



LOUISIANA DEPARTMENT OF EDUCATION

Edlink Access and In-Home Provider Application User Guide

2023-2024

April 2023 PM



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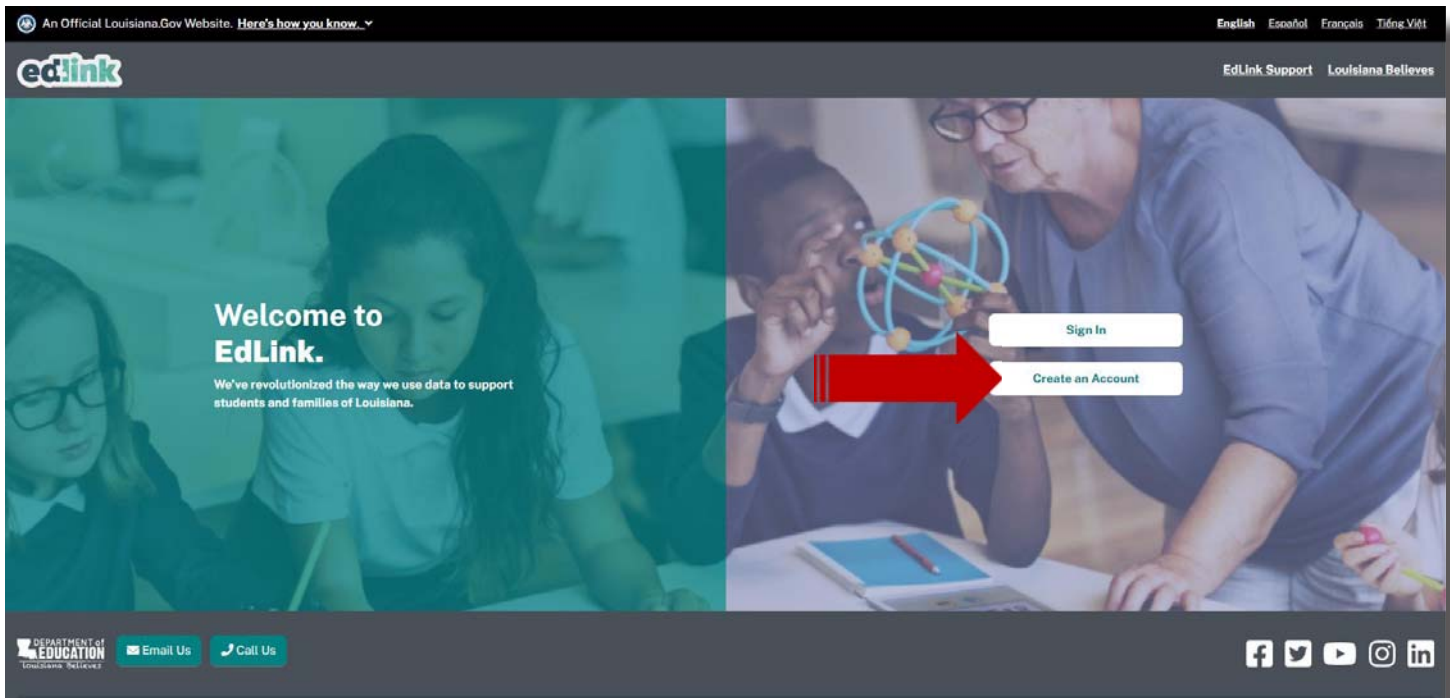
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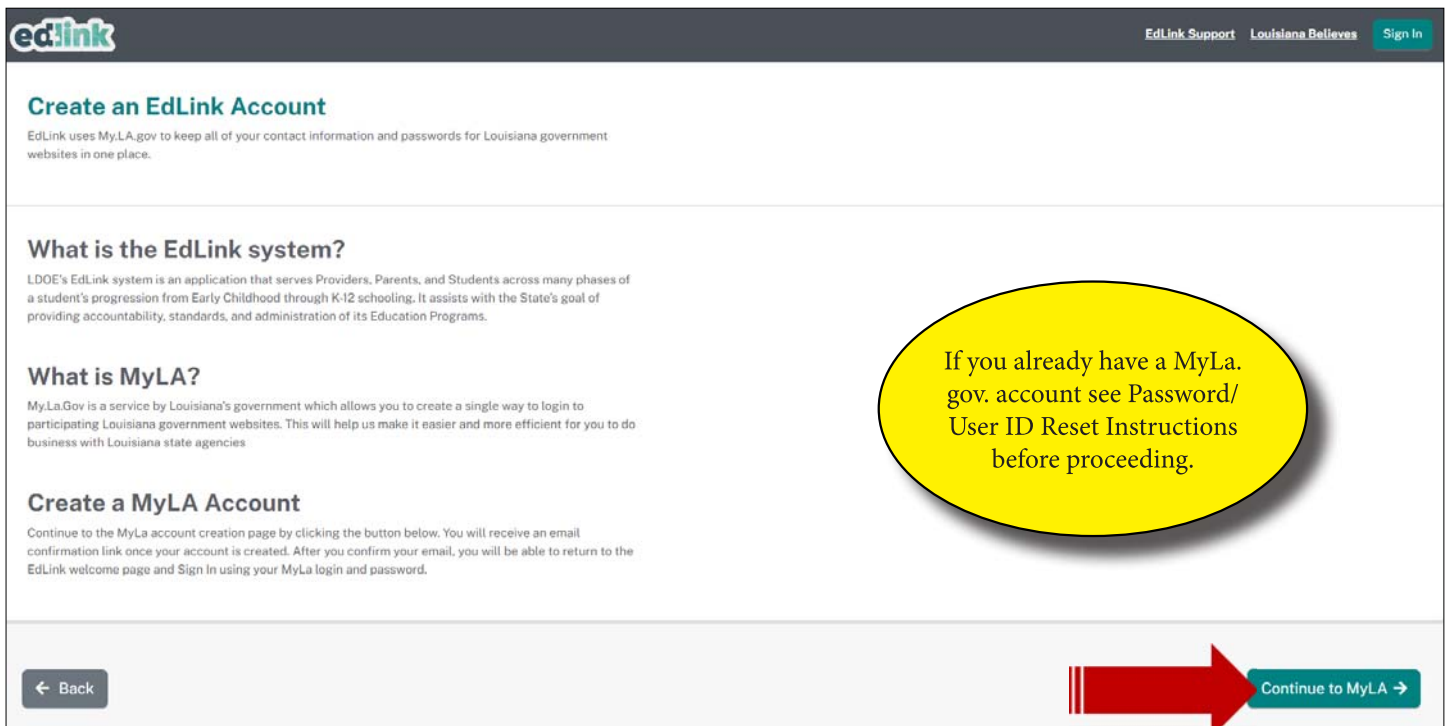
LDOE SYSTEMS ACCESS AND SECURITY

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.”

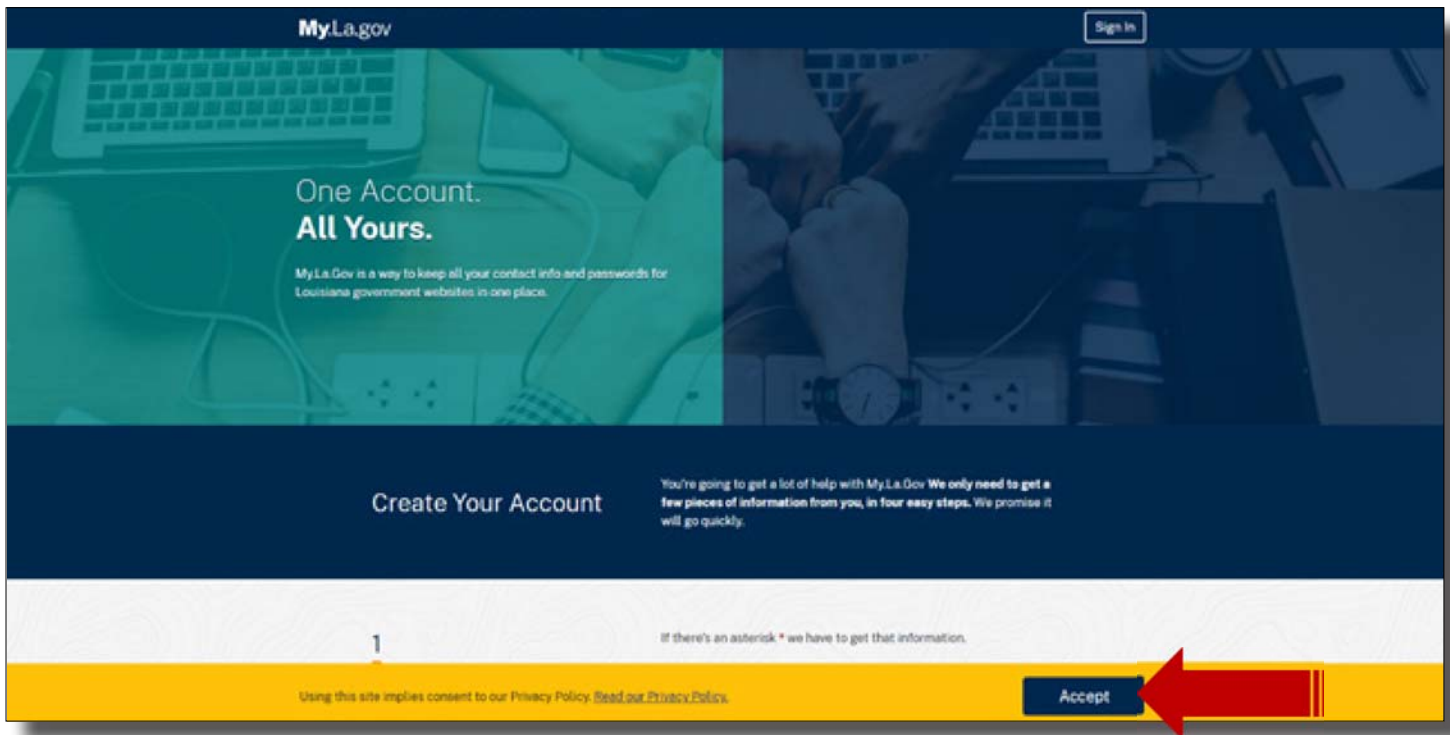


If you believe that you already have a MyLa.gov account, see the Password/User ID Reset Instructions located on the [Edlink Training](#) page. Sign into the main portal. If a New User Profile appears, then you've already created a MyLa.gov. account. Complete the profile with your personal information.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

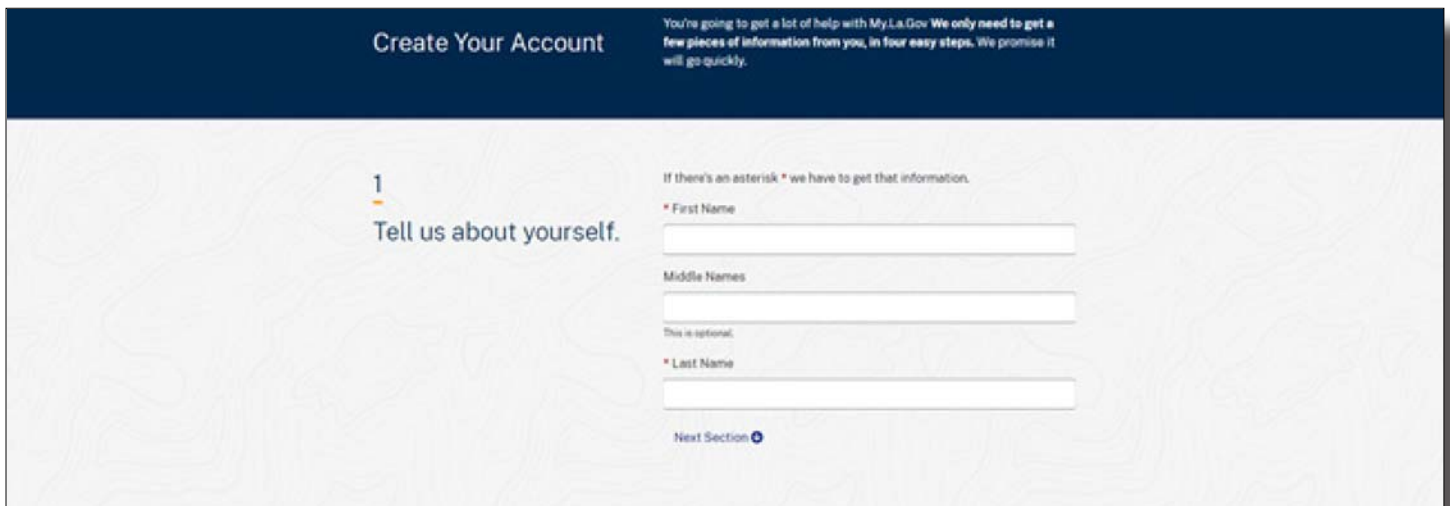
After selecting, "Continue to MyLa", proceed to the next page to complete your registration.



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.

* Password

Show Passwords

[Want help making a Password?](#)

- ✘ Don't use a password from any of your other accounts.
- ✔ You must use letters and numbers.
- ✔ Make some letters uppercase, make letters some lowercase.
- ✔ Use some of these symbols too:
`{ [(< ! # , $ % ^ @ : \ | / & * - _ + = ; >)] }`

* Confirm Password

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

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 can not be consecutive (123456) or the same number (999999). Write this number down.

3
Let's set a PIN.

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

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

* New PIN * Confirm New PIN

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

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

4
How should we contact you?


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

Telephone

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

* Email Address

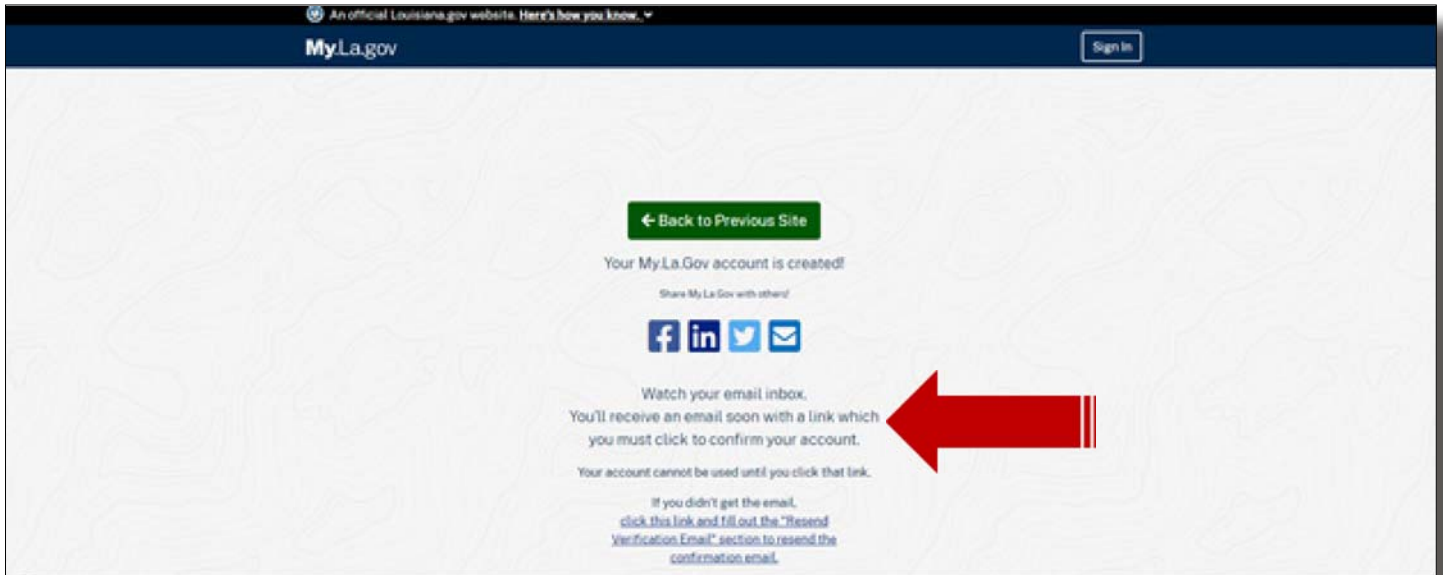
[Previous Section](#) [Next Section](#)

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

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

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

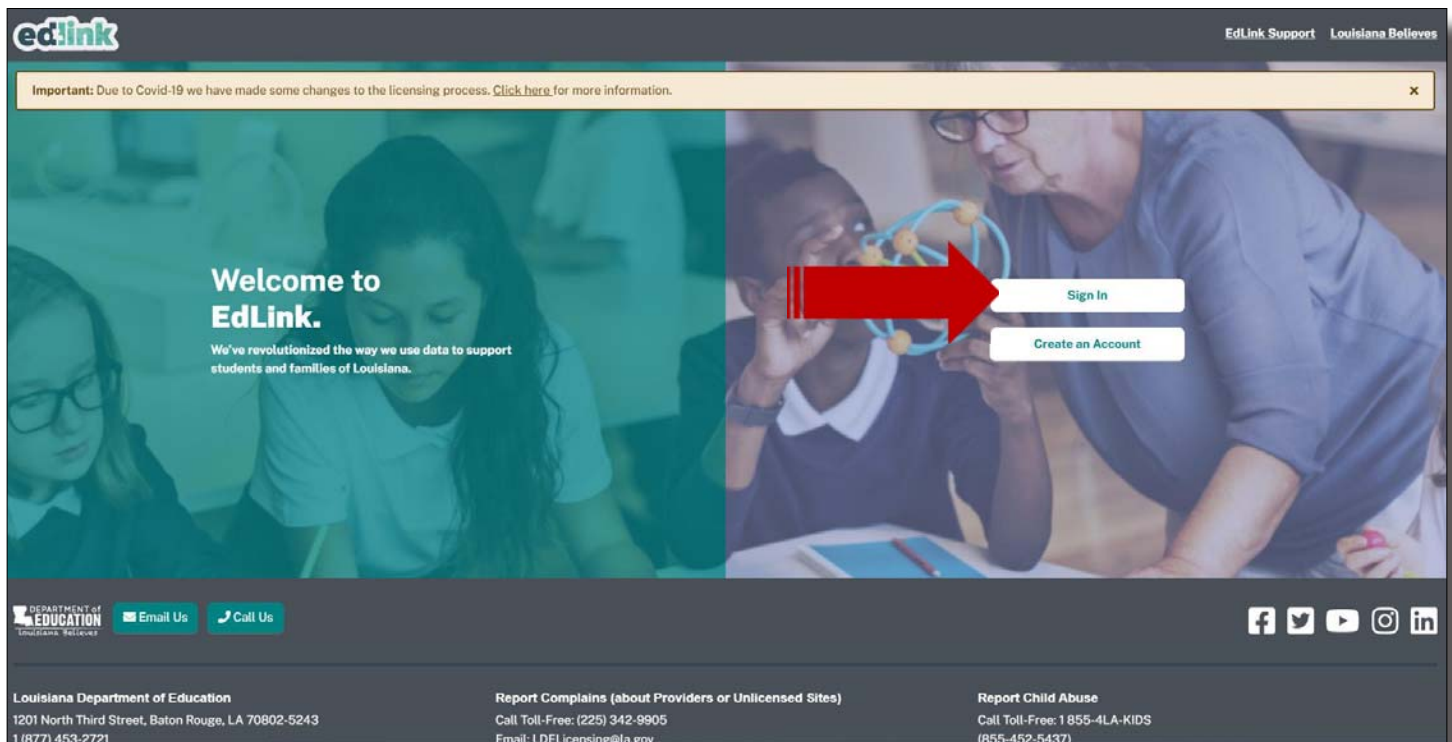
CONFIRM EMAIL



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

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

You are now ready to access EdLink! Return to <https://ldoe.edlink.la.gov> and Sign In.



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."

Personal Profile

Account Settings / Personal Profile

New User - Personal Profile

Review or update your personal profile information below.

Name and Contact

Member Name	Contact Information
Prefix	*Primary Phone Number
<input type="text"/>	<input type="text"/>
*First Name	Secondary Phone Number
Pamela	<input type="text"/>
Middle Name	*Email Address
<input type="text"/>	<input type="text"/>
*Last Name	MyLA UserID
<input type="text"/>	<input type="text"/>
Suffix	Staff ID
<input type="text"/>	<input type="text"/>

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

Address Information

Physical Address	Mailing Address
*Street Name 1	*Street Name 1
1201 N River Rd	1201 N River Rd
Street Name 2	Street Name 2
<input type="text"/>	<input type="text"/>
*City	*City
Baton Rouge	Baton Rouge
*State	*State
Louisiana	Louisiana
*Zip	*Zip
70802	70802
*Parish/County	*Parish/County
<input type="text"/>	<input type="text"/>

Personal Identification

*Date of Birth	*SSN	*Identification Number	*Issuing State
01/12/1985	***-**-1902	6754	Louisiana
*Gender	*Race	Married	
Female	White/Caucasian	<input checked="" type="checkbox"/> Yes	

Organization Access Requested

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

What type of organization

Early Childhood K-12

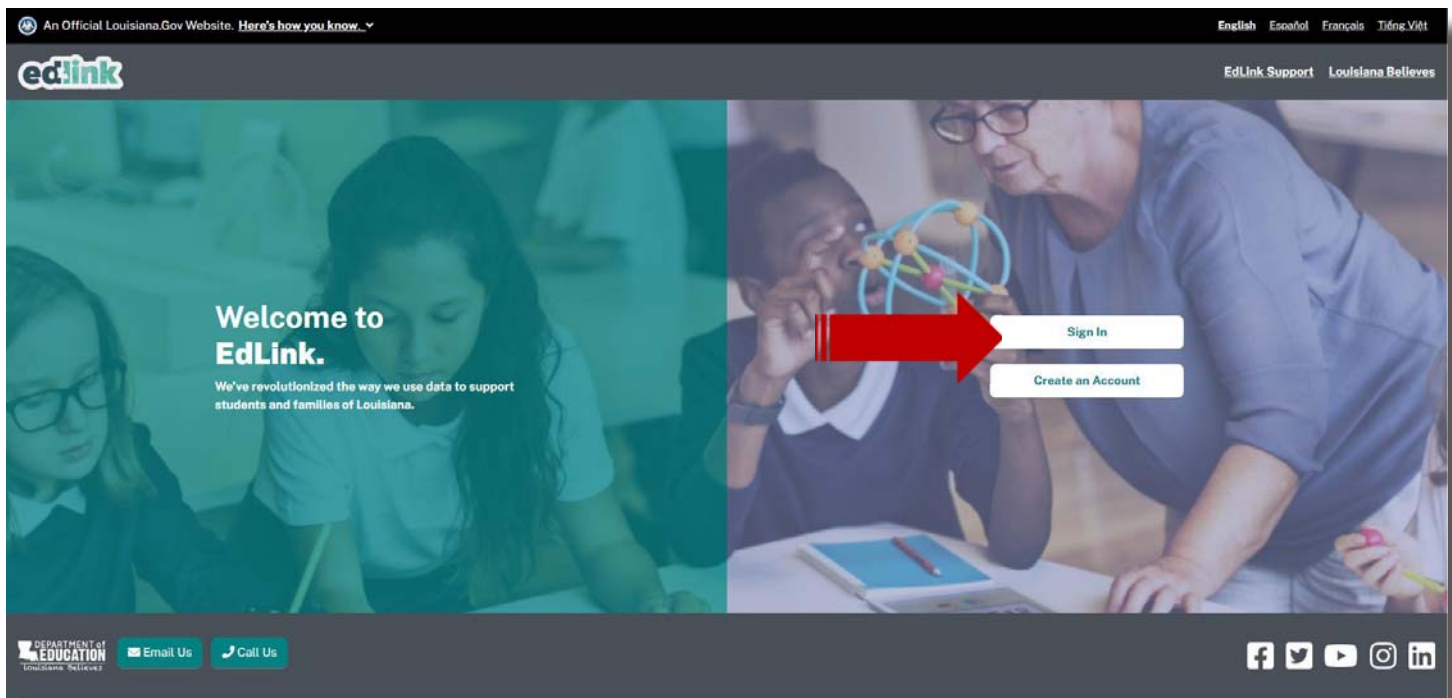
You will not receive a confirmation. Your information will be "grayed-out".

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.

The screenshot shows the 'My Dashboard' page for Pamela Mertens. The left sidebar contains navigation links: Pamela Mertens, My Dashboard, Messages (12), Account Settings, and Help. The main content area is titled 'My Dashboard' and includes a welcome message for Pamela Mertens. Below this, there are two buttons: 'How to use the EdLink Entity Portal?' and 'Why am I here?'. The 'Get Started' section has two options: 'Ready to start with a new application?' with a 'Find the Right Program' button, and 'Already a member of an existing entity?' with a 'Request Access to an Entity' button. The 'Pending Applications' section shows a message: 'You don't have any Pending Applications'.

The screenshot shows the 'Unread Messages and Notifications' section. It features a filter bar with 'Show All', 'Notifications', 'Messages', and 'View All' buttons. A 'View All Messages' link is in the top right. The list is sorted by 'Newest to Oldest'. The messages are as follows:

- Message - Initial Application Rejected**: Pamela Mertens, Oct 17, 2022 9:05 AM. Action Required: Read full message below.
- Notification - Application Cancellation**: Oct 14, 2022 7:44 AM. Action Required: Application Cancellation.
- Message - Renewal Application Withdrawn**: Pamela Mertens, Oct 14, 2022 7:44 AM. Action Required: Read full message below.
- Message - Initial Application Review**: Pamela Mertens, Oct 12, 2022 8:24 PM. Action Required: Read full message below.
- Notification - Initial Application Review**: Oct 12, 2022 8:24 PM. Action Required: Initial Application Review. Includes a 'Review' button and an upward arrow icon.

**ALL PROVIDERS WILL SEE THE NEW
USER DASHBOARD!**

**NEW PROVIDERS, SKIP TO PAGE 28
OF THIS MANUAL TO BEGIN A NEW
APPLICATION.**

**EXISTING PROVIDERS, 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.

REQUESTING ACCESS FOR ENTITY MANAGER

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.

My Dashboard
Thank you for creating a new account. Get started below with a new application or request access to an existing organization.

Welcome, Pamela Mertens

How to use the EdLink Entity Portal? | Why am I here?

Get Started

Ready to start with a new application?
We'll ask questions about your business and guide you.
[Find the Right Program](#)

Already a member of an existing entity?
Find your entity's site and request access to be added.
[Request Access to an Entity](#)

Pending Applications

You don't have any Pending Applications

Select the Edlink Security button. The Entity Roles page is currently unavailable. See [Roles](#) at [Edlink Training](#) for details.

Access Request
Review or update your access to specific entities below.

Entity Access and Roles Levels
Request access to a new entity, or to change role with an existing entity using the table below.

Entity Name	Address	Role
There are no records to show		

Request Access
Click the link to the right to be redirected to the EdLink Security site to request or manage your access to the EdLink Entity Portal.
[EdLink Security](#)

Learn about the Roles
Click the link to the right to be see details about the various types of security roles available to users.
[Security Roles](#)

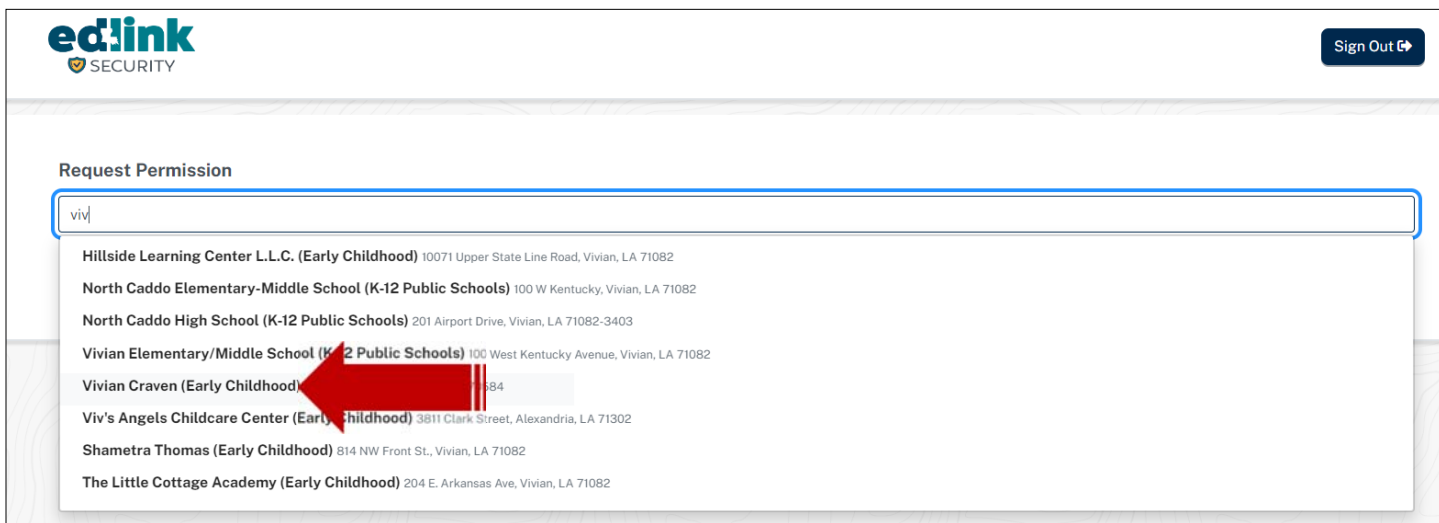
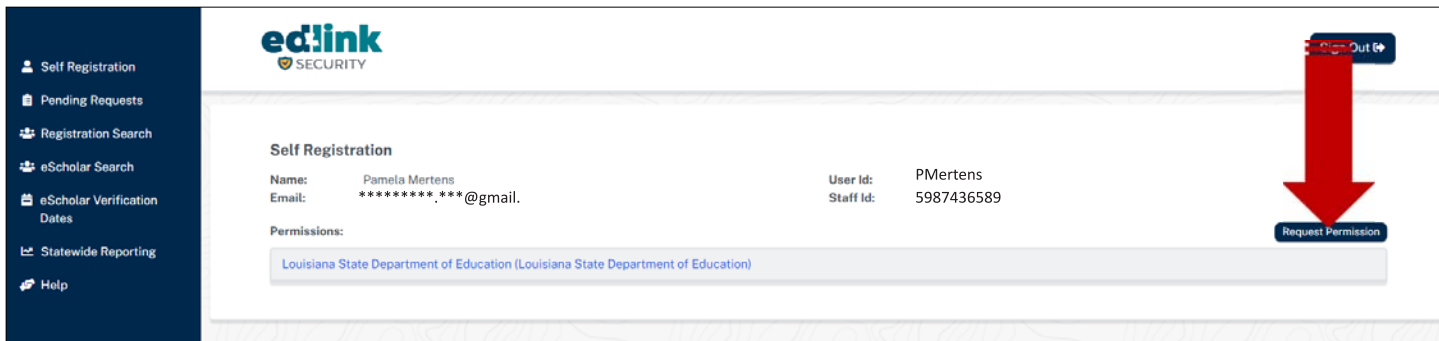
You may also click on the link below to request access to your Entity. Both the previous button and this link will navigate you the same Edlink Security, Self Registration page. Follow the instructions in a step-by-step format to help you do this.

<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.”



edlink
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

edlink
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

edlink
SECURITY Sign Out

Request Permission

Location: Vivian Craven (Early Childhood)
Address: 425 Roxsan Road, Sunset, LA 70584
Your Address
Application: EdLink Ops Portal
Role: Entity Manager

Optional Notification: Requesting Access

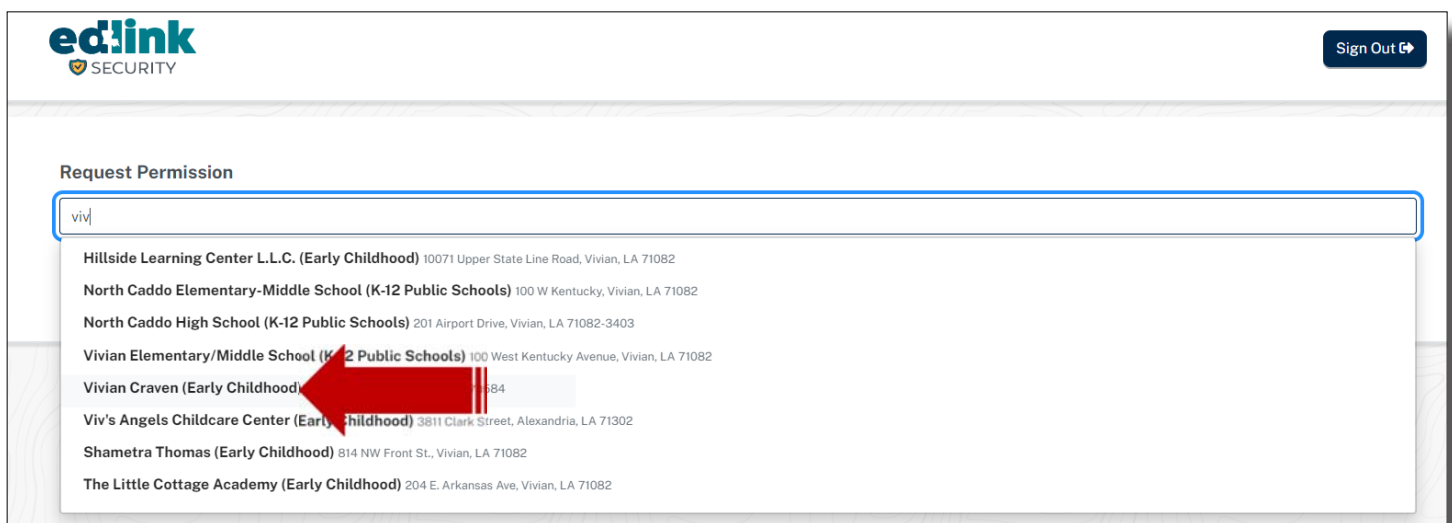
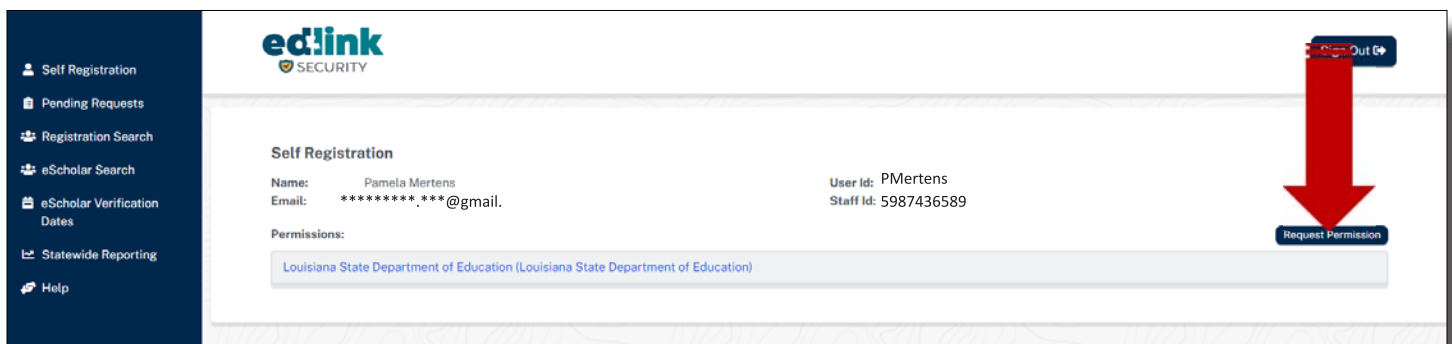
Permissions: Entity Manager

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."



edlink
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

edlink
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

edlink
SECURITY

Sign Out

Request Permission

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

Optional Notification: Requesting Access

Permissions: Security Coordinator

Submit Request Cancel Request

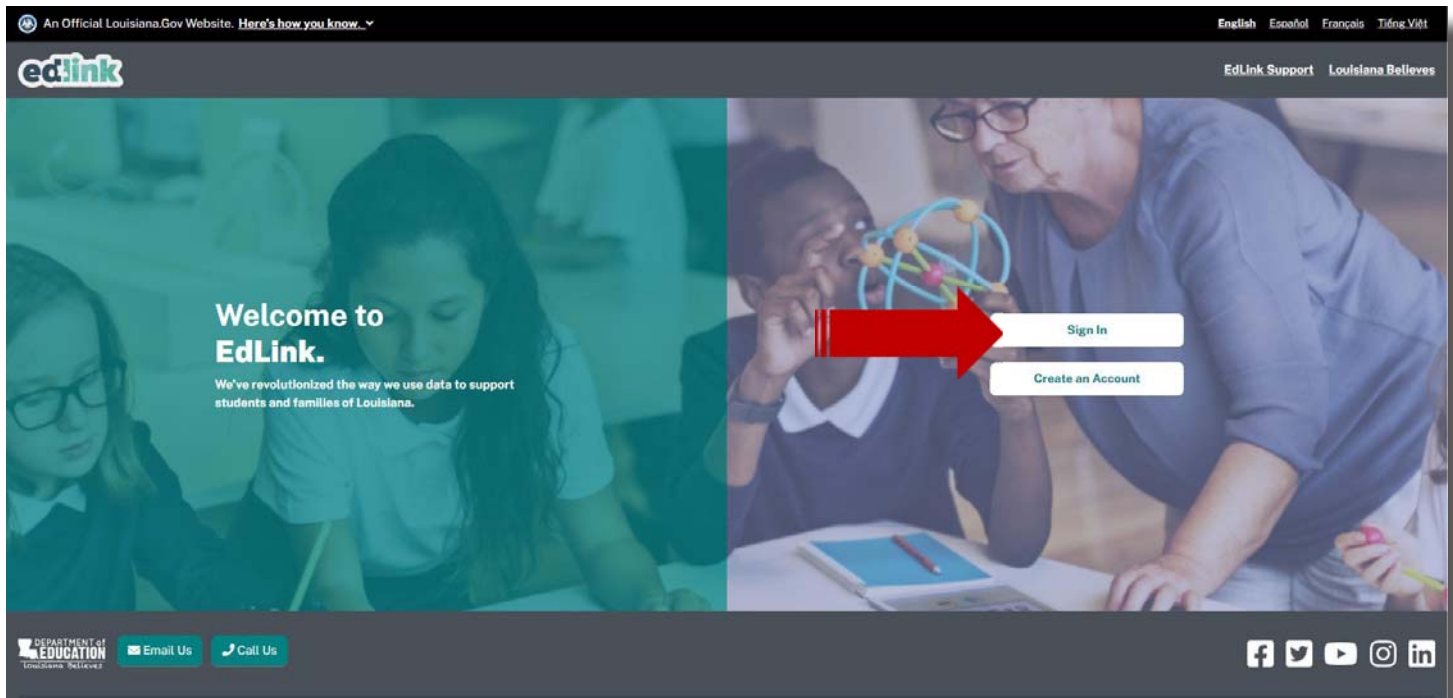
Please allow 24-48 Hrs. for your requests to be approved by LDOE.

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.”

IN-HOME ENTITY DASHBOARD

The screenshot displays the 'edlink Entity Dashboard' for user Pamela Mertens. The dashboard is divided into several sections:

- Entity Information:** YOUR NAME (4155 Essen Ln, Apt # 192, Baton Rouge, Louisiana, 70816).
- License Status:** Open. Provider Number: 1900538. CCAP Expiration Date: 04/17/2023.
- Entity Snapshot:** A bar chart showing metrics: Total Staff (1), Capacity (0), Licensing Visits (0), and Deficiencies (0).
- Renew License:** A section with a 'Start Renewal' button. A red arrow points to this button.

A red arrow points from the 'Provider Number' field in the License Status section to the 'Start Renewal' button.

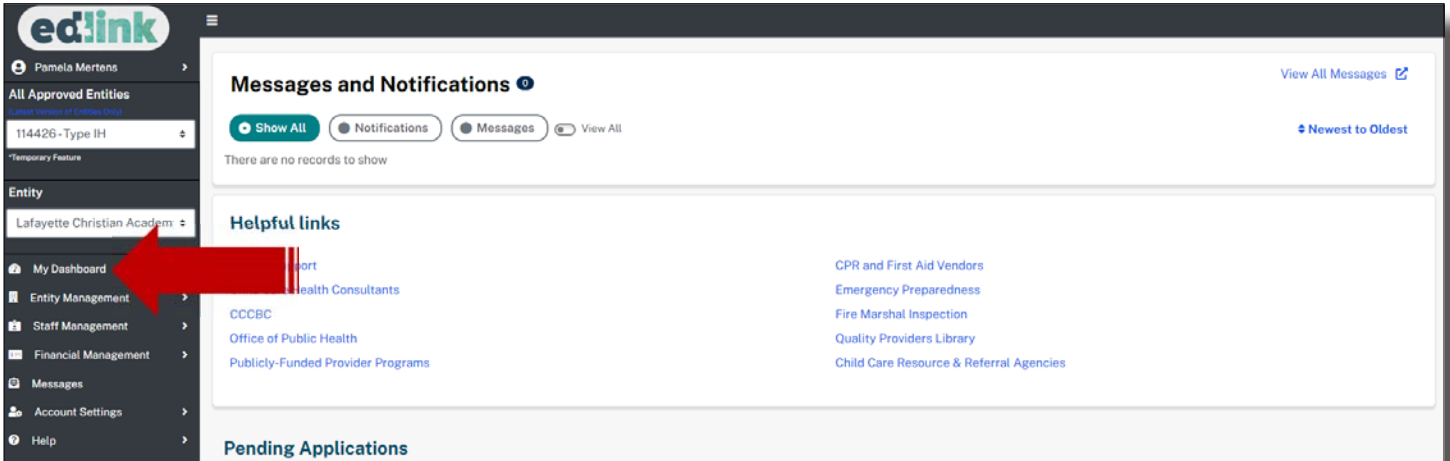
Your Dashboard will display a left-side navigation menu, Entity drop-down, Entity Snapshot, YOUR Name, Address, License Status, License Number and Expiration Date of your Certification.

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

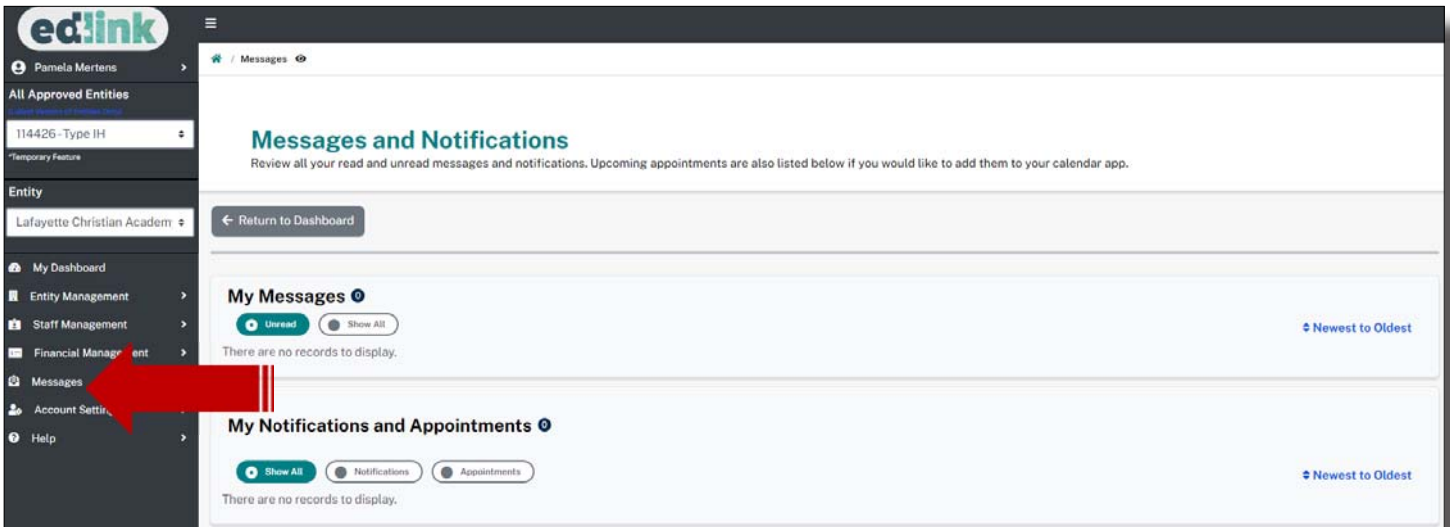
All information pertaining to your Entity will be accessible for change within the Renewal Application. This includes PROVIDER and STAFF additions or deletions, credentials, hours of operation and any changes to your services. Read the instructions carefully once you've opened the Renewal Application.

***Only 1 application may be in progress at any given time, per Entity.**

MESSAGES



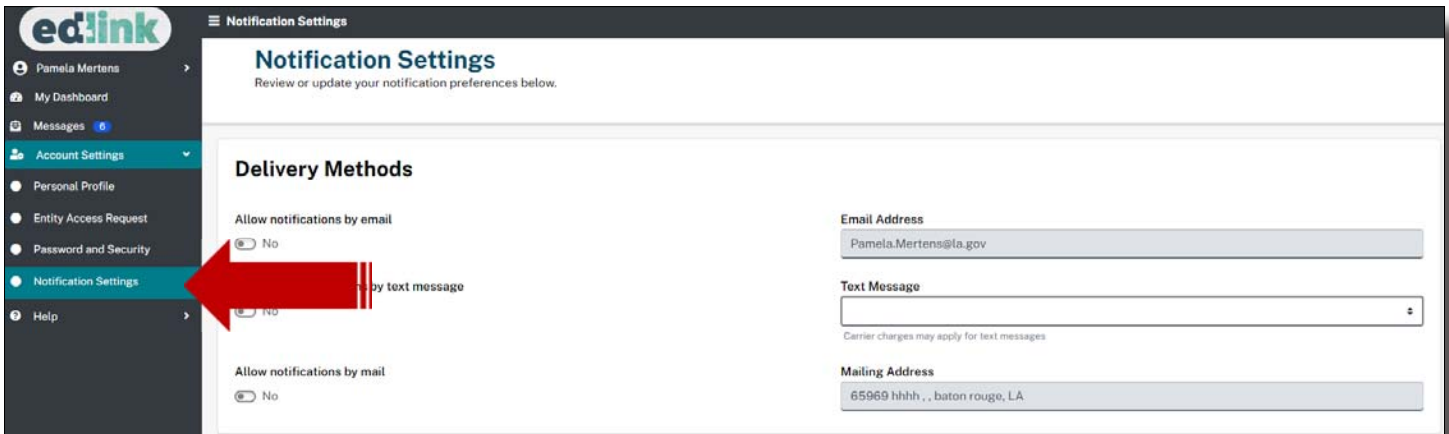
Select any of the Helpful Links on the Dashboard for more forms and information.



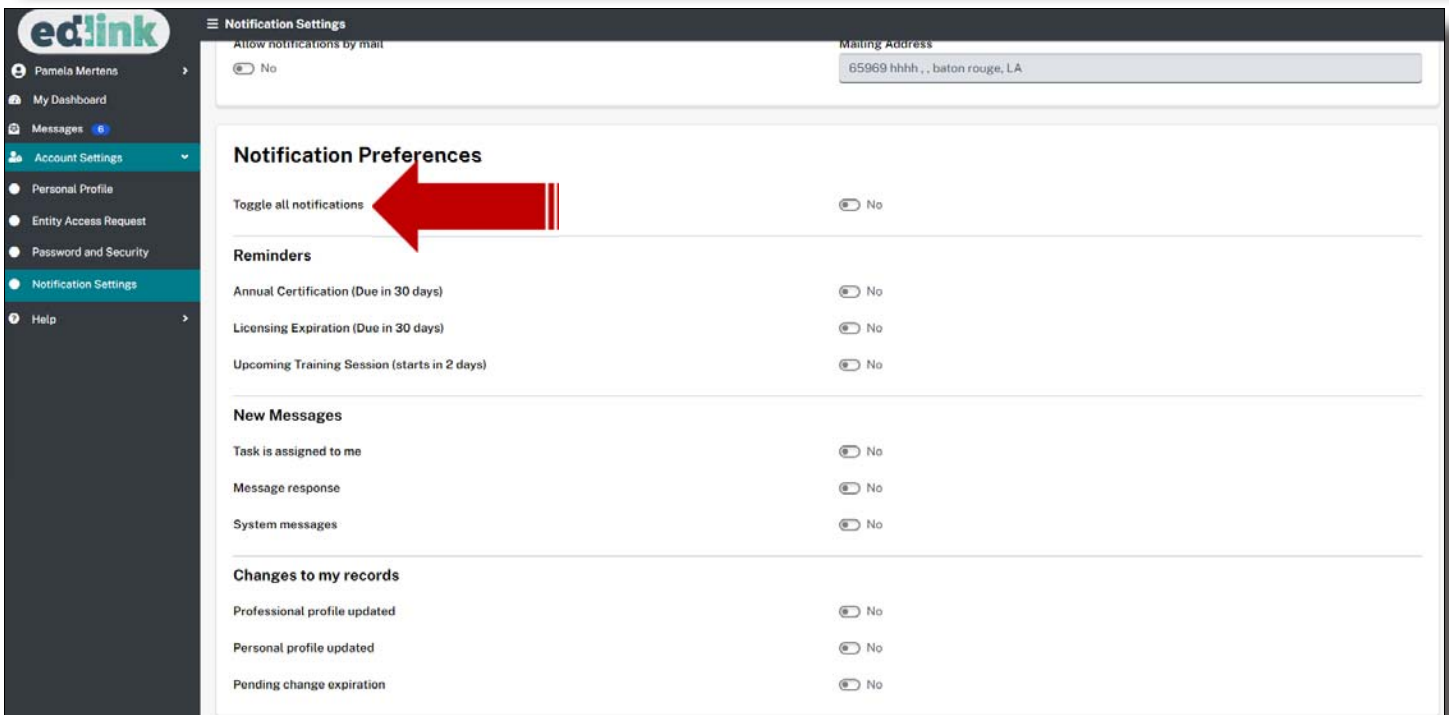
NOTIFICATIONS

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

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



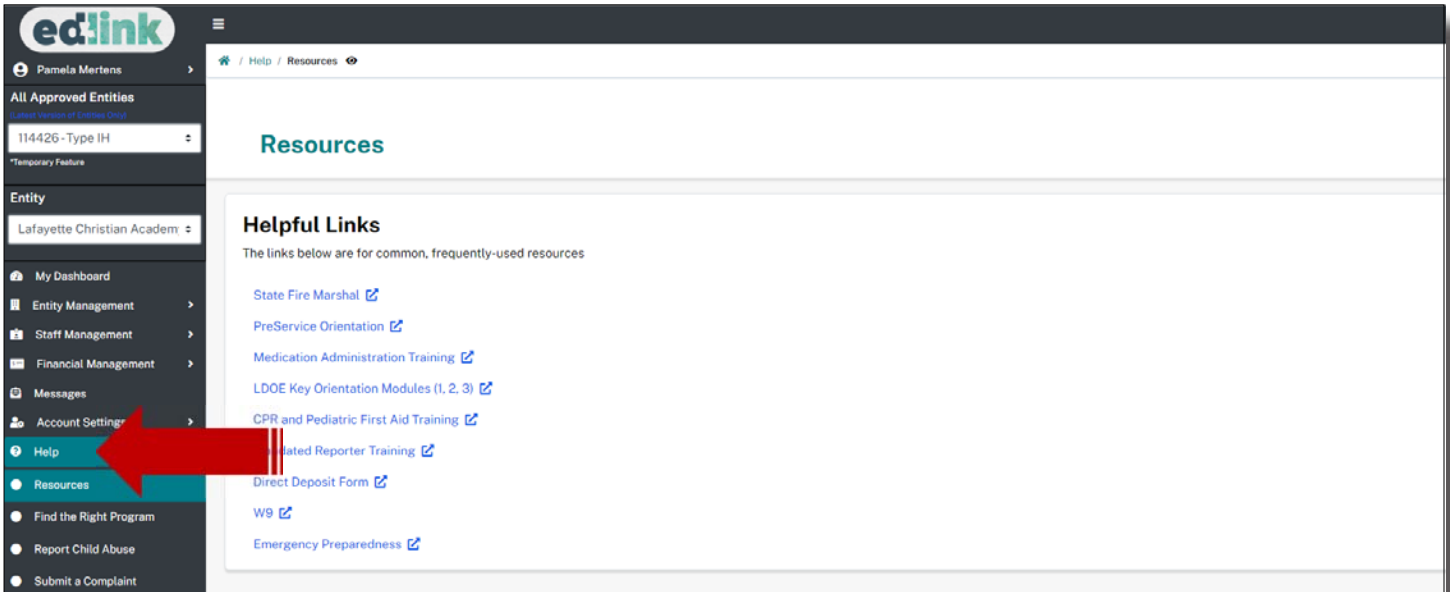
The screenshot shows the 'edlink' interface with the 'Notification Settings' page. The left navigation menu is visible, with 'Notification Settings' highlighted. A red arrow points to this menu item. The main content area is titled 'Notification Settings' and includes a sub-header 'Delivery Methods'. Under this section, there are three rows of settings, each with a radio button set to 'No': 'Allow notifications by email', 'Allow notifications by text message', and 'Allow notifications by mail'. To the right, there are input fields for 'Email Address' (containing 'Pamela.Mertens@la.gov'), 'Text Message' (empty), and 'Mailing Address' (containing '65969 hhhh , , baton rouge, LA').



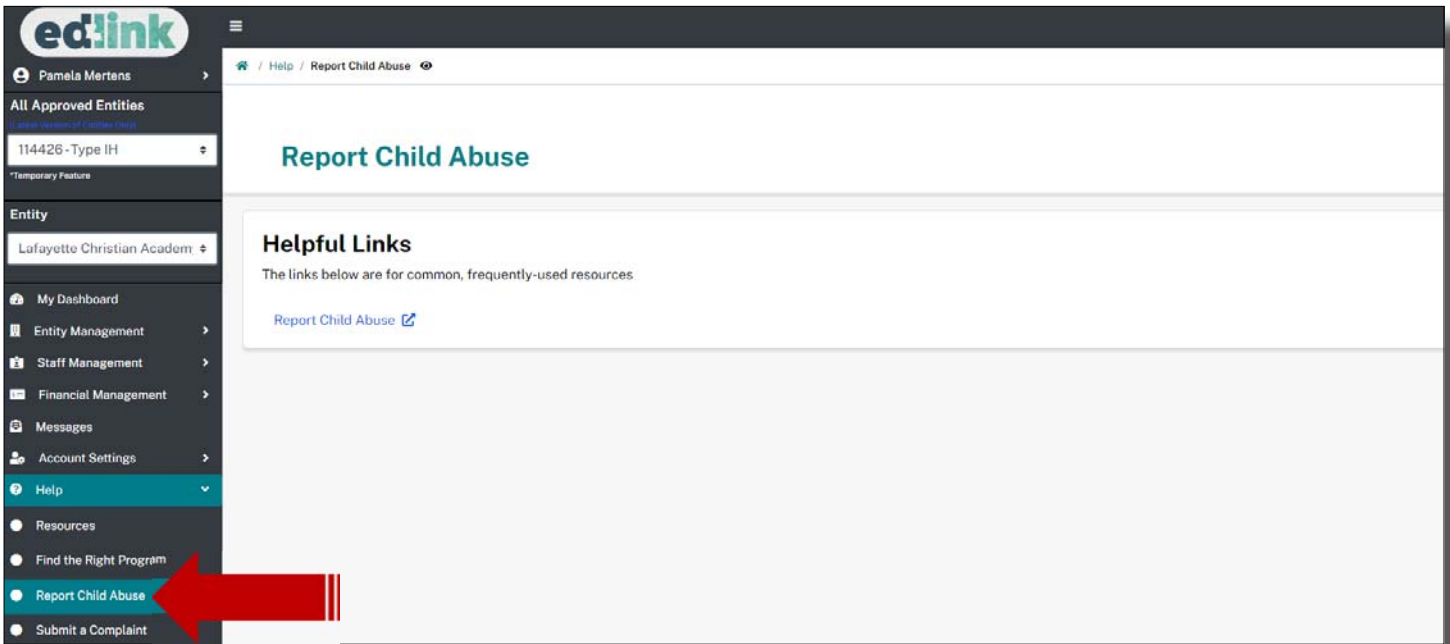
The screenshot shows the 'edlink' interface with the 'Notification Settings' page. The left navigation menu is visible, with 'Notification Settings' highlighted. A red arrow points to the 'Toggle all notifications' option. The main content area is titled 'Notification Settings' and includes a sub-header 'Notification Preferences'. Under this section, there are several rows of settings, each with a radio button set to 'No': 'Toggle all notifications', 'Annual Certification (Due in 30 days)', 'Licensing Expiration (Due in 30 days)', 'Upcoming Training Session (starts in 2 days)', 'Task is assigned to me', 'Message response', 'System messages', 'Professional profile updated', 'Personal profile updated', and 'Pending change expiration'. The 'Mailing Address' field from the previous screenshot is also visible at the top right.

HELP

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



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



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

edlink

Pamela Mertens

All Approved Entities

114426 - Type IH

Entity

Lafayette Christian Academ

My Dashboard

Entity Management

Staff Management

Financial Management

Messages

Account Settings

Help

Resources

Find the Right Program

Report Child Abuse

Submit a Complaint

Child Care Provider Complaint Form

Return to Dashboard

Section 1: Reporter Information

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

Do you want to remain anonymous?

No

*First Name

*Primary Phone Number

*Last Name

*Email Address

Section 2: Provider Information

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

Yes

*Entity Search

Search by License Number, Entity Name or Address

NEW APPLICATION-FIND THE RIGHT PROGRAM

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

edlink

Pamela Mertens

All Approved Entities

114426 - Type IH

Entity

Lafayette Christian Academ

My Dashboard

Entity Management

Staff Management

Financial Management

Messages

Account Settings

Help

Resources

Find the Right Program

Report Child Abuse

Submit a Complaint

Help / Find the Right Program

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

edlink

Pamela Mertens

All Approved Entities

114426 - Type IH

Entity

Lafayette Christian Academ

My Dashboard

Entity Management

Staff Management

Financial Management

Messages

Account Settings

Help

Resources

Find the Right Program

Report Child Abuse

Submit a Complaint

Return to Dashboard

Which service do you want to provide?

Early Childhood

K-12 Schooling

Where do you provide your services?

At My Home

In the Child's Home

Early Learning Center

I want to provide child care in my home with a maximum of 6 children


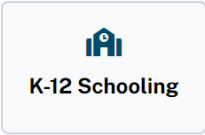
I want to provide care to children in their home. Example: babysitter or nanny

I want to be a Licensed Center, that provides care for 7 or more children



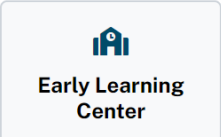
Find the Right Program
 Answer the questions below to determine the correct application for your center. You can change your answers as you go to update the recommendation below.

[← Return to Dashboard](#)

Which service do you want to provide?


 **Early Childhood** 

Where do you provide your services?


  **In the Child's Home** 

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


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

 [Learn More](#)



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

 [Learn More](#)

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

 [Learn More](#)

RECOMMENDED

In Home Registration  [Start Application →](#) 

Let's begin filling out your application today.

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

COMPLETING A NEW APPLICATION

edlink

Pamela Mertens

All Approved Entities

114426 - Type IH

Entity

My Dashboard

Entity Management

Staff Management

Financial Management

Messages

Account Settings

Help

Confirm License Type

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

Section 1: Application Type

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

None

Choose the License Type you want to continue to.

* Select License Type

In Home

Return to Find the Right Program

Continue to Application

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

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

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

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

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

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



APPLICATION HOME

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

Blue: Need to select first

Green: Step is complete (Exception: Step 7)

Yellow: Incomplete

Badges will change colors as you complete the application.

The screenshot displays the 'Application Home' page with a list of 13 steps. Each step includes a brief description and a 'Fill Out Step' button. A yellow callout bubble is positioned over the 'Fill Out Step 1' button, containing the text: 'Green Save and Close and Save and Continue will remain light green and inactive until all required information has been entered.' A red arrow points from the top right towards the 'Return to Application Selector' button, and another red arrow points from the right towards the 'Fill Out Step 1' button. At the bottom right, there is a 'Submit Application' button.


APPLICATION INSTRUCTIONS

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

Application Instructions

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

[← Return to Application Home](#)

 [Expand All](#)

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

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

Yes, I Agree

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

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

Notes:

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

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

Back to Application Home.
Save and Continue.

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

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


Notes:

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

Application Instructions

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

[← Return to Application Home](#)

 Collapse All


▼ List of all Providers and Support Staff Members

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

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

▼ Qualifications of Provider and Support Staff

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

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

▼ Pre-service Orientation Training

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

▼ Child Care Civil Background Check

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

▼ Emergency Preparedness Plan

An Emergency Preparedness Plan will need to be completed and signed in order for the provider to receive Time and Attendance Equipment. Additional details and templates will be available in the "Emergency Plan" section. Additional details can be found [here](#).

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

▼ Louisiana CCAP Time and Attendance Equipment Agreement

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

▼ Provider Agreement / Provider Rate Agreement

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

▼ Current State Fire Marshal Inspection

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

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

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

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

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

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

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

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

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

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

Yes, I Agree

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

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

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

FUNDING SOURCES

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

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

The screenshot shows a web application interface for the 'Funding Source' section. At the top, there is a breadcrumb trail: 'Find the Right Program / Family Home / Funding Source'. Below this is the section title 'Funding Source' and a note: 'Please fill in the Funding Source for your Center. Note: Family Home applications include the Child Nutrition Program funding by default.' A button labeled 'Return to Application Home' is located below the note. The main content area is titled 'Section 1: Funding Source' and contains the question 'How will your center be funded? Choose all that apply:'. Two options are listed: 'Private Pay' and 'Child Nutrition Program', both of which are checked. At the bottom of the page, there are two buttons: 'Back to Application Instructions' on the left and 'Save and Continue' on the right. A large red arrow points to the 'Save and Continue' button.

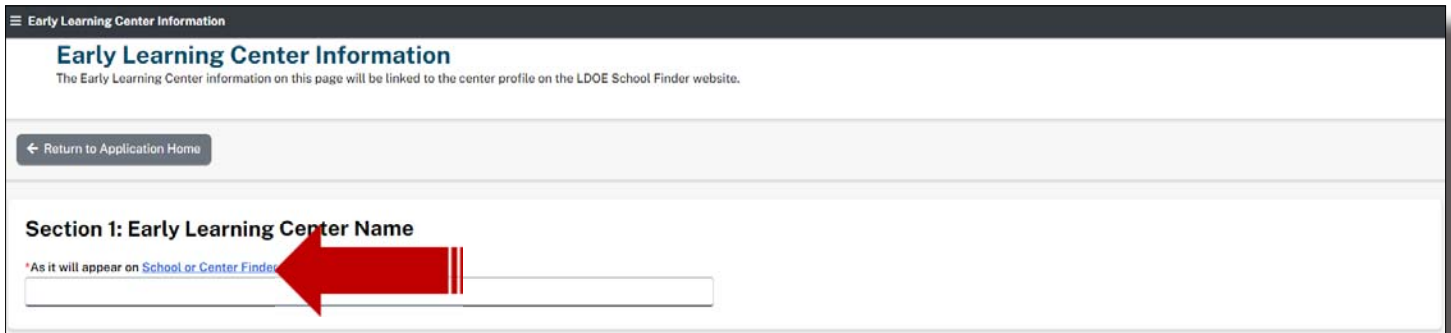
Select, Save and Continue to proceed to Step 3, In-Home Provider Information.

DOCUMENTS OR ITEMS I STILL NEED TO GATHER

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

EARLY LEARNING CENTER INFORMATION

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



Early Learning Center Information

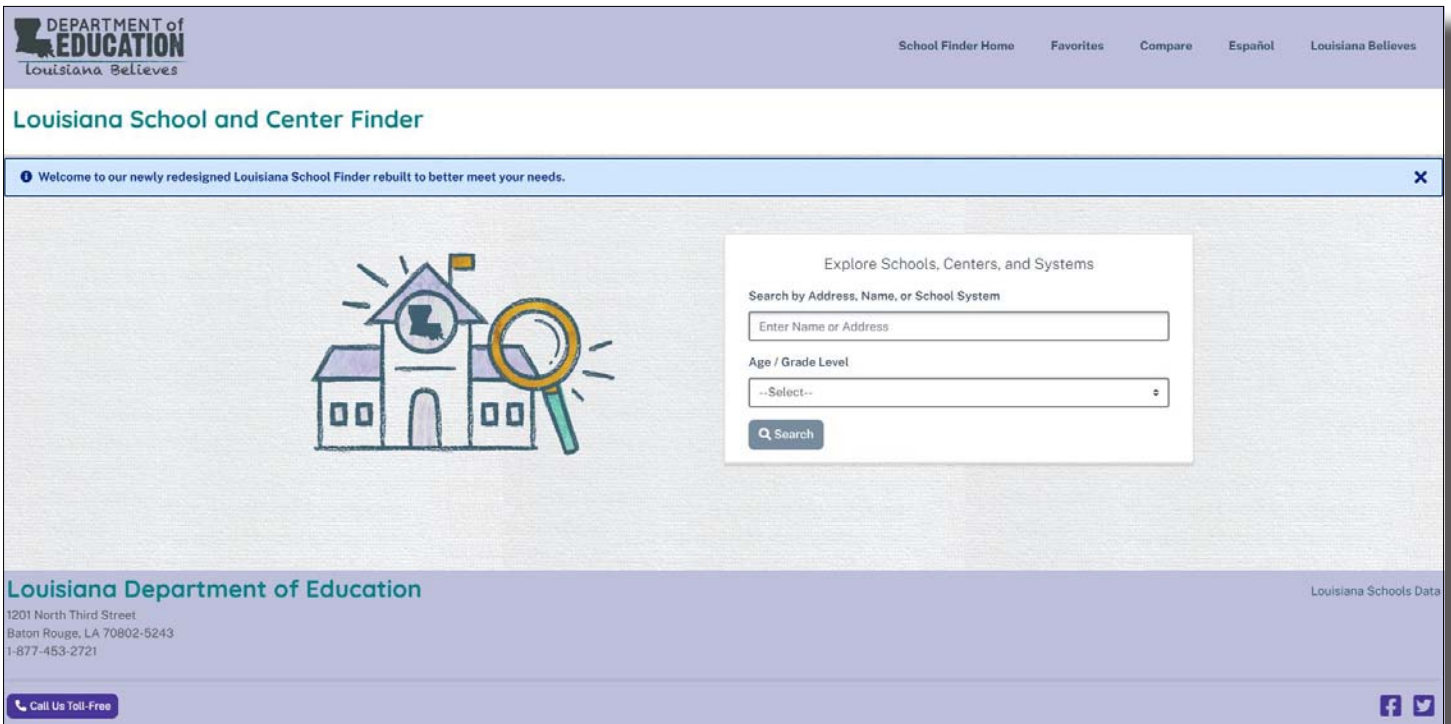
Early Learning Center Information

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

[← Return to Application Home](#)

Section 1: Early Learning Center Name

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




DEPARTMENT of EDUCATION
Louisiana Believes

School Finder Home Favorites Compare Español Louisiana Believes

Louisiana School and Center Finder

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



Explore Schools, Centers, and Systems

Search by Address, Name, or School System

Age / Grade Level

--Select--

Search

Louisiana Department of Education

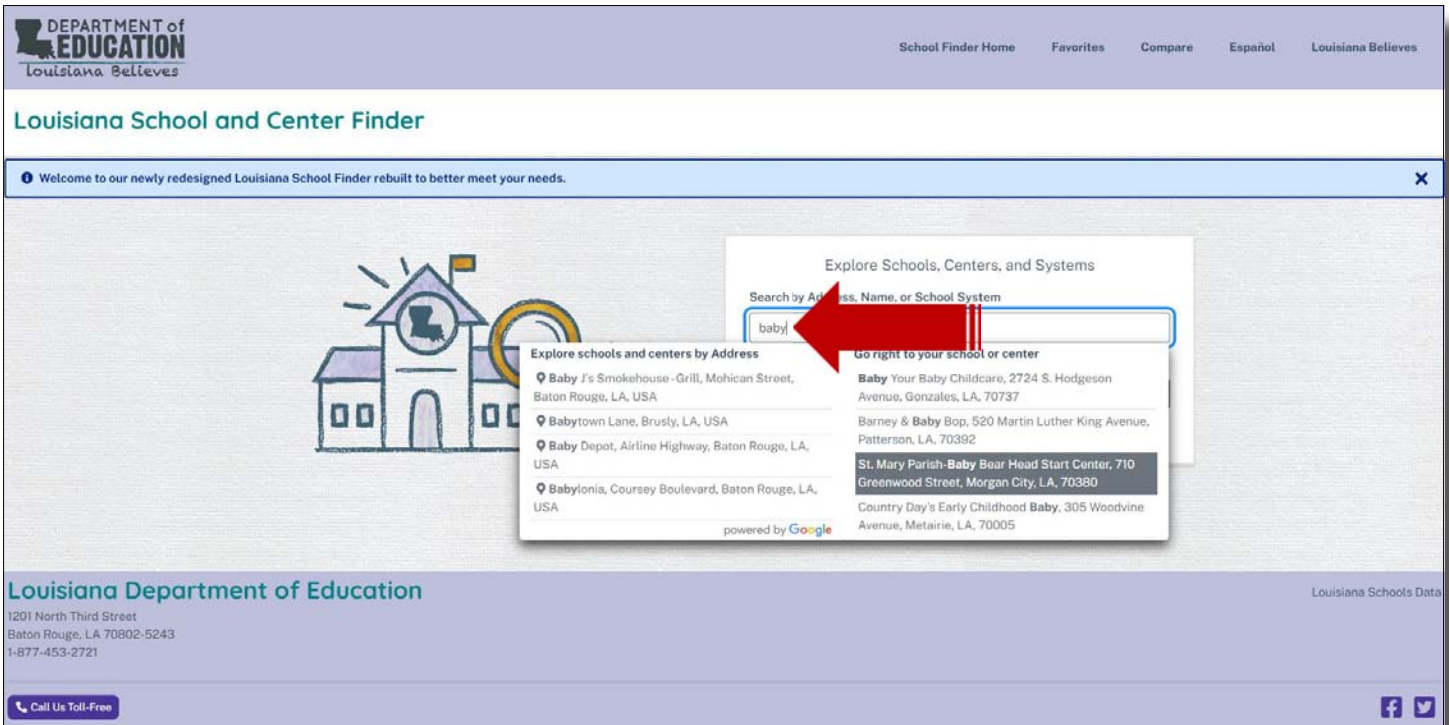
1201 North Third Street
Baton Rouge, LA 70802-5243
1-877-453-2721

Louisiana Schools Data

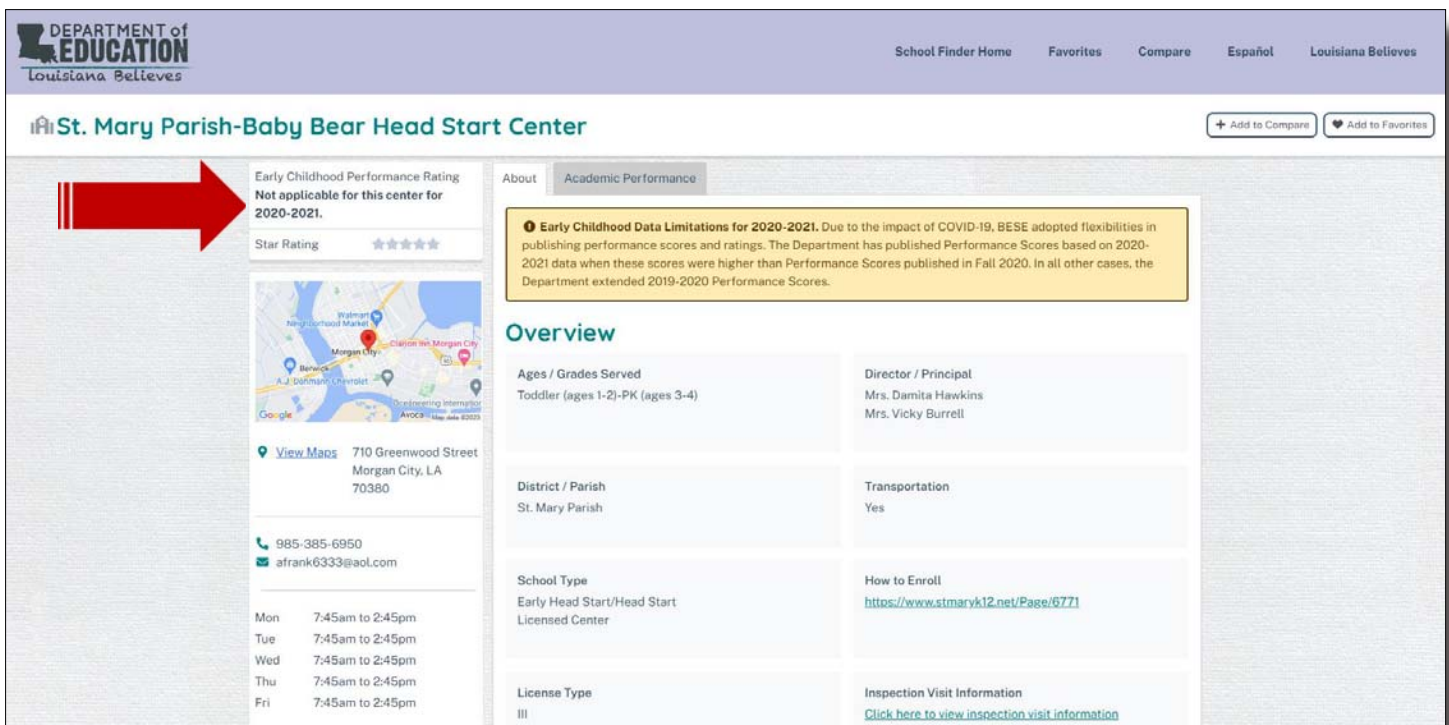
Call Us Toll-Free

f t





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

*Street Name 1
Brown St.

Street Name 2

*City
New Orleans

*State
Louisiana

*Zip
65445

*Parish/County
East Carroll

Copy to Mailing

Mailing Address

*Street Name 1
Brown St.

Street Name 2

*City
New Orleans

*State
Louisiana

*Zip
65445

*Parish/County
East Carroll

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

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

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

Section 3: In Home Provider Contacts

*Primary Telephone Number
646-546-5465

Secondary Telephone Number

*Notification Email Address
PM@GMAIL.COM

Provider Website Address

Provider Facebook Page

Provider Twitter Account

Provider Instagram Account

← Back to Funding Source

Save and Continue →

SERVICE AND HOURS

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

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

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

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

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

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

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

- From (Open)
- To (Close)

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

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

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

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

[← Return to Application Home](#)

Section 1: Household information

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

Safety Approved Cribs (less than 1 yr old)

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

*Signature: Pamela Mertens
*Today's Date: 03/31/2023

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

Section 1: Licensed Capacity

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

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

Safety Approved Cribs (less than 1 yr old)

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

*Signature: Pamela Smith
*Today's Date: 01/16/2023

Services and Hours [X]

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

[Yes](#) [No](#)

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

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

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

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

Section 2: Operating Hours

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

*Is this facility open 24 hours a day? Yes No

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

Copy to all

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

Section 3: Additional Services

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

After Care Half Day Transportation (Field Trips)

Summer/Holiday Hours Half Day Only Special Needs

Overnight Care (9pm to 6am)

Section 4: Additional Service Hours

Before Care

Start Time: 06:00 AM End Time: 08:00 AM

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

After Care

Start Time: 04:00 PM End Time: 06:00 PM

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

← Back to ELC Information Save and Continue →

OWNERSHIP TYPE

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

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

- Individual
- Corporation/Limited Liability company
- Partnership

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

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

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

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

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

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

- Business Entity Name
- Previous Name

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

- Physical Address
- Mailing Address

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

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

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

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

Note:

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

The screenshot shows the 'Ownership Type' section of a web application. At the top, there is a breadcrumb trail: 'Find the Right Program / Family Home / Ownership Type'. Below this is the title 'Ownership Type' and a sub-header: '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.' A 'Return to Application Home' button is located on the left. The main section is titled 'Section 1: Ownership Type' and contains a dropdown menu labeled '*Select your organization structure type'. The dropdown is open, showing the following options: '--Select--', '--Select--', 'Individual', 'Corporation', 'Partnership', and 'Limited Liability Company'. A red arrow points to the dropdown menu. Below the dropdown are two buttons: 'Back to Services and Hours' on the left and 'Save and Continue' on the right. A second red arrow points to the 'Save and Continue' button.

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?

The screenshot shows the 'Tax Information' section of the web application. It is titled 'Section 2 - Individual Owner' and includes a sub-header: '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'. Below this is the title 'Tax information'. There are two text input fields: '*Federal EIN' with the value '545454546' and '*State Tax ID Number' with the value '65422'. A red arrow points to the 'State Tax ID Number' field. At the bottom of the form are two buttons: 'Back to Services and Hours' on the left and 'Save and Continue' on the right. A second red arrow points to the 'Save and Continue' button.

HOME-BASED PROVIDER

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

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

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

Section 1: Name and Contact

Owner Name

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

Owner Information

*Primary Phone Number:

Secondary Phone Number:

*Email Address:

This employee is an emergency contact for this Center: Yes

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

Section 2: Additional Names

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

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

+Add New

*First Name:

Middle Name:

*Last Name:

Suffix:

*Date Started:

*Date Ended:

Buttons:

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

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 Yes

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 No

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 Yes

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

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

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

*First Name

Middle Name

Suffix

*Date Started

*Date Ended

mm/dd/yyyy

mm/dd/yyyy

x



Section 7: Spouse Address Information

Copy Spouse's Addresses

Physical Address

Mailing Address

*Street Name 1

555 Main St.

Street Name 2

*City

Baton Rouge

*State

Louisiana

*Zip

70036

*Parish/County

Assumption

Copy to Mailing



*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

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



Save and Continue →

PROVIDERS AND STAFF

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

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

Providers and Support Staff



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

Providers and Support Staff

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

[Return to Application Home](#)

Section 1: Providers and Support Staff

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

[+ Add New](#)

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

Section 2: Address Information

Physical Address

*Street Name 1
24 Red Road

Street Name 2

*City
New Orleans

*State
Louisiana

*Zip
77889

*Parish/County
Claiborne

[Copy to Mailing](#)

Mailing Address

*Street Name 1
24 Red Road

Street Name 2

*City
New Orleans

*State
Louisiana

*Zip
77889

*Parish/County
Claiborne

Section 3: Personal Identification

*Date Of Birth
03/17/1980

*SSN
***-**-7687

*Identification Number
846846546

*Issuing State
Louisiana

*Sex
Female

*Race
White

Are you married?
 No

Section 4: Employment Details

*Position Type
 --Select--
 Provider
 Support Staff

*Date appointed to current role
 mm/dd/yyyy

*Date Hired in any Capacity
 mm/dd/yyyy



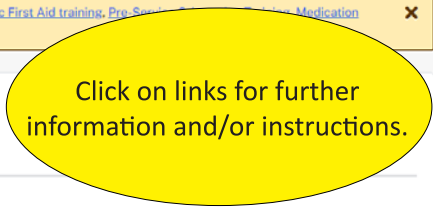
Warning! To be certified as a CCAP provider, all Family child care providers must meet the following education/training requirements which include: [CPR training](#), [Pediatric First Aid training](#), [Pre-Service Orientation](#), [Medication Administration Training](#), [Mandated Reporters](#), [ELC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

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



The image shows a file explorer window with a list of documents. The selected file is 'Test 1'. Below the file explorer is a form for adding a new record. The form has the following fields:

- Category:** Education/Training
- Type:** CPR Training
- Certified by:** American Red Cross
- Expiration Date:** 03/24/2024
- Choose File:** Choose File (with a red arrow pointing to the 'Browse' button)

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.

Category: Education/Training **Type:** CPR Training

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

Choose File: Choose File (with a red arrow pointing to the 'Browse' button)

File Name: 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: Education/Training Type: CPR Training

+ Add New

Section 5: Degrees and Certifications

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

Category: Education/Training Type: CPR Training

+ Add New

*Category: Education/Training

*Choose File: Choose File

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

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

Section 5: Degrees and Certifications

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

Category: Education/Training Type: Pediatric First Aid




+ Add New

*Category: Education/Training

*Certified by: American Red Cross

*Choose File: Choose File

*Expiration Date: 03/25/2024

Test 1.docx   

Section 5: Degrees and Certifications

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

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

[+ Add New](#)

Section 5: Degrees and Certifications

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

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

[+ Add New](#)

*Category:

*Choose File: [Browse](#)

*Type:

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

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

[+ Add New](#)

*Category:

*Type:

*Certified by:

*Date Completed:

*Expiration Date:

*Choose File: [Browse](#)

Test 1.docx

Section 5: Degrees and Certifications

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

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

 + Add New


Section 5: Degrees and Certifications



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

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

+ Add New

*Category
Education/Training

*Choose File
Choose File 

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

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

+ Add New

*Category: Education/Training

*Type: Medication Administration Training

*Certified by: Udemy

*Expiration Date: 03/25/2024

*Choose File: Choose File **Browse**

Test 1.docx

Section 5: Degrees and Certifications

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

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

+ Add New

Section 5: Degrees and Certifications

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

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

+ Add New

*Category: Education/Training

*Choose File: Choose File **Browse**

*Type: **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:

*Type:

*Choose File: [Browse](#)

*Expiration Date:

Test 1.docx



Section 5: Degrees and Certifications

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

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

[+ Add New](#)



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

[+ Add New](#)

*Category:

*Type:

[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

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

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

+ Add New

*Category: Experience

*Type: ELC Experience
Licensed Early Learning Center or comparable

*Number of years: 5

*Choose File: Choose File

Test 1.docx

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		
Education/Training	Mandated Reporters		
Education/Training	ELC Experience		

PROVIDER

+ 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. For Directors and Director Designees, please review [Application Instructions](#)

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

STAFF

+ Add New

Save Cancel

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

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

Providers and Support Staff

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

← Return to Application Home

Section 1: Providers and Support Staff

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

+ Add New

← Back to Home-based Provider Continue →

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

HOUSEHOLD RESIDENTS

In Home Resident, there are two sections:

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

Select, Add New+ to begin adding Household Residents.

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

[← Return to Application Home](#)

Section 1: List Residents

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

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

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

[← Return to Application Home](#)

Section 1: List Residents

[+ Add New](#)

* First Name: Frank Middle Name: Last Name: Smith Suffix:

* Relationship Type: --Select-- * Date of Birth: mm/dd/yyyy * SSN: * ID Number: * Issuing State: --State--

Relationship Type dropdown options: --Select--, Spouse/Partner, Child or dependent (under 18), Child or dependent (18 and older), Other (includes family or non-family members that reside in the home)

* Is this resident a staff member? No

Household Residents

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

[← Return to Application Home](#)

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

Section 1: List Residents

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

[+ Add New](#)

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

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

Phone Number: Email Address:

*Is this resident a staff member?
 No
 Yes



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

[← Return to Application Home](#)

Household Residents

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

Section 1: List Residents

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

[+ Add New](#)

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



CCCBC (Background Check)

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

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

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

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

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

- Filter by Status
- Status
- Name
- Contact Number

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

[← Return to Application Home](#)

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

[Click the image below to access the CCCBCS Page](#)

DEPARTMENT of EDUCATION
Louisiana Believes

CCCBCS
Child Care Civil Background Check System

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

Filter by Status:

[Refresh CCCBC Status](#)

Status	Name	Contact Number	Email Address
Eligible	Sally Burns	444-444-4444	kk@adc.com
Eligible	Frank Smith	465-454-5545	FS@gmail.com

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

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

EMERGENCY PREPAREDNESS PLAN

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

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

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

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



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: [Empty]

*Email Address: KH@gmail.com

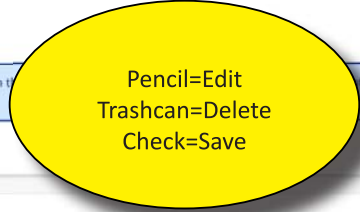


Section 2: Emergency Plan Requirements

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 the file below. If the application 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	
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.

CHILD CARE ASSISTANCE PROGRAM (CCAP)

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

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

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

[← Return to Application Home](#)

Section 1: CCAP Agreement Provisions

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

General Provisions:

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

Laws, Regulations and Standards

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

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

Accepted

Download a copy of the CCAP Agreement for your records.

[Download CCAP Agreement](#)

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

Section 1: CCAP Agreement Provisions

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

must submit a new Agreement; or

H. Payment shall not be made outside of the effective date of this Agreement.

24. The Department may terminate a Provider's certification and impose a period of ineligibility on the Provider for program violations, which include but are not limited to the violations listed in Section 321 of BESE Bulletin 139, Louisiana Child Care and Development Fund Program or a condition or situation exists that places the lives, safety, physical, mental or emotional well-being of any child entrusted to the Provider's care in imminent danger, regardless if such a condition or situation results from an act or omission by the Provider.
25. Neither the federal government nor the State of Louisiana offers appeal rights for Providers whose participation in the Child Care Assistance Program is refused or terminated. The decision to deny appeal rights was made by the State Legislature and the Department does not have the authority to overrule State law. The Provider is not entitled to CCAP payments during any appeal process and winning the appeal does not restore CCAP payments of eligibility.

26. Provider Compliance

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

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

Accepted

Download a copy of the CCAP Agreement for your records.

[Download CCAP Agreement](#)

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



Section 3: Rates and Fees

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

Enter Your Daily Rates

Age	*Full Daily Rate	*Part Time Hourly Rate
Age 0	75	20
Age 1	75	20
Age 2	75	20
Age 3	75	20
Age 4	75	20
Age 5 & 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 <small>Example 75.00</small>	Per Child	Annually
*Before Care Fee 25 <small>Example 75.00</small>	Per Child	One-Time
*After Care Fee 025 <small>Example 75.00</small>	Per Child	One-Time



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

Section 4: Time and Attendance Agreement


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

[Download CCAP-14EA Form](#)

*Upload File

Choose File

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

--Select--

--Select--

Director
Director Designee
Lead Teacher
Teacher
Other Staff
Owner

*Full Name

Jilly Burns

*Date of Birth

03/24/1972

[← 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

Section 2: Residence Pictures

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

*Upload File

Choose File

Section 3: Proof of Residency

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

*Upload File

Choose File

Section 4: Documentation of Ownership

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

*Upload File

Choose File

Section 5: Verification of Identity

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

*Upload File

Choose File

Section 6: Social Security Cards

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

*Upload File

Choose File

Section 7: W-9 or IRS SS-Form

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

*Upload File

Choose File

Section 8: Rates Verification

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

*Upload File

Choose File




[← Back to CCAP](#)

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

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

***Upload File**


Choose File




 Social Security Cards Test 1.docx 03/23/2023	Status Under Review	 
--	------------------------	---

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

***Upload File**

Choose File




 Test 1.docx 100%

 W9 or IRSSS Form Test 1.docx 03/23/2023	Status Under Review	 
---	------------------------	---

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

***Upload File**




Choose File

 W9 or IRSSS Form Test 1.docx 03/23/2023	Status Under Review	 
---	------------------------	---

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

***Upload File**

Choose File

 Rate Verification Test 1.docx 03/23/2023	Status Under Review	 
--	------------------------	---

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

BANKING INFORMATION

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

Banking Information

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

[← Return to Application Home](#)



Section 1: Banking Information

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

[Download Bank Info Template](#)

***Upload File**

Choose File [Browse](#)

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

***Bank Name**
Southwest Bank

***Bank Routing Number**
54654654654

***Bank Account Number**
654654654564

***Disbursement Type**
D-Personal Checking

Banking Address

***Street Name 1**
55 Waters Road

Street Name 2

***City**
New Orleans

***State**
Louisiana

***Zip**
77085

***Parish/County**
Catahoula

***Account Owner - First Name**
Sally

Account Owner - Middle Initial

***Account Owner - Last Name**
Burns

DBA (Business Name)

Payee Address

***Street Name 1**
33 Robin Dr

Street Name 2

***City**
New Orleans

***State**
Louisiana

***Zip**
77956

***Parish/County**
Desoto

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

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

APPLICATION HOME (REVIEW)


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

Application Home

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

[← Return to Entity Dashboard](#)

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

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

edlink Entity Dashboard

Welcome Back, Pamela Mertens

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

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

License Status
 Open
 Provider Number: 1900538
 CCAP Expiration Date: 04/17/2023

Entity Snapshot

1

Pending Applications

Mary's Munchkins - Type In Home **Pending**

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

Buttons: View, Withdraw Application

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

Pending Applications

Pamela Mertens - Type In Home **In Progress**

Application ID	Category	Last Update	Expires on
115105	New	04/03/2023	06/29/2023

Buttons: Edit, Cancel

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

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

Pamela Mertens - Type In Home **Withdrawn**

Application ID	Category	Last Update	Expires on
	Renewal	03/30/2023	06/22/2023

ukitfikik - Type In Home **Pending**

Application ID	Category	Last Update	Expires on
114970	New	03/30/2023	06/26/2023

Buttons: View, Withdraw Application

COMPLETING AN IN-HOME RENEWAL APPLICATION

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

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

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

Select the Submit Renewal Application to begin.

edlink

Pamela Mertens

All Approved Entities

114426-Type IH

Entity

Lafayette Christian Academ

My Dashboard

Entity Management

Staff Management

Financial Management

Messages

Account Settings

Help

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

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

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

Renew License

Click the "Start Renewal" button to begin a Renewal Application for your entity. If you have multiple entities, select the appropriate site in the left side navigation. Note: An LDOE Licensing Consultant will need to review and approve your submission to receive a new license.

Start Renewal

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

Blue: Need to select first

Green: Step is complete (Exception: Step 7)

Yellow: Step is Incomplete

Badges will change colors as you progress through the application.

IN-HOME RENEWAL APPLICATION HOME

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

Renewal Application Home

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

[← Return to Entity Dashboard](#)

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

- 1 - Renewal Application Instructions**
This page describes all the requirements and instructions for completing the Licensing Application. [Modify & Verify Step 1](#)
- 2 - Funding Source**
Update and verify the funding source for your Early Learning Center. [Modify & Verify Step 2](#)
- 3 - In Home Provider**
Provide the name, location, and contact information for your In Home Provider on this page. [Modify & Verify Step 3](#)
- 4 - Services and Hours**
Update and verify your center's hours of operation and services offered at your facility. [Modify & Verify Step 4](#)
- 5 - Ownership Type**
Verify the legal ownership type of your Early Learning Center. [Modify & Verify Step 5](#)
- 6 - Home-based Provider**
Verify all Legal Owners and update current owner personal information. Change of Ownership is not permitted in renewals. [Modify & Verify Step 6](#)
- 7 - Providers and Support Staff**
Verify and update all currently hired Providers and other staff on this page. [Modify & Verify Step 7](#)
- 8 - Household Members**
Update and verify all household members living on site at the residence. [Modify & Verify Step 8](#)
- 9 - Criminal Background Check**
This page will provide you the status of all Owners, Directors, and Staff who have completed a Criminal Background check. [Modify & Verify Step 9](#)
- 10 - Emergency Plan**
Update the center's Emergency Preparedness Plan and verify emergency contacts. [Modify & Verify Step 10](#)
- 11 - CCAP**
Review and accept the details of the Child Care Assistance Program on this page, and supply additional information about your Center's fees. [Modify & Verify Step 11](#)
- 12 - Document Upload**
This page allows you to upload all required supporting documentation for your Early Learning Center. [Modify & Verify Step 12](#)
- 13 - Banking Information**
This page will collect you banking information. [Modify & Verify Step 13](#)
- 14 - Renewal Summary**
Summary of changes made for submitting a renewal of ELC - In-Home Application. [Modify & Verify Step 14](#)

[Submit Renewal Application →](#)

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

Renewal Application Instructions

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

[← Return to Application Home](#)

[Collapse All](#)

- List of all Providers and Support Staff Members**

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes, I Agree

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

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



FUNDING SOURCE

The screenshot shows a web application interface for 'Funding Source'. At the top, there is a breadcrumb trail: 'Entity Management / In Home Renewal Application / Funding Source'. Below this is the title 'Funding Source' and a note: 'Please fill in the Funding Source for your Center. Note: In Home applications include the Child Care Assistance Program funding by default.' A button labeled 'Return to Application Home' is located below the note. The main section is titled 'Section 1: Funding Source' and contains the question 'How will your center be funded? Choose all that apply:'. There are two checkboxes: 'Private Pay' and 'Child Nutrition Program', both of which are checked. A large red arrow points from the right towards the 'Private Pay' checkbox, and another large red arrow points from the left towards the 'Child Nutrition Program' checkbox. At the bottom of the form, there are two buttons: 'Back to Application Instructions' on the left and 'Save and Continue' on the right. A large red arrow points from the left towards the 'Save and Continue' button.

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

IN-HOME PROVIDER

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

In Home Provider

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

[← Return to Application Home](#)

Section 1: In Home Provider Name

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

Automation Application

[Edit](#)

Section 2: Address Information

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

Section 3: In Home Provider Contacts

<p>*Primary Telephone Number 919-760-7650</p> <p>Secondary Telephone Number 919-765-7650</p> <p>*Notification Email Address rajkumar.d@la.gov</p> <p>Provider Website Address www.Rajkumar.com</p>	<p>Provider Facebook Page www.facebook.com/rajkumar</p> <p>Provider Twitter Account www.twitter.com/rajkumar</p> <p>Provider Instagram Account www.instagram.com/rajkumar</p>
--	---

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

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

SERVICES AND HOURS

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

Entity Management / In Home Renewal Application / Services and Hours

Services and Hours

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

[← Return to Application Home](#)

Section 1: Household information

*Enter Age: Minimum age being served

*Select Age Range:

*Enter Age: Maximum age being served

*Select Age Range:

[Edit](#)

Safety Approved Cribs (less than 1 yr old)

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

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

*Signature: Type your full name to certify.

*Today's Date: Enter today's date in the format of MM/DD/YYYY.

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

Section 2: Operating Hours

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

*Is this facility open 24 hours a day? No

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

[Copy to all](#)

Click on Copy to All to save time.

[Edit](#)

Section 3: Additional Services

<input type="checkbox"/> Before Care	<input type="checkbox"/> All Day	<input type="checkbox"/> Transportation (To/From Home or School)
<input type="checkbox"/> After Care	<input type="checkbox"/> Half Day	<input type="checkbox"/> Transportation (Field Trips)
<input type="checkbox"/> Summer/Holiday Hours	<input type="checkbox"/> Half Day Only	<input checked="" type="checkbox"/> Special Needs
	<input type="checkbox"/> Overnight Care (9pm to 6am)	

[Edit](#)

[← Back to ELC Information](#) [Continue →](#)

OWNERSHIP TYPE

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

The screenshot shows a web form titled "Ownership Type" with a sub-header "Section 1: Ownership Type" and "Section 2 - Individual Owner". Under "Section 1", there is a dropdown menu for "Select your organization structure type" with "Individual" selected. Under "Section 2", there is a "Tax information" section with two input fields: "Federal EIN" (containing 919760765) and "State Tax ID Number" (containing 98765). A red arrow points to the "State Tax ID Number" field. At the bottom right, there is a "Save and Continue" button with a red arrow pointing to it. A yellow oval callout is positioned below the "State Tax ID Number" field, containing the text: "Do not click the Edit button if the information has remained the same." There are also "Return to Application Home" and "Back to Services and Hours" buttons.

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

HOME-BASED PROVIDER

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

Home based Provider

Entity Management / In Home Renewal Application / Home based Provider

Home-based Provider

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

[← Return to Application Home](#)

Section 1: Name and Contact

Owner Name Prefix <input type="text"/>	Owner Information *Primary Phone Number <input type="text" value="919-760-7650"/>
*First Name <input type="text" value="919760765"/>	Secondary Phone Number <input type="text"/>
Middle Name <input type="text"/>	*Email Address <input type="text" value="rajkumar.d@la.gov"/>
*Last Name <input type="text" value="Deshineni"/>	This employee is an emergency contact for this Center <input type="radio"/> No
Suffix <input type="text"/>	I will be working on-site at this Center <input type="radio"/> No

Section 2: Additional Names

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

Section 3: Address Information

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

Section 4: Personal Identification

*Date of Birth <input type="text" value="12/05/1985"/>	*SSN <input type="text" value="***-**-4747"/>	*Identification Number <input type="text" value="636194747"/>	*Issuing State <input type="text" value="Louisiana"/>
*Sex <input type="text" value="Male"/>	*Race <input type="text" value="Asian"/>	Are you married? <input type="radio"/> No	

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

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






PROVIDERS AND SUPPORT STAFF

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

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

← Return to Application Home

Section 1: Providers and Support Staff

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

+ Add New

← Back to Home-based Provider

Save and Continue →

Provider Staff Detail

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

Section 1: Name and Contact

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

*Primary Phone Number:

Secondary Phone Number:

*Email Address:

This employee is an emergency contact for this Center
 Yes

This employee is also a household resident
 No

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

Section 2: Address Information

Physical Address

*Street Name 1

4155 Essen Ln

Street Name 2

*City

Baton Rouge

*State

Louisiana

*Zip

70816

*Parish/County

East Carroll

Copy to Mailing

Mailing Address

*Street Name 1

4155 Essen Ln

Street Name 2

*City

Baton Rouge

*State

Louisiana

*Zip

70816

*Parish/County

East Carroll

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

*Years of experience in a licensed center

3

*Date appointed to current role

11/03/2022

*Date Hired in any Capacity

11/03/2022

Qualify for School Readiness Tax Credit Level

No

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.

Save

Cancel

Category Type

There are no records to show

+ Add New

*Category *Type

--Select-- --Select--

Education/Training Browse

Certifications

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

*Category *Type

Education/Training --Select--

*Choose File *Type

Choose File --Select-- Browse

CPR Training

Pediatric First Aid

Pre-service Orientation

Medication Administration Training

Degree

Continuing Education Training

College Credit Hours

Mandated Reporters

✓ ✕

Open EdLink Training

This PC > Documents

Name	Date modified	Type	Size
Drawing2	8/13/2022 9:21 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	3/23/2022 9:14 AM	Microsoft Word Doc...	16 KB
LC255	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 qtc	2/22/2022 8:25 AM	Microsoft Word Doc...	12 KB
Pages from Provider Cert process2	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
today's ss	3/24/2022 8:37 AM	Microsoft Word Doc...	21,812 KB

File name: Test 1 Custom Files

Open Type

+ Add New

*Category *Type

Education/Training CPR Training

*Certified by *Expiration Date

American Red Cross 03/24/2024

*Choose File *Type

Choose File 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: Education/Training Type: CPR Training

There are no records to show

+ Add New

*Category: Education/Training

*Type: CPR Training

*Certified by: American Red Cross

*Expiration Date: 03/24/2024

Choose File: [Browse] [Eye] [Trash]

st 1.docx

[Check] [X]

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

Section 5: Degrees and Certifications

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

Category: Education/Training Type: CPR Training

+ Add New

[Pencil] [Trash] [Eye]

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

Section 5: Degrees and Certifications

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

Category: Education/Training Type: CPR Training

+ Add New

*Category: Education/Training

*Type: [Dropdown Menu]

*Choose File: [Choose File] [Browse]

[Check] [X]

- Select--
- 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: Education/Training Type: 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: Education/Training Type: CPR Training

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: Education/Training Type: CPR Training

Education/Training CPR Training

Education/Training Pediatric First Aid

+ Add New

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

*Choose File: Choose File [Browse]

✓ ✕

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

Save Cancel

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

+ Add New



Section 5: Degrees and Certifications

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

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


+ Add New

*Category: Education/Training

*Choose File: Choose File [Browse]

*Type: --Select--

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



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

+ Add New

*Category: Education/Training


*Type: Medication Administration Training

*Certified by: Udemy

*Expiration Date: 03/25/2024

*Choose File: Choose File **Browse**

Test 1.docx




Section 5: Degrees and Certifications

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

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

+ Add New



Section 5: Degrees and Certifications

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

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


+ Add New

*Category: Education/Training

*Choose File: Choose File **Browse**

*Type:

- 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:

*Type:

*Choose File: [Browse](#)

*Expiration Date:

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:

*Type:

[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

*Choose File
Choose File

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

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

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

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

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

IN-HOME HOUSEHOLD MEMBERS

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


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

[← Return to Application Home](#)

Section 1: List Residents

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

[+ Add New](#)



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

[← Return to Application Home](#)

Section 1: List Residents

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


[+ Add New](#)

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

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

Phone Number: Email Address:

* Is this resident a staff member?
 No Yes




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

[← Return to Application Home](#)

Section 1: List Residents

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

[+ Add New](#)




In Home Residents

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

[← Return to Application Home](#)

Section 1: List Residents


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

+ Add New 

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

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

Phone Number: Email Address:

* Is this resident a staff member?
 No
 Yes 

In Home Residents

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

[← Return to Application Home](#)


Section 1: List Residents

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

+ Add New

Section 2: Child's Home Address


Physical Address

* Street Name 1: 

Street Name 2:

* City: * State:

* Zip: * Parish/County:

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

CCCBC

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

The screenshot displays the 'Criminal Background Check' page. At the top, it states that all Center Staff members are required to submit to a Criminal Background Check. Below this, there is a 'Section 1: Submit CCCBC Application' section with instructions for employees and a link to the CCCBCS page. A banner for the Department of Education and CCCBCS is shown. The main section is 'Section 2: Background Status', which includes a table of staff members and their status. A filter dropdown is set to '--Select--'. A 'Refresh CCCBC Status' button is on the right. At the bottom, there are 'Back to Center Staff' and 'Save and Continue' buttons. Red arrows point to the 'Eligible' status in the table, the 'Refresh CCCBC Status' button, and the 'Save and Continue' button.

Section 2: Background Status

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

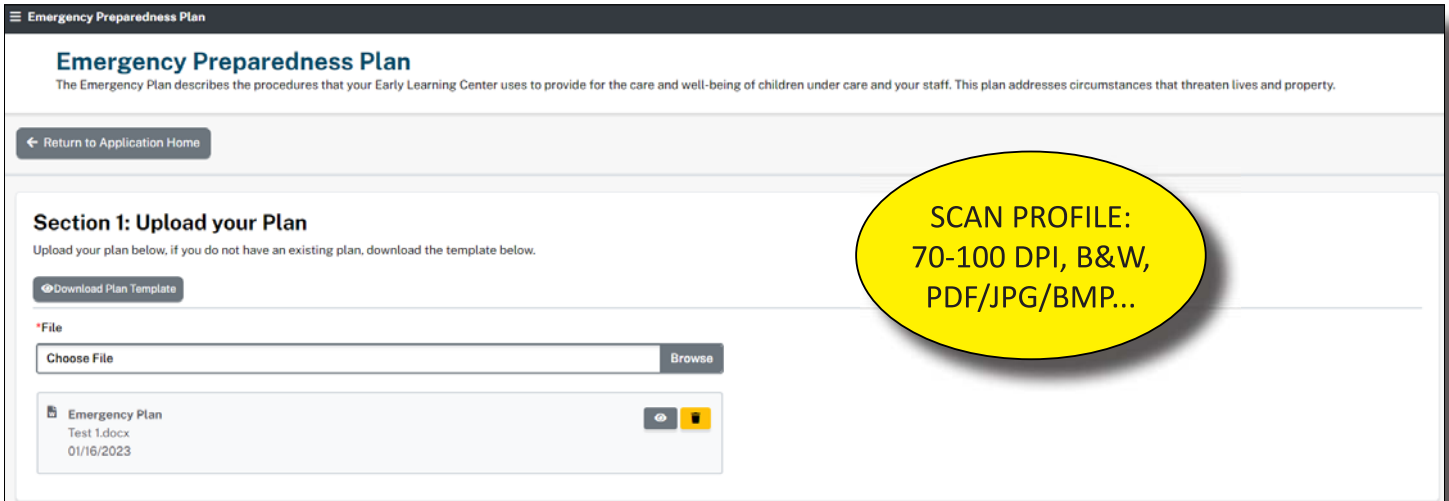
Filter by Status: --Select--

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

Buttons: Refresh CCCBC Status, Save and Continue

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

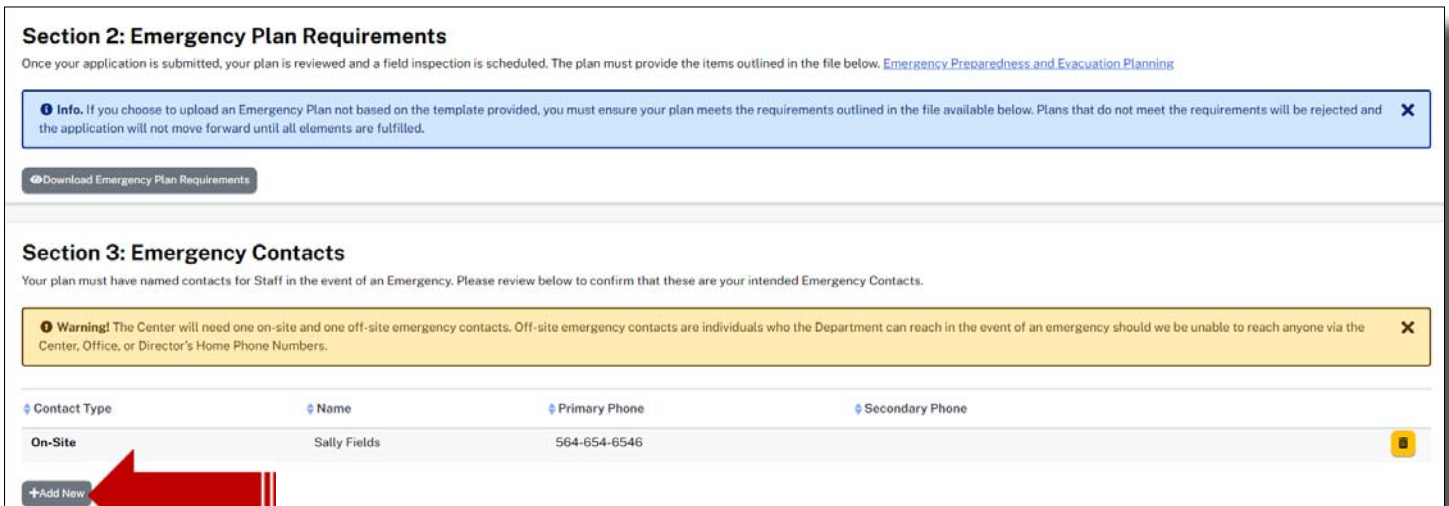
EMERGENCY PREPAREDNESS PLAN



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

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

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



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

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

Section 3: Emergency Contacts

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

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

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

+Add New

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

*Off-Site Emergency Contact Name

Clark Gable

*Primary Phone Number

654-654-6546

Secondary Phone Number

*Email Address

clar@gmail.com



Pencil=Edit
Trashcan=Delete
Check=Save

Section 3: Emergency Contacts

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

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

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

Child Care Assistance Program

Child Care Assistance Program

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

[Return to Application Home](#)

Section 1: CCAP Agreement Provisions

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

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

24. The Department may terminate a Provider's certification and impose a period of ineligibility on the Provider for program violations, which include but are not limited to the violations listed in Section 321 of BESE Bulletin 139, Louisiana Child Care and Development Fund Program or a condition or situation exists that places the lives, safety, or physical, mental or emotional well-being of any child entrusted to the Provider's care in imminent danger, regardless if such a condition or situation results from an act or omission by the Provider.

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


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

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

Accepted

Download a copy of the CCAP Agreement for your records.

[Download CCAP Agreement](#)



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

Section 2: CCAP Assurances

Please initial each section as you agree to the provisions.

*Initial Here I understand that Federal CCAP rules require that the provider must charge caregivers the rate provided on the current CCAP 10 form and must collect the difference between the rate charged and the amount of CCAP assistance received. This difference is the caregiver's "copay".

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


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

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

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

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

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



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

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



Section 3: Rates and Fees

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

Enter Your Daily Rates

Age	*Full Daily Rate	*Part Time Hourly Rate
Age 0	<input type="text" value="75"/>	<input type="text" value="20"/>
Age 1	<input type="text" value="75"/>	<input type="text" value="20"/>
Age 2	<input type="text" value="75"/>	<input type="text" value="20"/>
Age 3	<input type="text" value="75"/>	<input type="text" value="20"/>
Age 4	<input type="text" value="75"/>	<input type="text" value="20"/>
Age 5 & Over	<input type="text" value="75"/>	<input type="text" value="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
<input type="text" value="45"/> <small>Example 75.00</small>	<input type="text" value="Per Child"/>	<input type="text" value="Annually"/>
<input type="text" value="25"/> <small>Example 75.00</small>	<input type="text" value="Per Child"/>	<input type="text" value="One-Time"/>
<input type="text" value="025"/> <small>Example 75.00</small>	<input type="text" value="Per Child"/>	<input type="text" value="One-Time"/>



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

Section 4: Time and Attendance Agreement


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

[Download CCAP-14EA Form](#)

*Upload File

Choose File

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



DOCUMENT UPLOAD

Document Upload

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

[← Return to Application Home](#)

Section 1: State Fire Marshal Information

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

*Upload File

Choose File

Section 2: Residence Pictures

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

*Upload File

Choose File

Section 3: Proof of Residency

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

*Upload File

Choose File

Section 4: Documentation of Ownership

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

*Upload File

Choose File

Section 5: Verification of Identity

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

*Upload File

Choose File

Section 6: Social Security Cards

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

*Upload File

Choose File

Section 7: W-9 or IRS SS-Form

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

*Upload File

Choose File

Section 8: Rates Verification

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

*Upload File

Choose File

[← Back to CCAP](#)



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

Section 2: Residence Pictures

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

*Upload File

Choose File Browse

W TASK 2023.xlsx 100%

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

Section 2: Residence Pictures

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

*Upload File

Choose File Browse

W TASK 2023.xlsx 100%

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

File Upload - Existing Files ✕

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

TASK 2023.xlsx

Ok

Section 7: W-9 or IRS SS-Form

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

*Upload File

Choose File Browse

W W9 or IRSSS Form 100%

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

Section 8: Rates Verification

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

*Upload File

Choose File Browse

W Rate Verification 100%

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

← Back to CCAP
Save and Continue →
↑

BANKING INFORMATION

Find the Right Program / In Home / Banking Information

Banking Information

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

[Return to Application Home](#)

Section 1: Banking Information

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

[Download Bank Info Template](#)

Upload File

Choose File [Browse](#)

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

***Bank Name**
Bank of America

***Bank Routing Number**
5465465454

***Bank Account Number**
8468798754687

***Disbursement Type**
D-Personal Checking

Banking Address

***Street Name 1**
Candyland Lane

Street Name 2

***City**
New Orleans

***State**
Louisiana

***Zip**
77058

***Parish/County**
East Baton Rouge

***Account Owner - First Name**
Sally

Account Owner - Middle Initial

***Account Owner - Last Name**
Burns

DBA (Business Name)

Payee Address

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

Street Name 2

***City**
Baton Rouge

***State**
Louisiana

***Zip**
77058

***Parish/County**
East Baton Rouge

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

APPLICATION HOME (REVIEW)

[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](#)
[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 your banking information.

[Review or Edit 13](#)

[Complete](#)

14 - Renewal Summary

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

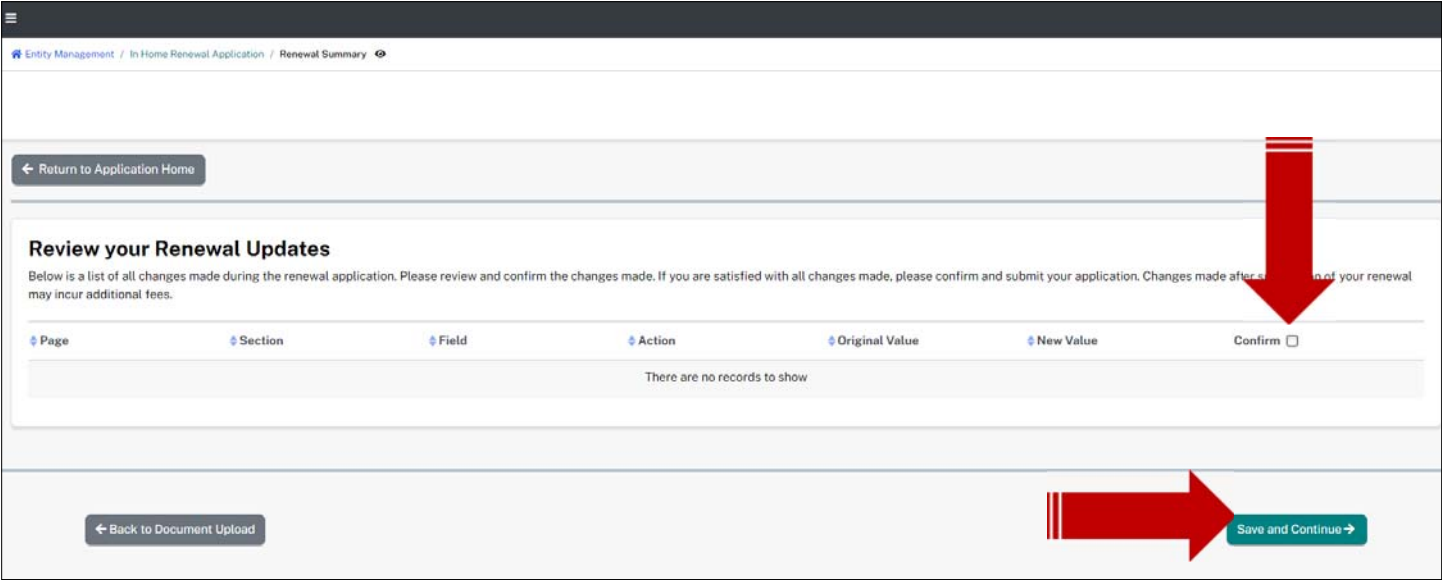
[Review or Edit 14](#)

[Complete](#)

[Submit Renewal Application →](#)



REVIEW OF CHANGES



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

Select, Save and Continue.

APPLICATION HOME (REVIEW)

Find the Right Program / In Home / Application Home

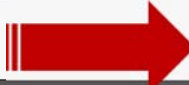
Application Home

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](#)

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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](#)

edlink Entity Dashboard

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

Entity

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

License Status

Open **Provider Number**
1900538

CCAP Expiration Date
04/17/2023

Entity Snapshot

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

Messages and Notifications [View All Messages](#)

Show All
 Notifications
 Messages
 View All
 ↕ Newest to Oldest

- Notification - Renewals Application Received** (unread)
Mar 24, 2023 11:25 AM
Action Required: Renewals Application Received
- Message - Renewals Application Received** (unread)
Pamela Mertens, Mar 24, 2023 11:25 AM
Action Required: Read the full message below
- Message - Renewal Application Submitted** (unread)
Pamela Mertens, Mar 24, 2023 11:24 AM
Action Required: Read the full message below
- Notification - Renewal Application Submitted**
Mar 24, 2023 11:24 AM
Action Required: Renewal Application Submitted

Pending Applications

I Automation Application - Type In Home Pending

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

WITHDRAW APPLICATION

Pending Applications

I Automation Application - Type In Home Pending

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

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

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

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

Pending Applications

I Automation Application - Type In Home Withdrawn

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

HELP

edlink Report Child Abuse

Pamela Mertens

My Dashboard

Messages 6

Account Settings

Help

Find the Right Program

Report Child Abuse

Submit a Complaint

Report Child Abuse

Helpful Links

The links below are for common, frequently-used resources

[Report Child Abuse](#)

Help us protect Louisiana's children. Report Child Abuse & Neglect: 1-855-4LA-KIDS (1-855-452-5437)

Department of Children & Family Services
Building a Stronger Louisiana

I Am About Us Child Welfare Disaster

Louisiana.gov DCFS Child Welfare

Child Welfare

- About Child Welfare
- Adoption
- Child Abuse/Neglect Background Checks
- Child Protection Investigation
- Extended Foster Care
- Family First
- Family Services
- Foster Parenting
- Grandparents Link
- Kinship Navigator
- Louisiana Fosters
- QPI Louisiana
- Report Abuse/Neglect
 - How to Report
 - Child Abuse/Neglect Background Checks
 - Child Protection Investigation
 - Mandated Reporters
 - Substance Exposed Newborns Reporting

Reporting Child Abuse/Neglect

Support

VIA LINK Louisiana Parent Line

- Phone: 833-LA-CHILD (833-522-4453)
- Text: (225) 424-1533

VIA LINK offers the **Louisiana Parent Line**. Specialists offer emotional support, de-escalation, crisis intervention, and plans for coping. Follow-up calls can be arranged to increase parents' circle of support.

Report

DCFS Child Abuse/Neglect Hotline

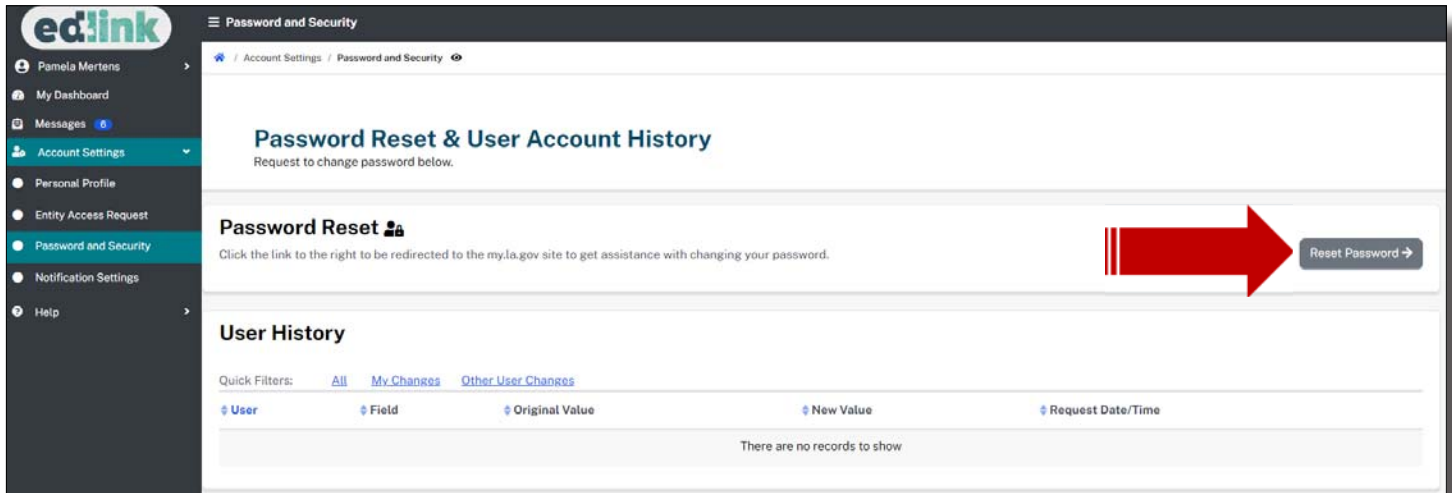
- 855-4LA-KIDS (855-452-5437)

If you know a Louisiana child is being abused or neglected, or is a victim of juvenile sex trafficking, call toll-free, 24 hours a day, 365 days a year. **All calls are confidential.** Trained social workers determine if the reported information constitutes a report of child abuse and/or neglect or juvenile sex trafficking.

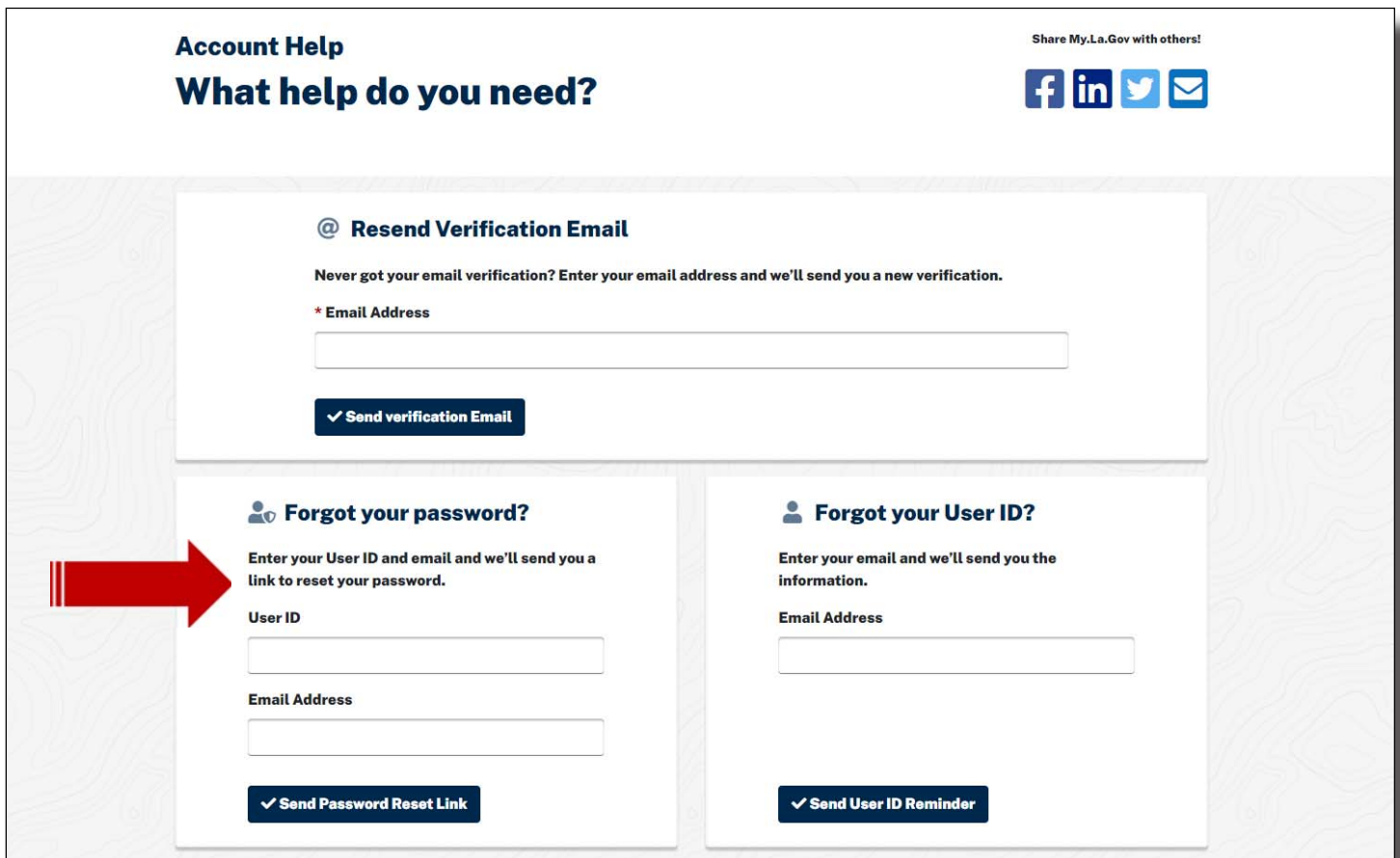
- What is abuse/neglect?
- What are the signs and symptoms of child abuse and neglect?
- Who are mandated reporters?
- Child Abuse/Neglect Background Checks
- Child Protection Investigation
- Juvenile Sex Trafficking Reporting
- Substance Exposed Newborn Reporting

RESETTING PASSWORDS

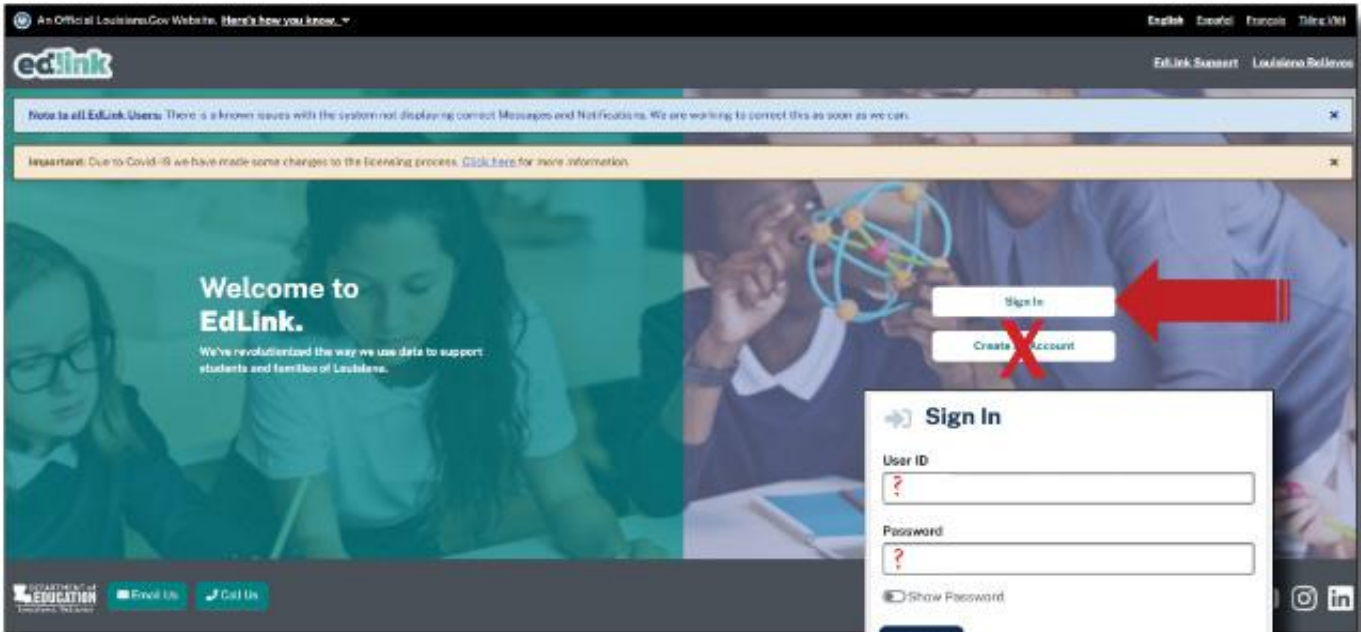
Select Account Settings from the left side navigation menu. Next, select, Password and Security and Reset Password. Complete the Password and/or the User ID options to reset your Password. You will receive emails with instructions for doing this within 2-3 minutes.



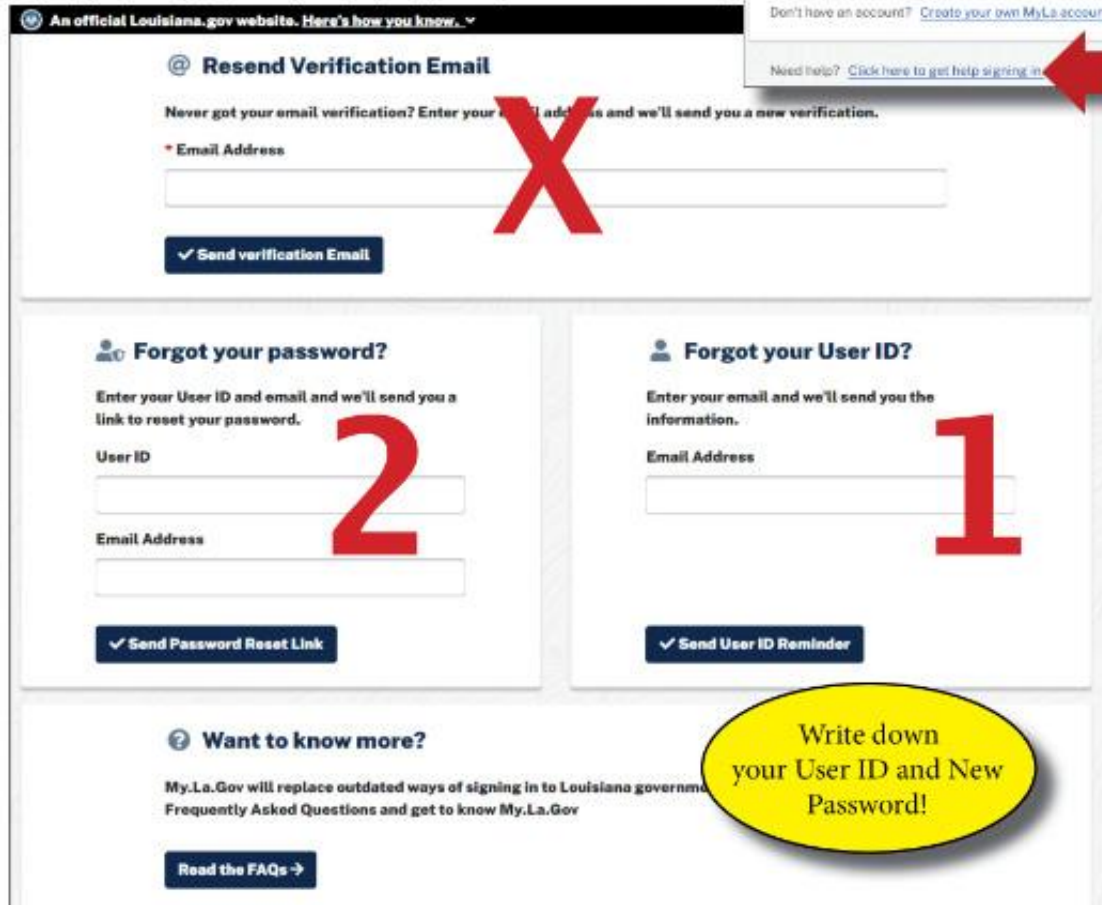
The screenshot shows the 'edlink' interface. On the left is a navigation menu with 'Account Settings' selected. The main content area is titled 'Password and Security' and contains a 'Password Reset & User Account History' section. Under 'Password Reset', there is a 'Reset Password' button with a red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



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



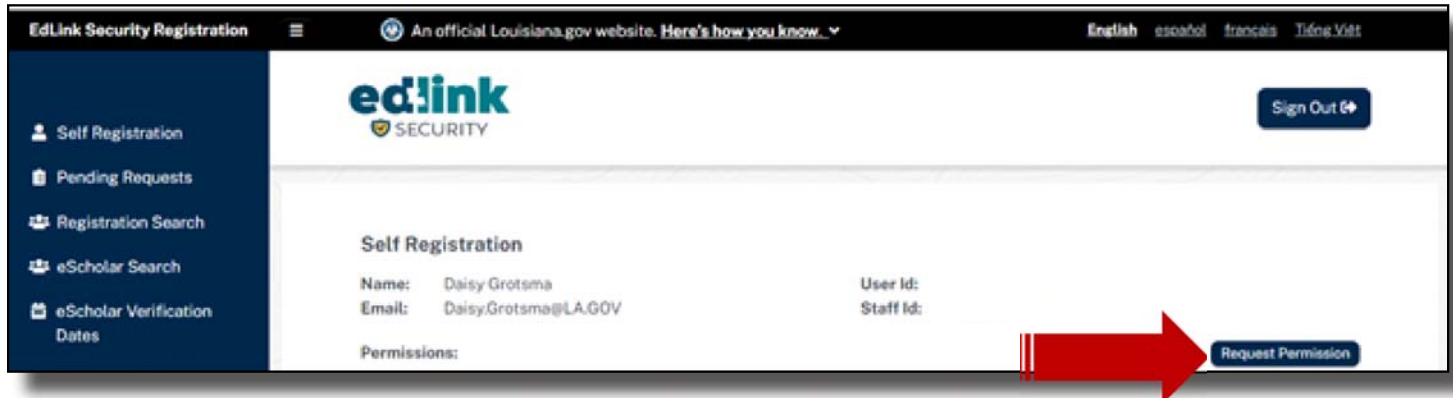
https://my.la.gov/en-us/Help (copy and paste into browser)



KINDERCONNECT ACCESS

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

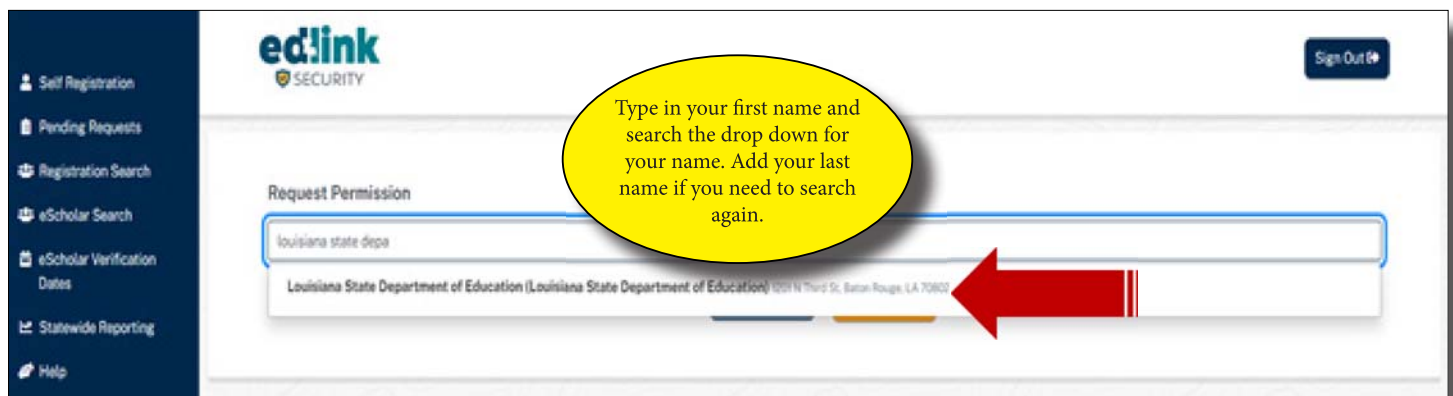
1. You must have a staff ID assigned, to check please click this link: <https://registration.edlink.la.gov>. Type in your name and to see if you have a Staff ID. Select “Request Permission” on the right side of the screen.



The screenshot shows the EdLink Security Registration page. The user's name is Daisy Grotsma, email is Daisy.Grotsma@LA.GOV, and the Staff ID field is empty. A red arrow points to the 'Request Permission' button.

Name:	Daisy Grotsma	User Id:	
Email:	Daisy.Grotsma@LA.GOV	Staff Id:	
Permissions:			

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



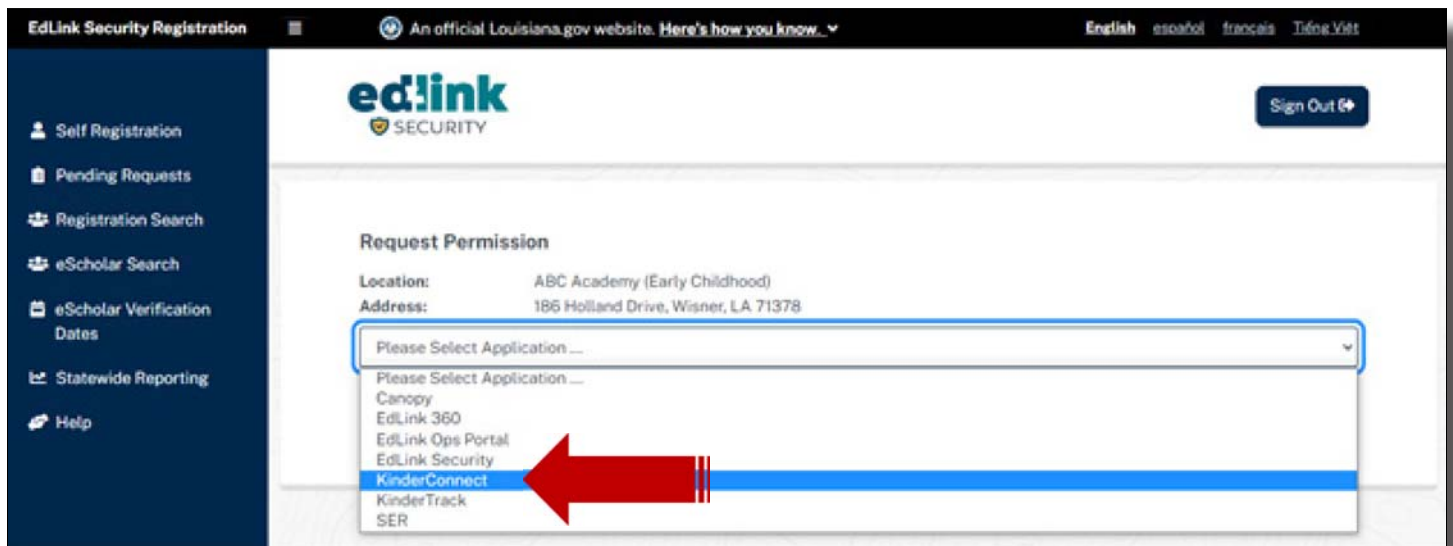
The screenshot shows the 'Request Permission' page with a search box containing 'louisiana state depe'. A yellow callout bubble says: 'Type in your first name and search the drop down for your name. Add your last name if you need to search again.' A red arrow points to the search results.

Request Permission

louisiana state depe

Louisiana State Department of Education (Louisiana State Department of Education) 1201 N Third St, Baton Rouge, LA 70802

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



The screenshot shows the 'Request Permission' page with a dropdown menu open. The menu options are: Please Select Application ..., Canopy, EdLink 360, EdLink Ops Portal, EdLink Security, KinderConnect, KinderTrack, and SER. A red arrow points to 'KinderConnect'.

Request Permission

Location: ABC Academy (Early Childhood)
Address: 186 Holland Drive, Wisner, LA 71378

Please Select Application ...

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

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

edlink
SECURITY

Request Permission

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

Permissions: Statewide Attendance Administrator

Submit Request **Cancel Request**

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

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

This Page Was Intentionally Left Blank