



LOUISIANA DEPARTMENT OF
EDUCATION

Early Childhood Family Child Care (FCC) License Application User Guide

edlink

January 2025

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EDLINK ACCOUNT SET-UP FOR NEW USERS

LDOE.EDLINK.



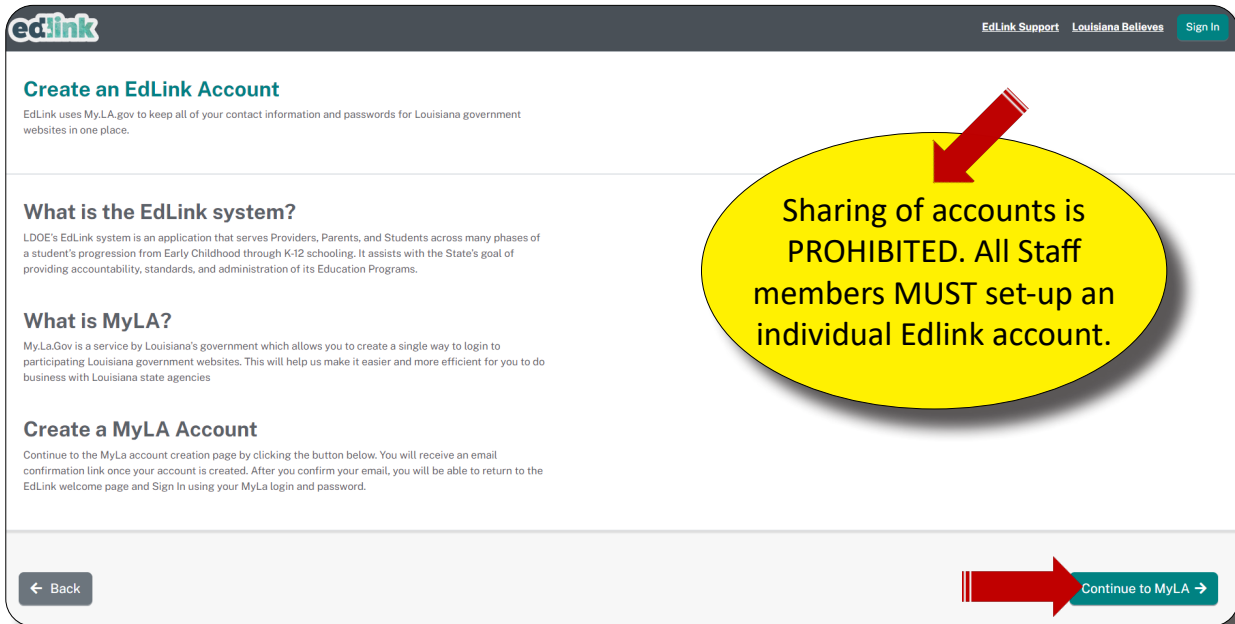
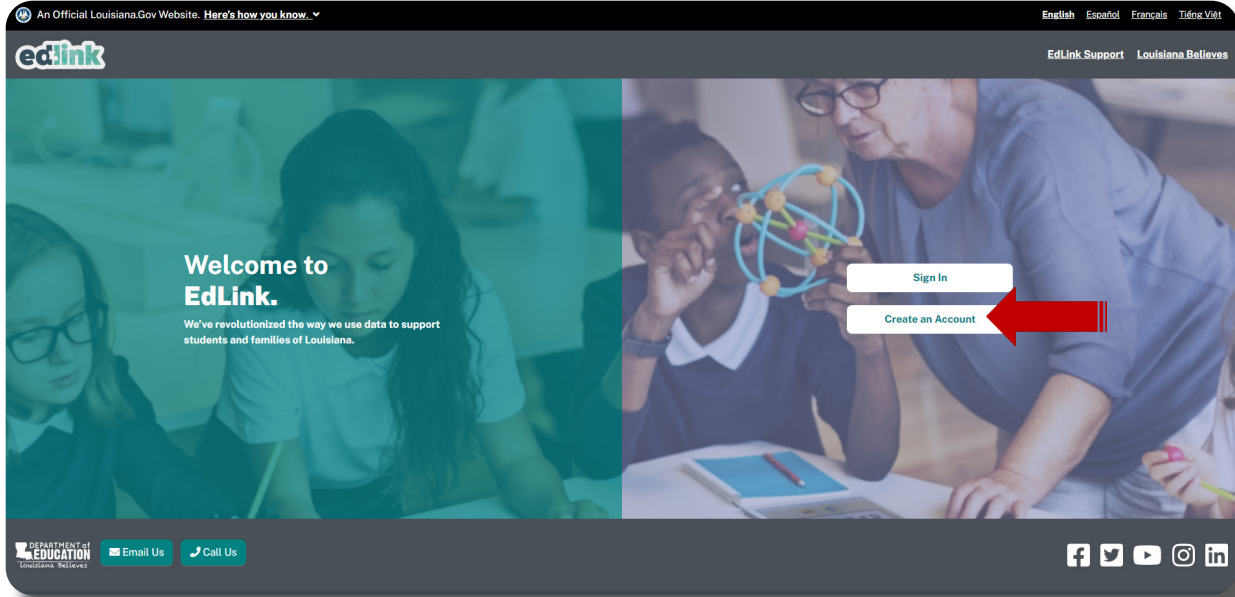
ACCEPTED BROWSERS



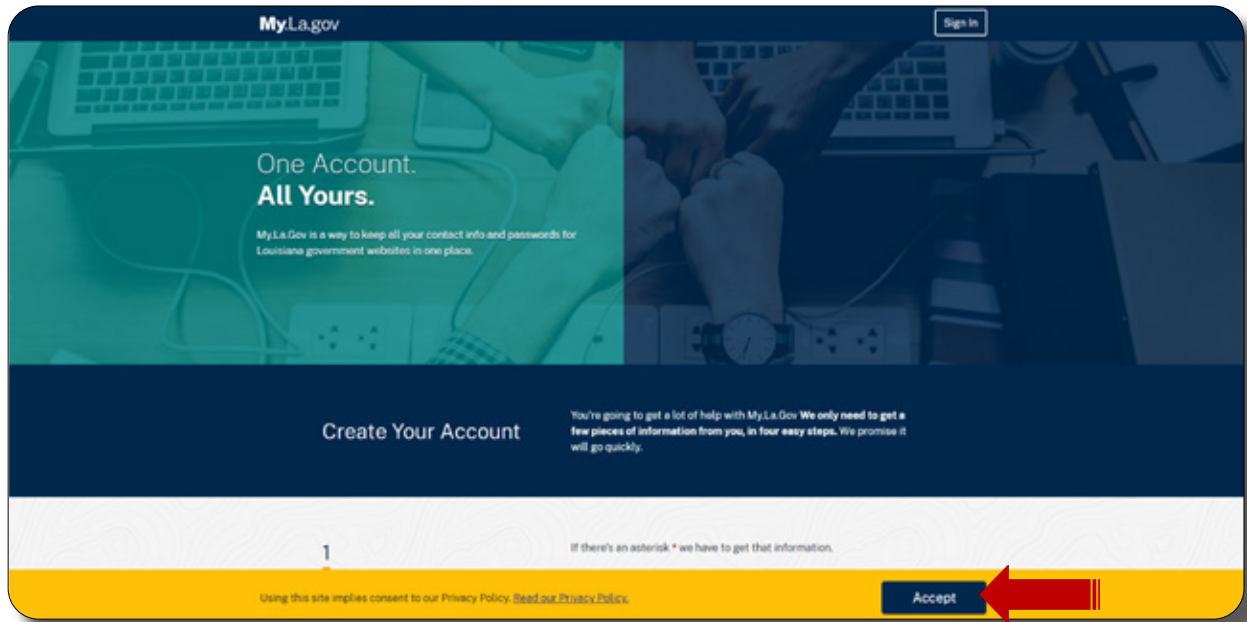
GOOGLE CHROME



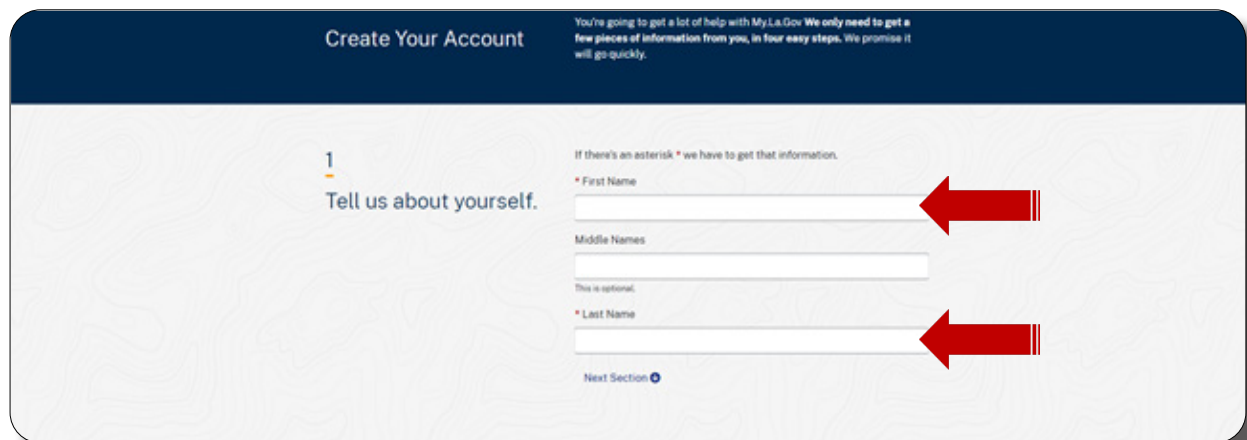
MICROSOFT EDGE



The Create Your Account page will appear. If security policies are shown, please accept them and scroll down slowly until you arrive at Step 1 of Create Your Account.



Please scroll down and start filling out your details in the Tell Us About Yourself section. Be mindful that fields indicated with a red asterisk must be completed to continue.



Create a User ID. If you need help with creating a User ID, please click on the blue light bulb situated below the text box. This light bulb will remain visible throughout the entire 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
[Text Box]
[Want help making a User ID?](#)

* Password
[Text Box]
 Show Passwords
[Want help making a Password?](#)

* Confirm Password
[Text Box]

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

Do not use an email address in Step 2. Please stay between 8-12 characters.

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

* User ID

[Text Box]

[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 expected to uphold the confidentiality of their passwords and are required to change their password if they believe that its security may have been compromised.

Each user will have the opportunity to select their own password in accordance with established password

Create a PIN number by selecting six (6) digits. Please ensure that the numbers are neither consecutive (e.g., 123456) nor identical (e.g., 999999). It is advisable to document this number for future reference.

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 ▶

Please enter your current personal phone number and personal email address in the fields provided below. The email address must be readily accessible. Prior to selecting "Create Your Account," ensure that the information you have provided in Steps 1-4 is accurate.

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!

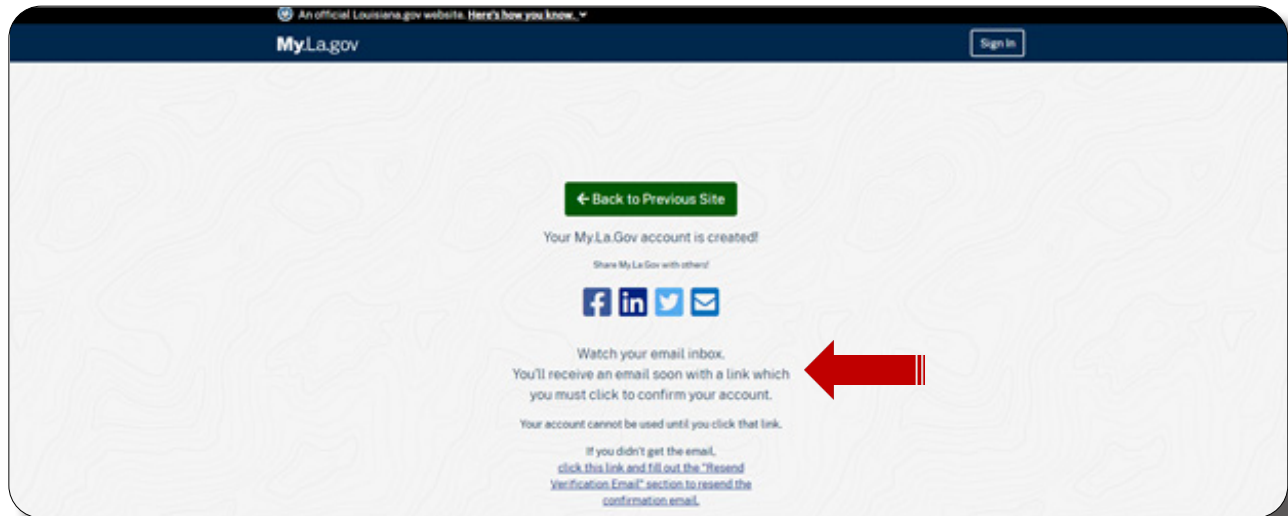
Create Your Account

Enter your personal email address. Only personal emails should be used here.

Please proceed to the next page to receive instructions for Confirming your Email. Access to your account will be restricted until your email has been confirmed. It is essential to confirm your email within the permitted 24-hour time-frame. If you receive an error stating that the email is not unique, you'll need to use another email to complete registration.

CONFIRM EMAIL

You are now required to confirm your email address. Please check the inbox of the email address you provided during the setup process. Follow the instructions contained within the email. After confirming your email, please sign back in as illustrated below, as shown on the following page.



Close all open pages (not your browser) and proceed to edlink sign-in using the link below.

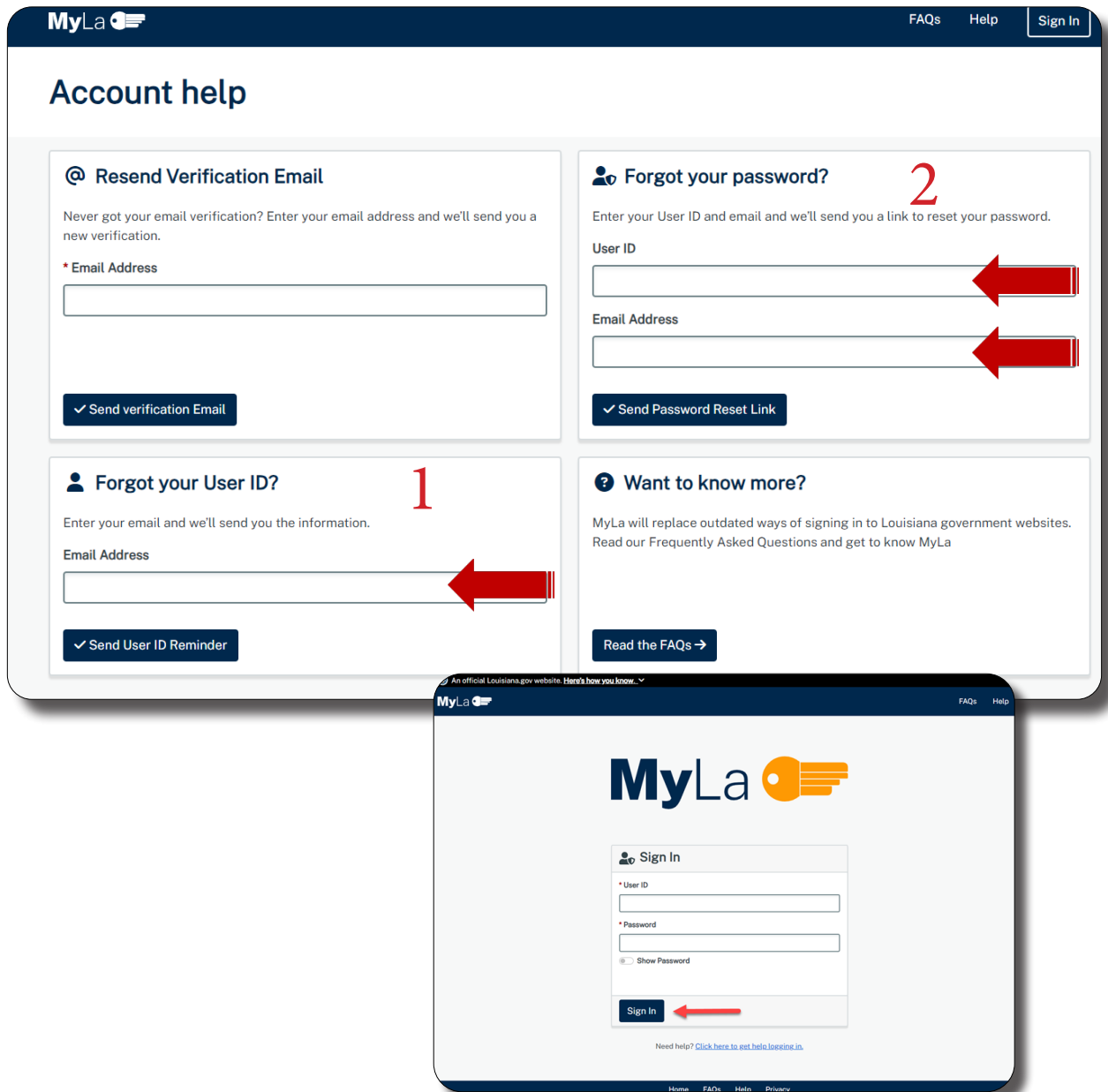
LDOE.EDLINK.LA.GOV

FORGOTTEN USER ID/RESETTING PASSWORD

Please follow the steps outlined below to retrieve your previously registered User ID. Check for an email from LDOE.gov in the same email account that was used during the account setup. Please note that these credentials cannot be changed or edited; only your password may be modified.

Return to your email and locate the message from LDOE.gov. This email contains a temporary password. Ensure that you copy the password accurately, as it is case sensitive.

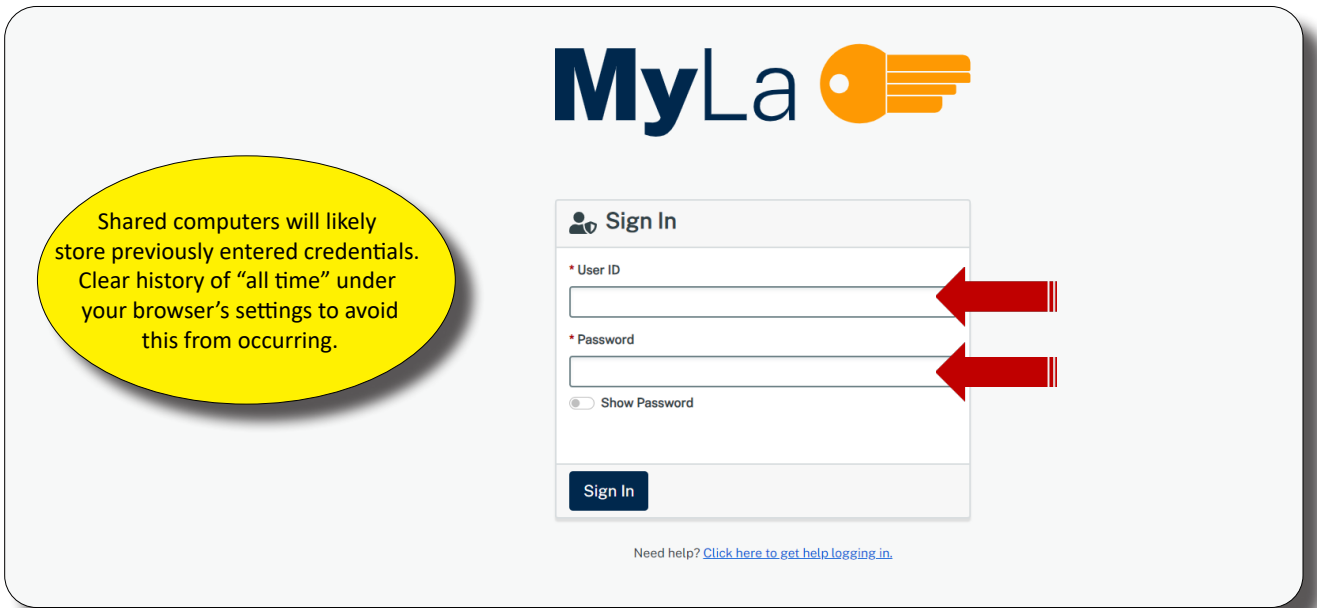
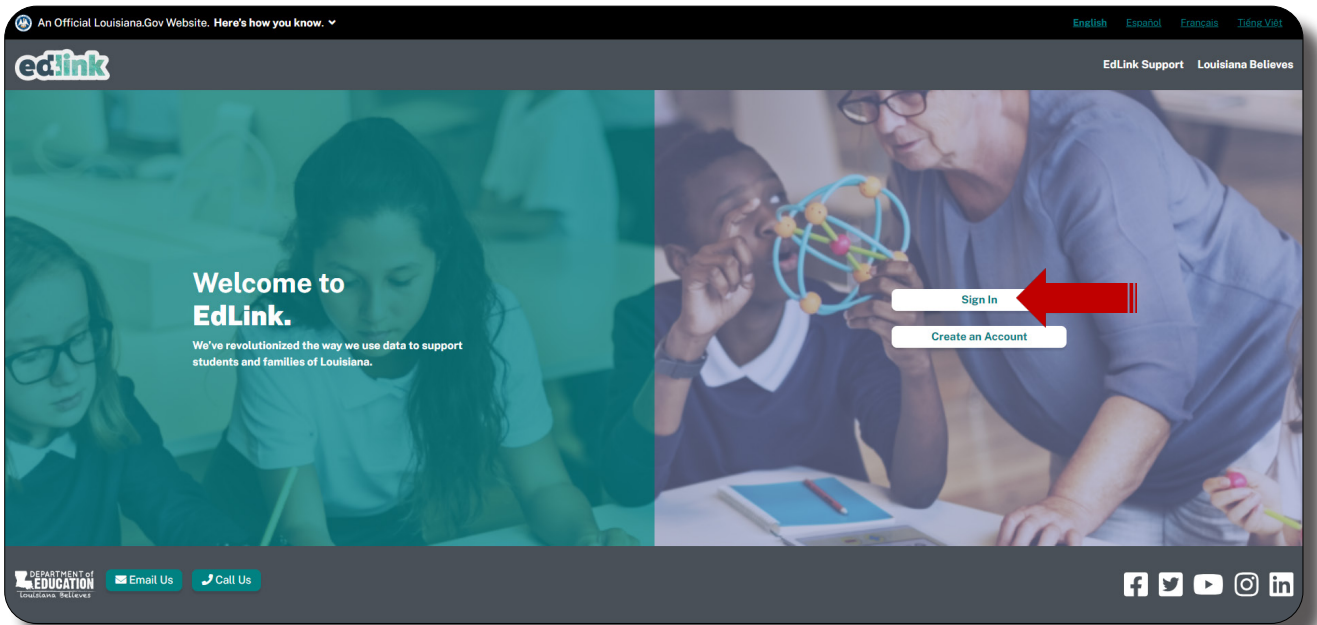
Log back into Edlink using your User ID and the temporary password. Once you have successfully accessed your account, you will be prompted to enter the temporary password and select a new password. Please confirm your new password and save the change



EDLINK OPS LOGIN PROCEDURE

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

Please enter your User ID and Password into the white MyLA box and submit. You will be redirected to the School Manager Dashboard. Complete the New User Profile displayed on the following page with care.



NEW USER-PERSONAL PROFILE (Edlink Ops)

1. Your New User-Personal Profile must be completed prior to the activation of your account. All fields marked with red asterisks are mandatory. Please utilize only personal information to complete the profile.


New User - Personal Profile

Please select the type of user account you need. Then enter your personal profile information below to create an EdLink account. Your information will be reviewed and an Account ID will be provided once it is approved.

User Account Type

Review the choices below and select the appropriate type of account. This will help LDOE process your request for a StaffID and route any potential reviews to the correct department.

***Choose the type of role you need**

- I am interested in Early Childhood ? 
- I am interested in a K-12 Public School System or School ?
- I am interested in a K-12 Non-Public School System or School ?
- I am a Parent (or Guardian) of a student in the Home Study Program ?

Name and Contact

Provide your information in the fields below.

Prefix	<input type="text"/>	*Primary Phone Number	<input type="text" value="888-555-1212"/>
*First Name	<input type="text" value="Sally"/>	Secondary Phone Number	<input type="text"/>
Middle Name	<input type="text"/>	*Email Address	<input type="text" value="SBrown@gmail.com"/>
*Last Name	<input type="text" value="Brown"/>	MyLA User ID	<input type="text" value="SBrown24@"/>
Suffix	<input type="text"/>	Staff ID	<input type="text" value="58463468"/>

You will not receive a confirmation. Your details will be "dimmed" and will be non-editable.

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

Address Information

Physical Address	Mailing Address
*Street Name 1 <input type="text" value="400 W. Sparrow St."/>	*Street Name 1 <input type="text" value="400 W. Sparrow St."/>
Street Name 2 <input type="text"/>	Street Name 2 <input type="text"/>
*City <input type="text" value="New Orleans"/>	*City <input type="text" value="New Orleans"/>
*State <input type="text" value="Louisiana"/>	*State <input type="text" value="Louisiana"/>
*Zip <input type="text" value="75555"/>	*Zip <input type="text" value="75555"/>
*Parish/County <input type="text" value="New Orleans"/>	*Parish/County <input type="text" value="New Orleans"/>
<input type="button" value="Copy to Mailing"/>	

DO NOT click Save and Submit until you have thoroughly reviewed all the information you have entered. Profile details are utilized by various State databases linked to your licensing and funding requests. If you do click Save and Submit and subsequently notice an error, please refrain from creating a new account. Instead, submit a ticket to Edlink Support at <https://edlink.supportsystem.com/open.php>. Kindly allow 24-48 hours for a response from our support team.

Personal Information

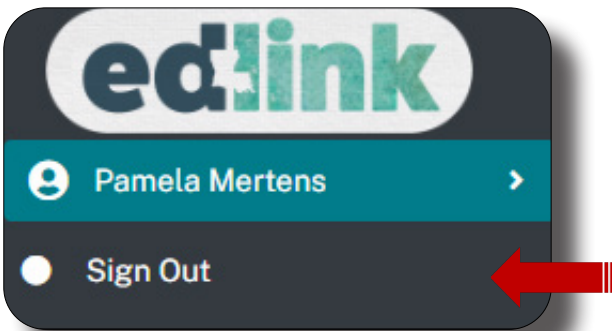
The information below is used to validate your identify in the eScholar system. If you have an existing StaffID, your My.La.Gov account will be linked to that ID. If you do not have one, then a new StaffID will be created.

*Date of Birth	*SSN	*Identification Number	*Issuing State
01/02/1980	888-55-1212	00016589	Louisiana
*Sex	*Race		
Female	White		

Save and Submit **Cancel and Logout**

Return to the Name and Contact section of the New User Profile page. Confirm that you have been assigned a Staff ID number, which can be found just beneath the MyLA User ID. If you have a Staff ID, proceed with Edlink Ops. If you do not have a Staff ID, please use the same link as in #9 for Edlink Support to notify our support team about this matter. Please allow 24-48 hours for a reply from our support

Please log out from the upper left section of the Edlink dashboard. Subsequently, re-enter Edlink Ops to begin utilizing your Edlink Ops account.



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

ACCEPTED BROWSERS



GOOGLE CHROME

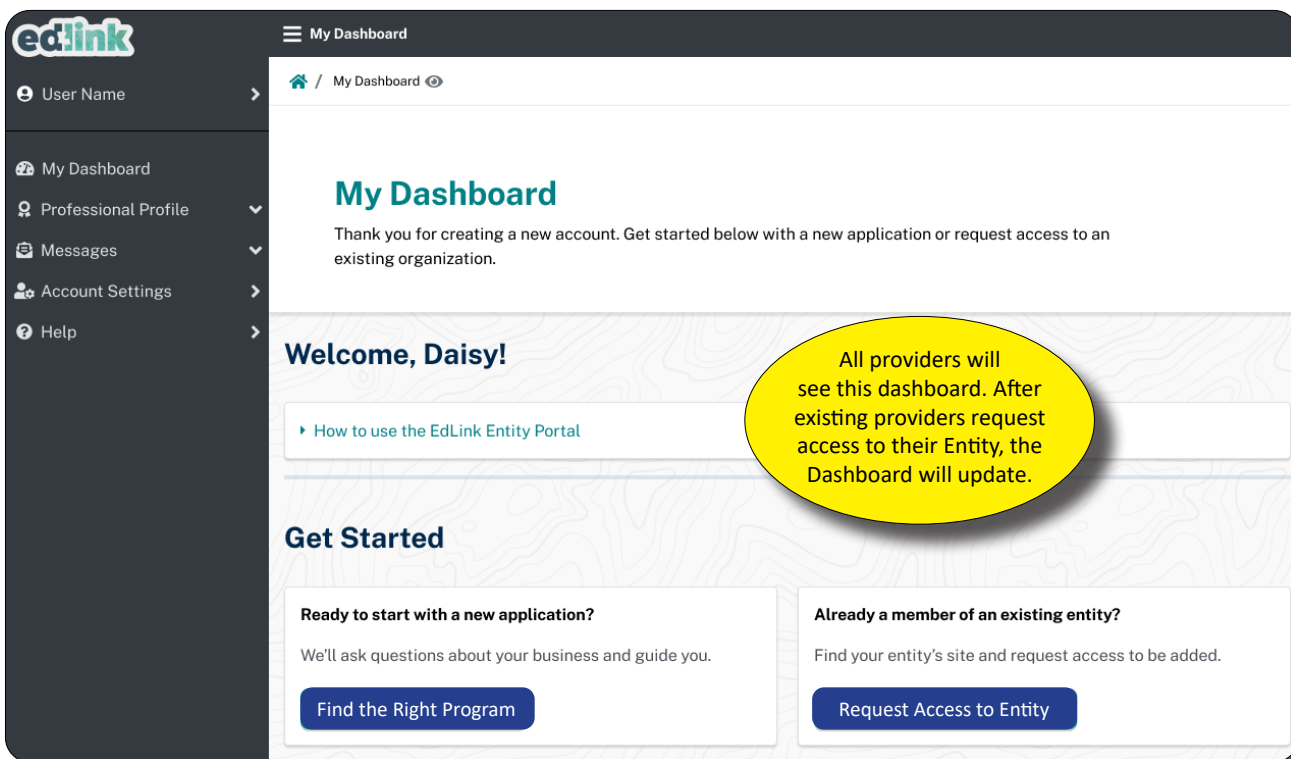


MICROSOFT EDGE





Your New User Dashboard will present a message stating, “Welcome, {your name}.” Access to the Site will be limited until either your application is approved or your Edlink Security Role Requests receive authorization.



For new providers (those who do not currently possess a license), please select Help from the left menu and then choose Find the Right Program to initiate a new application. New providers will be required to request access only after their license has been approved and issued.

For existing providers (those who currently possess a license and site), please proceed to Page 20 to request access to your entity and begin your renewal application. Instructions are provided.

UPDATING YOUR EMAIL

To update your email address, please follow the instructions outlined below. This option should be used sparingly, particularly in situations where you are unable to access your account or if the account is linked to an organizational server. Enter your personal email address ONLY. If you no longer any have access to the email, submit a Edlink Support Ticket for assistance.

1. Leave all your site pages open for the time being. You are currently logged into Edlink Security and can access your MyLA contact details.
2. Open a fresh tab (page) in your web browser. In the URL address field, type <https://my.la.gov/en-us/help> or click here to access MyLA Help.
3. Sign In at the top right corner of this page. You'll be asked to enter your User/Login ID and password or you will be automatically navigated to the Account Home page, shown on the upcoming page.

The screenshot shows the MyLA 'Account help' page. At the top right, there is a 'Sign In' button with a red arrow pointing to it. The page contains four main sections:

- Resend Verification Email:** A form with an 'Email Address' field and a 'Send verification Email' button.
- Forgot your password?:** A form with 'User ID' and 'Email Address' fields and a 'Send Password Reset Link' button.
- Forgot your User ID?:** A form with an 'Email Address' field and a 'Send User ID Reminder' button.
- Want to know more?:** A section with text about replacing outdated signing methods and a link to 'Frequently Asked Questions'.

An inset image at the bottom shows a different view of the MyLA website with a red arrow pointing to the 'Sign In' button in the top right corner.

- In the bottom left corner, you will find the options to change your phone number and email. Please update your phone number and email using personal accounts only. Click on Update Contact. If you receive a green box indicating that a token has been created and the update was successful, please confirm the new email to complete the update. If you receive a red box stating that the email is not unique, you will need to submit an Edlink Support Ticket to resolve the issue. **DO NOT ATTEMPT TO CREATE A NEW EDLINK ACCOUNT.** Ensure that you close all Edlink and MyLA related pages.
- After confirming the updated personal email, please close all Edlink or MyLA related pages. Then, return to <https://ldoe.edlink.la.gov/#/> and sign into Edlink.

Account home

[Resume your journey →](#)

If you need to update any information in your account, use the buttons below to update that information.

Your Name
MyLa is how Louisiana's government agencies know how to contact you.

* First Name: Middle Names (optional): * Last Name:

[Update Name](#)

@ Contact Info
Keep MyLa up to date with your information.

Telephone:

Just numbers, nothing else, start with area code.

* Email Address:

[Update Contact](#)

PIN
The PIN is a 6-digit number we will use to secure your account.

* New PIN:

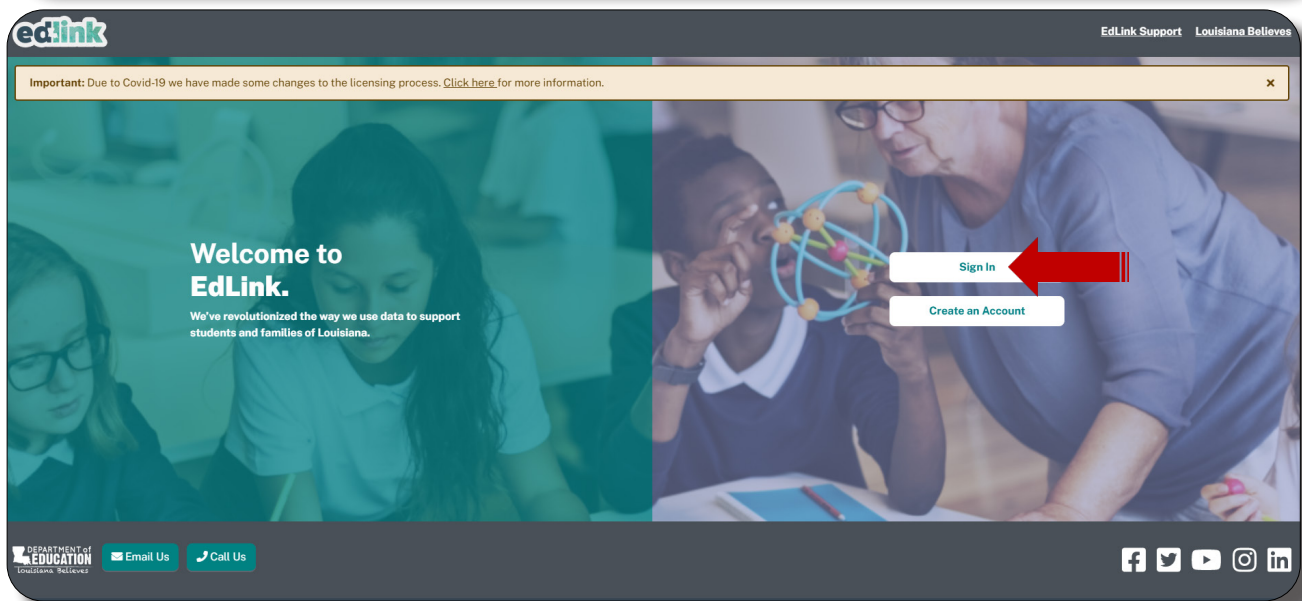
* Confirm New PIN:

[Update PIN Number](#)

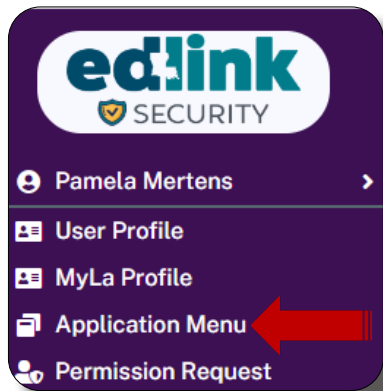
Password
Click the button below to change your password. We'll take you to the screen where you update it. When you're finished, we'll bring you back here.

[Update Password](#)

STOP! DO NOT alter your name in any way. If you need to modify it, please submit a support ticket.

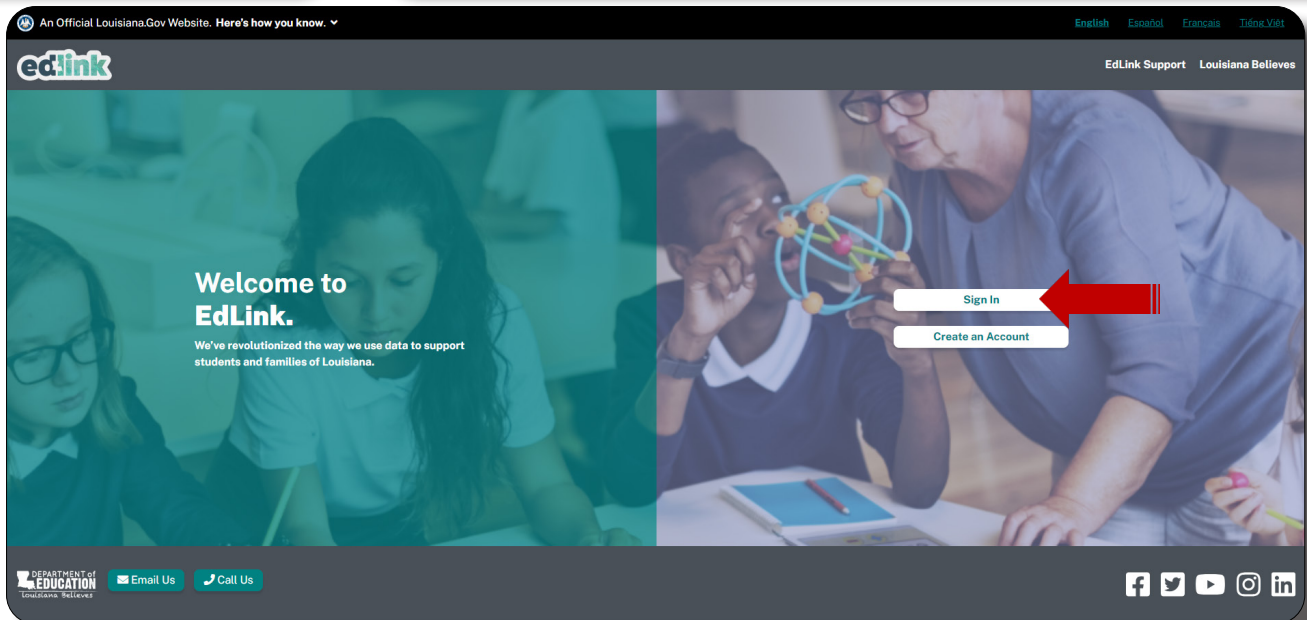


7. Please sign out of all pages and reopen Edlink Ops at <https://ldoe.edlink.la.gov/#/>. Alternatively, you may select the Application Menu and then the Edlink Ops Portal, as illustrated below. It is important not to proceed prematurely. Your Edlink Ops New User Profile must be completed prior to requesting access to your school.



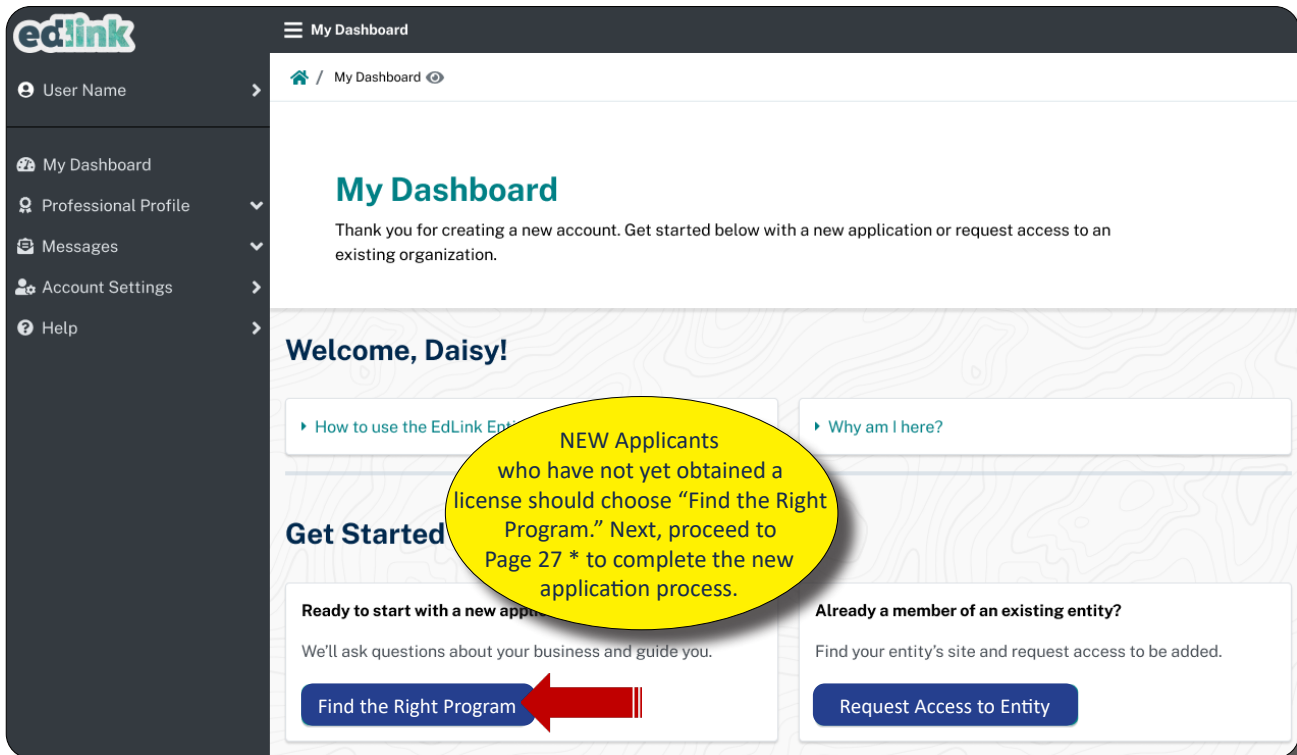
Application Menu

By selecting the relevant application button, you can access the applications you are authorized to use.



NEW APPLICANTS

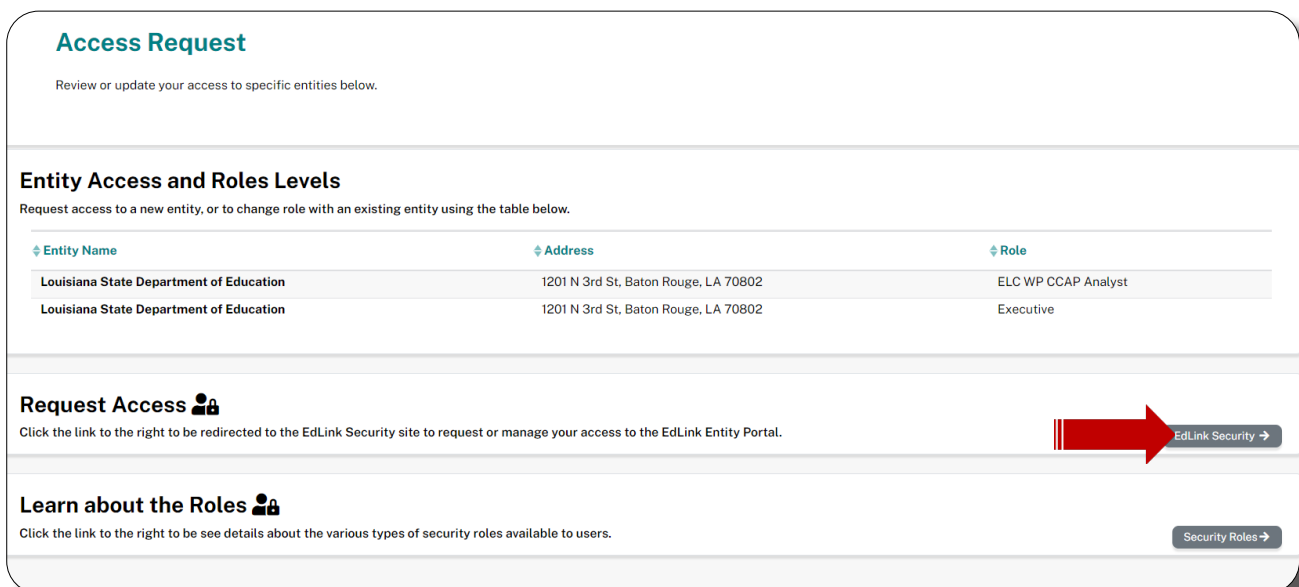
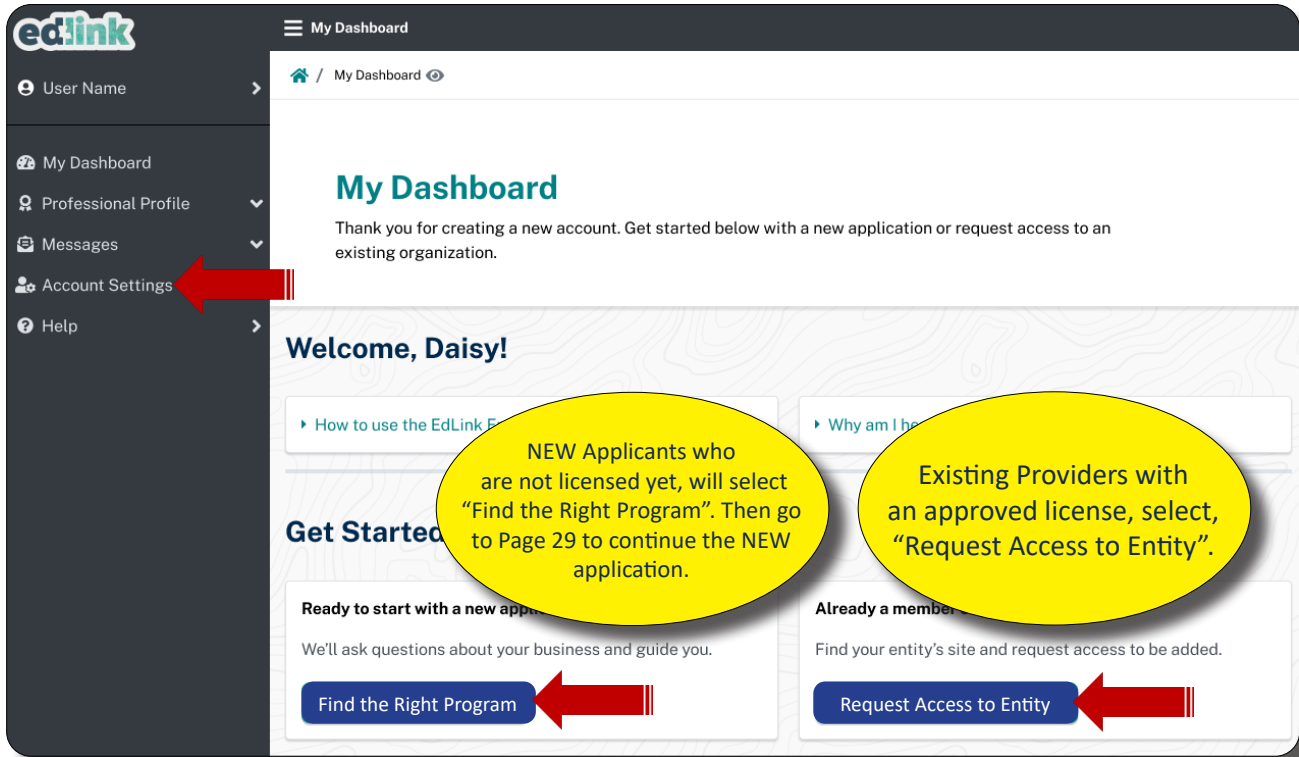
Your Edlink Ops dashboard will be displayed as illustrated in the example below. All new and existing providers will only have access to this dashboard until a new license has been approved or the Entity Role Requests have received approval from LDOE.



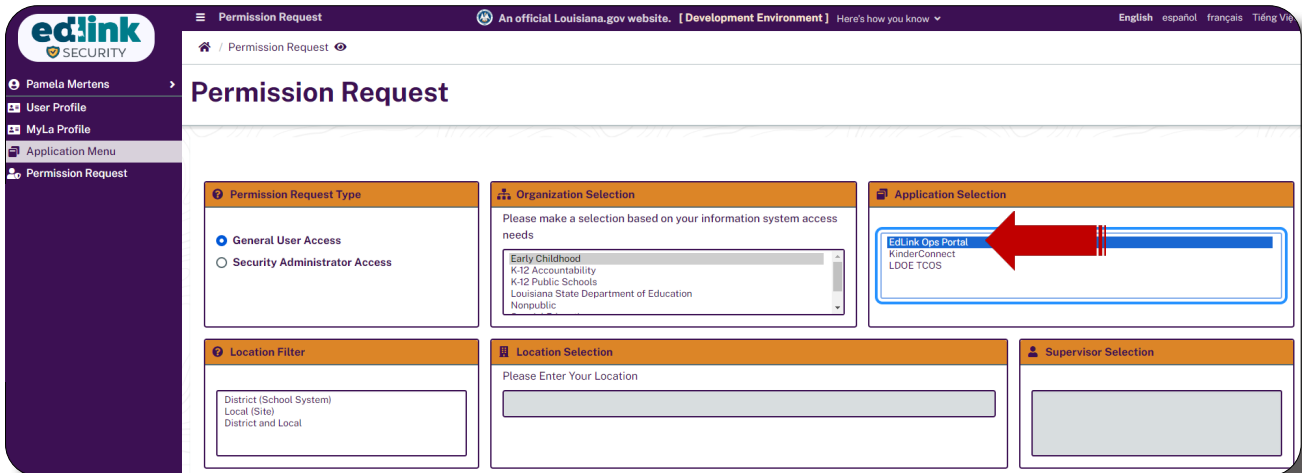
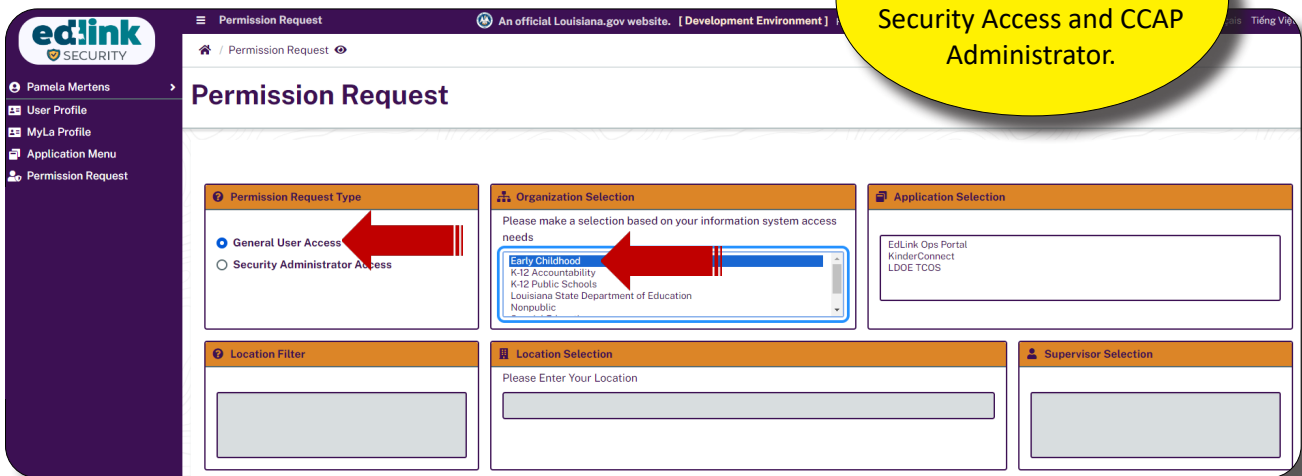
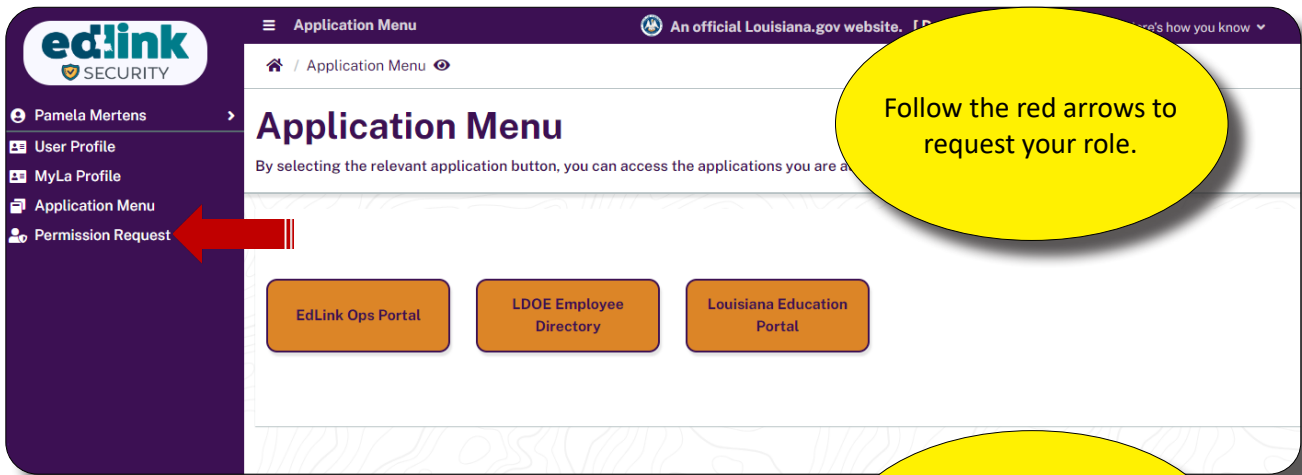
REQUESTING ACCESS TO ENTITY

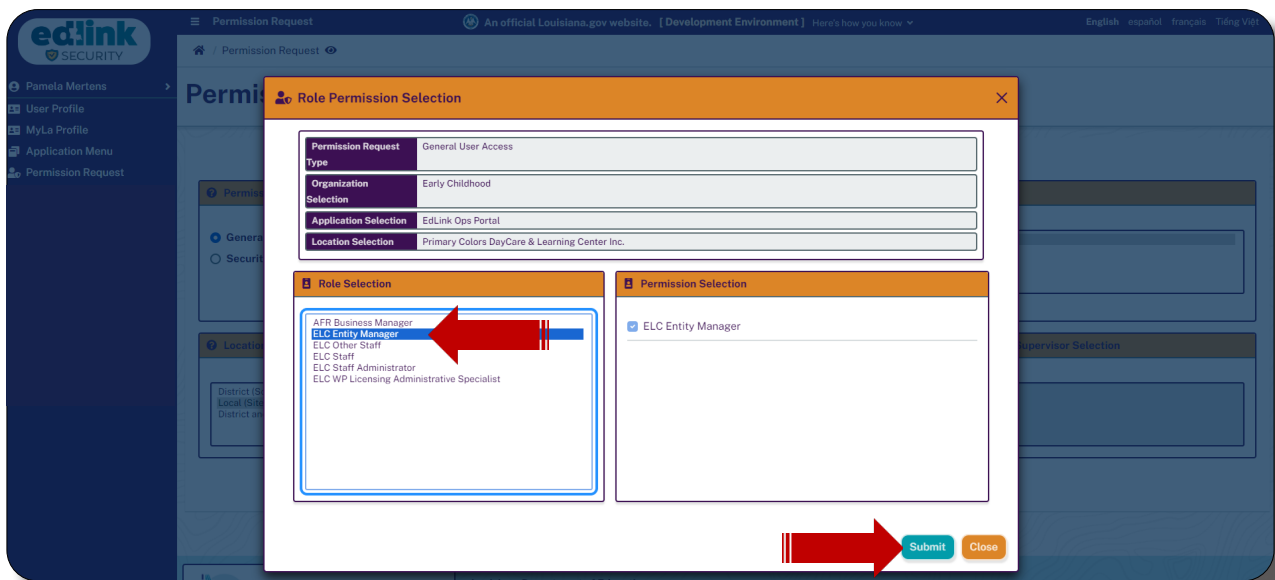
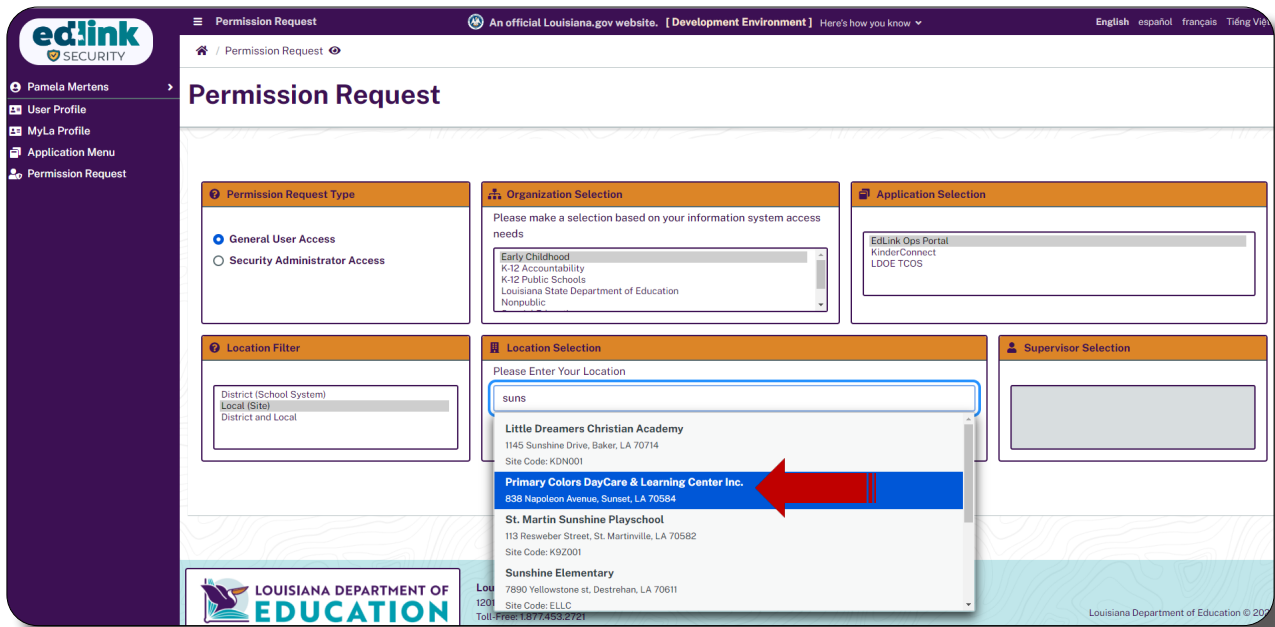
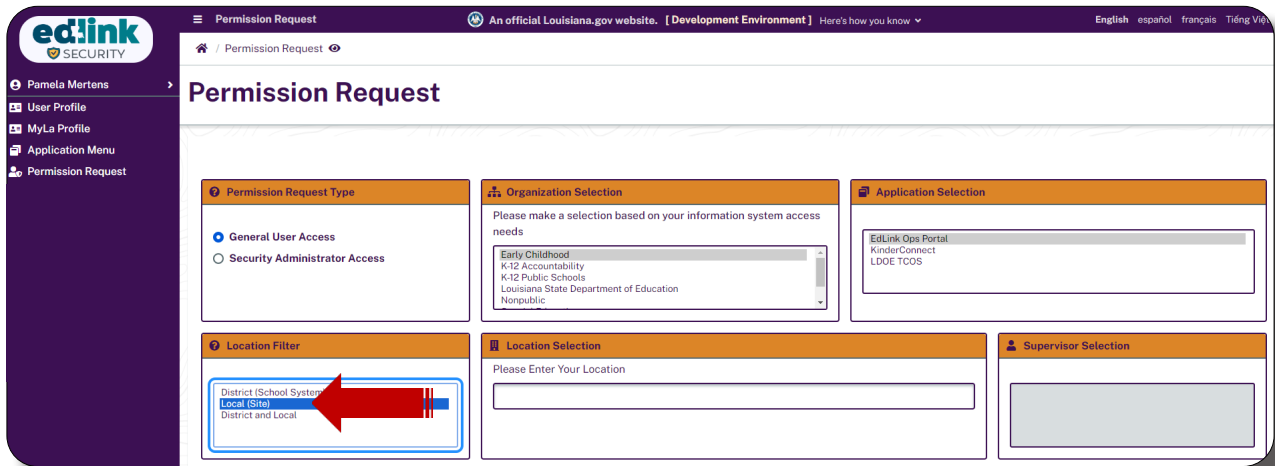
CURRENT Providers (with a valid license) will choose, Request Access to Entity, as indicated in the lower right corner of the first image. You will be directed to the second image. Choose, Edlink Security, as displayed in the second image.

CURRENT Providers seeking access to an additional site (2nd, 3rd...) should Sign In, select, Account Settings, Find the Right Program, Request Access to Entity and then Edlink Security. Continue to Page 20.



ENTITY MANAGER, STAFF ADMINISTRATOR OR STAFF OPTIONS





edlink SECURITY | Permission Request | An official Louisiana.gov website. [Development Environment] | Here's how you know | English español français Tiếng Việt

Pamela Mertens | User Profile | MyLa Profile | Application Menu | Permission Request

Permission Request

Permission Request Type

General User Access

Security Administrator Access

Organization Selection

Please make a selection based on your information system access needs

- Early Childhood
- K-12 Accountability
- K-12 Public Schools
- Louisiana State Department of Education
- Nonpublic

Application Selection

Location Selection

Please Enter Your Location

Supervisor Selection

If the Security Administration bubble is not selectable, you will need to submit an Edlink Support ticket. Allow 24-48hrs for a response.

edlink SECURITY | Permission Request | An official Louisiana.gov website. [Development Environment] | Here's how you know | English español français Tiếng Việt

Pamela Mertens | User Profile | MyLa Profile | Application Menu | Permission Request

Permission Request

Permission Request Type

General User Access

Security Administrator Access

Organization Selection

Please make a selection based on your information system access needs

- Early Childhood
- K-12 Accountability
- K-12 Public Schools
- Louisiana State Department of Education
- Nonpublic

Application Selection

- EdLink Security (Access)
- Louisiana Education Portal

Location Filter

Location Selection

Please Enter Your Location

Supervisor Selection

edlink SECURITY | Permission Request | An official Louisiana.gov website. [Development Environment] | Here's how you know | English español français Tiếng Việt

Pamela Mertens | User Profile | MyLa Profile | Application Menu | Permission Request

Permission Request

Permission Request Type

General User Access

Security Administrator Access

Organization Selection

Please make a selection based on your information system access needs

- Early Childhood
- K-12 Accountability
- K-12 Public Schools
- Louisiana State Department of Education
- Nonpublic

Application Selection

- EdLink Security (Access)
- Louisiana Education Portal

Location Filter

State
Local (Site)

Location Selection

Please Enter Your Location

Supervisor Selection

edlink SECURITY

Permission Request

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English español français Tiếng Việt

Pamela Mertens

User Profile

MyLa Profile

Application Menu

Permission Request

Permission Request

Permission Request Type

General User Access

Security Administrator Access

Organization Selection

Please make a selection based on your information system access needs

Early Childhood
K-12 Accountability
K-12 Public Schools
Louisiana State Department of Education
Nonpublic

Application Selection

EdLink Security (Access)
Louisiana Education Portal

Location Filter

State
Local (Site)

Location Selection

Please Enter Your Location

Supervisor Selection

edlink SECURITY

Permission Request

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English español français Tiếng Việt

Pamela Mertens

User Profile

MyLa Profile

Application Menu

Permission Request

Permission Request

Permission Request Type

General User Access

Security Administrator Access

Organization Selection

Please make a selection based on your information system access needs

Early Childhood
K-12 Accountability
K-12 Public Schools
Louisiana State Department of Education
Nonpublic

Application Selection

Location Filter

State
Local (Site)

Location Selection

Please Enter Your Location

prima

Pecan Grove Primary School
1712 South Pecan Grove Avenue, Gonzales, LA 70737

Primary Colors DayCare & Learning Center Inc.
838 Napoleon Avenue, Sunset, LA 70584

Primary Colors Learning Center of Mandeville, LLC
330 Lakeview Court, Covington, LA 70433

Primary Colors Learning Center of Slidell
1980 Rosemeade Drive, Slidell, LA 70461

Racquel Hayes McKay
5731 Louis Prima Drive East, New Orleans, LA 70128

Supervisor Selection

LOUISIANA DEPARTMENT OF EDUCATION

Louisiana Department of Education © 2018

Toll-Free: 1.877.453.2721

Search by center name, address or city. A general first word search will usually provide a drop-down with locations to select from. Carefully choose the correct site.

edlink SECURITY

Permission Request

An official Louisiana.gov website. [Development Environment] Here's how you know

English español français Tiếng Việt

Pamela Mertens

User Profile

MyLa Profile

Application Menu

Permission Request

Permission Request

Role Permission Selection

Permission Request Type: Security Administrator Access

Organization Selection: Early Childhood

Application Selection: EdLink Security (Access)

Location Selection: Primary Colors DayCare & Learning Center Inc.

Role Selection

Local

Permission Selection

Security Coordinator

Submit Close

edlink SECURITY

Permission Request

An official Louisiana.gov website. [Development Environment] Here's how you know

English español français Tiếng Việt

Pamela Mertens

User Profile

MyLa Profile

Application Menu

Permission Request

Permission Request

Permission Request Type

General User Access

Security Administrator Access

Organization Selection

Please make a selection based on your information system access needs

Early Childhood

K-12 Accountability

K-12 Public Schools

Louisiana State Department of Education

Nonpublic

Application Selection

EdLink Ops Portal

KinderConnect

LDOE TCOS

Location Filter

Location Selection

Please Enter Your Location

Supervisor Selection

edlink SECURITY

Permission Request

An official Louisiana.gov website. [Development Environment] Here's how you know

English español français Tiếng Việt

Pamela Mertens

User Profile

MyLa Profile

Application Menu

Permission Request

Permission Request

Permission Request Type

General User Access

Security Administrator Access

Organization Selection

Please make a selection based on your information system access needs

Early Childhood

K-12 Accountability

K-12 Public Schools

Louisiana State Department of Education

Nonpublic

Application Selection

EdLink Ops Portal

KinderConnect

LDOE TCOS

Location Filter

District (School System)

Local (Site)

District and Local

Location Selection

Please Enter Your Location

Supervisor Selection

edlink SECURITY

Permission Request

An official Louisiana.gov website. [Development Environment] Here's how you know

English español français Tiếng Việt

Pamela Mertens

User Profile

MyLa Profile

Application Menu

Permission Request

Permission Request

Permission Request Type

General User Access

Security Administrator Access

Organization Selection

Please make a selection based on your information system access needs

Early Childhood

K-12 Accountability

K-12 Public Schools

Louisiana State Department of Education

Nonpublic

Application Selection

EdLink Ops Portal

KinderConnect

LDOE TCOS

Location Filter

District (School System)

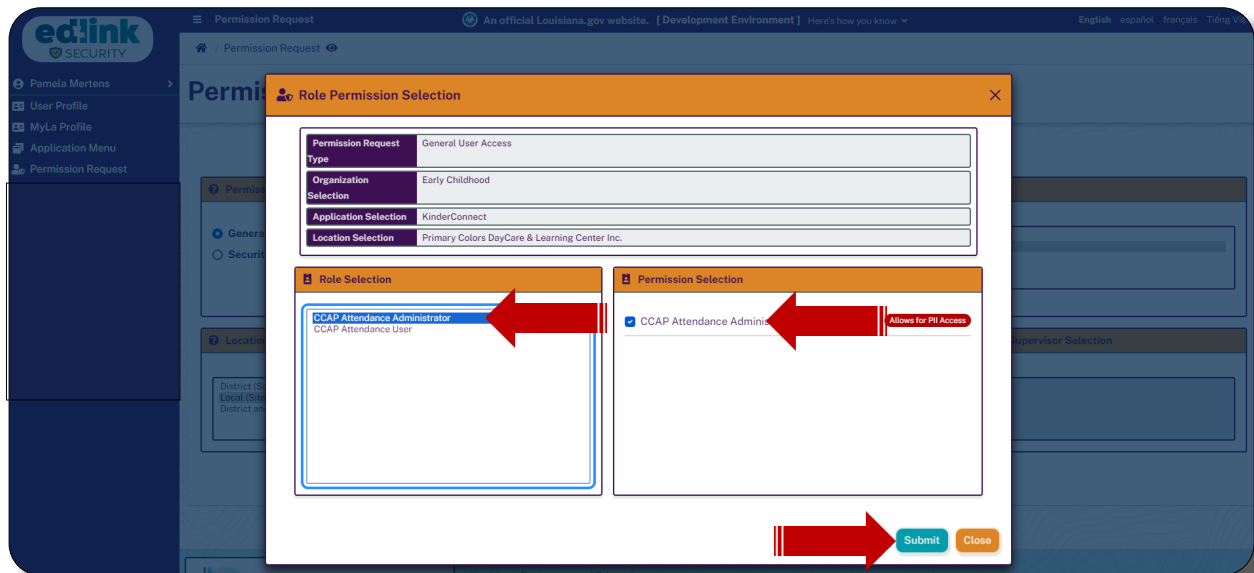
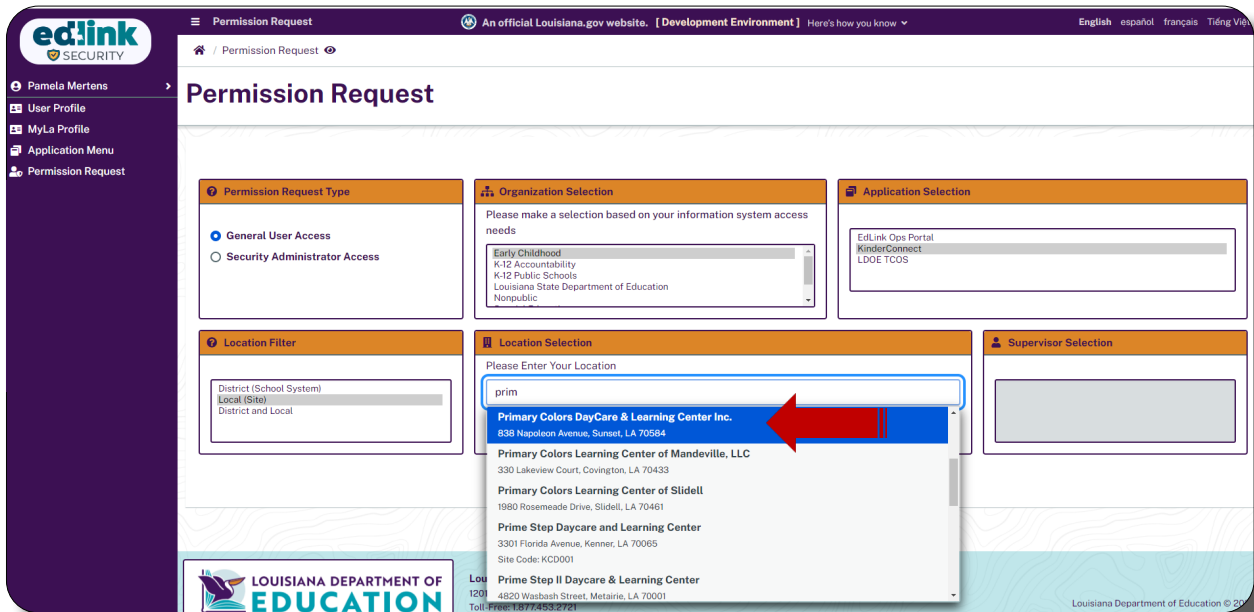
Local (Site)

District and Local

Location Selection

Please Enter Your Location

Supervisor Selection

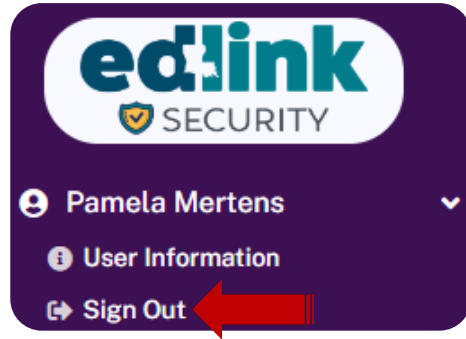


Select:

- Entity Manager to access all features and functions (renewals, license changes, closures, banking, CCAP, etc.)
- Staff Administrator to access all Staff info, credentials and KinderConnect (attendance, roster, clock in/out)
- Other Staff/Teacher to access your own credentials and update personal contact information. This is a great way to maintain your digital portfolio that you may take with you from employer to employer.

Please allow 24-48hrs for LDOE review and approval of your requests. Do not submit an Edlink Support ticket to check the status of your requests. An LDOE staff member will contact you if there are any questions pertaining to your requests.

Sign out of all Edlink Ops and Edlink Security related pages. Upon LDOE approval, you will receive an email alerting you of the approval or rejection statuses of your requests.



LDOE.EDLINK.

ACCEPTED BROWSERS

GOOGLE CHROME

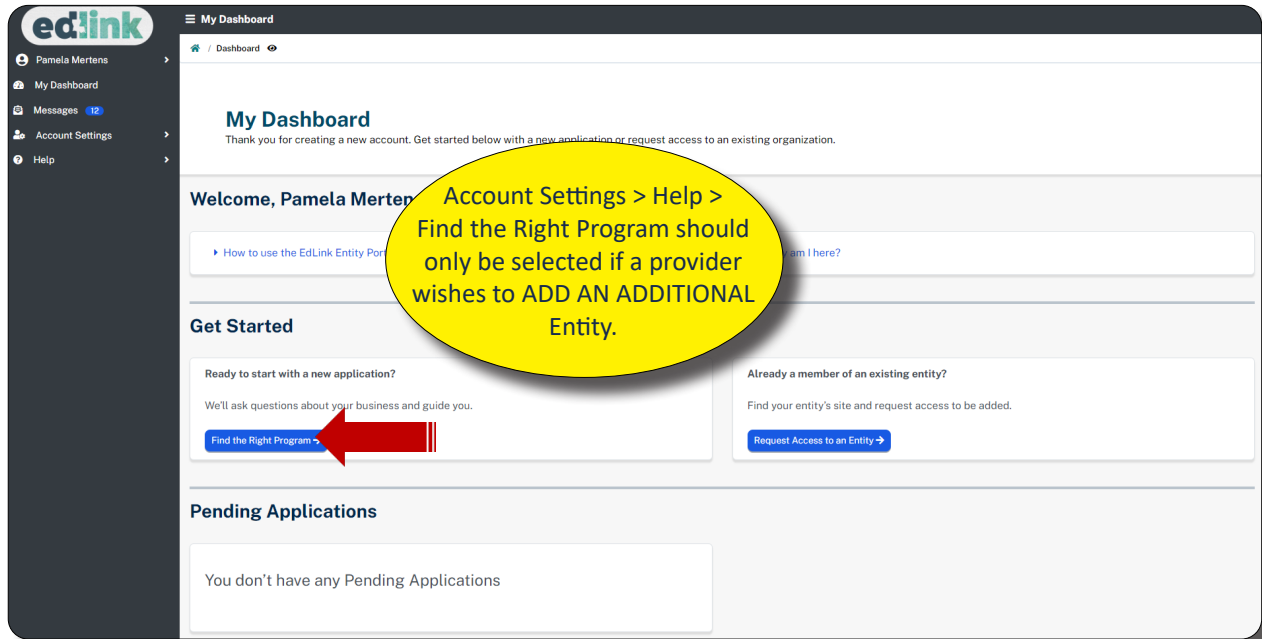


MICROSOFT EDGE

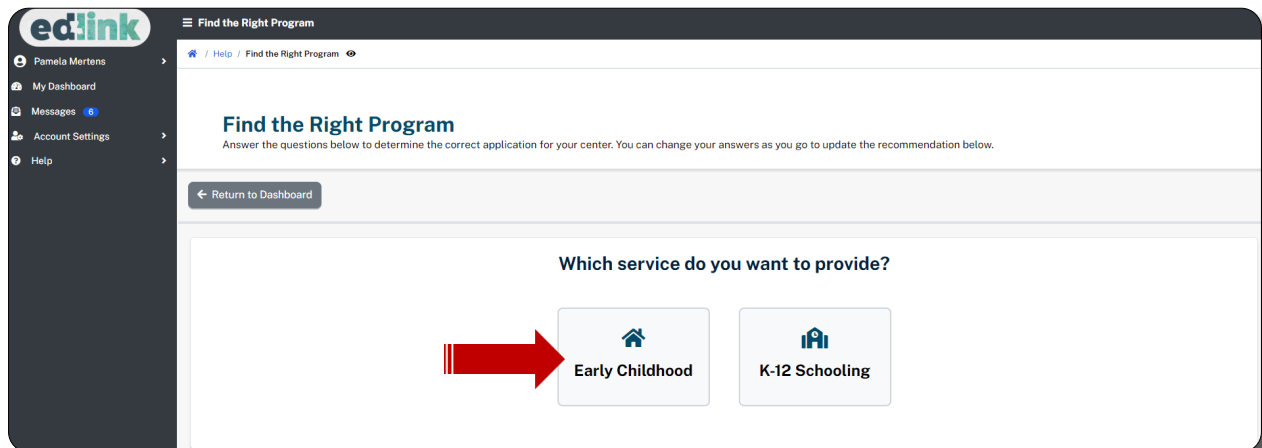


NEW PROVIDER SITE APPLICATION

The Find the Right Program feature will guide you through a series of questions designed to help determine the most suitable type of licensing or certification for you and the children in your care.



The Find the Right Program feature is also accessible in the left navigation panel under Help. Both methods will lead to the same series of questions. Please select Early Childhood by clicking on the corresponding box. The box will slightly darken, and an additional set of options will appear below the previous question.



edlink Find the Right Program

← 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

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

You may be eligible for the following benefits

Click "Learn More" to see additional details of the programs and tools available to you.

Child Care Assistance
Certified Family Child Care providers can be eligible for up to \$7,827 annually per publicly funded child!

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.

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

RECOMMENDED
Family Child Care Application
Let's begin filling out your application today.

Start Application →

By scrolling back up and adjusting your responses, a new recommendation for the type of license will appear. Please click on any of the image links above for further information regarding the benefits that may be available to you as a provider and for the children in your care. Once you have determined the appropriate license or certification type you require. Select, Start Application.

In this section, you will confirm your license type. If the appropriate license or certification type is not displayed, please click on the large gray button labeled Return to Find the Right Program to modify your responses to the series of questions. A new type may be recommended. Proceed with the application as previously instructed. If the license type is accurate, please select Continue to Application.

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

Section 1: Certification 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 Certification Type you want to continue to.

* Select Certification Type

Family Home ▾

[← Return to Find the Right Program](#)  [Continue to Application →](#)

APPLICATION HOME

Please take a moment to thoroughly review all instructions, particularly those contained within the banners. This specific blue banner outlines essential guidance regarding the order of operations and navigation through the application. It is imperative that you complete each Step in chronological order initially. Subsequently, you will have the opportunity to revisit any of the Steps in any sequence. Badges will change colors as you progress through the application. Blue: Must be selected first, Green: Step is complete and Yellow: Incomplete.

The screenshot shows the 'Application Home' page with 13 numbered steps. A blue banner at the top contains a 'Page Help' message. A red arrow points to the 'Return to Application Selector' button. Another red arrow points to the 'Fill Out Step 1' button. A yellow oval highlights the 'Fill Out Step 1' button with the text: 'Steps must be initially opened in chronological order. Steps may be revisited and completed in any order.' A second yellow oval highlights the 'Fill Out Step 7' button with the text: 'Completed Steps will turn green and incomplete Steps will turn yellow. Review Step 7 regardless of color.' At the bottom right, there is a 'Submit Application' button with an upward arrow icon.

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

[← Return to Application Selector](#)

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 Home-based Application. [Fill Out Step 1](#)

2 - Funding Source
Enter all the funding sources for your Early Learning Center on this page. [Fill Out Step 2](#)

3 - Family Child Care Provider
Provide the name, location, and contact information for your Family Child Care Provider on this page. [Fill Out Step 3](#)

4 - Services and Hours
This page allows you to enter the Center's hours of operation and list the services offered at your home-based location. [Fill Out Step 4](#)

5 - Ownership Type
This page asks for the legal Ownership type of your Family Child Care. [Fill Out Step 5](#)

6 - Home-based Provider
List all the legal Owners of the Family Child Care on this page. [Fill Out Step 6](#)

7 - Providers and Support Staff
Enter in all currently hired Providers and Other Staff on this page. [Fill Out Step 7](#)

8 - Household Members
Enter in any household members living on site at the residence. [Fill Out 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. [Fill Out Step 9](#)

10 - Emergency Plan
The Family Child Care Emergency Preparedness Plan and emergency contacts will be completed on this page. [Fill Out Step 10](#)

11 - CCAP
Review and accept the details of the Child Care Assistance Program on this page, and supply additional information about your Family Child Care fees. [Fill Out Step 11](#)

12 - Document Upload
This page allows you to upload all required supporting documentation for your Family Child Care. [Fill Out Step 12](#)

13 - Banking Information
This page will collect your banking information. [Fill Out Step 13](#)

[Submit Application →](#)


APPLICATION INSTRUCTIONS

Step 1 contains the application instructions. These instructions are tailored to your specific license type, so it is essential to read them thoroughly. This section provides links and detailed instructions for various requirements necessary for licensing or certification. Additionally, links are available for updating credentials for all staff members. A link to the CCCBCS (background check) is also included in this section.

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 Exempt 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 uploaded as part of the Licensing Application. Additional details and 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 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](#).
- ▼ 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.

To proceed to Step 2, Funding Source, you must check the box that says “Yes, I Agree” before clicking the Save and Continue button. Throughout your application, you can return to this step at any time to review the instructions or access links. Simply click on “Back/Return to Application Home Page,” then select “Step 1.”

▼ 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 **Yes, I Agree**

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

FUNDING SOURCE

Funding Source
Please fill in the Funding Source for your Home-based center. Note: Family Home applications include the Child Nutrition Program funding by default.

[← Return to Application Home](#)

Section 1: Funding Source

***How will your center be funded? Choose all that apply(at least one must be selected):**

Private Pay Child Nutrition Program

[← Back to Application Instructions](#) [Continue →](#)

FAMILY CHILD CARE PROVIDER

Enter your personal information, as shown below. FCC's must be named using your legal name, only.

Family Child Care Provider

The Family Child Care Provider information on this page will be linked to the provider profile on the LDOE School Finder website.

[← Return to Application Home](#)

Section 1: Family Child Care Provider Name

*As it will appear on [School or Center Finder](#)
MUST USE INDIVIDUAL LEGAL NAME ONLY

Section 2: Address Information

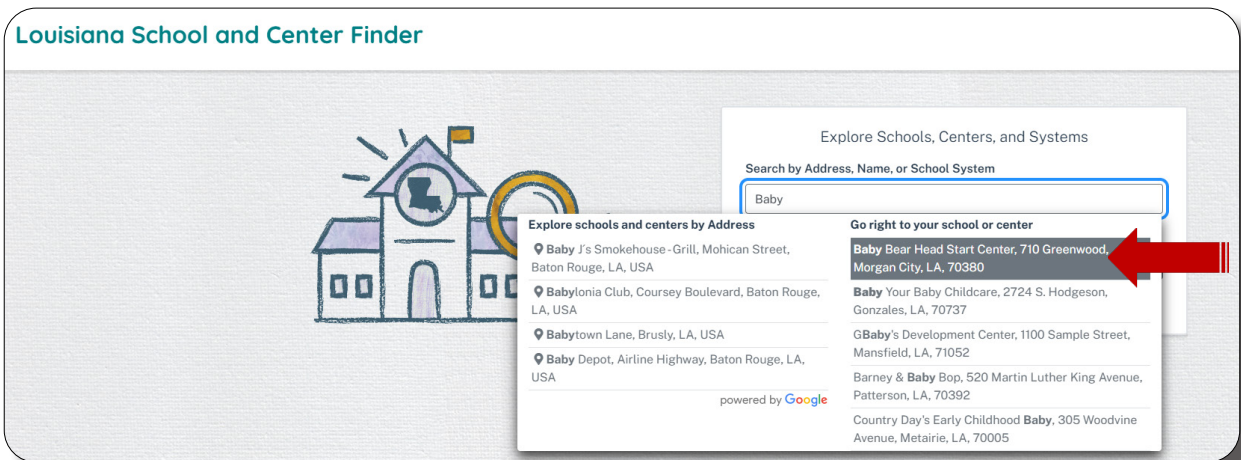
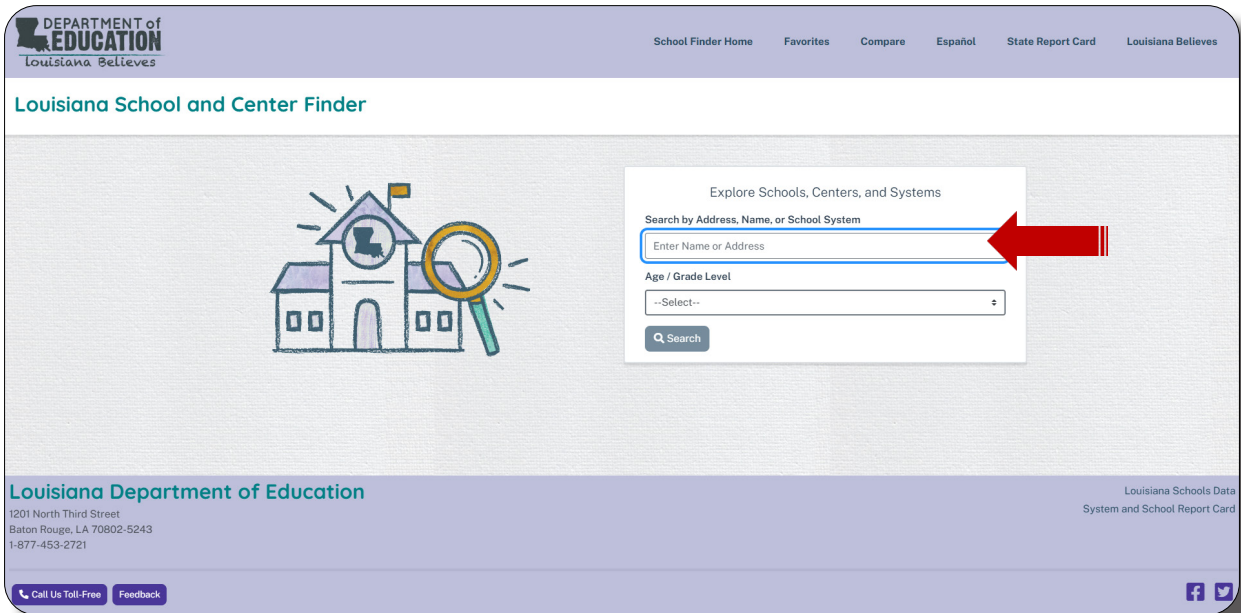
Physical Address	Mailing Address
<p>*Street Name 1 555 Mountain Way</p> <p>Street Name 2</p> <p>*City Baton Rouge</p> <p>*State Louisiana</p> <p>*Zip 88888</p> <p>*Parish/County East Baton Rouge</p> <p>Copy to Mailing</p>	<p>*Street Name 1 555 Mountain Way</p> <p>Street Name 2</p> <p>*City Baton Rouge</p> <p>*State Louisiana</p> <p>*Zip 88888</p> <p>*Parish/County East Baton Rouge</p>

Section 3: Family Child Care Provider Contacts

<p>*Primary Telephone Number 555-888-9999</p> <p>Secondary Telephone Number</p> <p>*Notification Email Address pamela.mertens@la.gov</p> <p>Provider Website Address http://www.ondricka.us/shop/form.lsp</p>	<p>Provider Facebook Page https://www.facebook.com/user</p> <p>Provider Twitter Account</p> <p>Provider Instagram Account</p>
---	---

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

LOUISIANA SCHOOL AND CENTER FINDER



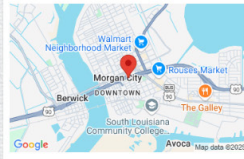
Close the link's browser tab if you are finished searching. All links opened from within the application, may be closed at any time without impacting the application process. Each link opens into a separate window.

Baby Bear Head Start Center

Early Childhood Performance Rating

Proficient

Star Rating ★★★★☆



[View Maps](#) 710 Greenwood
Morgan City, LA
70380

985-385-6950
afrank6333@aol.com

Mon 07:45am to 03:30pm
Tue 07:45am to 03:30pm
Wed 07:45am to 03:30pm
Thu 07:45am to 03:30pm
Fri 07:45am to 03:30pm

About Academic Performance **Inspections**

Overview

Ages / Grades Served
Toddler (ages 1-2)-PK (ages 3-4)

Director / Principal
Mrs. Damita Hawkins
Mrs. Damita Burrell

District / Parish
St. Mary Parish

Transportation
Yes

School Type
Early Head Start/Head Start
Licensed Center

How to Enroll
<https://www.stmaryk12.net/Page/6771>

Takes Child Care Assistance Program (CCAP)
No

License Type
III

Inspection Visit Information
[Click here to view inspection visit information](#)

Before Care
Yes

About Academic Performance **Inspections**

What is this site's rating for classroom quality? i

Proficient

4.57 2022-2023 Site Score

[Download PDF Report Card](#)

How is classroom quality measured?

Proficient

4.57 2022-2023 Site Score

Excellent	6.00–7.00
High Proficient	5.25–5.99
Proficient	4.50–5.24
Approaching Proficient	3.00–4.49
Unsatisfactory	1.00–2.99

These are scores based on classroom observations of teacher-child interactions. Classrooms with high-quality teacher-child interactions are supportive, organized, and promote children's learning and development.




Facility Inspections

Inspection visit information is available online. However, if a report is not available or if you are unable to access the report, you may contact the LDOE Division of Licensing at (225)342-9905 for this information.

Early learning centers receive monitoring on the 43 regulations by the LDOE Division of Licensing. For more detailed information on these regulations [click here](#).

Most Recent Inspection Visits

Inspection Date	Inspection Type	Details
08-26-2024	Follow Up To Annual	No deficiencies were cited  View Inspection Report
05-16-2024	Annual Inspection	Deficiencies were cited on this date - View Inspection Report
05-23-2023	Annual Inspection	No deficiencies were cited on this date - View Inspection Report
05-12-2022	ANNUAL SURVEY	No deficiencies were cited on this date - N/A
04-07-2022	FOLLOW-UP TO COMPLIANCE	Deficiencies were cited on this date - View Inspection Report
02-14-2022	COMPLIANCE	Deficiencies were cited on this date - View Inspection Report
08-24-2021	ANNUAL SURVEY	No deficiencies were cited on this date - N/A
03-24-2021	COMPLIANCE	No deficiencies were cited on this date - N/A
10-07-2020	ANNUAL SURVEY	No deficiencies were cited on this date - N/A

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: Licensed Capacity

*Enter Age

Minimum age being served

*Select Age Range

*Enter Age

Maximum age being served

*Select Age Range

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 all times of operation are the same, enter the first day and select "Copy to All".

Section 2: Operating Hours

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

*Is this facility open 24 hours a day? No

Day

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

Open

Open
 Open
 Open
 Open
 Open
 Closed
 Closed

Open From:

06:00 AM
07:00 AM
07:00 AM
07:00 AM
07:00 AM
--:--:--
--:--:--

Open Until:

05:00 PM
05:00 PM
05:00 PM
05:00 PM
05:00 PM
--:--:--
--:--:--

Copy to all

Section 3: Additional Services

Before Care

After Care

Summer/Holiday Hours

All Day

Half Day

Half Day Only

Overnight Care (9pm to 6am)

Transportation (To/From Home or School)

Transportation (Field Trips)

Special Needs

[← Back to ELC Information](#)

[Save and Continue →](#)

OWNERSHIP TYPE

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

[← Return to Application Home](#)

Section 1: Ownership Type

Select your organization structure type

- Select--
- Select--
- Individual**
- Corporation/LLC
- Partnership

[← Back to Services and Hours](#) [Save and Continue →](#)

In Home and FCC sites types will never be a Corporation.

Section 1: Ownership Type

Select your organization structure type

Individual

Section 2 - Individual Owner

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

Tax information

As an individual owner, your SSN will be utilized for any tax reporting required by the Louisiana Department of Education and Louisiana Department of Revenue for all state funding received.

[← Back to Services and Hours](#) [Save and Continue →](#)

HOME-BASED PROVIDER

Home-based Provider

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.

[← Return to Application Home](#)

Section 1: Name and Contact

Owner Name

Prefix

*First Name

Pamela

Middle Name

*Last Name

Mertens

Suffix

Owner Information

*Primary Phone Number

746-786-8765

Secondary Phone Number

*Email Address

pm@gmail.COM

This employee is an emergency contact for this Center

Yes

I will be working on-site at this Center

Yes



Section 2: Address Information

Physical Address

*Street Name 1

555 Mountain Way

Street Name 2

*City

Baton Rouge

*State

Louisiana

*Zip

75455

*Parish/County

East Baton Rouge

[Copy to Mailing](#)



Mailing Address

*Street Name 1

555 Mountain Way

Street Name 2

*City

Baton Rouge

*State

Louisiana

*Parish/County

East Baton Rouge

*Parish/County

East Baton Rouge

Personal Information must be factual. Your account and action within your account are linked to your SSN.

Section 3: Personal Identification

*Date of Birth

01/01/1980

*SSN

***-**-5333

*Identification Number

46486786

*Issuing State

Louisiana

*Sex

Female

*Race

White

Are you married?

No



[← Back to Ownership Type](#)

If you are married, you must enter your spouse's information, as you did your own. Your spouse also requires an Eligible CCCBC.

[Save and Continue →](#)




PROVIDERS AND SUPPORT STAFF

Red triangles indicate that the individual Provider or Staff requires your review. The triangle will disappear if all required uploads and entries have been made.

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	
 Pamela Mertens	--Select--	746-786-8765	pm@gmALL.COM	Incomplete	 

[+ Add New](#)

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

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

Provider's and Support Staff
Provide the details for all Family Home and In Home providers that will be working on site at the Center.

Section 1: Employment Details

* Will you be working with children? Yes No

* Position Type

* Years of experience in a licensed center


* Date appointed to current role

* Date Hired in any Capacity

Qualify for School Readiness Tax Credit Level Yes

Section 5: CCCBC Eligibility Certification
Provide a copy of your approved Child Care Civil Background Check eligibility certification.

* Upload File(s)

Choose File 

[Cancel and Return](#) [Save and Continue →](#)

See your CCCBC Portal account for Letter of Eligibility.

Required credentials are the Provider's responsibility to complete and present in this application. Utilize Home-Based Child Care Centers at <https://doe.louisiana.gov/early-childhood/home-based-child-care-centers>. Links for training and certifications are located here. See the CCDF Bulletin 139 for detailed requirements.

Section 6: Degrees and Certifications

Add all required degrees, certifications, and/or experience documentation below.

CPR Training

Upload a copy of the required documentation and provide any additional details.

*Certified by ← *Expiration Date ←

*Choose File Browse ←

Test.docx

Pediatric First Aid

Upload a copy of the required documentation and provide any additional details.

*Certified by *Expiration Date

*Choose File Browse

Test.docx

Set scanner profile:
70-100 DPI, B&W, PDF/
JPG/BMP

CCAP Pre-Service Orientation

Upload a copy of the required documentation and provide any additional details. [External Link](#)

*Certified by *Date Completed

*Choose File Browse

Test.docx

Mandated Reporters

Upload a copy of the required documentation and provide any additional details.

*Certified by *Expiration Date

*Choose File Browse

Test.docx

Medication Administration Training

Upload a copy of the required documentation and provide any additional details.

*Certified by *Expiration Date

*Choose File Browse

Test.docx

Pre-Service Orientation (Key Orientation Modules) External Link [↗](#)

Upload a copy of the required documentation and provide any additional details. Must complete modules 1-3

*Certified by *Date Completed

*Choose File

Clock Hours

Upload a copy of the required documentation and provide any additional details.

Total Hours Completed Date Completed

Choose File

Click on the trash can or eye icon to delete or view uploads.

Section 7: Optional Records

Add any Education/Training, Certifications, or Experience for each staff member. Choose the category and type from the drop down selections and upload the supporting documentation. Some suggestions would be:

- Ancillary Certificate
- Continuing Education Training
- Degrees
- College Credit Hours
- Experience
- Medication Administration Training

Category	Type	Date Completed/Awarded	Expiration Date
There are no records to show			

*Category

*Type

Choose File

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.

Section 1: Providers and Support Staff



Name	Position Type	Primary Phone Number	Email Address	Date Hired	
Pamela Mertens	Provider	746-786-8765	pm@gmAIL.COM	12/12/2024	<input type="button" value="👁"/> <input type="button" value="🗑"/>

ADDING 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	
Pamela Mertens	Provider	746-786-8765	pm@gmail.COM	12/12/2024	 

[+ Add New](#)

[← Back to Home Based Provider](#) [Continue →](#)

1 Step 1/2
Add New Provider/Support Staff - Staff Information

Provider's and Support Staff
Provide the details for all Family Home and In Home providers that will be working on site at the Center.

Section 1: Employment Details

* Will you be working with children?
 Yes No

* Position Type
Secondary Provider

* Date appointed to current role
01/06/2025

* Date Hired in any Capacity
01/06/2023

Qualify for School Readiness Tax Credit Level
 No

Section 2: Name and Contact

Staff Name:
Prefix
First Name: Laurianne
Middle Name
Last Name: Barrows
Suffix

Staff Information:
* Primary Phone Number: 938-717-7436
Secondary Phone Number
* Email Address: jayne@fatleyledner.us

Section 3: Address Information

Physical Address

* Street Name 1: 734 Glover Tunnel
Street Name 2
* City: East Brannon * State: Louisiana
* Zip: 75455 * Parish/County: Cameron

Mailing Address

* Street Name 1: 734 Glover Tunnel
Street Name 2
* City: East Brannon * State: Louisiana
* Zip: 75455 * Parish/County: Cameron

[Copy to Mailing](#)

Section 4: Personal Identification

*Date Of Birth: 01/10/1980

*SSN: ***-**-5533

*Identification Number: 136009366

*Issuing State: Louisiana


*Sex: Female



*Race: White


Section 5: CCCBC Eligibility Certification

Provide a copy of your approved Child Care Civil Background Check eligibility certification.

*Upload File(s)

Choose File 

Test.docx  



2 Step 2/2
Add New Staff Member - Staff Information

Provider's and Support Staff
Provide the details for all Center Staff that will be working on site.

Section 6: Degrees and Certifications
Add all required degrees, certifications, and/or experience documentation below.



CPR Training
Upload a copy of the required documentation and provide any additional details.

*Certified by: American Red Cross

*Expiration Date: 01/31/2026

*Choose File

Choose File

Test.docx  



Pediatric First Aid
Upload a copy of the required documentation and provide any additional details.

*Certified by: American Red Cross

*Expiration Date: 01/17/2026

*Choose File

Choose File

Test.docx  

CCAP Pre-Service Orientation [External Link](#)



Upload a copy of the required documentation and provide any additional details.

*Certified by: Udemy

*Date Completed: 01/01/2025

*Choose File

Choose File

Test.docx  

If your document is uploading properly, you will see these status bars as the upload is completed.

Mandated Reporters

Upload a copy of the required documentation and provide any additional details.

*Certified by: State of LA

*Expiration Date: 01/25/2026

*Choose File: Choose File [Browse]

Test.docx [Progress bar: 100%]

Test.docx [View] [Delete]

Medication Administration Training

Upload a copy of the required documentation and provide any additional details.

*Certified by: Certified Agency

*Expiration Date: 01/23/2026

*Choose File: Choose File [Browse]

Test.docx [View] [Delete]

Pre-Service Orientation (Key Orientation Modules)

Upload a copy of the required documentation and provide any additional details. Must complete modules 1-3 [External Link](#)

*Certified by: Udemy

*Date Completed: 01/01/2025

*Choose File: Choose File [Browse]

Test.docx [View] [Delete]

Clock Hours

Upload a copy of the required documentation and provide any additional details.

*Total Hours Completed: 12

*Date Completed: 01/01/2025

*Choose File: Choose File [Browse]

Test.docx [View] [Delete]

Section 7: Optional Records

Add any Education/Training, Certifications, or Experience for each staff member. Choose the category and type from the drop down selections and upload the supporting documentation. Some suggestions would be:

- Ancillary Certificate
- Continuing Education Training
- Degrees
- College Credit Hours
- Experience
- Medication Administration Training

Category	Type	Date Completed/Awarded	Expiration Date
There are no records to show			

*Category: Education/Training

*Choose File: Choose File [Browse]

Test.docx [View] [Delete]

*Type: --Select--
--Select--
Continuing Education Training
Degree
College Credit Hours
6 credit hrs or 90 clock hrs

[Checkmark]





Cancel [Save Staff Record]

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	
Pamela Mertens	Provider	746-786-8765	pme@gmail.COM	12/12/2024	 
Laurianne Barrows	Secondary Provider	938-717-7436	jayne@flatleyledner.us	01/06/2023	 

[+ Add New](#)

[← Back to Home-based Provider](#)

 [Continue →](#)

HOUSEHOLD RESIDENTS

All residents must be listed in your application. This includes children under the age of 18, extended family members, and any college students who still live in the home. Social Security numbers are required for all residents who are 18 years or older. Additionally, CCCBC eligibility is required for these same residents.

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

[← Return to Application Home](#)

Section 1: List Residents

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

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

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

[← Return to Application Home](#)

Section 1: List Residents

First Name	Middle Name	Last Name	Staff Member	Relationship	Date of Birth
<input type="text" value="Pamela"/>	<input type="text"/>	<input type="text" value="Mertens"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Self"/>	<input type="text" value="01/08/1980"/>	<input type="text" value="***-**-5533"/>	<input type="text" value="136009366"/>	<input type="text" value="Louisiana"/>	
<input type="text" value="992-799-7915"/>	<input type="text" value="pm@gmail.COM"/>				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Click on the pencil icon to edit the resident and the trashcan to delete.

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	
Pamela		Mertens	Y	Self	01/08/1980	
+ Add New						



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

Household Residents

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

[← Return to Application Home](#)

Section 1: List Residents

First Name	Middle Name	Last Name	Staff Member	Relationship	Date of Birth	
Pamela		Mertens	Y	Self	01/08/1980	 


* First Name	Middle Name	* Last Name	Suffix	
<input type="text" value="Maggie"/>	<input type="text"/>	<input type="text" value="Mertens"/>	<input type="text"/>	
* Relationship Type	* Date of Birth	* SSN	* ID Number	* Issuing State
<input type="text" value="Child or dependent (under 18)"/>	<input type="text" value="01/09/2021"/>	<input type="text" value="***-**-5533"/>	<input type="text" value="0000000000"/>	<input type="text" value="Louisiana"/>
Phone Number	Email Address			
<input type="text"/>	<input type="text"/>			
* Is this resident a staff member?				
<input checked="" type="radio"/> No				
<input checked="" type="checkbox"/>				

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	
Pamela		Mertens	Y	Self	01/08/1980	 
Maggie		Mertens	N	Child or dependent (under 18)	01/09/2021	 

[+ Add New](#)

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

[Save and Continue →](#)

CHILD CARE CRIMINAL BACKGROUND CHECK (CCCBC)

All residents must be listed in your application. This includes children under the age of 18, extended family members, and any college students who still live in the home. Social Security numbers are required for all residents who are 18 years or older. Additionally, CCCBC eligibility is required for these same residents.

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 License Exempt Child Care Providers will be given one user account 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](#)




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

 Refresh CCCBC Status

Status	Name	Contact Number	Position Type	Email Address	CCCBC expiration date
Eligible	Pamela Mertens	746-786-8765	Provider	pm@gmALL.COM	07/07/2028
Eligible	Laurianne Barrows	938-717-7436	Secondary Provider	jayne@flatleyedner.us	N/A

 [← Back to Household Members](#)

 [Save and Continue →](#)

EMERGENCY PREPAREDNESS PLAN

To get started, download the Emergency Preparedness Template located at the top of the page and save it to your computer. This PDF document is editable, allowing you to fill it out electronically, except for your signature. Be sure to save your information as you work through the document by saving a copy to your hard drive.

Once you have completed the Plan, you will need to print it, then scan and upload the finished document. To upload, select the "Browse" button to locate the file on your personal computer. Double-click on the file or select it and click "Open" to begin the upload process.

If you already have an existing Emergency Preparedness Plan (EPP), you may upload that file, as long as it covers all the sections indicated by the Template. Additionally, download the Emergency Plan Requirements and save it to your computer.

The screenshot shows a web application interface for creating an Emergency Preparedness Plan. It is divided into three main sections:

- Section 1: Upload your Plan**: Includes a "Download Plan Template" button, a file upload area with a "Browse" button, and a preview of a file named "Emergency Plan Test.docx".
- Section 2: Emergency Plan Requirements**: Includes an "Info" message box and a "Download Emergency Plan Requirements" button.
- Section 3: Emergency Contacts**: Includes a "Warning" message box and a table of emergency contacts.

Annotations include a yellow oval with the text "Set scanner profile: 70-100 DPI, B&W, PDF/JPG/BMP" pointing to the file upload area, and several red arrows pointing to the "Download" buttons, the "Add New" button, and the "Save and Continue" button.

Contact Type	Name	Primary Phone	Secondary Phone
On-Site	Pamela Mertens	746-786-8765	

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 Home-based location 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	Pamela Mertens	746-786-8765	

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

*Off-Site Emergency Contact Name: *Primary Phone Number: Secondary Phone Number:

*Email Address:

Section 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 Home-based location 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	Pamela Mertens	746-786-8765	
Off-Site	Patty Reynolds	554-354-3435	

+Add New

[← Back to Background Check](#)

[Save and Continue →](#)

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.

MANDATORY FOR FCC PROVIDERS

[← Return to Application Home](#)

Section 1: CCAP Provider Agreement Provisions

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

13. Providers must complete required training prior to initial certification. Required trainings include: CCAP PreService Orientation, current Pediatric and Adult CPR, current Pediatric First Aid, Medication Administration, Mandated Reporter, and Key Orientation Training Modules.

14. Provider is required to complete 12 clock hours of annual trainings prior to recertification that include the 11 Health and Safety topics. Annual training must be completed by an approved vendor as provided at www.louisianabelieves.com.

Pursuant to Bulletin 139, listed below are the Child Care Development Fund (CCDF) required health and safety trainings for CCAP providers:

- A. Prevention and control of infectious diseases (including immunization)
- B. Prevention of sudden infant death syndrome and use of safe sleeping practices
- C. Administration of medication, consistent with standards for the caregivers consent
- D. Prevention and response to emergencies due to food and allergic reaction
- E. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and veh

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

Accepted

Download a copy of the CCAP Provider Agreement for your records.

[Download CCAP Agreement](#)

Click and hold the scroll bar, dragging it to the bottom of the content box. The Accepted option can not be checked if this is not done first.

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 12 form and must collect the difference between the rate charged and the amount of CCAP assistance received. I also understand that this difference is the caregiver's "copay."
- *Initial Here I will ensure current Criminal Background Checks are available for all staff working and/or living in my child care, age 18 and over (family child care, in-home (only the provider needs a CBC), early learning center, military or school) prior to caring for any children.
- *Initial Here I agree to report problems with a Point of Service (POS) device, finger image scanner, Interactive Voice Response System or any attendance-tracking device to the Conduent Provider Help Desk (1.888.281.0326) and the Department within 48 hours of failure. If a new attendance tracking system is used, issues for checking in/out with tracking devices will be reported immediately.
- *Initial Here I agree to notify the Department immediately of the removal of any child(ren) from care that have not attended or enrolled or that has transferred to another child care Provider so that payment from the Department for the child(ren) can be discontinued immediately.
- *Initial Here I will retain supporting fiscal documents (invoices, remittances, attendance logs, etc.) adequate to ensure that claims for matching federal funds for review and audit purposes in accordance with federal requirements. I 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. Additionally, I will also maintain grant related records for a period of no less than 5 years.
- *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 fourteen (14) calendar days of such notice, the Department may suspend payments to the Provider until the Provider is determined to be in compliance.
- *Initial Here I understand that if I do not submit required documentation timely that my initial or renewal application will be denied.

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 Group	*Full Daily Rate	*Part Time Hourly Rate
Age 0	<input type="text" value="45"/>	<input type="text" value="20"/>
Age 1	<input type="text" value="45"/>	<input type="text" value="20"/>
Age 2	<input type="text" value="45"/>	<input type="text" value="20"/>
Age 3	<input type="text" value="45"/>	<input type="text" value="20"/>
Age 4	<input type="text" value="45"/>	<input type="text" value="20"/>
Age 5 & Over	<input type="text" value="45"/>	<input type="text" value="20"/>

Enter the actual rate/fees charged for each age group. This amount will not effect the CCAP benefit rate.

***Do you charge a registration fee?** No

***Do you charge a registration fee?** Yes

***Registration Fee** Example 75.00

***This fee is charged**

***This fee is collected**

***Overnight Care Fee(9pm to 6am)** Example 75.00

This fee is collected

***Transportation Fee(Field Trips)** Example 75.00

This fee is charged

This fee is collected

Section 4: Agreement Signatures
 An authorized Director or Owner will need to sign the Child Care Assistance Program Agreement.

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

***Position Type** ***Full Name** ***Today's Date**

***Position Type** ***Full Name** ***Today's Date**

[← 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

Test.docx 100%

State Fire Marshal Information	Test.docx	01/10/2025	Status	Under Review	<input type="button" value="View"/> <input type="button" value="Delete"/>
--------------------------------	-----------	------------	--------	--------------	---

Section 2: Proof of Residency

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

***Upload File**

Choose File

Proof of Residency	Test.docx	01/10/2025	Status	Under Review	<input type="button" value="View"/> <input type="button" value="Delete"/>
--------------------	-----------	------------	--------	--------------	---

Section 3: Verification of Identity

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

***Upload File**

Choose File

Test.docx

Section 4: 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.docx	01/10/2025	Status	Under Review	<input type="button" value="View"/> <input type="button" value="Delete"/>
-----------------------	-----------	------------	--------	--------------	---

Section 5: 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.docx	01/10/2025	Status	Under Review	<input type="button" value="View"/> <input type="button" value="Delete"/>
------------------	-----------	------------	--------	--------------	---

Section 7: Rates Verification

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

***Upload File**

Choose File

Rate Verification	Test.docx	01/10/2025	Status	Under Review	<input type="button" value="View"/> <input type="button" value="Delete"/>
-------------------	-----------	------------	--------	--------------	---

[Back to CCAP](#)

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

Enter the updated banking information below for the Bank and Account Holder.

Banking Details

*Bank Name
BOA

*Bank Routing Number
465465465

*Bank Account Number
4654654654654

*Disbursement Type
D-Personal Checking

Banking Address

*Street Name 1
25 Round St

Street Name 2

*City
Baton Rouge

*State
Louisiana

*Zip
55548

*Parish/County
Desoto

Account Holder Details

*Account Owner - First Name
Pamela

Account Owner - Middle Initial

*Account Owner - Last Name
Mertens

DBA (Business Name)

Payee Address

*Street Name 1
445 Blue Rd

Street Name 2

*City
New Orleans

*State
Louisiana

*Zip
56455

*Parish/County
East Baton Rouge



Section 2: Banking Documents

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

[Download Bank Info Template](#)

*Upload File

Choose File

Banking Information	Status	
Test.docx 01/10/2025	Under Review	 

[← Back to Document Upload](#)

[Save and Review →](#)

Download, complete and upload the Direct Deposit Authorization Form.

COMPLETED FCC APPLICATION HOME

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 Application Home page lists all the required steps in completing the Home-based 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 Home-based 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 - Family Child Care Provider Provide the name, location, and contact information for your Family Child Care 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 home-based location.	Review or Edit 4 Complete
5 - Ownership Type This page asks for the legal Ownership type of your Family Child Care.	Review or Edit 5 Complete
6 - Home-based Provider List all the legal Owners of the Family Child Care 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 Family Child Care 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 Family Child Care fees.	Review or Edit 11 Complete
12 - Document Upload This page allows you to upload all required supporting documentation for your Family Child Care.	Review or Edit 12 Complete
13 - Banking Information This page will collect you banking information.	Review or Edit 13 Complete

[Submit Application →](#)

APPLICATION STATUSES

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.

Welcome Back, Pamela Mertens
 Welcome to your Entity Management Dashboard. Here you can review and make changes to your entity.

Entity

License Details

License Type	License Number
Certification Status	Expires

Helpful links

EdLink Support	CPR and First Aid Vendors
Child Care Health Consultants	Emergency Preparedness
CCCBC	Fire Marshal Inspection
Office of Public Health	Quality Providers Library
Publicly-Funded Provider Programs	Child Care Resource & Referral Agencies

Pending Application and Actions

MUST USE INDIVIDUAL LEGAL NAME ONLY - Type Family Home				Type 3	Pending
Application ID	Category	Last Update	Expires on	Last Update	Expires on
137531	New	01/10/2025	06/24/2025	01/08/2025	04/27/2025
View	Withdraw Application				

Pending status is an application that has been completed and submitted. It can not be edited.

Pending Applications

Pamela Mertens - Type In Home				In Progress	In Home	Withdrawn	
Application ID	Category	Last Update	Expires on	Last Update	Expires on	Last Update	Expires on
115105	New	04/03/2023	06/29/2023	03/30/2023	06/28/2023		
Edit	Cancel						

Pamela Mertens - Type In Home				Withdrawn	ukitfikik - Type In Home	Pending	
Application ID	Category	Last Update	Expires on	Last Update	Expires on	Last Update	Expires on
114860	Renewal	03/30/2023	06/22/2023			03/30/2023	06/26/2023
				View	Withdraw Application		

In Progress status is an application that you are still working on and have not yet submitted. It may be edited.

FCC 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 of your license. The Renewal button will be dark grey, 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 to begin.

Welcome Back, Pamela Mertens
Welcome to your Entity Management Dashboard. Here you can review and make changes to your entity.

Warning! Your entity license is expiring in 60 days. Please start a renewal application.

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

Entity
K-Automation-24421
Yost Forest
Shaniya Manors
East Cortneybury, Louisiana, 70301

License Details

Licenses Type Family Home	Provider Number 1906328
Certification Status Closed	Expires 01/10/2025

Helpful links

- [EdLink Support](#)
- [Child Care Health Consultants](#)
- [CCCBC](#)
- [Office of Public Health](#)
- [Publicly-Funded Provider Programs](#)
- [CPR and First Aid Vendors](#)
- [Emergency Preparedness](#)
- [Fire Marshal Inspection](#)
- [Quality Providers Library](#)
- [Child Care Resource & Referral Agencies](#)

FCC RENEWAL APPLICATION HOME

Registration Renewal Home

The Renewal Application Home page lists all the required steps in completing the Home-based Renewal 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. **X**

1 - Renewal Application Instructions

This page describes all the requirements and instructions for completing the Home-based Application.

[Modify & Verify Step 1](#)

2 - Funding Source

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

[Modify & Verify Step 2](#)

3 - Family Child Care Provider

Update and verify the center's name, location, and contact information.

[Modify & Verify Step 3](#)

4 - Services and Hours

Update and verify your center's hours of operation and services offered at your home-based location.

[Modify & Verify Step 4](#)

5 - Ownership Type

Verify the legal ownership type of your Family Child Care.

[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 Family Child Care 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 Family Child Care fees.

[Modify & Verify Step 11](#)

12 - Document Upload

This page allows you to upload all required supporting documentation for your Family Child Care.

[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 - Family Home Application

[Modify & Verify Step 14](#)



[Submit Renewal Application →](#)

Only edit the information that must be edited. Upload all documents requested by Edlink in each Step.

APPLICATION INSTRUCTIONS

Renewal Application Instructions

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

[← Return to Application Home](#)



▼ 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. Additional details and 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 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

An 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](#).

▼ 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

▼ 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 →](#)

FUNDING SOURCE

Funding Source

Please fill in the Funding Source for your Home-based center. Note: Family Home applications include the Child Nutrition Program funding by default.

[← Return to Application Home](#)

Section 1: Funding Source

*How will your center be funded? Choose all that apply(at least one must be selected):

- Private Pay
- Child Nutrition Program

[← Back to Application Instructions](#)

 [Save and Continue →](#)

FAMILY CHILD CARE PROVIDER

Please review and update all the information in each section. The details currently displayed were carried over from last year's certification/registration. To edit any information, click on "Edit." The fields that can be modified will change from grey to white, indicating they are editable. Once you have made your changes, click "Save and Continue" to proceed to the next step.

Family Child Care Provider

The Family Child Care Provider on this page will be linked to the provider profile on the LDOE School Finder website.

[← Return to Application Home](#)

Section 1: Family Child Care Provider Name

*As it will appear on School or Center Finder

[Edit](#)

Only edit the information that must be edited. Do not edit your name until you have spoken to your Licensing Consultant.

Section 1: Family Child

*As it will appear on School or Center Finder

Enter the Provider's Name. This name will be shown on the school finder website for applicants to search.

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

Section 1: Family Child Care Provider Name

*As it will appear on School or Center Finder

[Edit](#)

Section 2: Address Information

Physical Address

*Street Name 1
Yost Forest

Street Name 2
Shaniya Manors

*City
East Courtneybury

*State
Louisiana

*Zip
70301

*Parish/County
Caldwell

[Copy to Mailing](#)

Mailing Address

*Street Name 1
Lelia Spring

Street Name 2
Javon Forge

*City
Christiansenchester

*State
Louisiana

*Zip
70301

*Parish/County
Caldwell

[Edit](#)

Section 3: Family Child Care Provider Contacts

*Primary Telephone Number
9925317447

Secondary Telephone Number
5798567675

*Notification Email Address
madyson.boyer@macejkovicfisher.com

Provider Website Address
http://www.kreiger.ca/shop/food/applet.jsp

Provider Facebook Page
https://www.facebook.com/user

Provider Twitter Account
https://www.twitter.com/user

Provider Instagram Account
https://www.instagram.com/user

[Edit](#)

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

SERVICE 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.

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: Licensed Capacity

*Enter Age: Minimum age being served

*Select Age Range:

*Enter Age: Maximum age being served

*Select Age Range:

[Edit](#)

Section 1: Licensed Capacity

*Enter Age: Minimum age being served

*Select Age Range:

*Enter Age: Maximum age being served

*Select Age Range:

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.

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

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="radio"/> Open	<input type="text" value="07:00 AM"/>	<input type="text" value="05:00 PM"/>	Copy to all
Tuesday	<input checked="" type="radio"/> Open	<input type="text" value="07:00 AM"/>	<input type="text" value="05:00 PM"/>	
Wednesday	<input checked="" type="radio"/> Open	<input type="text" value="07:00 AM"/>	<input type="text" value="05:00 PM"/>	
Thursday	<input checked="" type="radio"/> Open	<input type="text" value="07:00 AM"/>	<input type="text" value="05:00 PM"/>	
Friday	<input checked="" type="radio"/> Open	<input type="text" value="07:00 AM"/>	<input type="text" value="05:00 PM"/>	
Saturday	<input type="radio"/> Closed	<input type="text" value="--:--"/>	<input type="text" value="--:--"/>	
Sunday	<input type="radio"/> Closed	<input type="text" value="--:--"/>	<input type="text" value="--:--"/>	

[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](#) [Save and Continue →](#)

OWNERSHIP TYPE

Please review and update all of the information in each section. The details you see have been carried over from last year's certification or registration. To make changes, simply type in the correct information. Once you have completed your edits, select "Save and Continue" to move on to the next step.

Ownership Type

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

[← Return to Application Home](#)

Section 1: Ownership Type

*Select your organization structure type [?](#)

Individual

Section 2 - Individual Owner

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

Tax information

As an individual owner, your SSN will be utilized for any tax reporting required by the Louisiana Department of Education and Louisiana Department of Revenue for all state funding received.

[← Back to Services and Hours](#) [Save and Continue →](#)

A Change in Ownership Type application must be completed and approved by LDOE. See the Edlink Training page for instructions.

RETURN TO INCOMPLETE RENEWAL APPLICATION

Entity Dashboard

Home / Dashboard

Welcome Back, Pamela Mertens

Welcome to your Entity Management Dashboard. Here you can review and make changes to your entity.

Entity

License Details	License Number	Expires
Licenses Type		
License Status		

Helpful links

- EdLink Support
- Child Care Health Consultants
- CCCBC
- Office of Public Health
- Publicly-Funded Provider Programs
- CPR and First Aid Vendors
- Emergency Preparedness
- Fire Marshal Inspection
- Quality Providers Library
- Child Care Resource & Referral Agencies

Pending Application and Actions

Pamela Mertens - Type Family Home In Progress			
Application ID	Category	Last Update	Expires on
138136	Renewal	01/10/2025	07/09/2025
Edit	Cancel		

MUST USE INDIVIDUAL LEGAL NAME ONLY - Type Family Home Pending			
Application ID	Category	Last Update	Expires on
137531	New	01/10/2025	06/24/2025
View	Withdraw Application		

HOME-BASED PROVIDER

Please review and update the information in each section. The data you see now has been carried over from last year's certification/registration. To edit any information, select "Edit." The fields that can be modified will change from gray to white, indicating that they are editable. Once you have made your changes, select "Save and Continue" to proceed to the next step.

Home-based Provider

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

[← Return to Application Home](#)

Owner Information

Owner Name Odell Leffler	Primary Phone 734-605-9509	Secondary Phone 628-948-2767	
Email Address alicia@prohaska.ca	Emergency Contact Yes	Working on Site Yes	
Physical Address 367 Block Rue Apt. 881 North America, Louisiana, 26176 Calcasieu	Mailing Address 367 Block Rue Apt. 881 North America, Louisiana, 26176 Calcasieu		
Date of Birth 12/05/1985	SSN ***-**-5333	Identification Number 160701350	Issuing State LA
Sex Male	Race Asian	Married Yes	

Background Status

CCCBC Status Eligible	Staff Record Name Elinore McKenzie	CCCBC Expiration Date 07/07/2028
---------------------------------	--	--

Owner's Spouse Information

Owner Name Elinore McKenzie	Primary Phone 486-595-9705	Secondary Phone 002-113-4738	
Email Address karley.bechtelar@wisokykerluke.uk	Emergency Contact Yes	Working on Site Yes	
Physical Address 367 Block Rue Apt. 881 North America, Louisiana, 26176 Calcasieu	Mailing Address 367 Block Rue Apt. 881 North America, Louisiana, 26176 Calcasieu		
Date of Birth 02/02/1990	SSN ***-**-5333	Identification Number 178421283	Issuing State AK
Sex Female	Race Asian	Married Yes	

Background Status

CCCBC Status Eligible	Staff Record Name Elinore McKenzie	CCCBC Expiration Date 07/07/2028
---------------------------------	--	--

Remove Spouse

Click the "Remove Spouse" button to submit supporting documentation for a Licensing Consultant to review.

[Remove Spouse !\[\]\(76797197189e9ae8ef1a654352b4eac4_img.jpg\)](#)

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

REMOVE SPOUSE

Remove - Spouse

Review the information below and provide a justification of the changes being requested.

[← Return to Application Home](#)

Remove Spouse

Owner Name Elinore McKenzie	Contact Information karley.bechtelar@wisokykerluke.uk 486-595-9705	Emergency Contact for Entity <input checked="" type="checkbox"/> Yes
Physical Address 367 Block Rue Apt. 881 North America, Louisiana, 26176 Calcasieu	Mailing Address 367 Block Rue Apt. 881 North America, Louisiana, 26176 Calcasieu	Staff Member for Entity <input checked="" type="checkbox"/> Yes

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

Change Justification

***Please describe the reason you are requesting a change to your Entity's information**

No longer married and lives elsewhere.

Example: An officer or agent was added or modified in a recent business filing with the Louisiana Secretary of State.

Separation Of Property Agreement

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

***Upload File**

Separation Of Property Agreement Test.docx 01/10/2025	Status Under Review	<input type="button" value="🗑️"/> <input type="button" value="📄"/>
---	------------------------	--

If this situation applies to you, contact your Licensing Consultant for assistance.

[← Back to Center Owner](#)

PROVIDERS AND SUPPORT STAFF

Please review and update the information for each Provider and Staff Member. Click on the pencil icon to open the staff member's page for editing. After you have uploaded all necessary documents and entered the information, make sure to click "Save." The staff list will return, and the triangle next to that specific staff member will be removed.

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	
Odell Leffler	Secondary Provider	734-605-9509	alicia@prohaska.ca	04/09/2014	
Elinore McKenzie	Provider	486-595-9705	karley.bechtelar@wisokykerluke.uk	02/08/2011	
Xzavier Bosco	Support Staff	921-538-4788	leonel_barrows@heidenreichschmitt.biz	01/01/1900	

[+ Add New](#)

[← Back to Home-based Provider](#) [Save and Continue →](#)

Note: Delete any staff that is no longer at your site. The Provider must remain in place. Do not Delete!

Step 1/2
 Edit Staff Member - Staff Information

Provider's and Support Staff
 Provide the details for all Family Home and In Home providers that will be working on site at the Center.

Section 1: Employment Details

* Will you be working with children?
 Yes No

* Position Type
 Secondary Provider

* Years of experience in a licensed center
 1

* Date appointed to current role
 03/09/2015

* Date Hired in any Capacity
 04/09/2014

Quality for School Readiness Tax Credit Level
 No

Section 2: Name and Contact

Staff Name:
 Prefix

* First Name

Middle Name

* Last Name

Suffix

Staff Information:
 * Primary Phone Number

Secondary Phone Number

* Email Address

Section 3: Address Information

Physical Address

*Street Name 1
367 Block Rue

Street Name 2
Apt. 881

*City
North America

*State
Louisiana

*Zip
26176

*Parish/County
Calcasieu

Copy to Mailing

Mailing Address

*Street Name 1
367 Block Rue

Street Name 2
Apt. 881

*City
North America

*State
Louisiana

*Zip
26176

*Parish/County
Calcasieu

Personal Identification Information must be factual. CCCBC's are linked to this information.

Section 4: Personal Identification

*Date Of Birth: 12/05/1985

*SSN: ***-**-5333

*Identification Number: 160701350

*Issuing State: Louisiana

*Sex: Male

*Race: Asian

Section 5: CCCBC Eligibility Certification

Provide a copy of your approved Child Care Civil Background Check eligibility certification.

*Upload File(s)

Choose File

elp.pdf

Step 2/2
Add New Staff Member - Staff Information

Provider's and Support Staff

Provide the details for all Center Staff that will be working on site.

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

Section 6: Staff Records

Add any Education/Training, Certifications, or Experience for each staff member. Choose the category and type from the drop down selections and upload the supporting documentation. Some suggestions would be:

- Ancillary Certificate
- Continuing Education Training
- Degrees
- College Credit Hours
- Experience
- Medication Administration Training









Category	Type	Date Completed/Awarded	Expiration Date	
Education/Training	CPR Training	N/A	01/06/2026	<input type="button" value="Remove"/>
Education/Training	Pre-Service Orientation (Key Orientation Modules)	01/06/2025	N/A	<input type="button" value="Remove"/>
Education/Training	Total Clock Hours	01/06/2025	N/A	<input type="button" value="Remove"/>
Education/Training	Mandated Reporters	N/A	01/06/2026	<input type="button" value="Remove"/>
Education/Training	Pediatric First Aid	N/A	01/06/2026	<input type="button" value="Remove"/>
Education/Training	CCAP Pre-Service Orientation	01/06/2025	N/A	<input type="button" value="Remove"/>
Education/Training	Medication Administration Training	N/A	01/06/2026	<input type="button" value="Remove"/>

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	
Odell Leffler	Secondary Provider	734-605-9509	alicia@prohaska.ca	04/09/2014	 
 Elinore McKenzie	Provider	486-595-9705	karley.bechtelar@wisokykerluke.uk	02/08/2011	 
 Xzavier Bosco	Support Staff	921-538-4788	leonel_barrows@heidenreichschmitt.biz	01/01/1900	 








[+ Add New](#)

[← Back to Home-based Provider](#)

[Save and Continue →](#)

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

Section 1: Providers and Support Staff







Name	Position Type	Primary Phone Number	Email Address	Date Hired	
Odell Leffler	Secondary Provider	734-605-9509	alicia@prohaska.ca	04/09/2014	 
Elinore McKenzie	Provider	486-595-9705	karley.bechtelar@wisokykerluke.uk	02/08/2011	 
 Xzavier Bosco	Support Staff	921-538-4788	leonel_barrows@heidenreichschmitt.biz	01/01/1900	 

[+ Add New](#)

[← Back to Home-based Provider](#)

[Save and Continue →](#)

Section 1: Providers and Support Staff

Name	Position Type	Primary Phone Number	Email Address	Date Hired	
Odell Leffler	Secondary Provider	734-605-9509	alicia@prohaska.ca	04/09/2014	 
Elinore McKenzie	Provider	486-595-9705	karley.bechtelar@wisokykerluke.uk	02/08/2011	 
Xzavier Bosco	Support Staff	921-538-4788	leonel_barrows@heidenreichschmitt.biz	01/01/1900	 

[+ Add New](#)

[← Back to Home-based Provider](#)

[Save and Continue →](#)



HOUSEHOLD RESIDENTS


All residents and staff must be listed in your application. This includes children under the age of 18, extended family members, and any college students who still live in the home. Social Security numbers are required for all residents who are 18 years or older. Additionally, CCCBC eligibility is required for these same 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	
Mathew	Britney	Nicolas	N	Spouse/Partner	09/29/2001	 



[+ Add New](#) 

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

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

[← Return to Application Home](#)


Section 1: List Residents

First Name	Middle Name	Last Name	Staff Member	Relationship	Date of Birth	
Mathew	Britney	Nicolas	N	Spouse/Partner	09/29/2001	 

*** 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 


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	
Mathew	Britney	Nicolas	N	Spouse/Partner	09/29/2001	 

[+ Add New](#)

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

CRIMINAL BACKGROUND CHECK (CCCBC)

All residents and staff must be listed in your application. This includes children under the age of 18, extended family members, and any college students who still live in the home. Social Security numbers are required for all residents who are 18 years or older. Additionally, CCCBC eligibility is required for these same residents.

Criminal Background Check


Center Staff members are all 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 will be given one user account 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](#)



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--

- Selected
- Action Required
- Indeterminable
- Awaiting Fingerprints
- No Match
- Eligible
- Provisional
- In Progress

[Refresh CCCBC Status](#)

Status	Name	Contact Number	Position Type	Email Address	CCCBC expiration date
Eligible	Odell Lettler	734-605-9509	Secondary Provider	alicia@prohaska.ca	07/07/2028
Eligible	Elinore McKenzie	486-595-9705	Provider	karley.bechtelar@wisokykerluke.uk	07/07/2028
Eligible	Xzavier Bosco	921-538-4788	Support Staff	leonel_barrows@heidenreichschmitt.biz	07/07/2028
Eligible	Mathew Britney Nicolas		Household Resident		07/07/2028

[Back to Household Members](#) [Save and Continue](#)

If any status other than Eligible appears by a name, return to that individual's resident or staff entry and verify all personal identification information. If all is correct and the status is still not Eligible, contact CCCBCS through their portal for assistance. Please contact your Provider Certification Administrator and inform him/her of your roadblock.

EMERGENCY PREPAREDNESS

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, [review this checklist](#), download the template below.

[Download Plan Template](#)

*File

Choose File [Browse](#)

File Name	Status	Actions
Emergency Plan elp.pdf 01/10/2025	Under Review	

Emergency Preparedness Plan must be updated yearly, reflecting new dates, staff and physical site changes. You may use the provided template below.

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 Home-based location 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	Actions
On-Site	Elinore McKenzie	486-595-9705	002-113-4738	
On-Site	Odell Leffler	734-605-9509	628-948-2767	
On-Site	Xzavier Bosco	921-538-4788		
Off-Site	Lucas McLaughlin	120-522-0622		

[+ Add New](#)

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

Warning! The Home-based location 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	Actions
On-Site	Elinore McKenzie	486-595-9705	002-113-4738	
On-Site	Odell Leffler	734-605-9509	628-948-2767	
On-Site	Xzavier Bosco	921-538-4788		
Off-Site	Lucas McLaughlin	120-522-0622		

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

***Off-Site Emergency Contact Name** ***Primary Phone Number** **Secondary Phone Number**

***Email Address**

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

CHILD CARE ASSISTANCE PROGRAM

Providers that do not charge for their services and are funded either privately or sources outside of the CCAP, will still need to read through (grab the scroll bar and slide down) the Provisions to activate the Accepted button. All others, Download the CCAP Agreement for your records. All Providers will (Entity Manager's) initials next to each CCAP Assurance. If you are a Head Start or Grant funded, you are not accepting CCAP, your entity is already on record as nonCCAP provider.

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 Provider Agreement Provisions

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

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.

Accepted

Download a copy of the CCAP Provider Agreement for your records.

[Download CCAP Agreement](#)

Section 2: CCAP Assurances

Please initial each section as you agree to the provisions.

*Initial Here PM	I understand that Federal CCAP rules require that the Provider must charge caregivers the rate provided on the current CCAP 12 form and must collect the difference between the rate charged and the amount of CCAP assistance received. I also understand that this difference is the caregiver's "copay."
*Initial Here PM	I will ensure current Criminal Background Checks are available for all staff working and/or living in my child care, age 18 and over (family child care, in-home (only the provider needs a CBC), early learning center, military or school) prior to caring for any children.
*Initial Here PM	I agree to report problems with a Point of Service (POS) device, finger image scanner, Interactive Voice Response System or any attendance-tracking device to the Conduit Provider Help Desk (1.888.281.0326) and the Department within 48 hours of failure. If a new attendance tracking system is used, issues for checking in/out with tracking devices will be reported immediately.
*Initial Here PM	I agree to notify the Department immediately of the removal of any child(ren) from care that have not attended or enrolled or that has transferred to another child care Provider so that payment from the Department for the child(ren) can be discontinued immediately.
*Initial Here PM	I will retain supporting fiscal documents (invoices, remittances, attendance logs, etc.) adequate to ensure that claims for matching federal funds for review and audit purposes in accordance with federal requirements. I 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. Additionally, I will also maintain grant related records for a period of no less than 5 years.
*Initial Here PM	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 PM	I understand that if the Provider does not come into compliance within fourteen (14) calendar days of such notice, the Department may suspend payments to the Provider until the Provider is determined to be in compliance.
*Initial Here PM	I understand that if the Provider does not come into compliance within fourteen (14) calendar days of such notice, the Department may suspend payments to the Provider until the Provider is determined to be in compliance.
*Initial Here PM	I understand that if I do not submit required documentation timely that my initial or renewal application will be denied.
*Initial Here PM	I agree to abide by the foregoing provisions and further certify that I have not been the subject of a validated complaint of child abuse or neglect or have not been convicted of or pled no contest to a crime listed in R.S. 15:587.1.
*Initial Here PM	I understand that this agreement shall remain in effect from the date of my signature. I also understand that there may be amendments to this agreement which may update federal, state, local and internal CCAP procedures. I will be informed of all amendments to this agreement.

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.

Section 3: Rates and Fees

Please enter your Home-based 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="110"/>	<input type="text" value="14"/>
Age 1	<input type="text" value="110"/>	<input type="text" value="14"/>
Age 2	<input type="text" value="110"/>	<input type="text" value="14"/>
Age 3	<input type="text" value="110"/>	<input type="text" value="14"/>
Age 4	<input type="text" value="110"/>	<input type="text" value="14"/>
Age 5 & Over	<input type="text" value="110"/>	<input type="text" value="14"/>

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** Example 75.00

***This fee is charged**

***This fee is collected**
--Select--
Annually
One-Time

Section 4: Agreement Signatures

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

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

***Position Type**

***Full Name**

***Today's Date**

[← Back to Emergency Plan](#) [Save and Continue →](#)

DOCUMENT UPLOAD

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

State Fire Marshal Information Sample-PDF.pdf 01/10/2025	Status Under Review	<input type="button" value="👁️"/> <input type="button" value="🗑️"/>
--	------------------------	---

Scan Profile:
70-100 DPI, B&W,
PDF/JPG/BMP...

Section 2: Proof of Residency

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

***Upload File**

Choose File

Proof of Residency Sample-PDF.pdf 01/10/2025	Status Under Review	<input type="button" value="👁️"/> <input type="button" value="🗑️"/>
--	------------------------	---

Section 3: Verification of Identity

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

Upload File

Choose File

Verification of Identity Sample-PDF.pdf 01/10/2025	Status Under Review	<input type="button" value="👁️"/> <input type="button" value="🗑️"/>
--	------------------------	---

Section 4: 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 Sample-PDF.pdf 01/10/2025	Status Under Review	<input type="button" value="👁️"/> <input type="button" value="🗑️"/>
---	------------------------	---

Section 5: 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 Sample-PDF.pdf 01/10/2025	Status Under Review	<input type="button" value="👁️"/> <input type="button" value="🗑️"/>
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Section 6: Rates Verification

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

Upload File

Choose File

Rate Verification Sample-PDF.pdf 01/10/2025	Status Under Review	<input type="button" value="👁️"/> <input type="button" value="🗑️"/>
---	------------------------	---

[Back to CCAP](#)

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

Enter the updated banking information below for the Bank and Account Holder.

Banking Details

*Bank Name	<input type="text" value="Chase Bank"/>
*Bank Routing Number	<input type="text" value="065400137"/>
*Bank Account Number	<input type="text" value="656672193"/>
*Disbursement Type	<input type="text" value="D-Personal Checking"/>

Banking Address

*Street Name 1	<input type="text" value="Harber Burgs"/>		
Street Name 2	<input type="text" value="Theresia Rapids"/>		
*City	<input type="text" value="Destrehan"/>	*State	<input type="text" value="Louisiana"/>
*Zip	<input type="text" value="78345"/>	*Parish/County	<input type="text" value="Allen"/>

Account Holder Details

*Account Owner - First Name	<input type="text" value="Dolores"/>
Account Owner - Middle Initial	<input type="text" value="Zula"/>
*Account Owner - Last Name	<input type="text" value="Kuphal"/>
DBA (Business Name)	<input type="text" value="Prof. Kylie Heaven Friesen II"/>

Payee Address


*Street Name 1	<input type="text" value="Morissette Ranch"/>		
Street Name 2	<input type="text" value="Vicenta Avenue"/>		
*City	<input type="text" value="Destrehan"/>	*State	<input type="text" value="Louisiana"/>
*Zip	<input type="text" value="78345"/>	*Parish/County	<input type="text" value="Allen"/>

Section 2: Banking Documents

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	<input type="button" value="Browse"/>	
	Status: Under Review	<input type="button" value="Remove"/>

If there are no changes to your banking information, you may upload last year's Direct Deposit Authorization Form.

[← Back to Document Upload](#)

[Save and Continue →](#)

REVIEW SUMMARY

In this final step, you will review all of your changes. If you agree with the modifications made, click the “Confirm” box next to each entry. Alternatively, you can select the “Confirm” box at the top of the list to confirm all changes at once.

Renewal Summary

Please review and sign attestation for renewal information.

[← Return to Application Home](#)

Review your Renewal Updates

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

Page	Section	Field	Action	Original Value	New Value	Confirm
Application Instructions	User Agreement	Agreement	Edit	N/A	Accepted	<input checked="" type="checkbox"/>
Family Child Care Provider	Family Child Care Provider Name	Name	Edit	K-Automation-24421	Pamela Mertens	<input checked="" type="checkbox"/>
Center Owner (Individual)	Personal Identification	Married	Edit	Yes	No	<input checked="" type="checkbox"/>
Center Owner (Individual)	Spouse Name And Contact	Spouse First Name	Delete	Elinore		<input checked="" type="checkbox"/>
Center Owner (Individual)	Spouse Name And Contact	Spouse Last Name	Delete	McKenzie		<input checked="" type="checkbox"/>
Center Owner (Individual)	Spouse Address Information	Spouse Home Address1	Delete	367 Block Rue		<input checked="" type="checkbox"/>
Center Owner (Individual)	Spouse Address Information	Spouse Home Address2	Delete	Apt. 881		<input checked="" type="checkbox"/>
Center Owner (Individual)	Spouse Address Information	Spouse Home City	Delete	North America		<input checked="" type="checkbox"/>
Center Owner (Individual)	Spouse Address Information	Spouse Home State	Delete	LA		<input checked="" type="checkbox"/>
Center Owner (Individual)	Spouse Address Information	Spouse Home Zip Code	Delete	26176		<input checked="" type="checkbox"/>

Show 10 per page « < 1 2 3 4 ... > » Showing Page 1 of 22

Agreement Signatures

An authorized Staff of the License Exempt center will need to sign the Renewal Application.

I certify that I have personally completed this renewal application and have carefully investigated all facts necessary to complete this renewal application. I further certify that all information contained in this renewal application is true and correct, that I have not used a false or fictitious name in such application, and that I have not knowingly made a false statement or have not knowingly concealed any material fact or otherwise committed any fraud in any such application for a License Exempt. I understand that knowingly providing false information on this renewal application or the failure to provide complete information may result in my renewal application being delayed, denied or my License Exempt revoked or not renewed. I understand that failure to comply with the law and regulations governing the licensure of child care facilities could result in my License Exempt being denied or revoked.

Disclaimer - Changes made after submission of your renewal application may incur additional fees.

*Position Type: *Full Name: *Today's Date:

[← Back to Banking Information](#) [Save and Continue →](#)

REGISTRATION RENEWAL HOME COMPLETE

Registration Renewal Home

The Renewal Application Home page lists all the required steps in completing the Home-based Renewal 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 Home-based Application.

[Review or Edit 1](#)

[Complete](#)

2 - Funding Source

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

[Review or Edit 2](#)

[Complete](#)

3 - Family Child Care Provider

Update and verify the center's name, location, and contact information.

[Review or Edit 3](#)

[Complete](#)

4 - Services and Hours

Update and verify your center's hours of operation and services offered at your home-based location.

[Review or Edit 4](#)

[Complete](#)

5 - Ownership Type

Verify the legal ownership type of your Family Child Care.

[Review or Edit 5](#)

[Complete](#)

6 - Home-based Provider

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

[Review or Edit 6](#)

[Complete](#)

7 - Providers and Support Staff

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

[Review or Edit 7](#)

[Complete](#)

8 - Household Members

Update and verify all 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

Update the Family Child Care 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 Family Child Care fees.

[Review or Edit 11](#)

[Complete](#)

12 - Document Upload

This page allows you to upload all required supporting documentation for your Family Child Care.

[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 - Family Home Application

[Review or Edit 14](#)

[Complete](#)

Providers must be certain that all residents and staff are listed in Step 7. The Step will be green even if someone's information is missing.

[Submit Renewal Application →](#)

PENDING STATUSES

The screenshot shows the 'edLink' Entity Dashboard for Pamela Mertens. The dashboard includes a sidebar with navigation options like 'My Dashboard', 'Entity Management', and 'Messages'. The main content area is titled 'Welcome Back, Pamela Mertens' and contains sections for 'Entity License Details', 'Helpful links', and 'Pending Application and Actions'. The 'Pending Application and Actions' section features two tables. The first table, 'Pamela Mertens - Type Family Home', has a red arrow pointing to a 'Pending' status tag. The second table, 'MUST USE INDIVIDUAL LEGAL NAME ONLY - Type Family Home', also has a 'Pending' status tag. Both tables include columns for Application ID, Category, Last Update, and Expires on, along with 'View' and 'Withdraw Application' buttons.

Application ID	Category	Last Update	Expires on
138136	Renewal	01/14/2025	07/09/2025

Application ID	Category	Last Update	Expires on
137531	New	01/10/2025	06/24/2025

Your application was successfully submitted. No changes may be made to your application but it may be viewed. Applications may take up to 90 days to process. Check your email daily for receipt of submission, Returned to Provider (for revisions) and status changes. If you have additional concerns, contact your Provider Certification Administrator for assistance.

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