select the Report Child Abuse link to report abusive behavior towards a child.
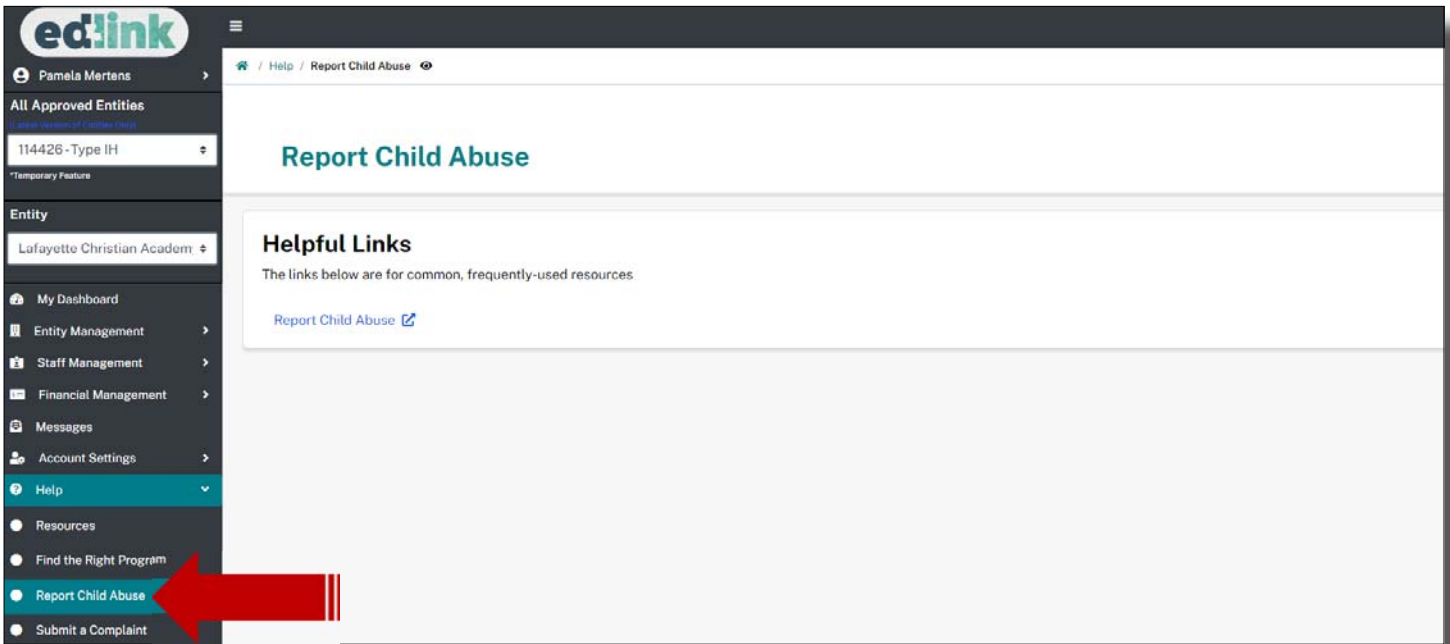
Select, Submit a Complaint to inform LDOE of any complaints against a Provider or Staff. Complete all sections of the complaint Form. Only boxes where there is a red asterisk present must be completed. All other boxes are useful to the complaint review but are optional.

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

K-12 Schooling

Where do you provide your services?

At My Home
I want to provide child care in my home with a maximum of 6 children
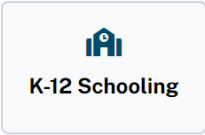
In the Child's Home
I want to provide care to children in their home. Example: babysitter or

Early Learning Center
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.

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.

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.

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 regulations that 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.

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 ... 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, Miltary 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.

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.

The School and Center Finder displays Provider pages for parents and other providers.
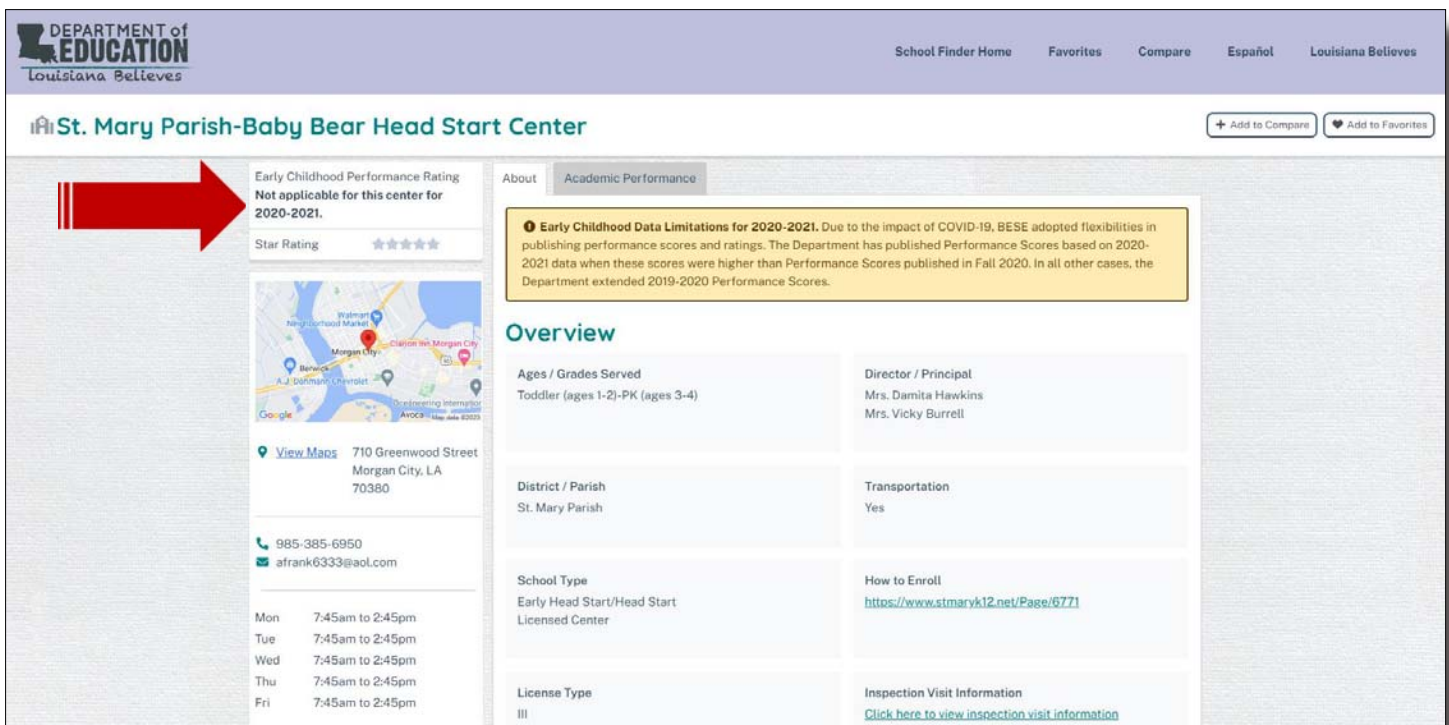
Close the link's browser tab if you are finished searching. All links opened from within the application, may be closed at any time without impacting the application process. Each link opens into a separate window.

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

Section 2: Address Information

Physical Address | Mailing Address

*Street Name 1: Brown St. | *Street Name 1: Brown St.
Street Name 2: | Street Name 2:
*City: New Orleans *State: Louisiana | *City: New Orleans *State: Louisiana
*Zip: 65445 *Parish/County: East Carroll | *Zip: 65445 *Parish/County: East Carroll
Copy to Mailing

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.

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 LDOE School Finder website.

← Return to Application Home

Section 1: Household information

*Enter Age	*Select Age Range	*Enter Age	*Select Age Range
2	Months	5	Years
Minimum age being served		Maximum age being served	

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	*Today's Date
Pamela Mertens	03/31/2023
Type your full name to certify.	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	*How many classrooms will be used by the children
2	5

*Enter Age	*Select Age Range	*Enter Age	*Select Age Range
11	Months	7	Years
Minimum age being served		Maximum age being served	

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	*Today's Date
Pamela Smith	01/16/2023
Type your full name to certify.	Enter today's date in the format of MM/DD/YYYY.

Services and Hours ✕

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.

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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.

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.

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

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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.

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?

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

Section 3: Address Information

Physical Address

*Street Name 1
555 Main St

Street Name 2

*City
Baton Rouge

*State
Louisiana ⏶

*Zip
70036

*Parish/County
Assumption ⏶

Copy to Mailing

Mailing Address

*Street Name 1
555 Main St

Street Name 2

*City
Baton Rouge

*State
Louisiana ⏶

*Zip
70036

*Parish/County
Assumption ⏶

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?
⬤ No

← Back to Ownership Type   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?
⬤ Yes

Section 5: Spouse Name and Contact

Spouse Name

Prefix

*First Name
Bob

Middle Name

*Last Name
Burns

Suffix

Spouse Information

*Primary Phone Number
654-654-6545

Secondary Phone Number

*Email Address
bb@gmail.com

This employee is an emergency contact for this Center
⬤ No

I will be working on-site at this Center
⬤ No

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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 N...

Suffix

*Date Started

mm/dd/yyyy

*Date Ended

mm/dd/yyyy

✓ ✕

> Leave the toggle button at the defaulted NO if there are no additional names.

Section 7: Spouse Address Information

Copy Spouse's Addresses

Physical Address

*Street Name 1
555 Main St.

Street Name 2

*City
Baton Rouge

*State
Louisiana

*Zip
70036

*Parish/County
Assumption

Copy to Mailing

Mailing Address

*Street Name 1
555 Main St.

Street Name 2

*City
Baton Rouge

*State
Louisiana

*Zip
70036

*Parish/County
Assumption

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 →

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

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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.

Section 4: Employment Details

*Position Type

-- Select --

-- 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 CCAP provider, all Family child care providers must meet the following education/training requirements which include: CPR training, Pediatric First Aid training, Pre-Service Orientation Training, 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

*Type

-- Select --

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

*Choose File

Choose File

Browse

✔ ✕

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

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

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 ↗ .

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.

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	✏️ 🗑️

+ 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	✏️ 🗑️

+ 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	⇕ Type	
Education/Training	CPR Training	✏️ 🗑️

+ Add New

*Category

Education/Training ⇕

*Certified by

American Red Cross

*Choose File

Choose File   Browse

📄 Test 1.docx   👁️ 🗑️

*Type

Pediatric First Aid ⇕

*Expiration Date

03/25/2024 📅

✔️ ❌

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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

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

✓ ✕

⇕ Category	⇕ Type	
Education/Training	CPR Training	✏ 🗑
Education/Training	Pediatric First Aid	✏ 🗑

+ Add New

*Category

Education/Training ⇕

*Certified by

Udemy

*Choose File

Choose File [Browse]

📄 Test 1.docx   👁 🗑

✓ ✕

*Type

Pre-service Orientation ⇕

*Date Completed

03/07/2023 📅

*Expiration Date

03/25/2026 📅

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

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

✓ ✕

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

+ Add New

*Category

Education/Training ⇕

*Certified by

Udemy

*Choose File

Choose File   Browse

📄 Test 1.docx   👁️ 🗑️

✔️ ✖️

*Type

Medication Administration Training ⇕

*Expiration Date

03/25/2024 📅

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
[Education/Training ⬍]

*Type
[Mandated Reporters ⬍]

*Choose File
[Choose File   Browse]

*Expiration Date
[03/25/2024 📅]

📄 Test 1.docx   👁️ 🗑️

✅ ❌

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
[-- Select -- ⬍]
-- Select --
Education/Training
Certifications
Experience

*Type
[-- Select -- ⬍]

[Browse]

✅ ❌

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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 ▼

*Number of years

5

*Choose File

Choose File   Browse

📄 Test 1.docx   👁️ 🗑️

✓ ✕

*Type

ELC Experience ▼
Licensed Early Learning Cernter or comparable

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 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 Application Instructions.

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

PROVIDER

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.

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.

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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.

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

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

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.

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 competed 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.

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 1.docx
100%

Emergency Plan
Test 1.docx
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 Link.docx
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

Kimberly Holmes

*Primary Phone Number

654-654-6546

Secondary Phone Number

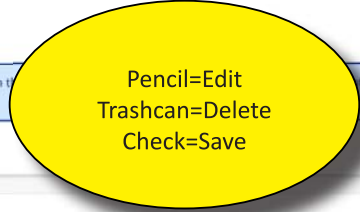*Email Address

KH@gmail.com

✓ ✕

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 t[...] s will be rejected and ✕ the application will not move forward until all elements are fulfilled.

⊙Download Emergency Plan Requirements

*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 Burns	444-444-4444			🗑
Off-Site	Kimberly Holmes	654-654-6546		✏	🗑

+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.

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.

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

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 & 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	*This fee is charged	*This fee is collected
45	Per Child	Annually
Example 75.00		
*Before Care Fee	*This fee is charged	*This fee is collected
25	Per Child	One-Time
Example 75.00		
*After Care Fee	*This fee is charged	*This fee is collected
025	Per Child	One-Time
Example 75.00		

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 14EA Form

*Upload File

Choose File   Browse

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

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 14EA Form]

*Upload File

| Choose File | Browse |

📄 **Time and Attendance Agreement**
Test 1.docx
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

| -- Select -- ⬍ | | lly Burns | | 03/24/1972 📅 |

-- Select --
Director
Director Designee
Lead Teacher
Teacher
Other Staff
Owner

[← Back to Emergency Plan]   [Save and Continue →]

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 | Browse |

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 |

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 | Browse |

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 | Browse |

Section 5: Verification of Identity

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

*Upload File

| Choose File | Browse |

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 | Browse |

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 |

Section 8: Rates Verification

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

*Upload File

| Choose File | Browse |

← Back to CCAP   Save and Continue →

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

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

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.

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 →

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.

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.

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.

73

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

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   to be uploaded as part of the R   mplates will be availabhle 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.

▼ Provider Agreement / Provider Rate Agreement

The provider agreement and rate agreement page will require you to review and agree t   n 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 unde   and 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 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.

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.

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

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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.

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.

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
919760765

*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.

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.

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.

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

Section 3: Personal Identification

*Date Of Birth
12/05/1985

*SSN
***-**-4747

*Identification Number ❓
636194747

*Sex
Male

*Race
Asian

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

Section 4: Employment Details

*Position Type
Provider

*Date appointed to current role
11/03/2022

*Date Hired in any Capacity
11/03/2022

* Years of experience in a licensed center
3

Qualify for School Readiness Tax Credit Level
⊘ No

ⓘ **Warning!** To be certified as a CCAP provider, all Family child care providers must meet the following education/training requirements which include: CPR training, Pediatric First Aid training, Pre-Service Orientation Training, 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.

Click on links for further information and/or instructions.

⇕ Category	⇕ Type
There are no records to show	

[+ Add New]

[Save] [Cancel]

82

⬍ 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   Browse

*Type

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

✓ ✕

Open

← → ↑ This PC > Documents   ⌄ ↻ Search Documents

Organize ▾   New folder

- OneDrive - Personal
- This PC
- 3D Objects
- Desktop
- Documents
- Downloads
- Music
- Pictures
- Videos
- Windows (C:)
- Google Drive (G:)

Name	Date modified	Type	Size
Drawing2	8/15/2022 9:27 AM	Adobe Acrobat Docu...	193 KB
Drawing5	7/27/2022 4:23 PM	Adobe Acrobat Docu...	187 KB
General Concerns	3/3/2022 2:30 PM	Microsoft Word Doc...	16 KB
KinderConnect Frequently Asked Questions	3/23/2023 9:14 AM	Microsoft Word Doc...	16 KB
LC2SS	4/19/2022 1:17 PM	Microsoft Word Doc...	7,236 KB
Licensing WorkflowBasic	3/7/2022 10:39 AM	Adobe Acrobat Docu...	254 KB
list of qrc	2/22/2022 8:25 AM	Microsoft Word Doc...	12 KB
Pages from Provider Cert process3	3/7/2022 10:44 AM	Adobe Acrobat Docu...	248 KB
Pams Room	7/11/2022 4:17 PM	Adobe Acrobat Docu...	249 KB
Provider Cert process2	3/7/2022 10:30 AM	Adobe Acrobat Docu...	447 KB
Sec	10/27/2022 5:09 PM	Microsoft Excel Work...	15 KB
Test 1	3/7/2022 12:16 PM	Microsoft Word Doc...	364 KB
todays ss	3/24/2022 8:37 AM	Microsoft Word Doc...	21,812 KB

File name: Test 1   Custom Files

Open

EdLink Training   × +

...quirements which include: CPR training, Pediatric First Aid training, Pre-Service Orientation Training, Medication   ✕

⬍ Type

+ Add New

*Category

Education/Training

*Certified by

American Red Cross

*Choose File

Choose File   Browse

*Type

CPR Training

*Expiration Date

03/24/2024

✓ ✕

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	*Type
Education/Training ⬍	CPR Training ⬍

*Certified by	*Expiration Date
American Red Cross	03/24/2024 🗓

e File

se File   **Browse**

st 1.docx   👁 🗑

✓ ✕

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	⇕ Type	
Education/Training	CPR Training	✏ 🗑

+ Add New

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	⇕ Type	
Education/Training	CPR Training	✏ 🗑

+ Add New

*Category	*Type
Education/Training ⬍	--Select-- ⬍

*Choose File	
Choose File	**Browse**

✓ ✕

--Select--
CPR Training
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 ⬍

*Type
--Select-- ⬍

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

*Choose File
Choose File · Browse

✓ ✗

Save **Cancel** ⬆

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

+ Add New

*Category
Education/Training ⬍

*Type
Pre-service Orientation ⬍

*Certified by
Udemy

*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		
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
Education/Training ⬍

*Type
-- Select -- ⬍

*Choose File
Choose File | Browse

-- 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 ⇕

*Certified by

Udemy

*Choose File

Choose File | Browse

📄 Test 1.docx   👁️ 🗑️

✔️ ✖️

*Type

Medication Administration Training ⇕

*Expiration Date

03/25/2024 📅

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
| Education/Training ⬍ |

*Type
| Mandated Reporters |

*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	✏️	🗑️
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
| -- Select -- ⬍ |
-- Select --
Education/Training
Certifications
Experience

*Type
| -- Select -- ⬍ |

| Browse |

✔️ ❌

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

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

*Choose File
Choose File   Browse

✓ ✗

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 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 Application Instructions.

PROVIDER

Category	Type		
Education/Training	CPR Training	✏️	🗑️
Education/Training	Pediatric First Aid	✏️	🗑️
Education/Training	Pre-service Orientation	✏️	🗑️
Education/Training	Medication Administration Training	✏️	🗑️
...tion/Training	Mandated Reporters	✏️	🗑️
...ence	ELC Experience	✏️	🗑️

New

Save   Cancel

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.

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		
Tracy		Burns	N	Child or dependent (under 18)	03/28/2020	✏️	🗑️

+ Add New

*First Name	Middle Name	*Last Name	Suffix
betty		ross	

*Relationship Type	*Date of Birth	*SSN	*ID Number	*Issuing State
Parent	03/30/1995	***-**-4645	6464646	Louisiana

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

| 4155 Essen Ln |

Street Name 2

| |

*City	*State
Baton Rouge	Louisiana

*Zip	*Parish/County
70816	Calcasieu

← Back to Providers and Support Staff   Save and Continue →

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.

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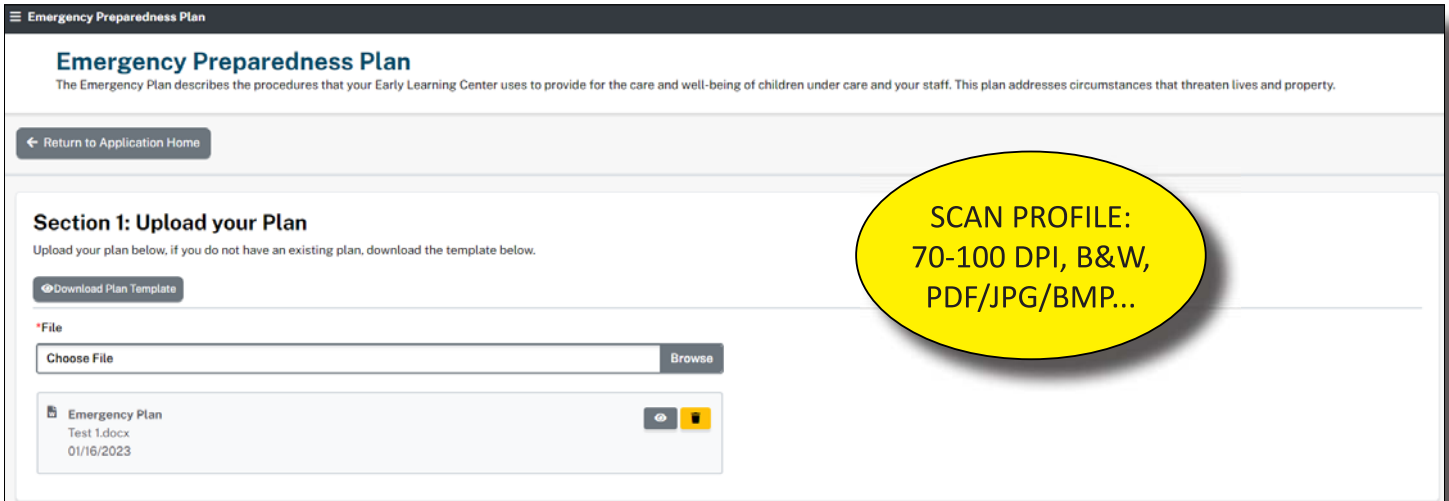
Download the Emergency Preparedness Template located at the top of the page. Save the document to your computer. The PDF document is editable, meaning that you may complete all but your signature electronically. Make sure you save your information as you progress through the document.

You'll need to print, scan and upload the competed 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.

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	*Primary Phone Number	Secondary Phone Number
Clark Gable	654-654-6546	

*Email Address

clark@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	654-654-6546		✏	🗑

+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.

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.

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 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 & 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	*This fee is charged	*This fee is collected
45	Per Child	Annually
Example 75.00		
*Before Care Fee	*This fee is charged	*This fee is collected
25	Per Child	One-Time
Example 75.00		
*After Care Fee	*This fee is charged	*This fee is collected
025	Per Child	One-Time
Example 75.00		

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 14EA Form]

*Upload File

| Choose File | Browse |

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

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 | Browse |

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 |

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 | Browse |

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

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 | Browse |

Section 5: Verification of Identity

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

*Upload File

| Choose File | Browse |

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 | Browse |

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 |

Section 8: Rates Verification

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

*Upload File

| Choose File | Browse |

← Back to CCAP

Save and Continue →

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 |

W | TASK 2023.xlsx | 100% |

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

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	Under Review
03/30/2023	

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	Under Review	
03/30/2023		

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	Under Review	
03/30/2023		

← Back to CCAP   Save and Continue →

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☰

🏠 / Find 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
❶ 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 you 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 you banking information.

Review or Edit 13

⊘ Complete

14 - Renewal Summary

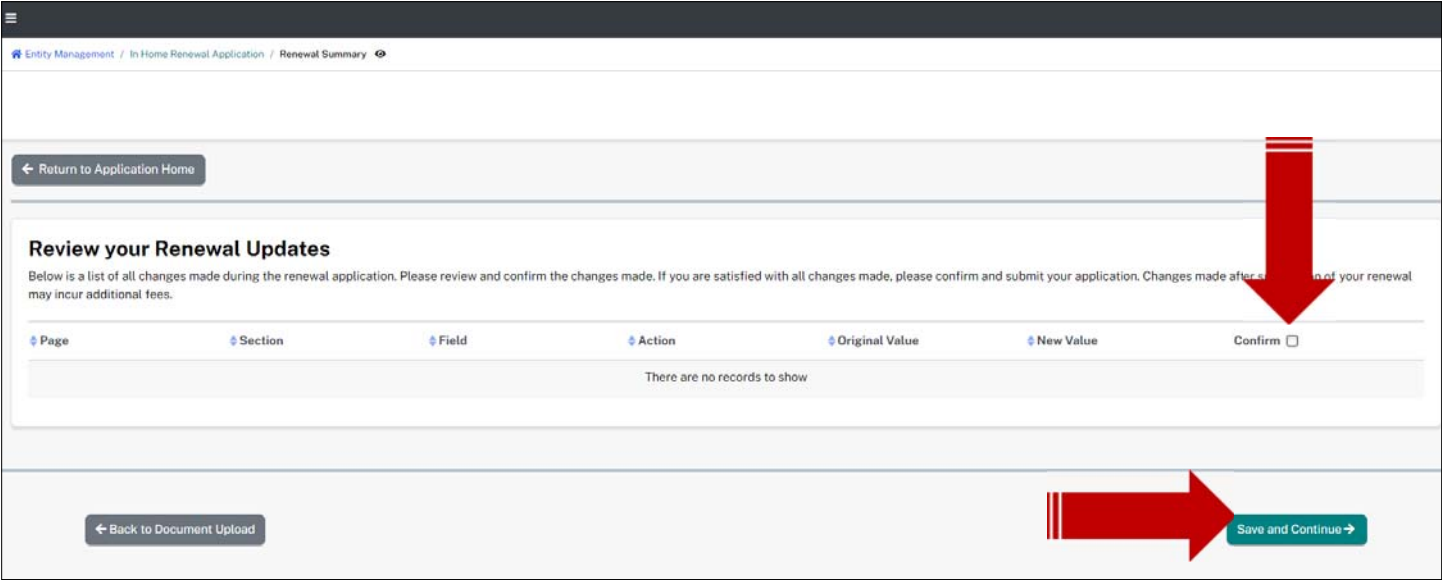Summary of changes made for submitting a renewal of ELC-In-Home Application

Review or Edit 14

⊘ Complete

Submit Renewal Application →

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".

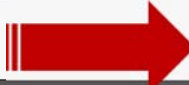Select, Save and Continue.

Application Home

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 you 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

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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 Essen Ln
Apt # 192
Baton Rouge, Louisiana, 70816

License Status
Open   Provider Number
                        1900538

CCAP Expiration Date
04/17/2023

Entity Snapshot

Messages and Notifications

Show All | Notifications | Messages | View All   Newest to Oldest

Notification - Renewals Application Received
Mar 24, 2023 11:25 AM   unread
Action Required: Renewals Application Received

Message - Renewals Application Received
Pamela Mertens, Mar 24, 2023 11:25 AM   unread
Action Required: Read the full message below

Message - Renewal Application Submitted
Pamela Mertens, Mar 24, 2023 11:24 AM   unread
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

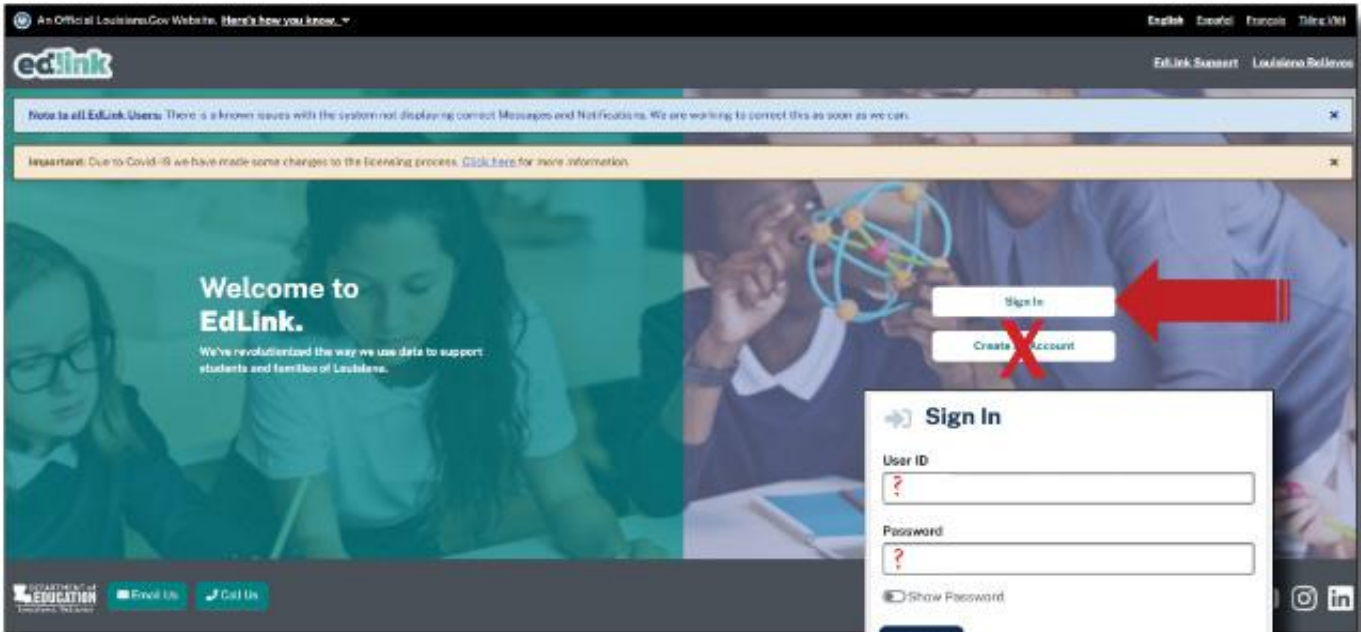| Application ID	Category	Last Update	Expires on
115071	Renewal	03/30/2023	06/28/2023

View | Withdraw Application

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.
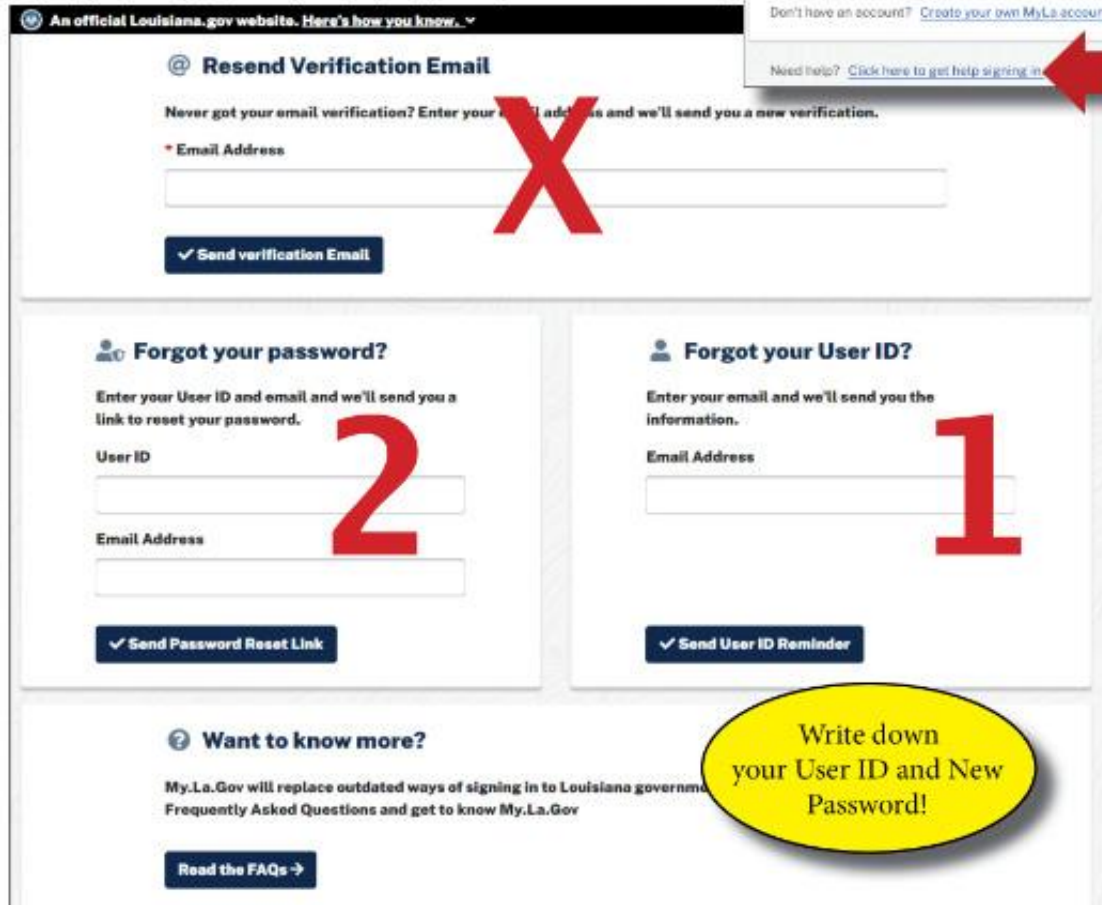
An Official Louisiana.Gov Website. Here's how you know. ⌄   English   Español   Français   Tiếng Việt

ed!ink   EdLink Support   Louisiana Believes

Note to all EdLink Users: There is a known issue with the system not displaying correct Messages and Notifications. We are working to correct this as soon as we can.   ✕

Important: Due to Covid-19 we have made some changes to the licensing process. Click here for more information.   ✕

Welcome to EdLink.

We've revolutionized the way we use data to support students and families of Louisiana.

Sign In

Create An Account   ✕

DEPARTMENT OF
EDUCATION   📧 Email Us   📞 Call Us   ⓘ ⊙ in

⤵ Sign In

User ID

?

Password

?

🔘 Show Password

Sign In →

Don't have an account? Create your own MyLa account.

Need help? Click here to get help signing in

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

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

@ 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

2

Email Address

✓ Send Password Reset Link

👤 Forgot your User ID?

Enter your email and we'll send you the information.

Email Address

1

✓ Send User ID Reminder

❓ Want to know more?

My.La.Gov will replace outdated ways of signing in to Louisiana government
Frequently Asked Questions and get to know My.La.Gov

Read the FAQs →

Write down your User ID and New Password!

Using the link below, you can request to be the KinderConnect, CCAP Attendance Administrator of your early learning center or home.
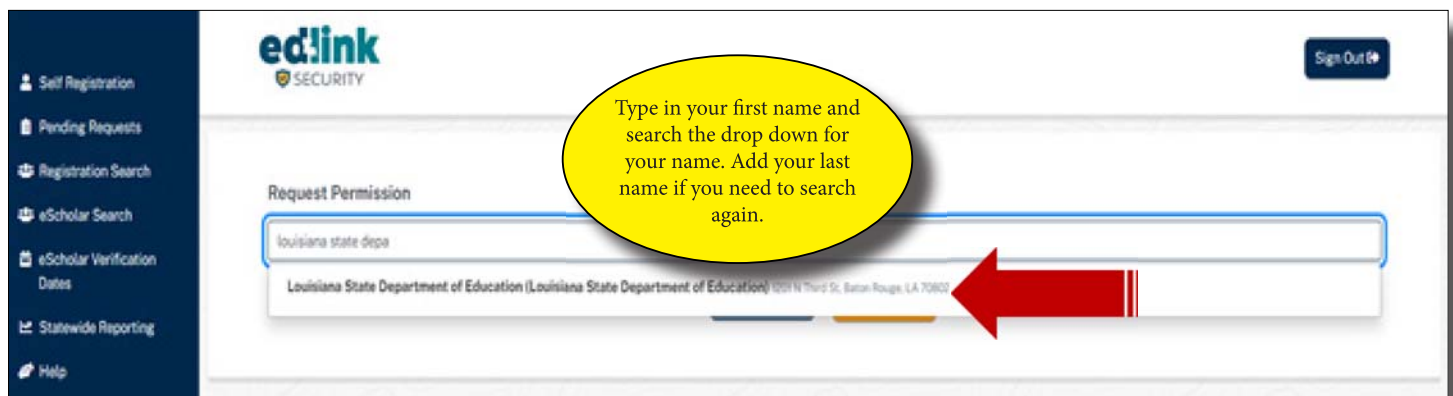
1. You must have a staff ID assigned, to check please click this link: https://registration.edlink.la.gov. Type in your name and to see if you have a Staff ID. Select "Request Permission" on the right side of the screen.

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

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

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".

*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

This Page Was Intentionally Left Blank