Edlink Family Home Application Instruction Manual 2022

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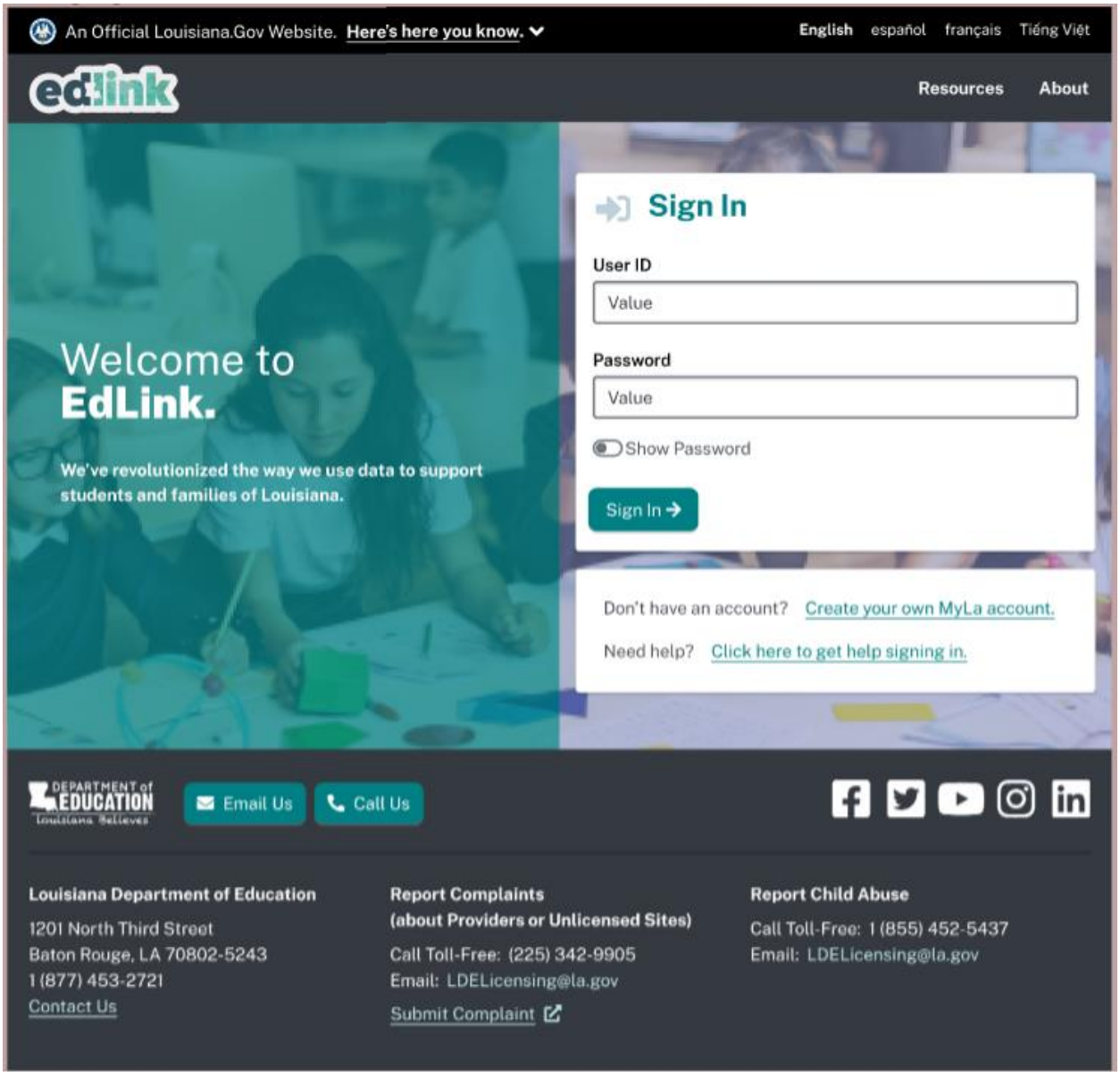
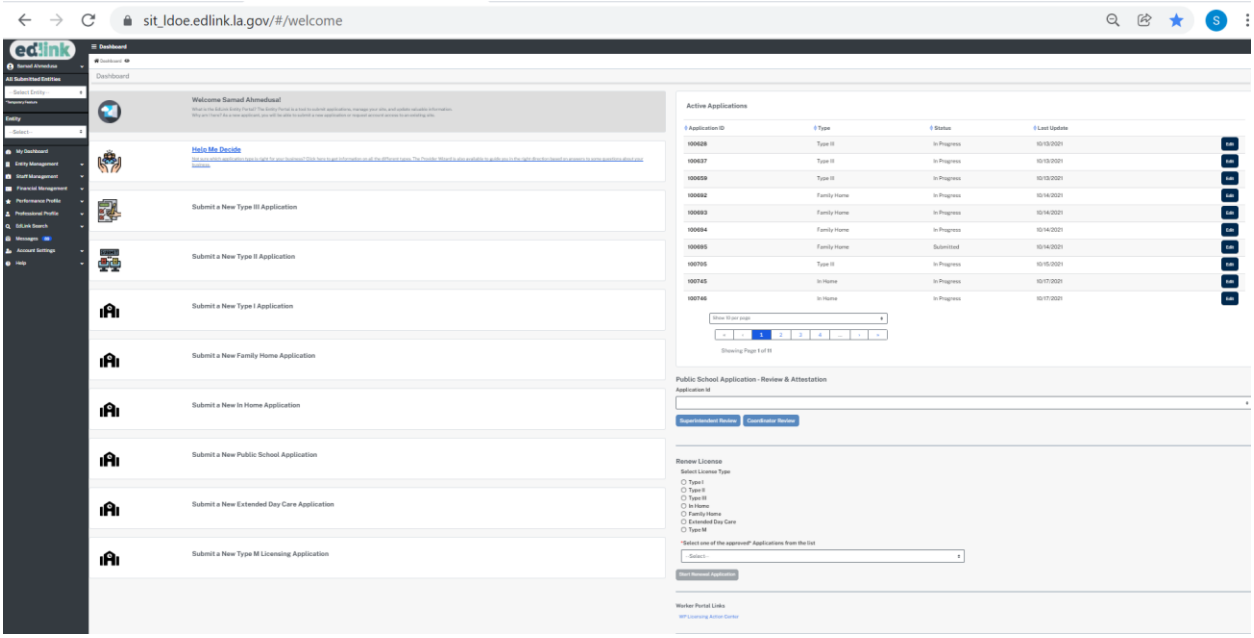
This documentation provides step-by-step instructions for completing the Type III Application.

MAIN PAGE



By selecting "Login", the Provider will be navigated to the "Dashboard."

PROVIDER DASHBOARD



In "Dashboard," there are 8 types of applications, which are:

- Submit a New Type III Application
- Submit a New Type II Application
- Submit a New Type I Application
- Submit a New Family Home Application
- Submit a New In Home Application
- Submit a New Public School Application
- Submit a New Extended Day Care Application
- Submit a New Type M Licensing Application

On the "Dashboard" page, in the section titled, "Active applications", there are 4 columns, which are:

- Application ID
- Type
- Status
- Last Update

The "Dashboard" page also contains a section titled, "Renew License" where a Provider may "Select License Type" to be completed. The license types are:

- Type I
- Type II
- Type III
- In Home
- Family Home
- Extended Day care
- Type M

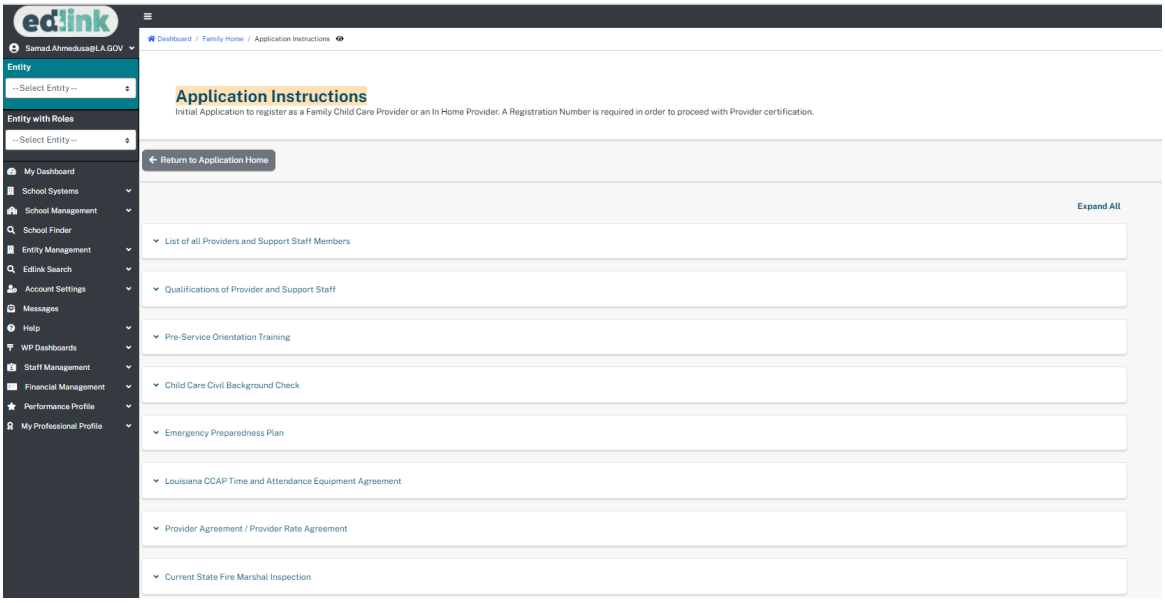
Within the same section, there is an additional dropdown titled "Select one of the approved Applications from the list". Here, an already approved application may be selected and the Provider may begin completion of the "Start Renewal Application".

A Provider may also select, “Submit a New Family Home Application”, navigating the Provider to the “Application Home” screen.

APPLICATION INSTRUCTIONS

In the “Application Instructions,” there are 16 rows that Providers are required to read, which are:

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

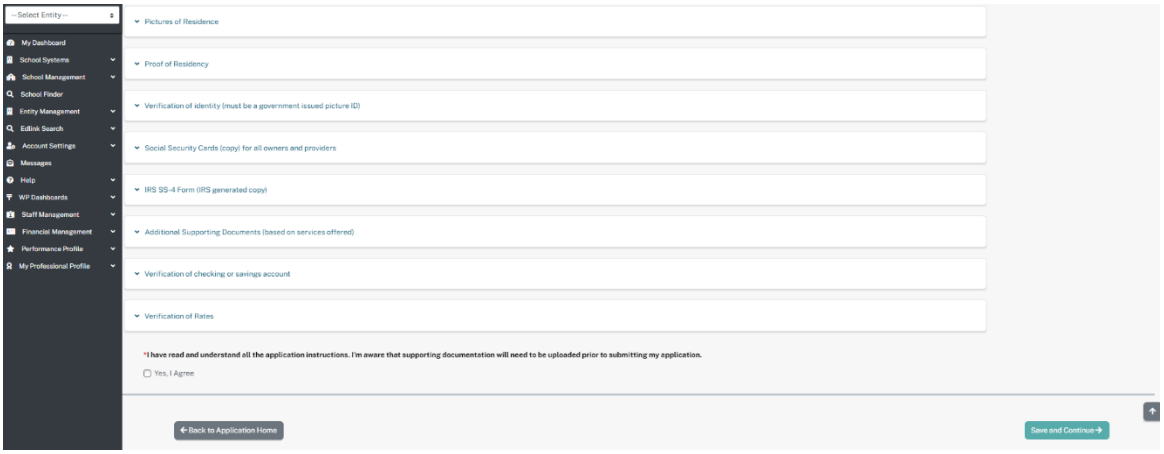


Notes:

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

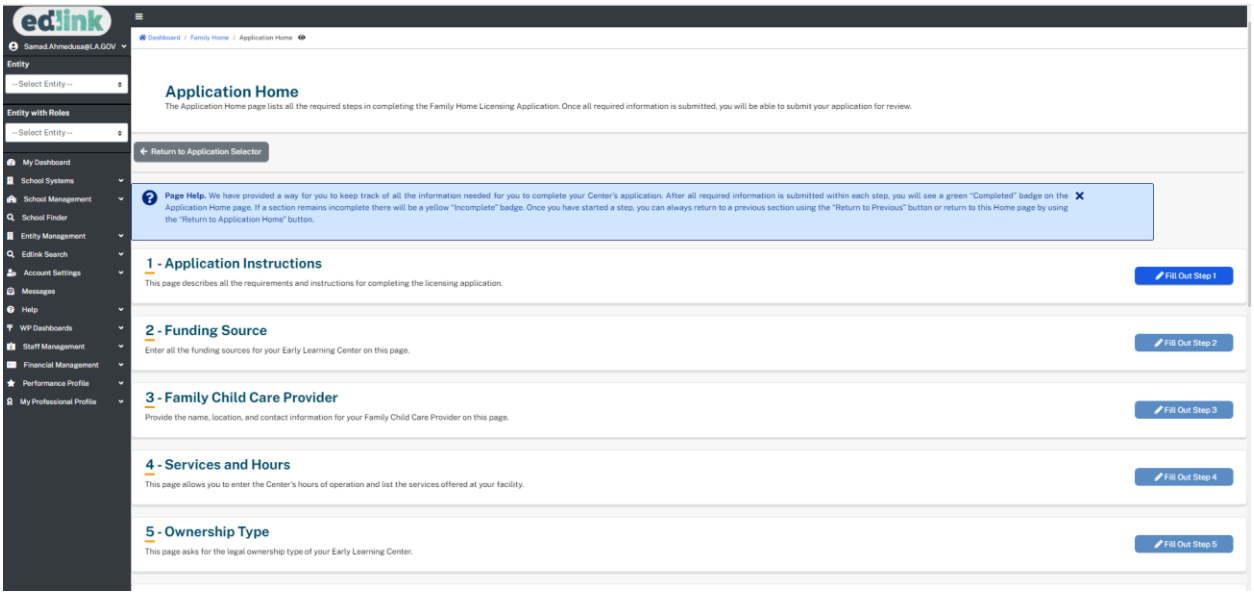
On the “Application Instructions” page, there is an “I Agree” option that must be selected to proceed.
On the “Application Instructions” page, there are 2 additional options available:

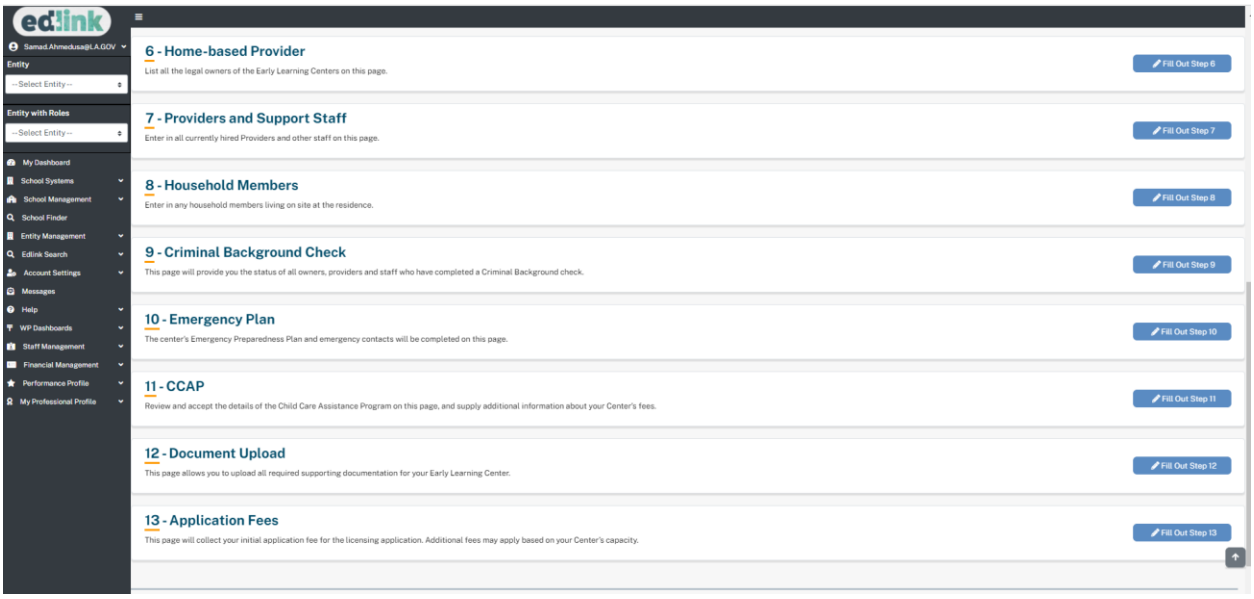
- Back to Application Home
- Save and Continue



If “Back to Application home” is selected, the Provider will be navigated to the previous page.
If “Save and Continue,” is selected, the Provider will be navigated to the next available page.

APPLICATION HOME



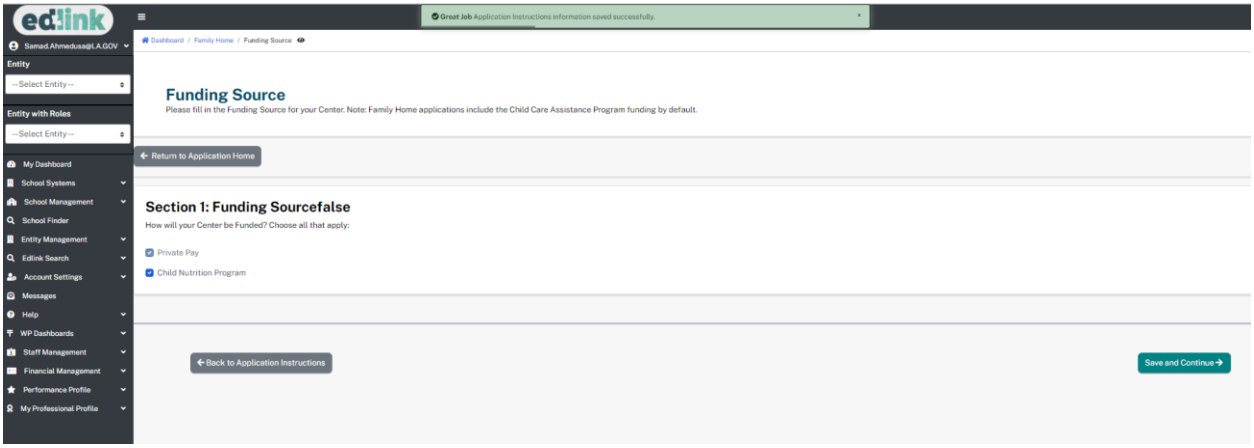


In the "Submit a New Family Home Application" has 13 sections that require information to be entered, which are:

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

When a Provider selects, "Fill out step 1," the "Application Instruction" page displays.

FUNDING SOURCE



On the "Funding Source" page, there is 1 section requiring a selection, which is:

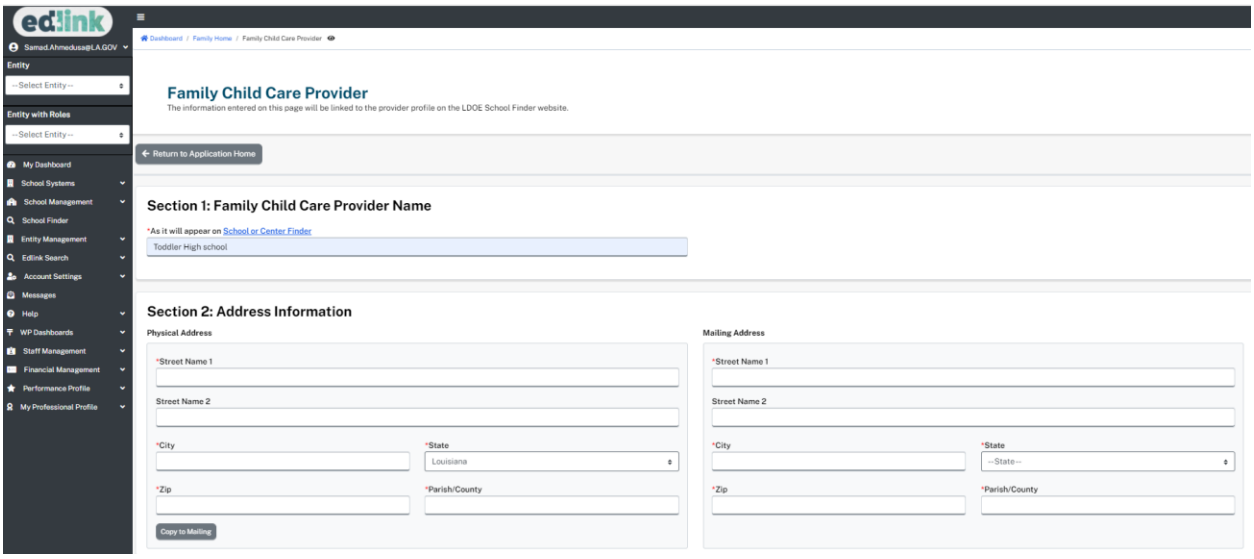
- Section 1: Funding Sourcefalse

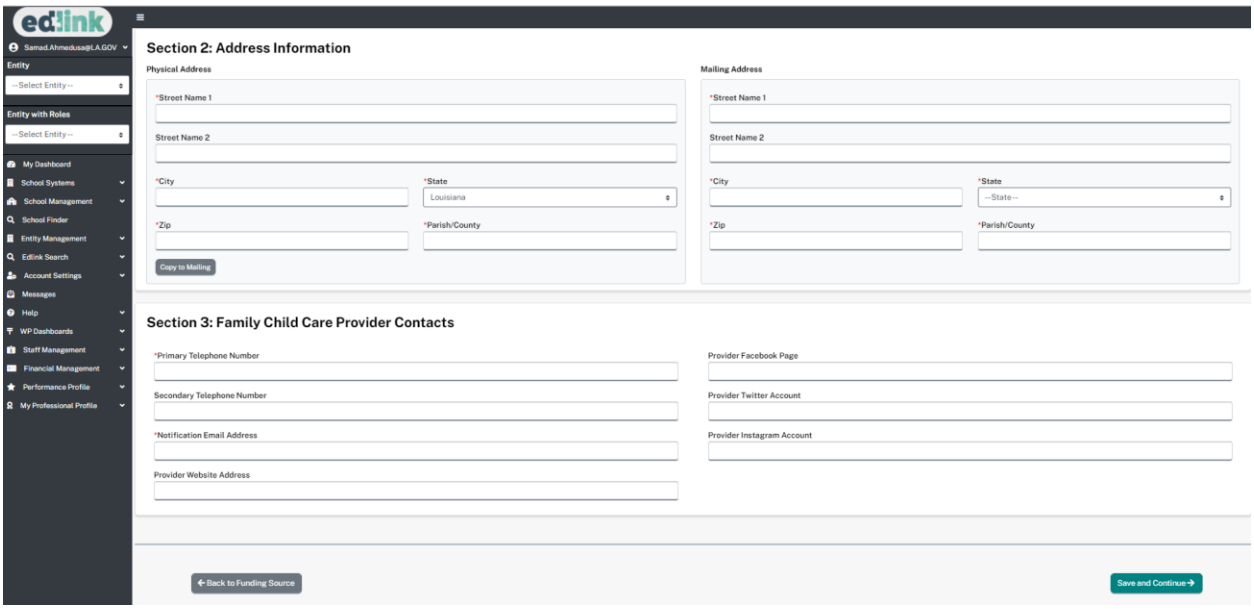
In "Section 1: Funding Sourcefalse," there is 1 question, which is:

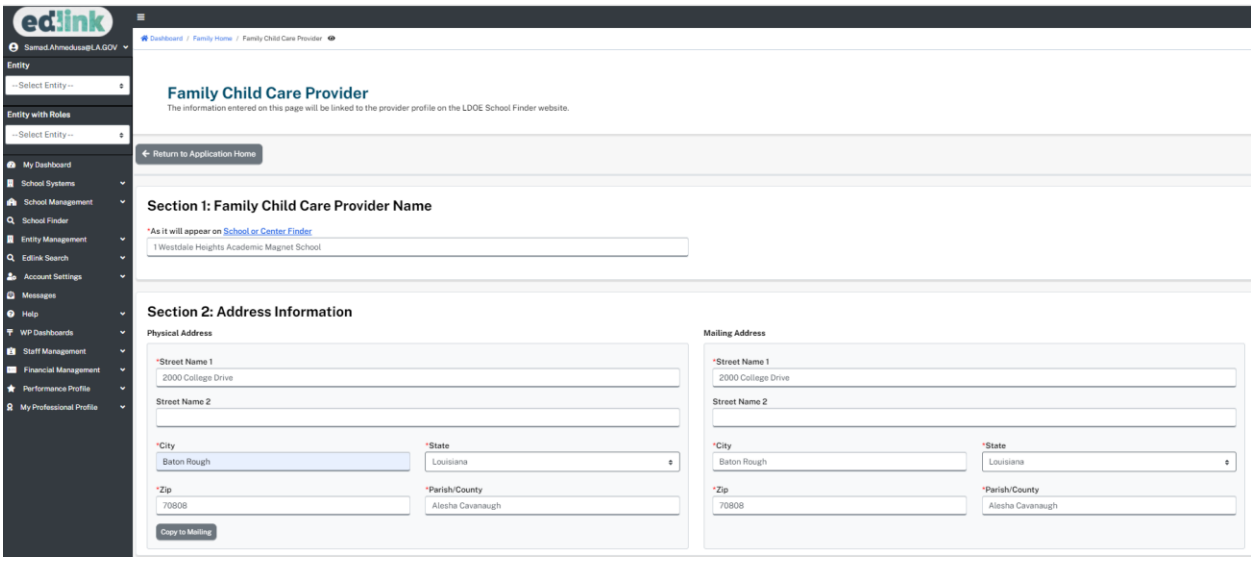
- How will your Center be funded? Chose all that apply:
  - Private pay (This is a button that the Provider can check/unchecked)
  - Child Nutrition Program(This is a button that Provider can check/ uncheck)

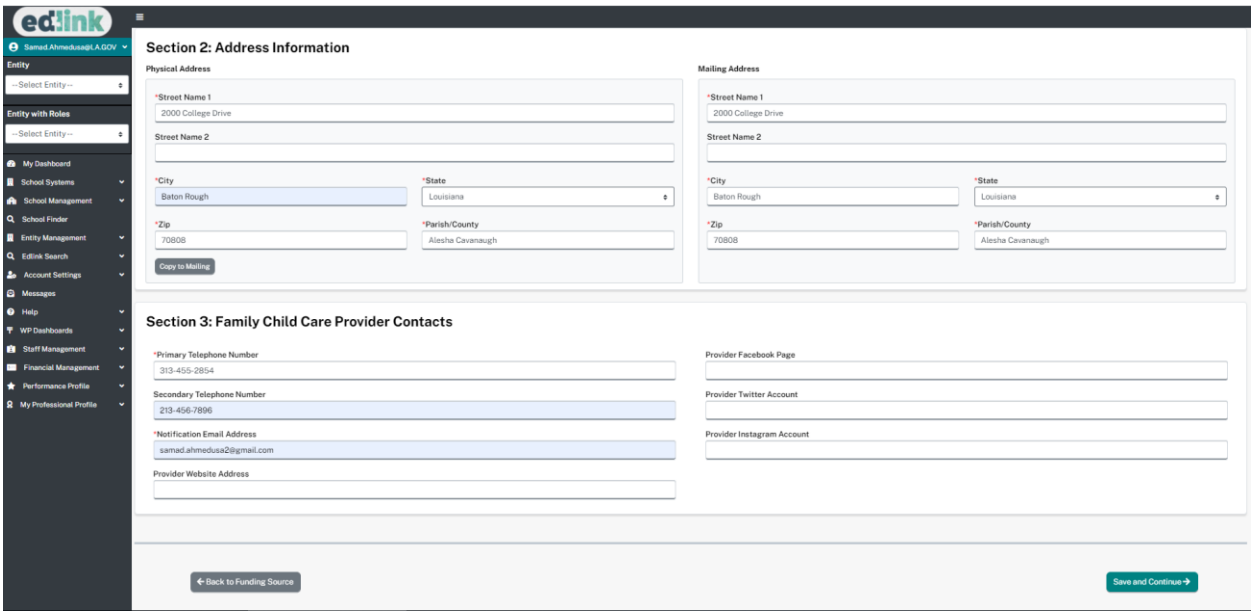
After selecting "Save and Continue" the Provider will be navigated to the next page:

FAMILY CHILD CARE PROVIDER




Samad.Ahmedusa@LA.GOV
Entity
--Select Entity--
Entity with Roles
--Select Entity--
My Dashboard
School Systems
School Management
School Finder
Entity Management
Edlink Search
Account Settings
Messages
Help
WP Dashboards
Staff Management
Financial Management
Performance Profile
My Professional Profile
Section 2: Address Information
Physical Address
*Street Name 1
Street Name 2
*City
*State
Louisiana
*Zip
*Parish/County
Copy to Mailing
Mailing Address
*Street Name 1
Street Name 2
*City
*State
--State--
*Zip
*Parish/County
Section 3: Family Child Care Provider Contacts
*Primary Telephone Number
Secondary Telephone Number
*Notification Email Address
Provider Website Address
Provider Facebook Page
Provider Twitter Account
Provider Instagram Account
Back to Funding Source
Save and Continue


Samad.Ahmedusa@LA.GOV
Entity
--Select Entity--
Entity with Roles
--Select Entity--
My Dashboard
School Systems
School Management
School Finder
Entity Management
Edlink Search
Account Settings
Messages
Help
WP Dashboards
Staff Management
Financial Management
Performance Profile
My Professional Profile
Dashboard / Family Home / Family Child Care Provider
Family Child Care Provider
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: Family Child Care Provider Name
*As it will appear on School or Center Finder
1 Westdale Heights Academic Magnet School
Section 2: Address Information
Physical Address
*Street Name 1
2000 College Drive
Street Name 2
*City
Baton Rough
*State
Louisiana
*Zip
70808
*Parish/County
Alesha Cavanaugh
Copy to Mailing
Mailing Address
*Street Name 1
2000 College Drive
Street Name 2
*City
Baton Rough
*State
Louisiana
*Zip
70808
*Parish/County
Alesha Cavanaugh



There are 3 sections in “Family Child Care Provider”, which are:

- Section 1: Family Child Care Provider Name
- Section 2: Address Information
- Section 3: Family Child Care Provider Contacts

In “Section 1: Family Child Care Provider Name,” there is a text box stating, “As it will appear on School or Center Finder” text.

In “Section 2: Address Information,” there are 2 sections requiring that information be entered, which are:

- Physical Address
- Mailing Address

There are 5 text boxes and 1 dropdown in Physical Address:

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

There are 5 text boxes and 5 dropdown in Mailing Address requiring that information to be entered, which are:

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

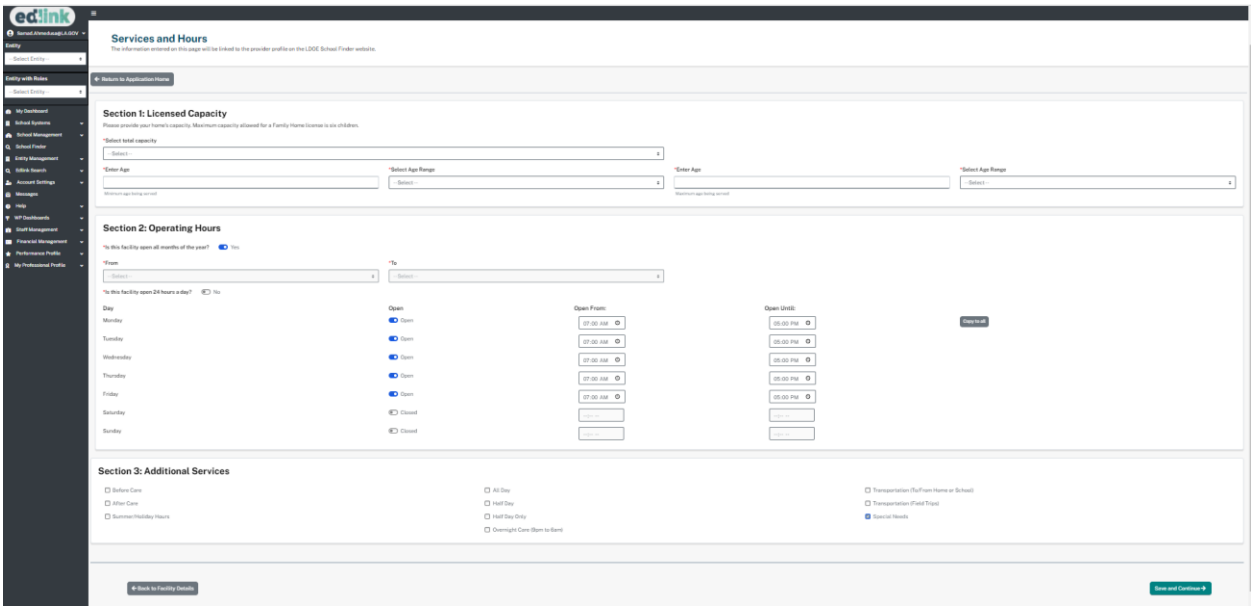
Note: Use the “Copy to Mailing” option to copy the same information to your mailing address.

In “Section 3: Family Child Care Provider Contacts,” there are 7 text boxes requiring that information be entered, which are:

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

After entering all the mandatory information Provider may proceed to the next page.

SERVICE AND HOURS



In “Services and Hours,” there are 3 sections requiring that information be entered, which are:

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

In “Section 1: Licensed Capacity,” there are 3 text boxes and 2 dropdowns requiring information to be entered or selection to be made, which are:

- Select total capacity
- Enter Age
- Select Age Range (Dropdown)
- Enter Age
- Select Age Range (Dropdown)

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

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

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

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

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

A “Yes or No” response is required the following 2 questions:

- Is this facility open all months of the year?
- Is this facility open 24 hours a day?

A time range must be entered within the following 2 dropdowns:

- From (Open)
- To (Close)

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

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

Note:

- Providers may utilize the “Copy to All” selection if all of the days will have the same operational open and close times.

In “Section 3: Additional Services,” there are 10 options from which the Provider must choose from, in addition to 1 “checked/unchecked” box. These options are:

- Before Care
- After Care
- Summer/Holiday Hours
- All Day
- Half Day

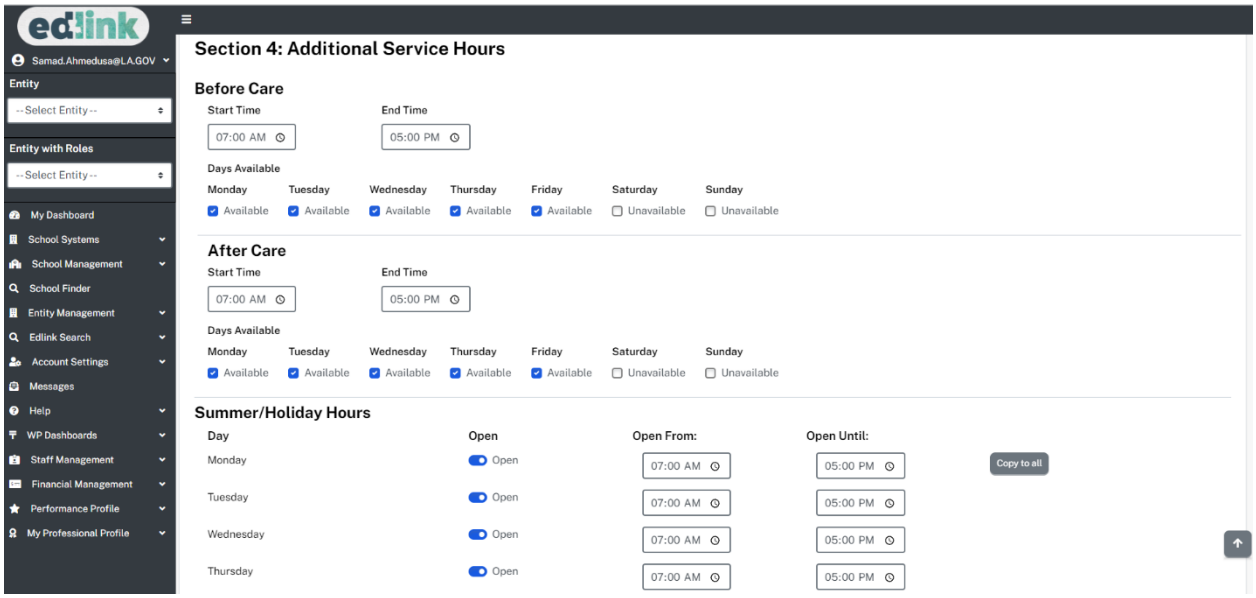
- Half-Day Only
- Overnight Care (9 pm to 6 am)
- Transportation (To/From Home or School)
- Transportation (Field Trips)
- Special Needs

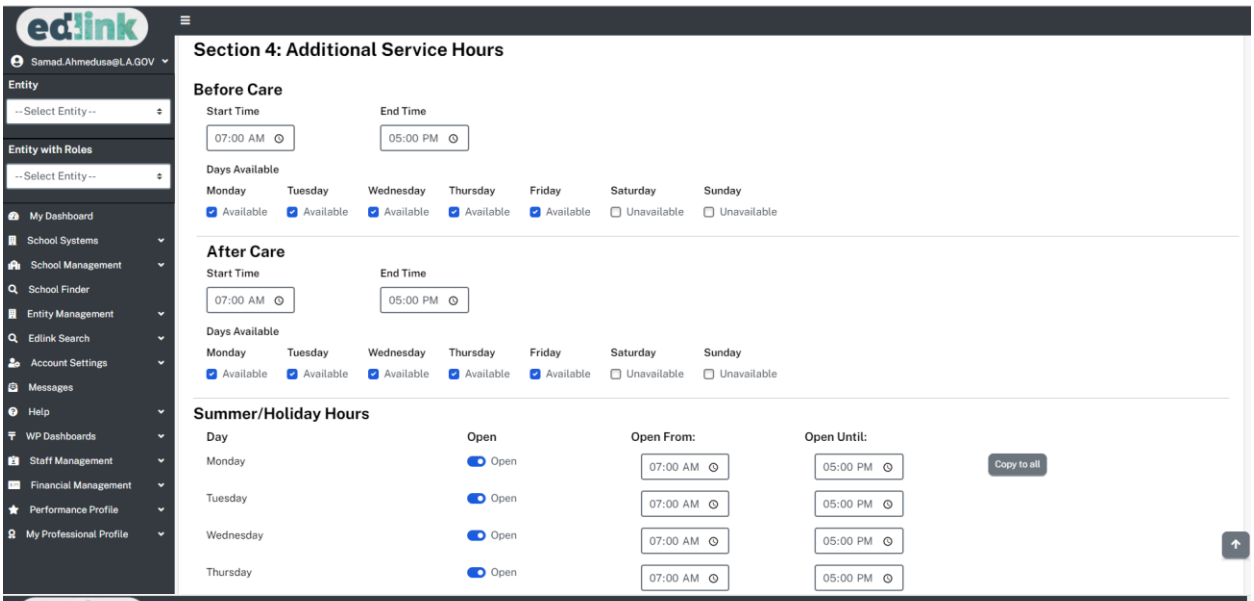
Note:

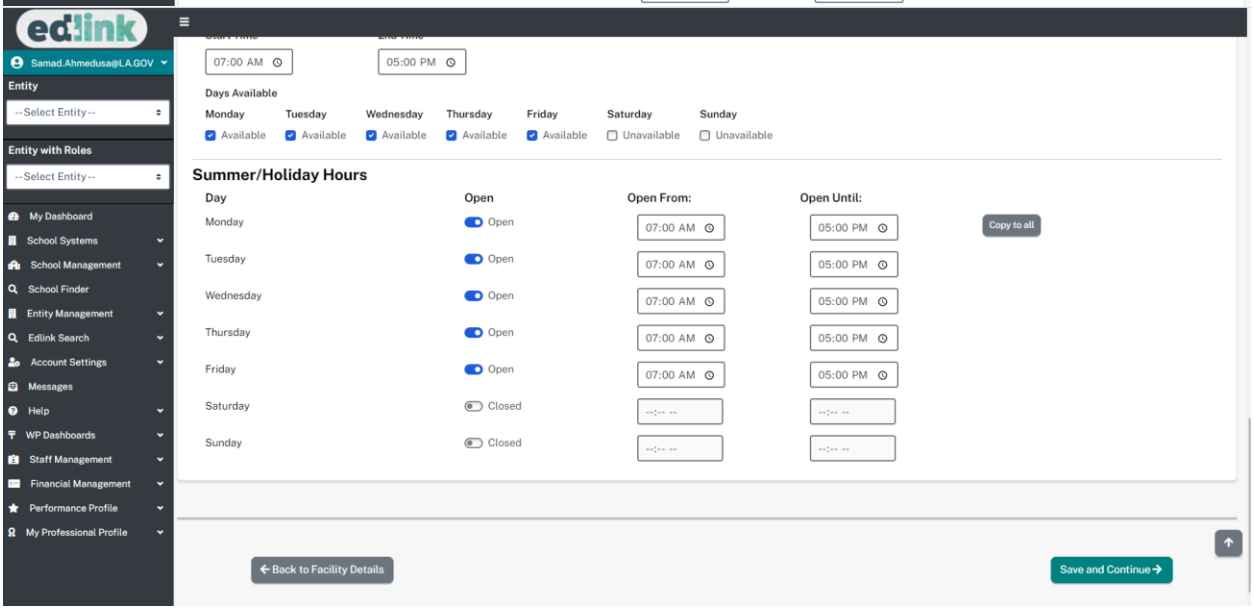
- If a Provider chooses any of the options from “Section 3: Additional Services”, “Section 4: Additional Service Hours” will appear requesting that additional information be entered.

In “Section 3: Additional Services,” there are ten options along with a check/unchecked box.

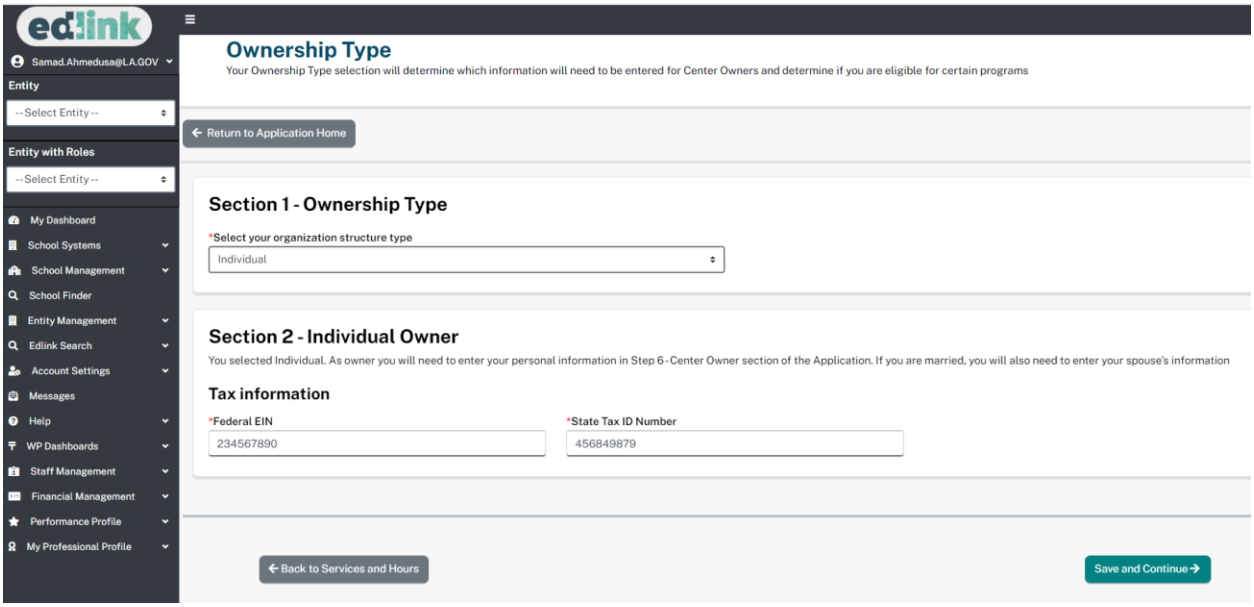
- Before Care
- After Care
- Summer/Holiday Hours
- All Day
- Half Day
- Half-Day Only
- Overnight Care (9 pm to 6 am)
- Transportation (To/From Home or School)
- Transportation (Field Trips)
- Special Needs




edlink
Samad.Ahmedusa@LA.GOV
Entity
--Select Entity--
Entity with Roles
--Select Entity--
My Dashboard
School Systems
School Management
School Finder
Entity Management
Edlink Search
Account Settings
Messages
Help
WP Dashboards
Staff Management
Financial Management
Performance Profile
My Professional Profile
Section 4: Additional Service Hours
Before Care
Start Time
End Time
07:00 AM
05:00 PM
Days Available
Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Available Available Available Available Available Unavailable Unavailable
After Care
Start Time
End Time
07:00 AM
05:00 PM
Days Available
Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Available Available Available Available Available Unavailable Unavailable
Summer/Holiday Hours
Day
Open
Open From:
Open Until:
Monday Open 07:00 AM 05:00 PM
Copy to all
Tuesday Open 07:00 AM 05:00 PM
Wednesday Open 07:00 AM 05:00 PM
Thursday Open 07:00 AM 05:00 PM


edlink
Samad.Ahmedusa@LA.GOV
Entity
--Select Entity--
Entity with Roles
--Select Entity--
My Dashboard
School Systems
School Management
School Finder
Entity Management
Edlink Search
Account Settings
Messages
Help
WP Dashboards
Staff Management
Financial Management
Performance Profile
My Professional Profile
07:00 AM
05:00 PM
Days Available
Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Available Available Available Available Available Unavailable Unavailable
Summer/Holiday Hours
Day
Open
Open From:
Open Until:
Monday Open 07:00 AM 05:00 PM
Copy to all
Tuesday Open 07:00 AM 05:00 PM
Wednesday Open 07:00 AM 05:00 PM
Thursday Open 07:00 AM 05:00 PM
Friday Open 07:00 AM 05:00 PM
Saturday Closed --:-- --
Sunday Closed --:-- --
Back to Facility Details
Save and Continue

OWNERSHIP TYPE



Within the overall "Ownership Type" page, there are 4 sections, each consisting of dropdown options or text boxes requiring that information be entered by the Provider.
In "Section 1: Ownership Type", the dropdown menu consists of 5 options; select the appropriate option.

- Individual
- Corporation/Limited Liability company
- Partnership
- Church and/or religious organization
- University

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

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

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

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

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

In "Section 2: Corporation/LLC," there are 2 text boxes that requires the entry of information, which are:

- Business Entity Name
- Previous Name

In "Section 3: Address Information," there are 2 subsections that requires the entry of information, which are:

- Physical Address
- Mailing Address

In “Physical Address,” there are 5 text boxes and one dropdown that requires the entry of information, which are:

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

In” Mailing Address,” there are 5 text boxes and 1 dropdown that requires the entry of information, which are:

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

Note:

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

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

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

If the “Partnership” option was selected in “Section 1: Ownership Type” 3 remaining sections requires the entry of information, which are:

- Section 2: Partnership
- Section 3: Address Information
- Section 4: Tax Information

In “Section 2: Partnership,” there are 2 text boxes that requires the entry of information, which are:

- Business Entity Name
- Previous Name

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

- Physical Address
- Mailing Address

In “Physical Address,” There are 5 text boxes and 1 dropdown that require the entry of information, which are:

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

In “Mailing Address,” there are 5 text boxes and 1 dropdown that require the entry of information, which are:

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

Note:

- Providers may utilize the “Copy to All” selection if all of the days will have the same operational open and close times.

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

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

If the “Corporation/Limited Liability Company” option was selected from the dropdown, “Ownership Type,” there are 3 additional sections to complete that require the entry of information, which are:

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

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

- Business Entity Name
- Previous Name
  -

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

- Physical Address
- Mailing Address

In “Physical Address,” There are 5 text boxes and 1 dropdown that require the entry of information, which are:

- Street Name 1
- Street Name 2
- City
- Zip
- State(Dropdown)

- Parish/County

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

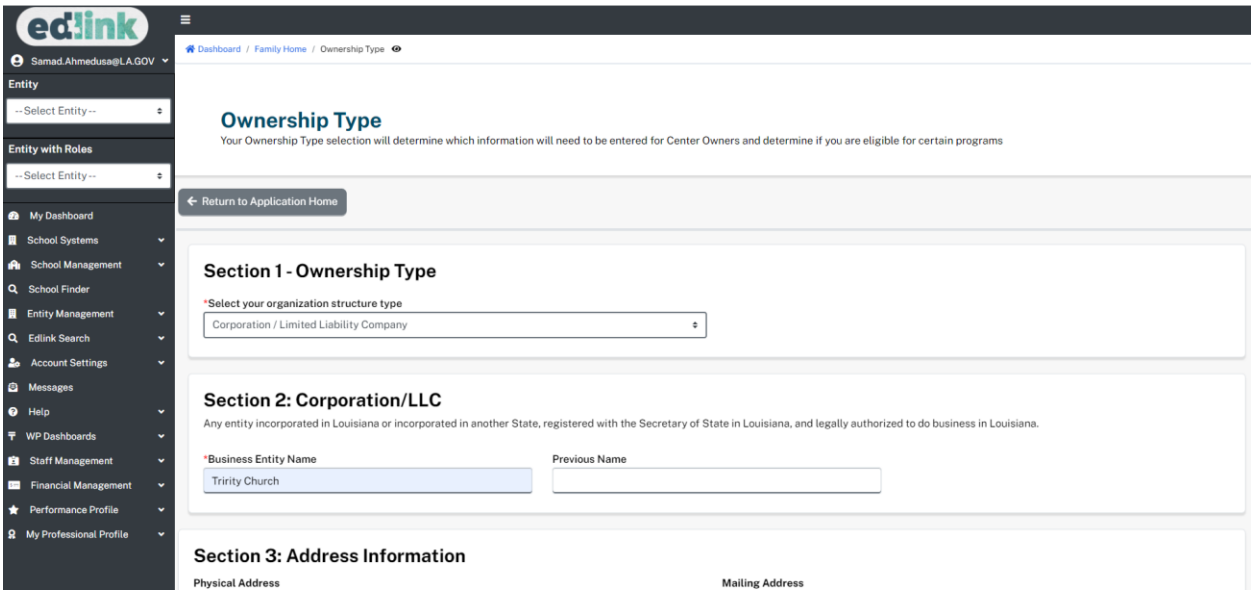
- Street Name 1
- Street Name 2
- City
- Zip
- State(Dropdown)
- Parish/County

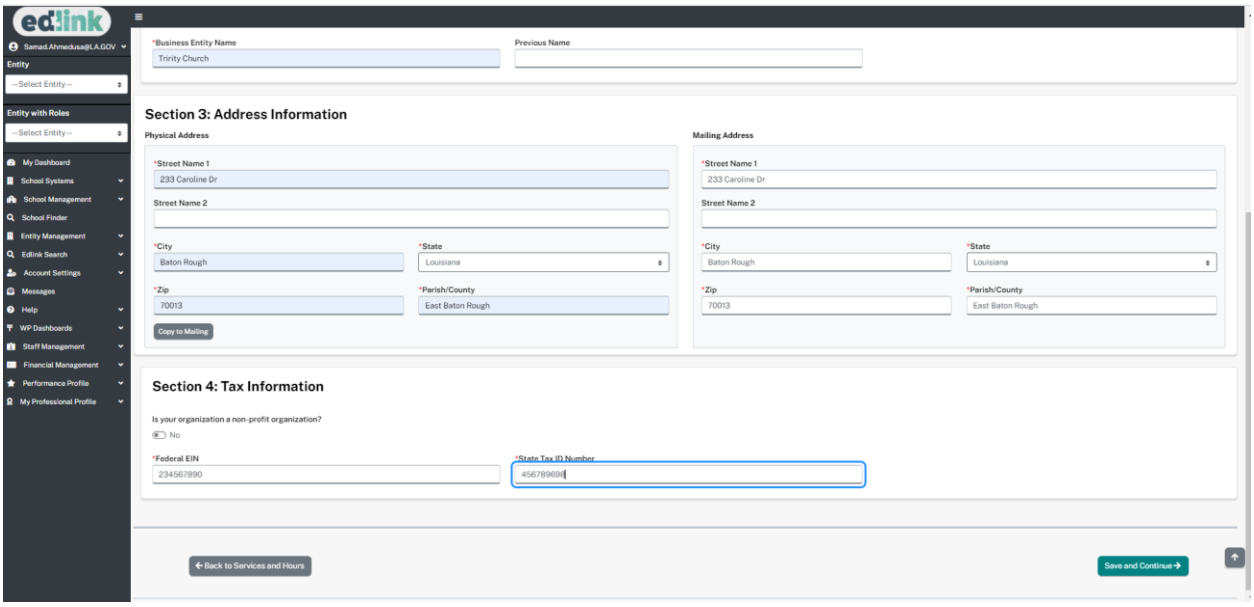
Note:

- Providers may utilize the "Copy to All" selection if all of the days will have the same operational open and close times.

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

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





After selecting the option “Partnership” From the dropdown of “Ownership Type,” there are 3 additional section that require the entry of information, which are:

- Section 2: Partnership
- Section 3: Address Information
- Section 4: Tax Information

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

- Business Entity Name
- Previous Name

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

- Physical Address
- Mailing Address

In “Physical Address,” There are 5 text boxes and 1 dropdown that require the entry of information, which are:

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

In” Mailing Address,” there are 5 text boxes and 1 dropdown that require the entry of information, which are:

- Street Name 1
- Street Name 2
- City
- Zip
- State(Dropdown)

- Parish/County

Note:
- Providers may utilize the "Copy to All" selection if all of the days will have the same operational open and close times.

In "Section 4: Tax Information" requires a Yes or No response for 1 question and information entered into 2 text boxes, which are:
- Federal EIN
- State Tax ID Number
  - Is your organization a nonprofit organization?

If the "Church and/or Religious Organization" option is selected from the dropdown, "Ownership Type," there are 3 additional sections requiring that information be entered, which are:
- Section 2: Church and/or Religious Organization
- Section 3: Address Information
- Section 4: Tax Information

In "Section 2: Church and/or Religious Organization," there are 2 text boxes requiring that information be entered, which are:
- Business Entity Name
- Previous Name

In "Section 3: Address Information," there are 2 subsections that requires the entry of information, which are:
- Physical Address
- Mailing Address

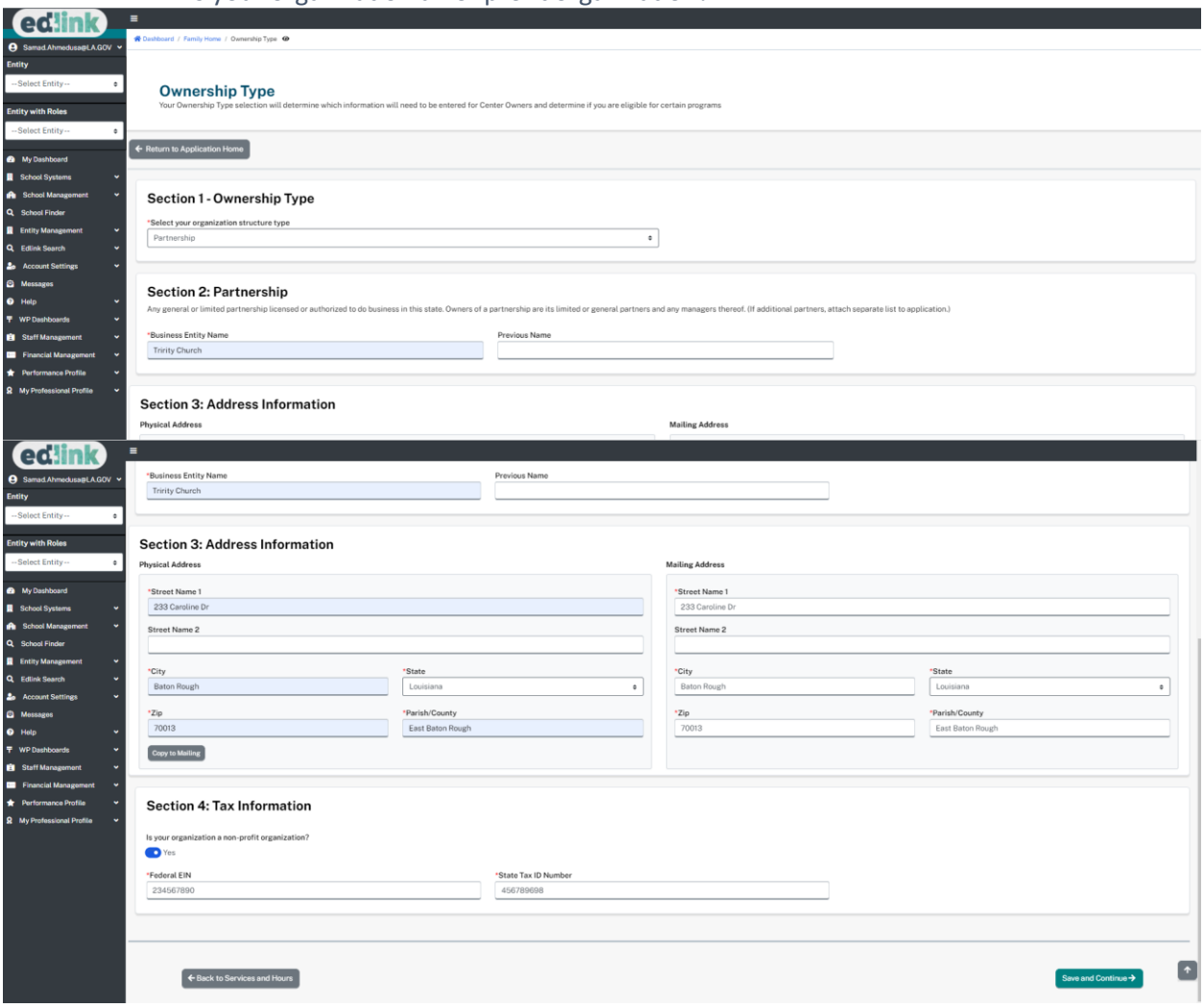
In "Physical Address," There are 5 text boxes and 1 dropdown that require the entry of information, which are:
- Street Name 1
- Street Name 2
- City
- Zip
- State(Dropdown)
- Parish/County

In" Mailing Address," there are 5 text boxes and 1 dropdown that require the entry of information, which are:
- Street Name 1
- Street Name 2
- City
- Zip
- State(Dropdown)
- Parish/County

- Note: Providers may utilize the “Copy to All” selection if all of the days will have the same operational open and close times.

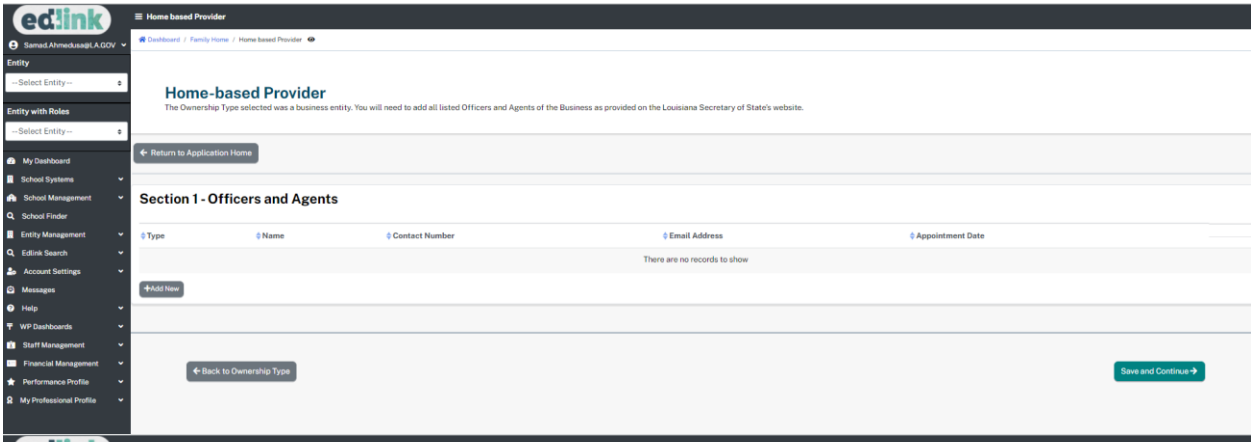
In “Section 4: Tax Information” requires a Yes or No response for 1 question and information entered into 2 text boxes, which are:

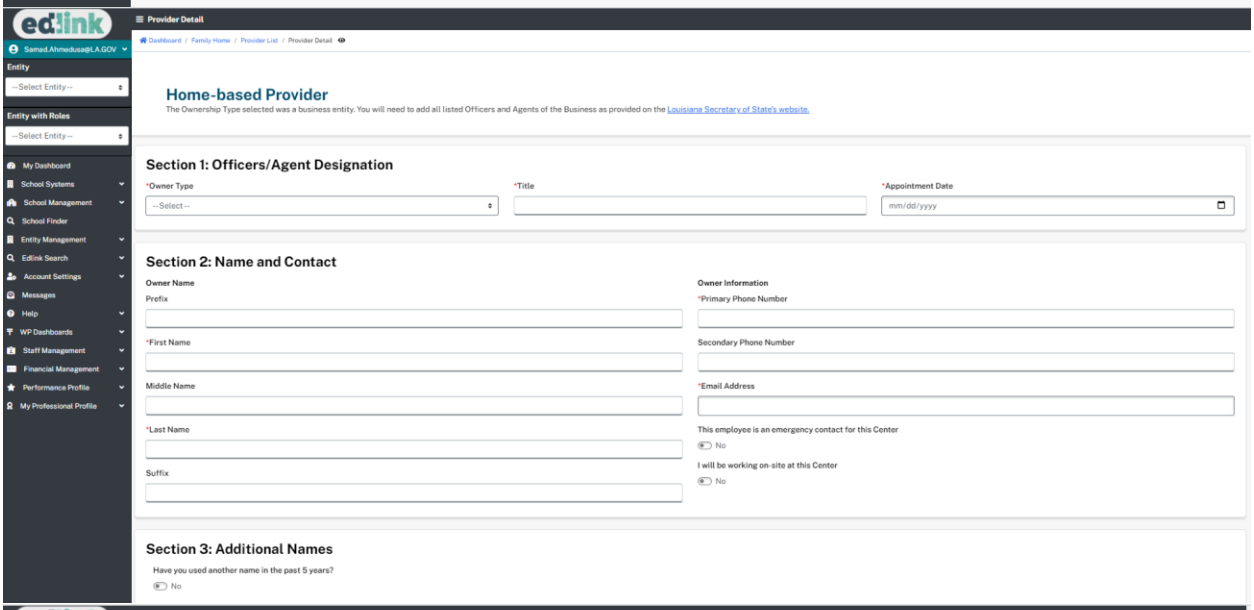
- Federal EIN
- State Tax ID Number
  - Is your organization a nonprofit organization?

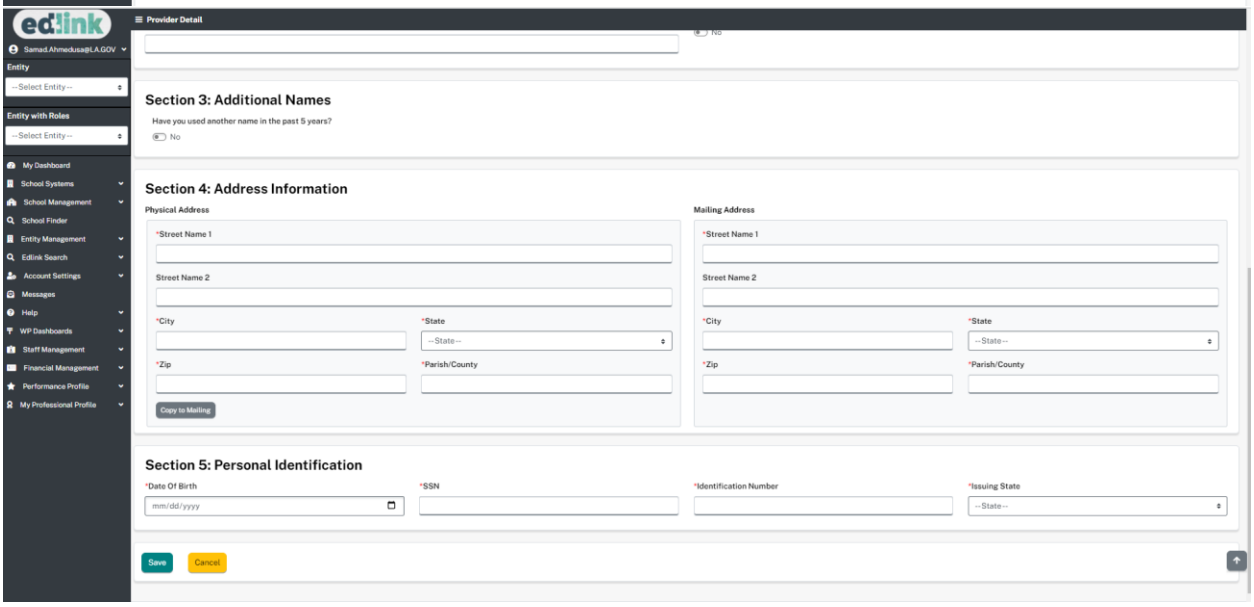


After entering all the mandatory information and selecting, “Save and Continue,” Provider will be navigated to the “Home-based Provider” pages for completion.

HOME-BASED PROVIDER







The “Home-based Provider” Page, will consist of 1 section containing an “Add New” option.

- Section 1 - Officers and Agents

Select, “Add new” and 5 additional sections will be displayed, which are:

- Section 1: Officers/Agent Designation
- Section 2: Name and Contact
- Section 3: Additional Names
- Section 4: Address Information
- Section 5: Personal Identification

In “Section 1: Officers/Agent Designation,” there is 1 dropdown, 1 textbox, and a “date picker” that require information to be entered and/or selected, which are:

- Owner Type (Dropdown: Officer, Agent)
- Title (Text box)
- Appointment Date (Date Picker)

In “Section 2: Name and Contact,” there are 5 sections that require information to be entered, which are:

- Owner name
- Owner Information

In “Owner Information,” there are 5 text boxes that require information to be entered, which are:

- Prefix
- First Name
- Middle Name
- Last Name
- Suffix

In “Owner Information” there are 3 text boxes and 2 Yes/No questions that require information to be entered, which are:

- Primary Phone Number
- Secondary Phone Number
- Email Address
- This employee is an emergency contact for this Center?
- I will be working on-site at this Center

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

- Physical Address
- Mailing Address

In “Physical Address,” There are 5 text boxes and 1 dropdown that require the entry of information, which are:

- Street Name 1
- Street Name 2
- City
- Zip
- State(Dropdown)

- Parish/County

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

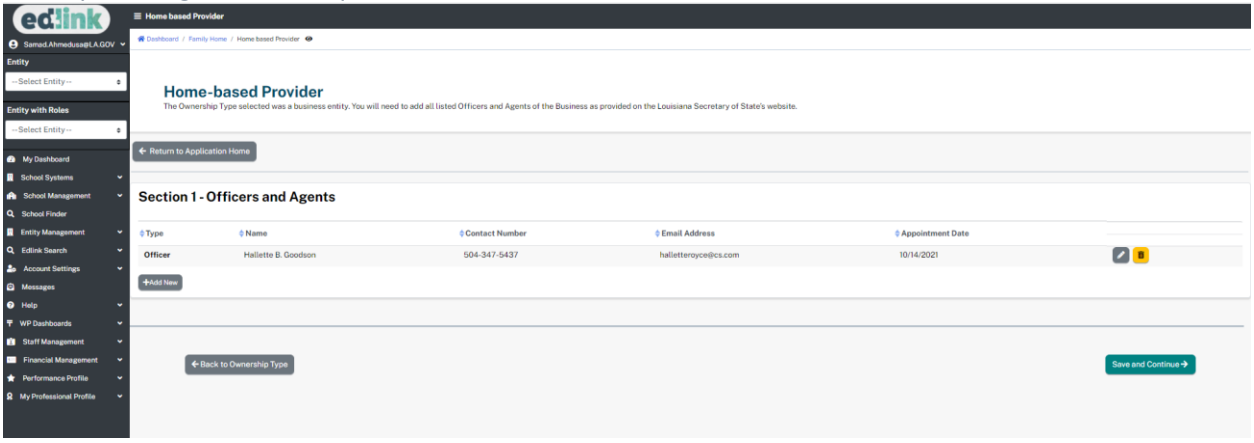
- Street Name 1
- Street Name 2
- City
- Zip
- State(Dropdown)
- Parish/County

Note: Providers may utilize the "Copy to All" selection if all of the days will have the same operational open and close times.

In "Section 5: Personal Identification," there are 4 sections that require information to be entered or selected, which are:

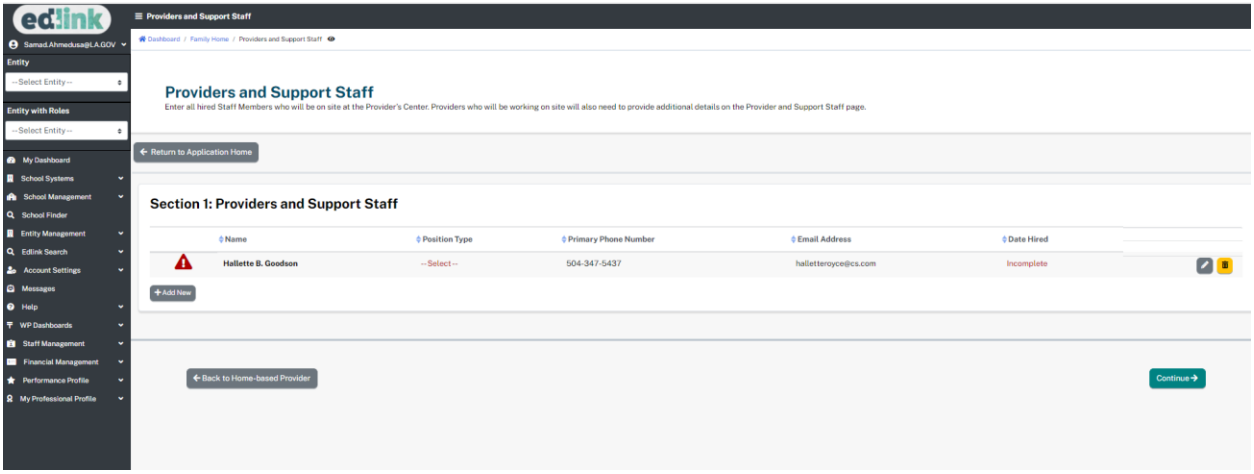
- Date of Birth (Date Picker)
- SSN (Text box)
- Identification Number (Text Box)
- Issuing State (Dropdown)

After providing all the required information, the information will be recorded, as shown below.



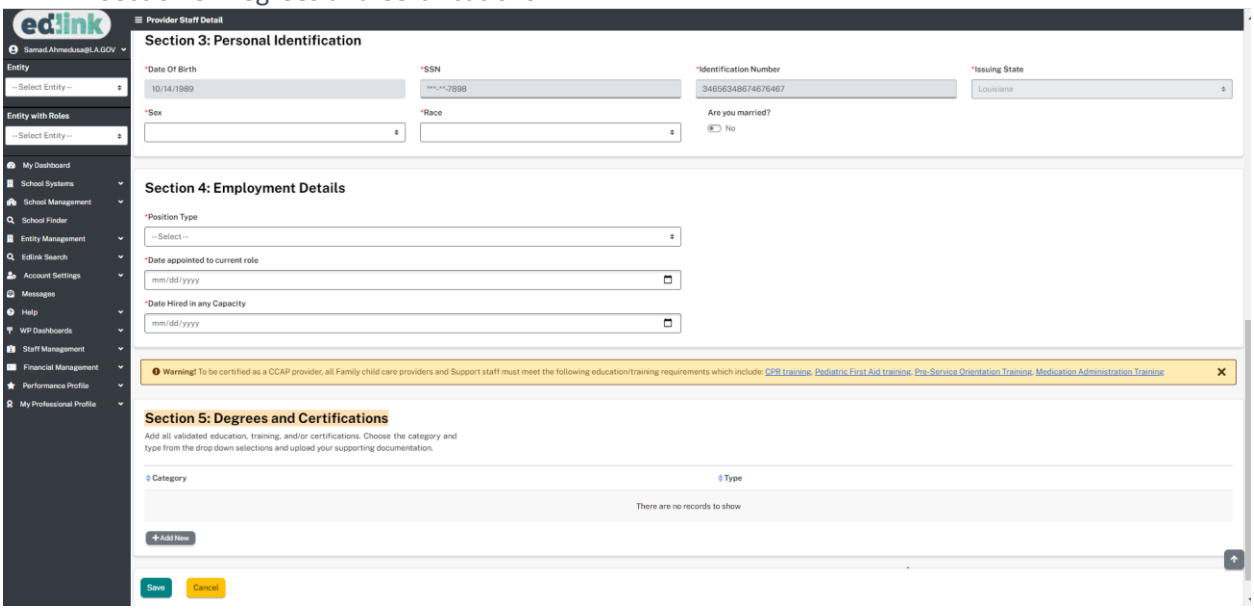
"Save and Continue," and the Provider will be navigated to 2 questions that require the entry of information, which are:

- Position Type
- Date Hired



In "Providers and Support Staff," select the grey pencil icon complete the following sections, which are:

- Section 3: Personal Identification
- Section 4: Employment Details
- Section 5: Degrees and Certifications



In "Section3: Personal Identification," there are 3 text boxes, 3 dropdowns that require the entry of information and/or selections, which are:

- Date of Birth (Date Picker)
- SSN (Text box)
- Identification Number (Text Box)
- Issuing State (Dropdown)
- Sex
- Race
- Are you married? (Question)

In "Section 4: Employment Details" there is 1 dropdown and 3 "date pickers" that require the entry of information or selections, which are:

- Position Type
- Date appointed to current role

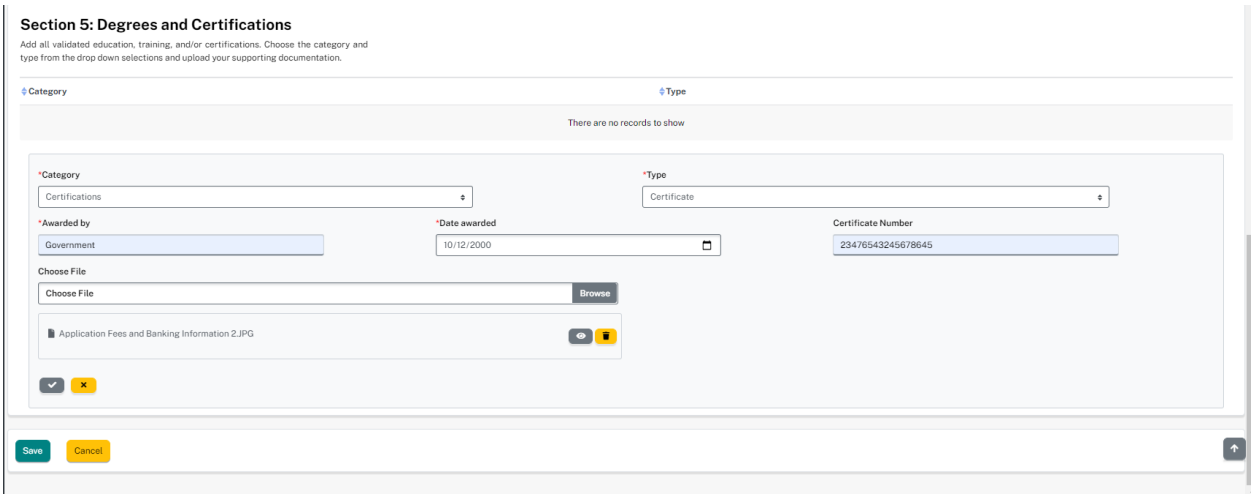
- Date Hired in any Capacity

In “Section 5: Degrees and Certifications,” there is 1 “Add New” option. After selecting, “Add New,” 2 dropdowns and 1 browser option will be displayed for uploading “Degrees and Certifications.”

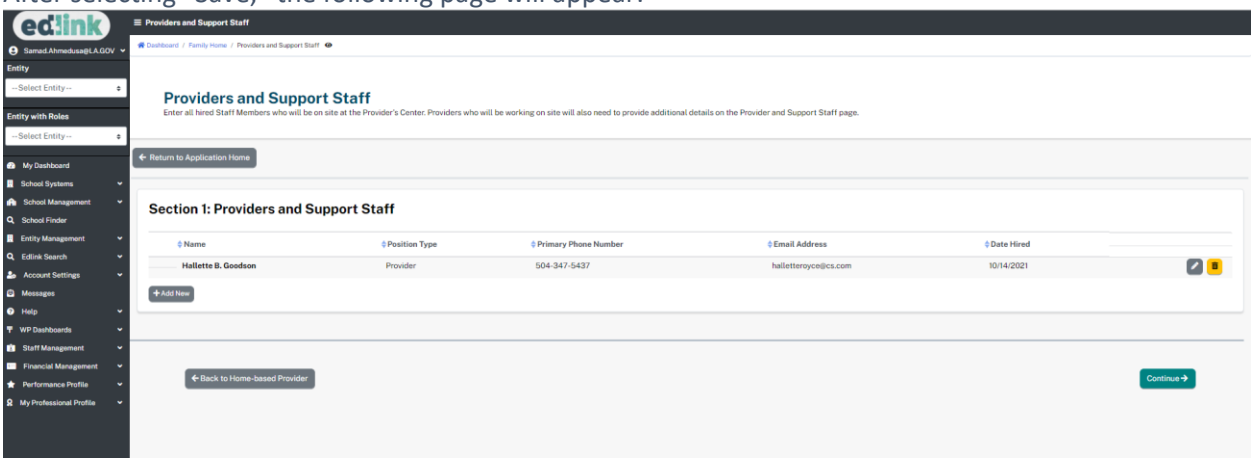
- Category (Dropdown)
- Choose File (insert certification)
- Type (Dropdown)

If a Provider selects “Certificate/ECAC,” there are 2 text boxes, and 1 “date picker” that require information to be entered and/or selections, which are:

- Awarded by
- Date awarded
- Certificate Number

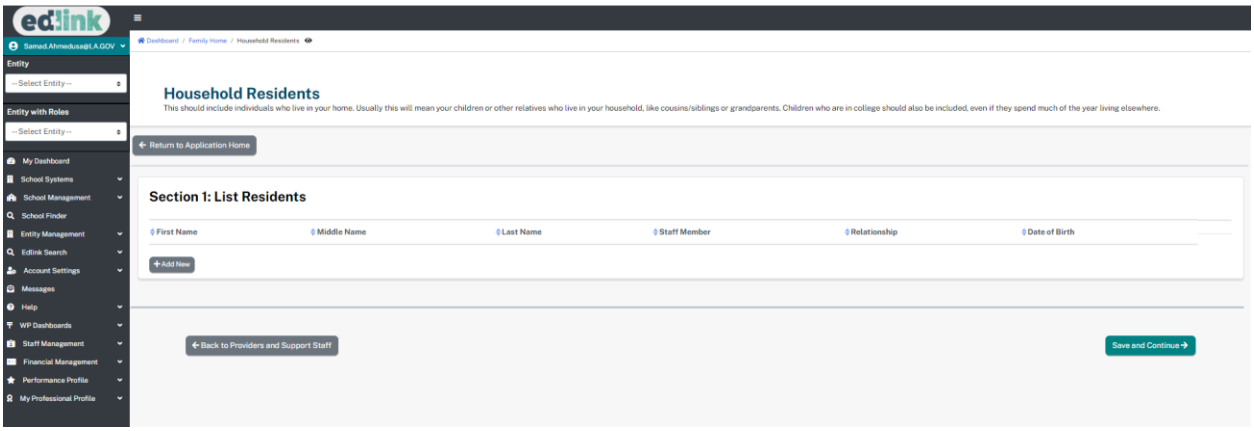


After selecting “Save,” the following page will appear:

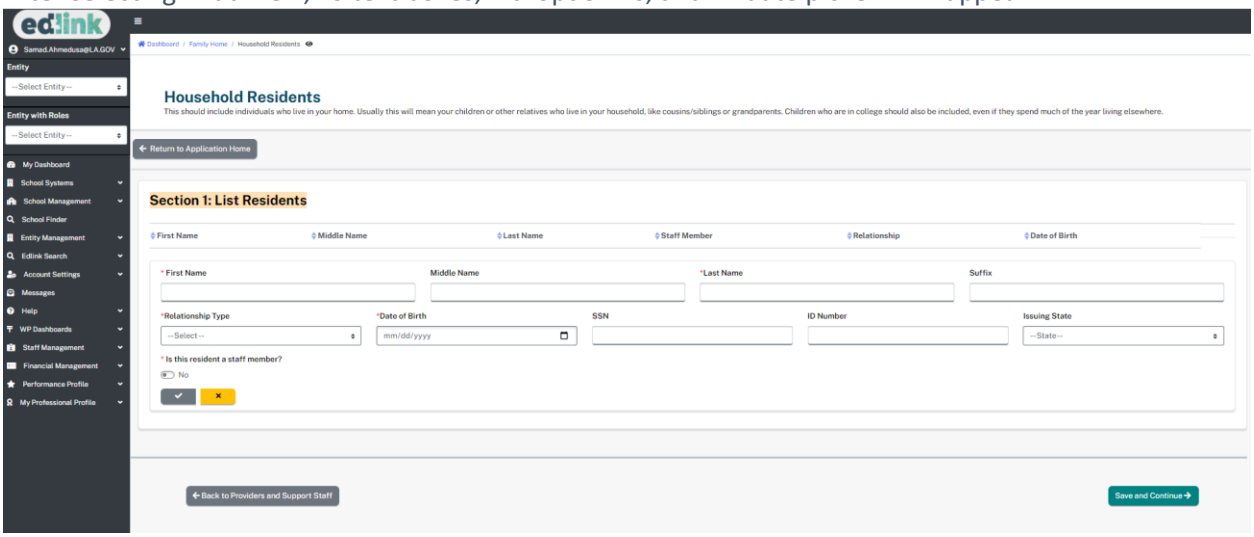


Note: At least one provider must be added to proceed with application.

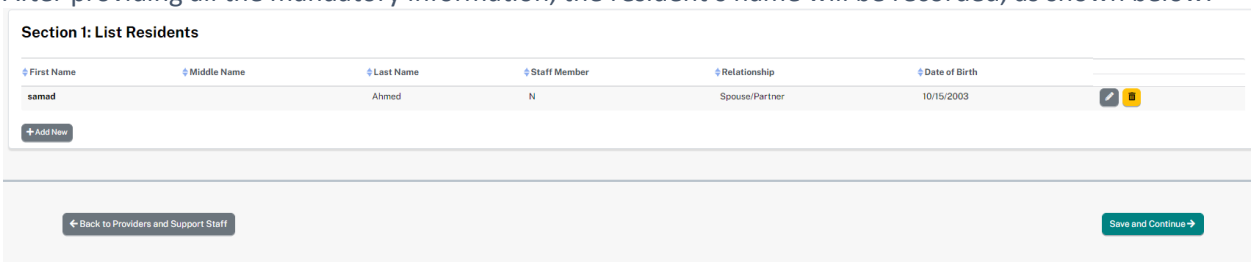
HOUSEHOLD RESIDENTS



After selecting "Add New," 6 text boxes, 2 dropdowns, and 1 "date picker" will appear.

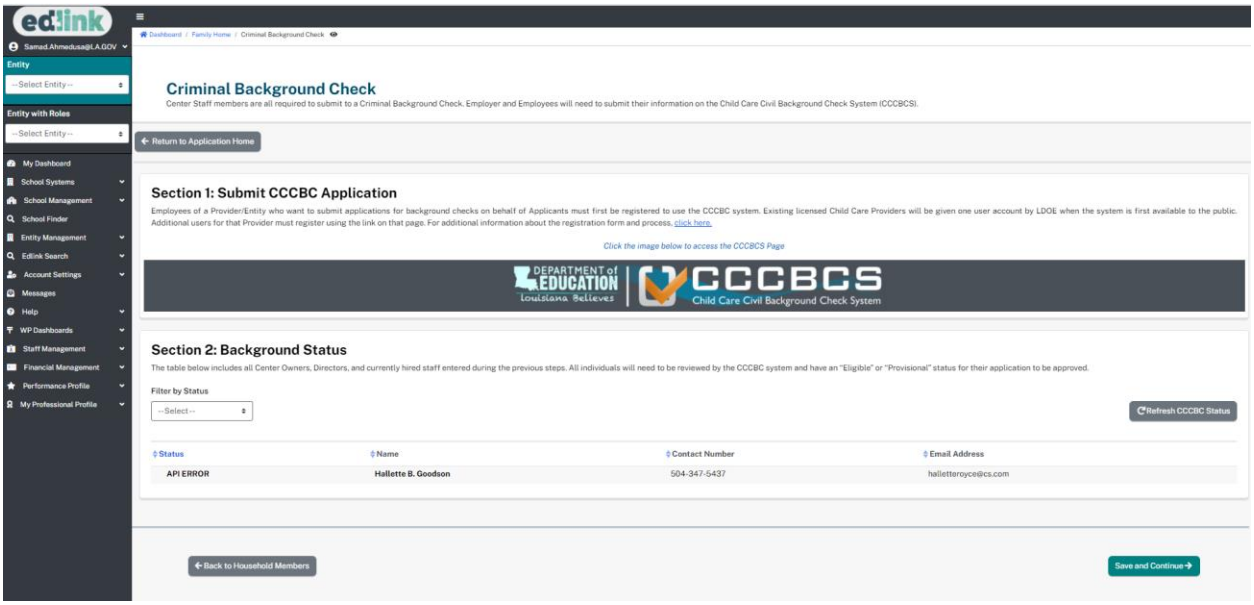


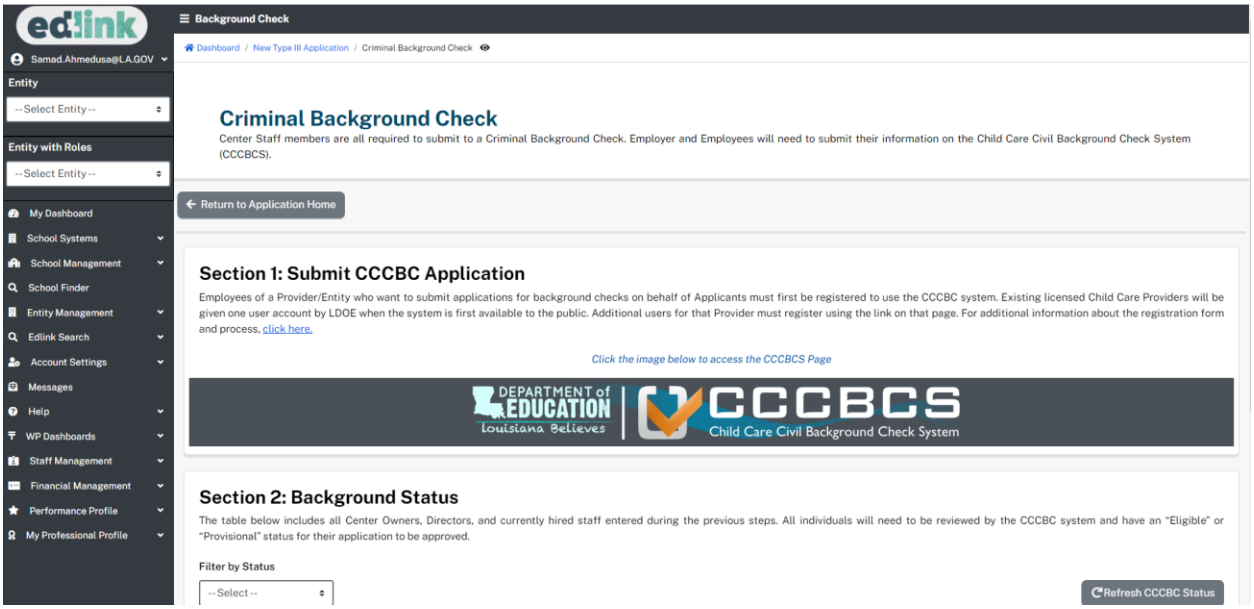
After providing all the mandatory information, the resident's name will be recorded, as shown below:

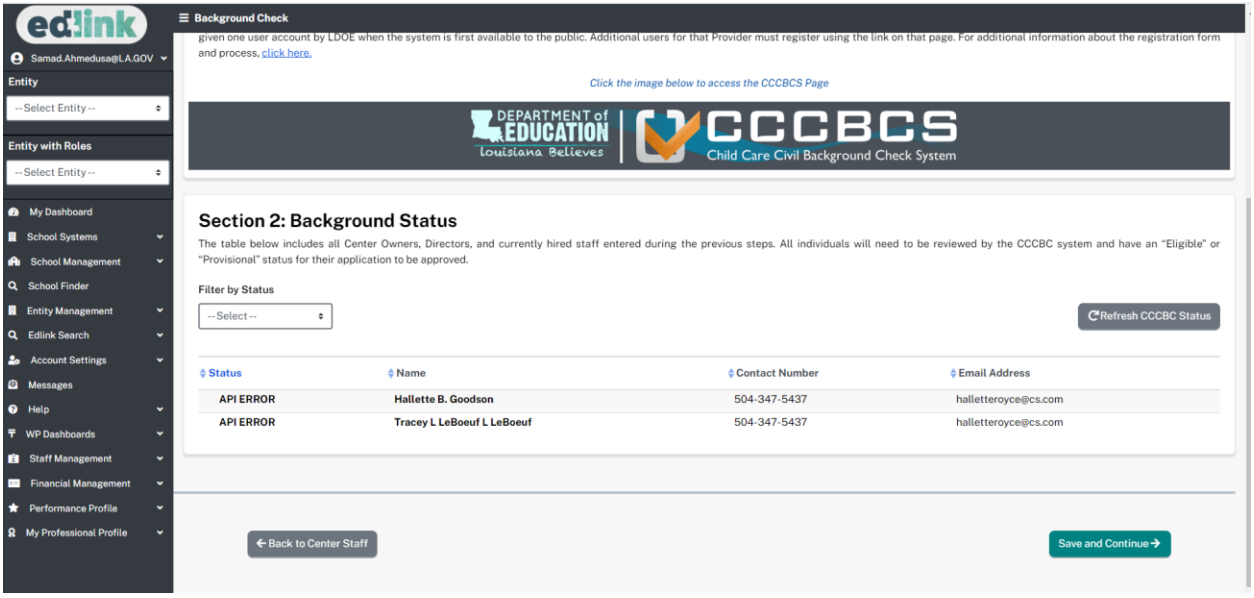


Select, "Save and Continue" to be navigated to the Background Check (CCCBC) pages.

CRIMINAL BACKGROUND CHECK







In "Criminal Background Check," there are 2 sections that permit the Provider to submit a CCCBC Application and retrieve status on a previously submitted application. The sections are:

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

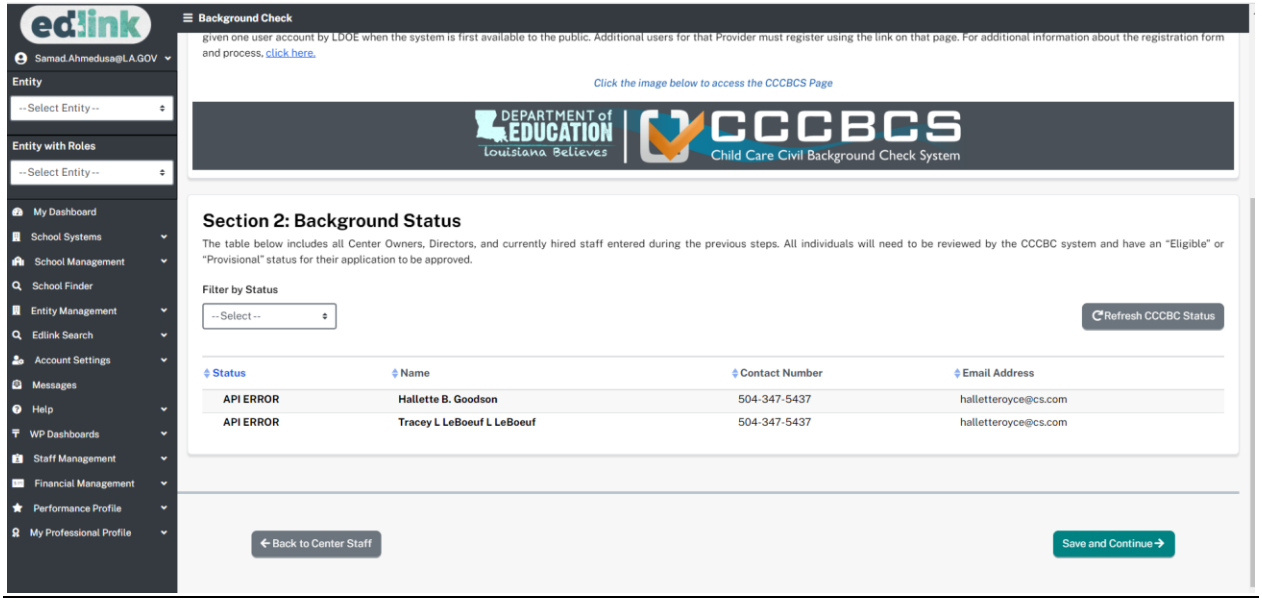
In "Section 1: Submit CCCBC Application," there are 2 Hyperlinks, which are:

- Click here.
- *Click the image below to access the CCCBCS Page*

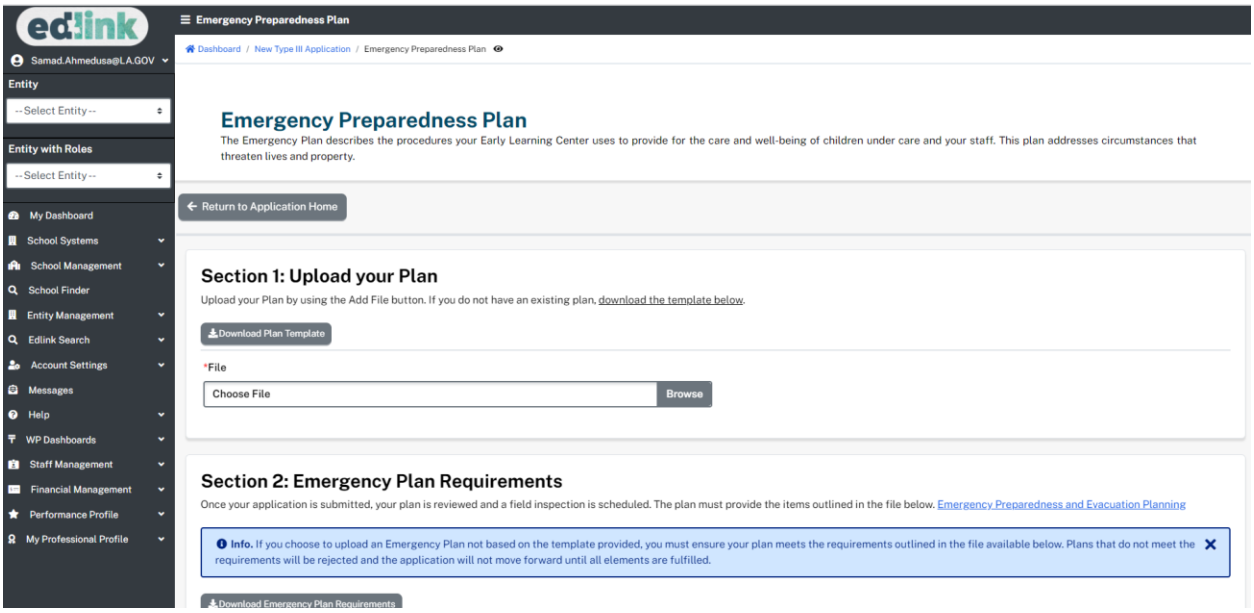
In "Section 2: Background Status," will appear as shown below.

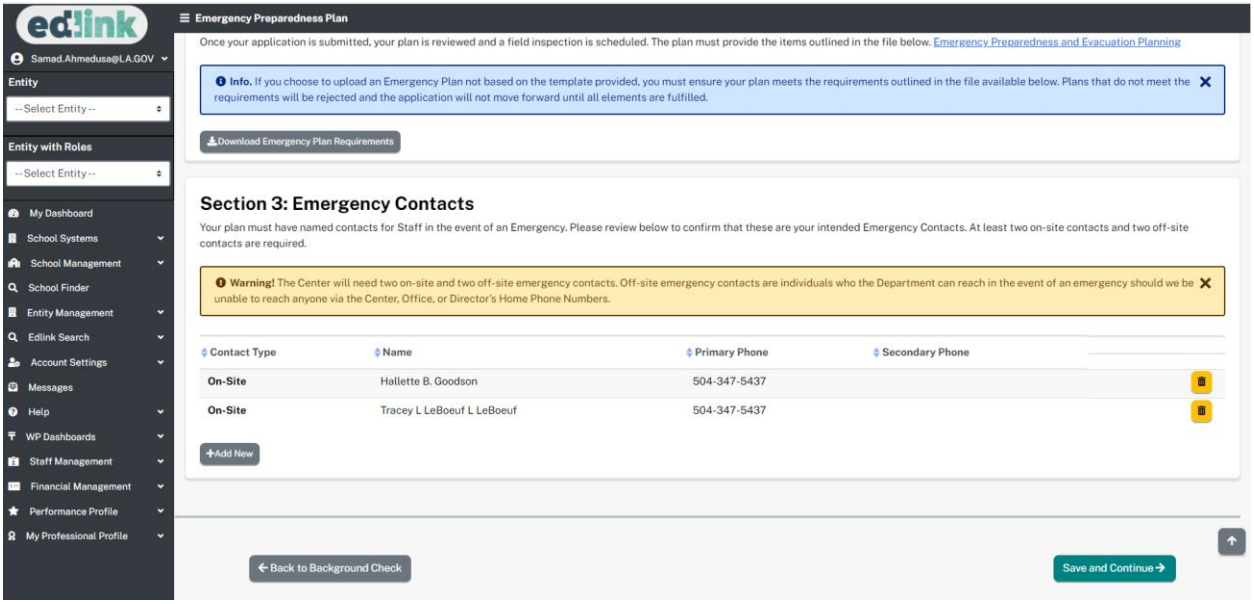
In "Section 2: Background Status," there is 1 dropdown, which is:

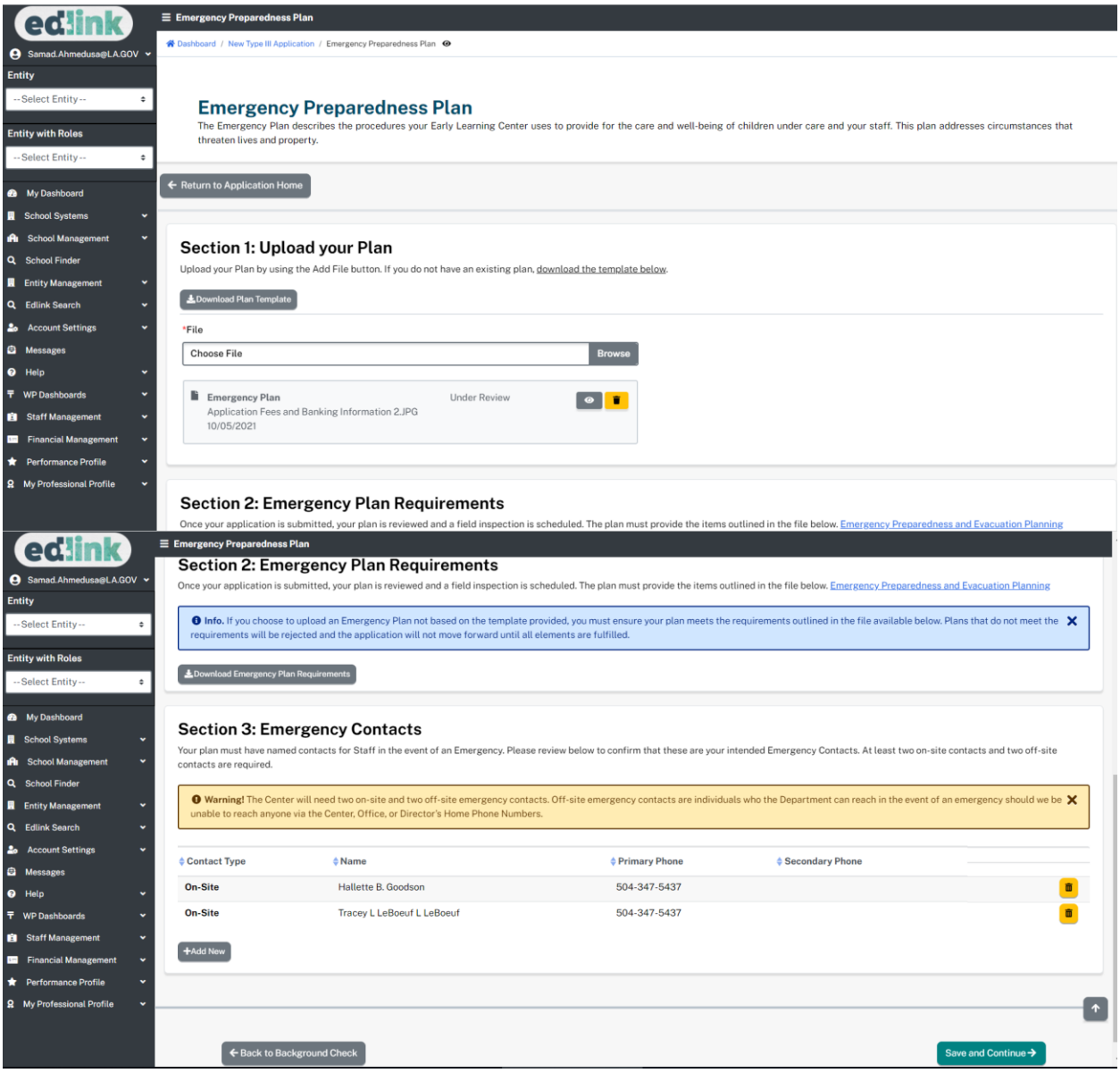
- Filter by Status



EMERGENCY PREPAREDNESS PLAN







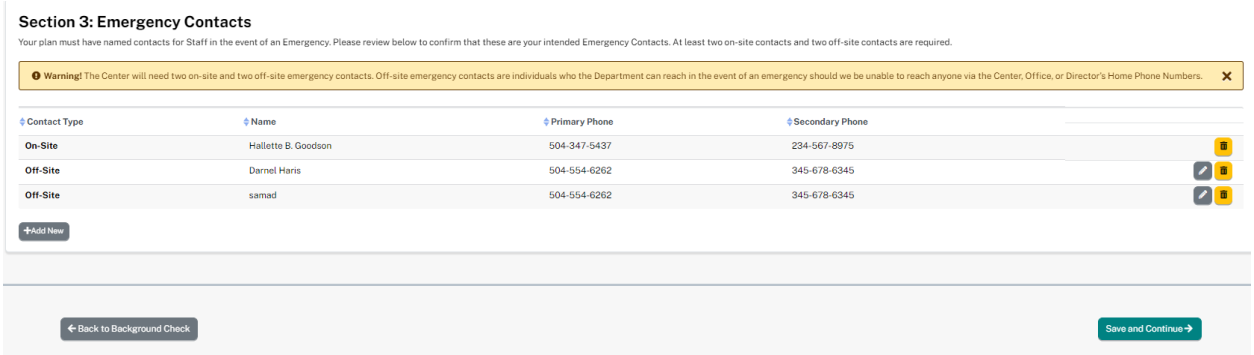
In "Emergency Preparedness Plan," there are 3 sections that require information to be entered, which are:

- Section 1: Upload your Plan
- Section 2: Emergency Plan Requirements
- Section 3: Emergency Contacts

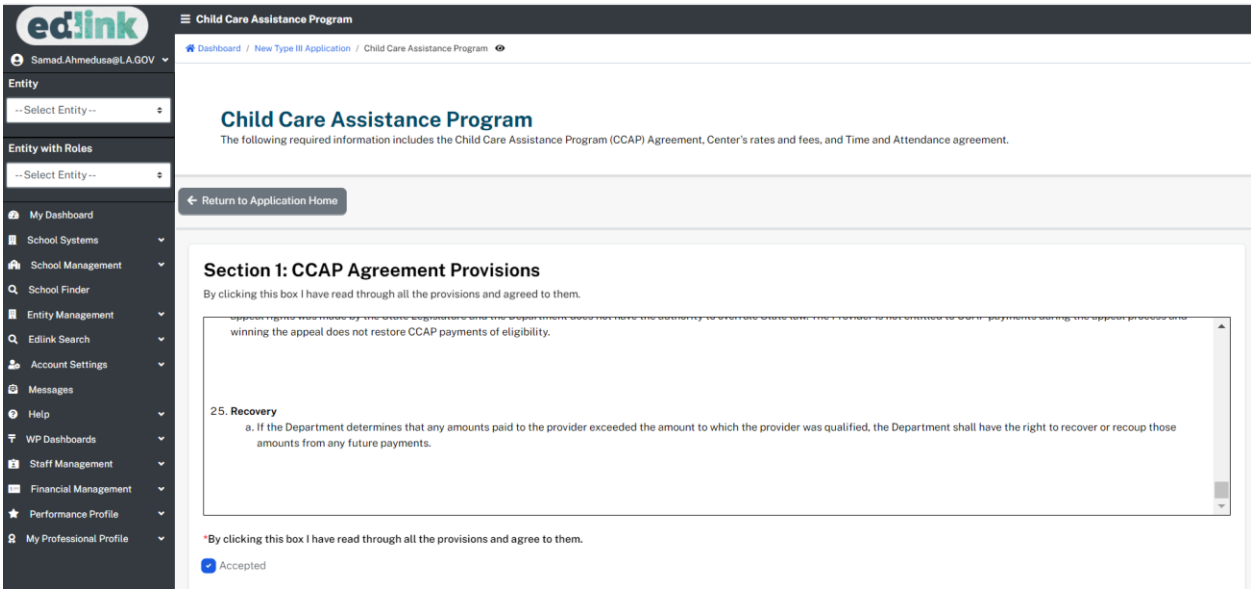
In "Section 1: Upload your Plan," a Provider may select the option to "upload a file."

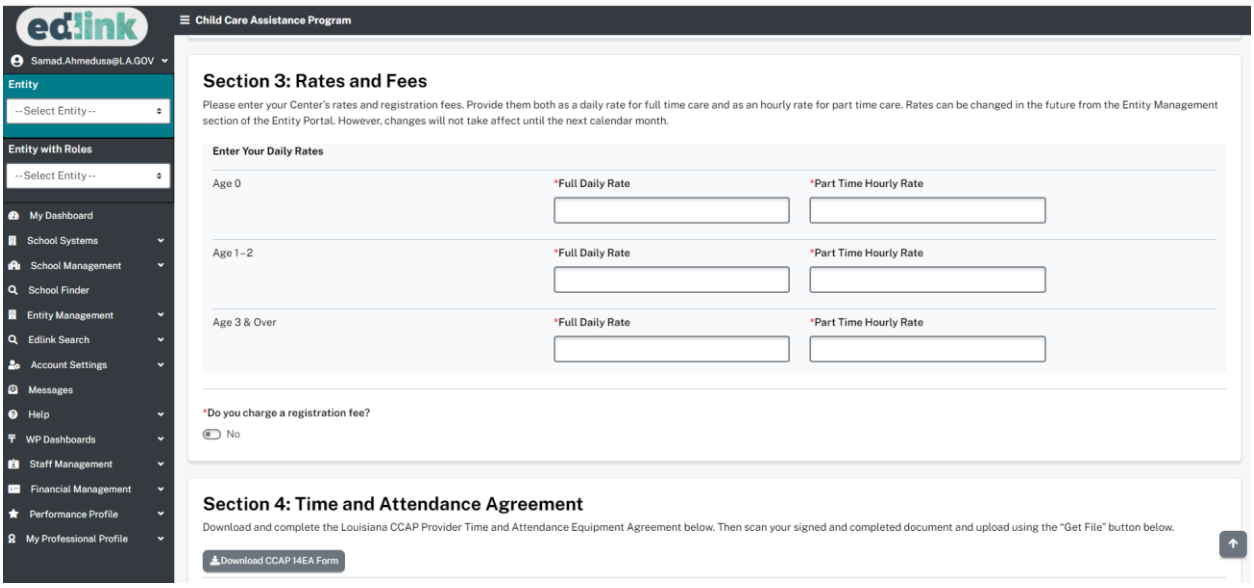
In "Section 2: Emergency Plan Requirements," Provider may download emergency plan requirements for printing or saving.

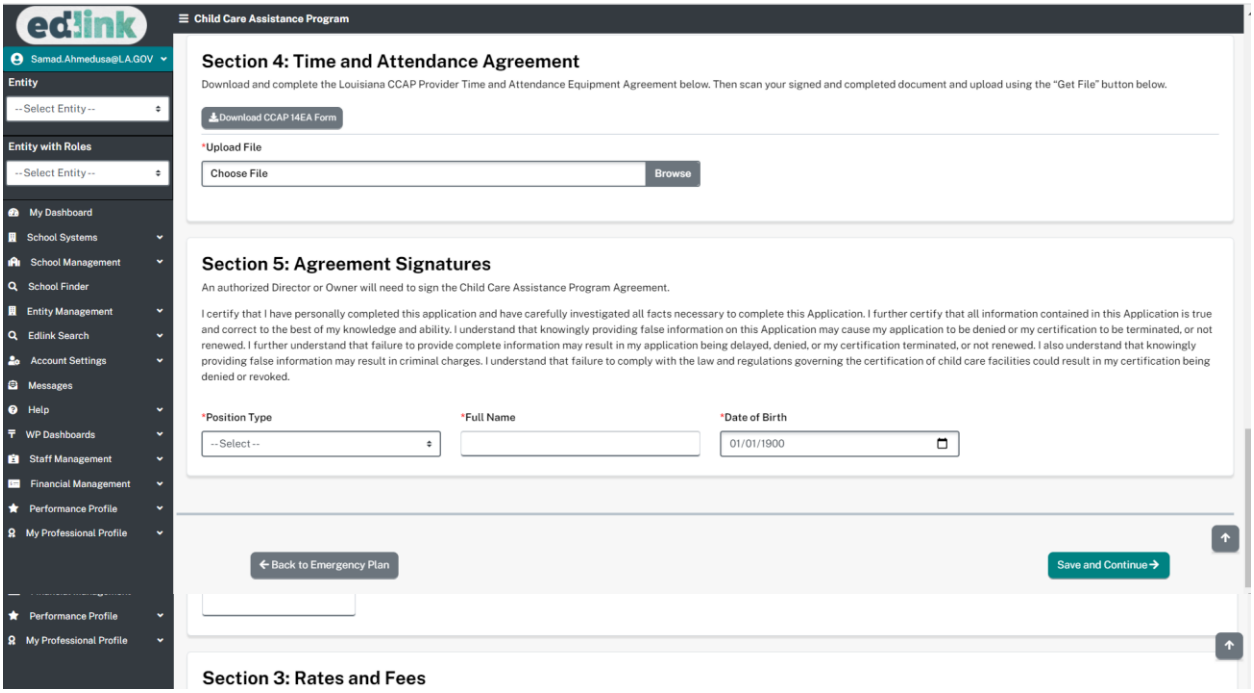
In "Section 3: Emergency Contacts," Provider may add emergency contact information. At least two emergency contact must be added.



CHILD CARE ASSISTANCE PROGRAM




Child Care Assistance Program
Samad.Ahmedusa@LA.GOV
Entity
--Select Entity--
Entity with Roles
--Select Entity--
My Dashboard
School Systems
School Management
School Finder
Entity Management
Edlink Search
Account Settings
Messages
Help
WP Dashboards
Staff Management
Financial Management
Performance Profile
My Professional Profile
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 0
*Full Daily Rate
*Part Time Hourly Rate
Age 1 - 2
*Full Daily Rate
*Part Time Hourly Rate
Age 3 & Over
*Full Daily Rate
*Part Time Hourly Rate
*Do you charge a registration fee?
No
Section 4: Time and Attendance Agreement
Download and complete the Louisiana CCAP Provider Time and Attendance Equipment Agreement below. Then scan your signed and completed document and upload using the "Get File" button below.
Download CCAP 14EA Form


Child Care Assistance Program
Samad.Ahmedusa@LA.GOV
Entity
--Select Entity--
Entity with Roles
--Select Entity--
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School Systems
School Management
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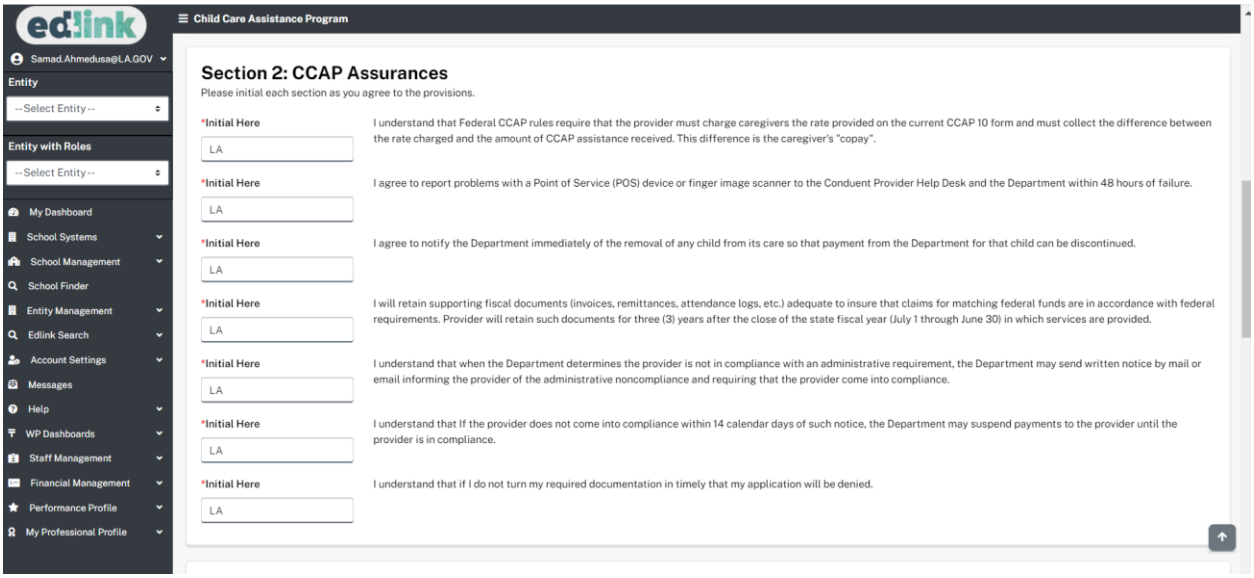
Download and complete the Louisiana CCAP Provider Time and Attendance Equipment Agreement below. Then scan your signed and completed document and upload using the "Get File" button below.
Download CCAP 14EA Form
*Upload File
Choose File
Browse
Section 5: Agreement Signatures
An authorized Director or Owner will need to sign the Child Care Assistance Program Agreement.
I certify that I have personally completed this application and have carefully investigated all facts necessary to complete this Application. I further certify that all information contained in this Application is true and correct to the best of my knowledge and ability. I understand that knowingly providing false information on this Application may cause my application to be denied or my certification to be terminated, or not renewed. I further understand that failure to provide complete information may result in my application being delayed, denied, or my certification terminated, or not renewed. I also understand that knowingly providing false information may result in criminal charges. I understand that failure to comply with the law and regulations governing the certification of child care facilities could result in my certification being denied or revoked.
*Position Type
--Select--
*Full Name
*Date of Birth
01/01/1900
Back to Emergency Plan
Save and Continue
Performance Profile
My Professional Profile
Section 3: Rates and Fees


Child Care Assistance Program
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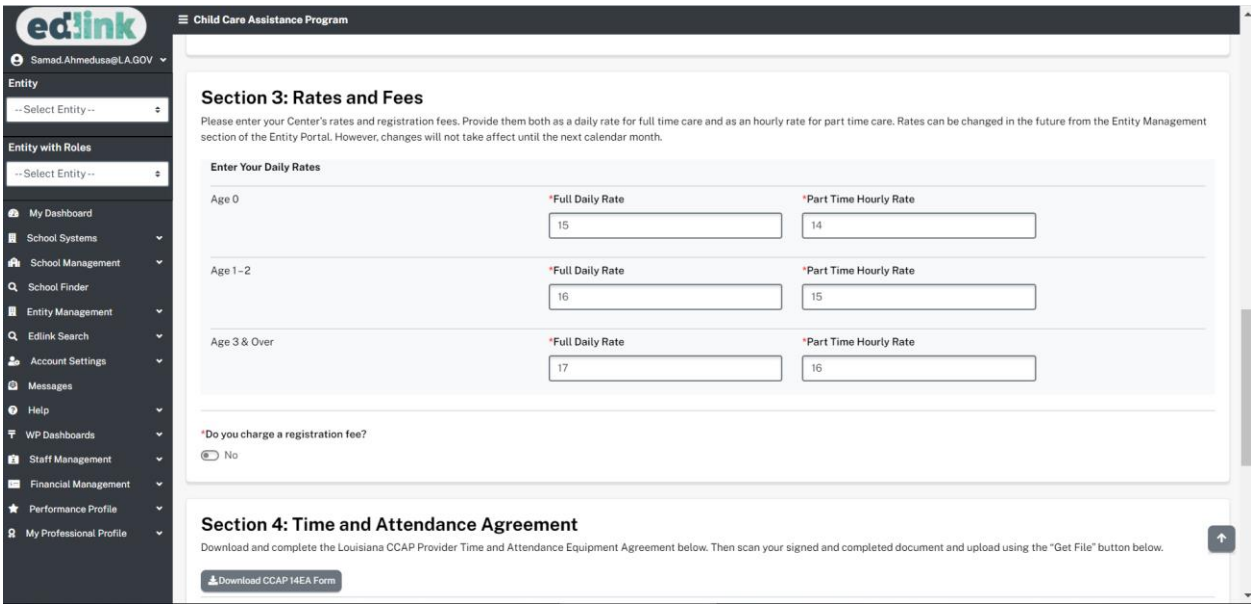
Entity
--Select Entity--
Entity with Roles
--Select Entity--
My Dashboard
School Systems
School Management
School Finder
Entity Management
Edlink Search
Account Settings
Messages
Help
WP Dashboards
Staff Management
Financial Management
Performance Profile
My Professional Profile
Section 2: CCAP Assurances
Please initial each section as you agree to the provisions.
*Initial Here
LA
I understand that Federal CCAP rules require that the provider must charge caregivers the rate provided on the current CCAP 10 form and must collect the difference between the rate charged and the amount of CCAP assistance received. This difference is the caregiver's "copay".
*Initial Here
LA
I agree to report problems with a Point of Service (POS) device or finger image scanner to the Conduent Provider Help Desk and the Department within 48 hours of failure.
*Initial Here
LA
I agree to notify the Department immediately of the removal of any child from its care so that payment from the Department for that child can be discontinued.
*Initial Here
LA
I will retain supporting fiscal documents (invoices, remittances, attendance logs, etc.) adequate to insure that claims for matching federal funds are in accordance with federal requirements. Provider will retain such documents for three (3) years after the close of the state fiscal year (July 1 through June 30) in which services are provided.
*Initial Here
LA
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
LA
I understand that If the provider does not come into compliance within 14 calendar days of such notice, the Department may suspend payments to the provider until the provider is in compliance.
*Initial Here
LA
I understand that if I do not turn my required documentation in timely that my application will be denied.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Staff Management
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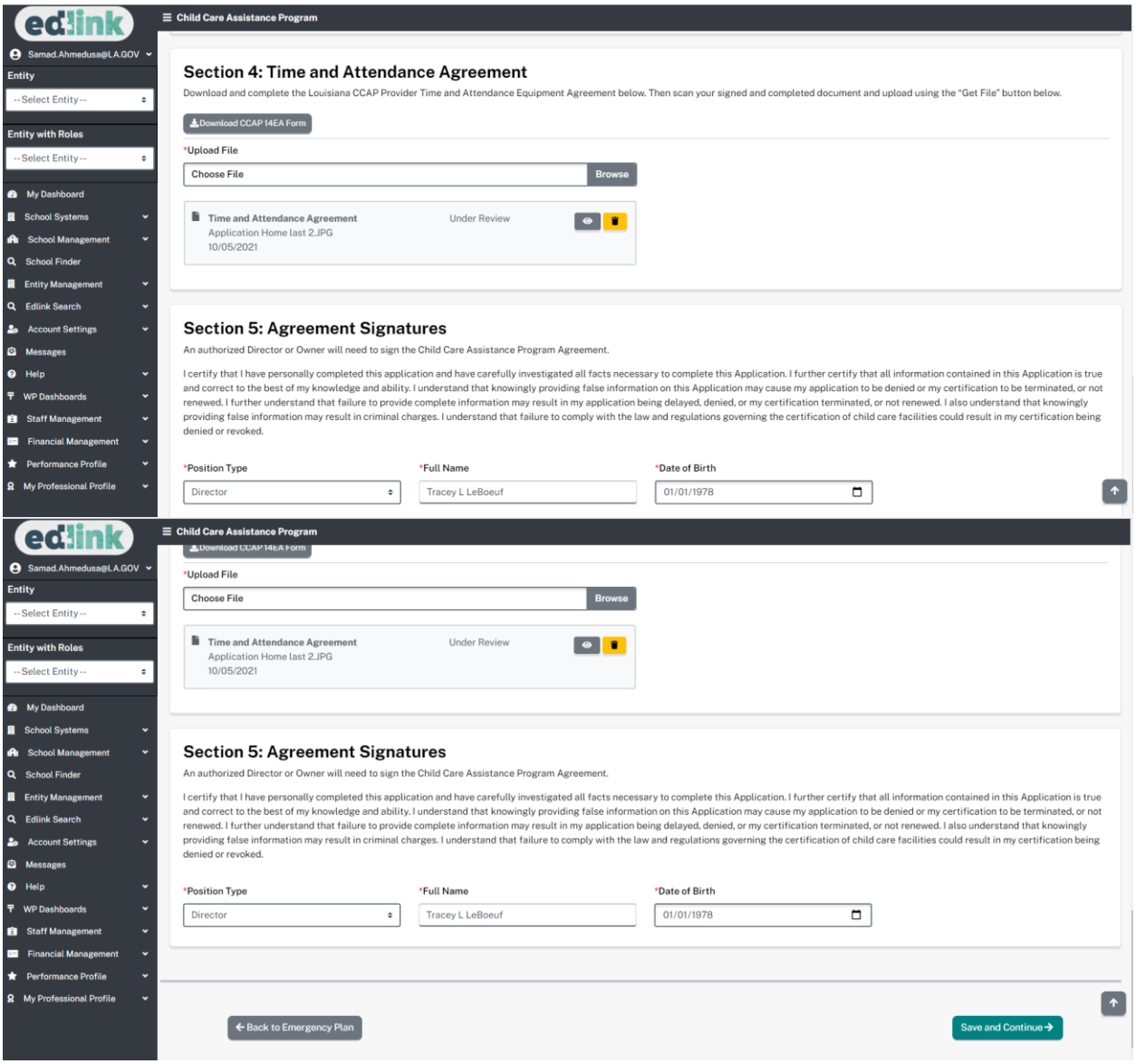
Performance Profile
My Professional Profile
Section 3: Rates and Fees
Please enter your Center's rates and registration fees. Provide them both as a daily rate for full time care and as an hourly rate for part time care. Rates can be changed in the future from the Entity Management section of the Entity Portal. However, changes will not take affect until the next calendar month.
Enter Your Daily Rates
Age 0
*Full Daily Rate
15
*Part Time Hourly Rate
14
Age 1 - 2
*Full Daily Rate
16
*Part Time Hourly Rate
15
Age 3 & Over
*Full Daily Rate
17
*Part Time Hourly Rate
16
*Do you charge a registration fee?
No
Section 4: Time and Attendance Agreement
Download and complete the Louisiana CCAP Provider Time and Attendance Equipment Agreement below. Then scan your signed and completed document and upload using the "Get File" button below.
Download CCAP 14EA Form



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

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

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

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

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

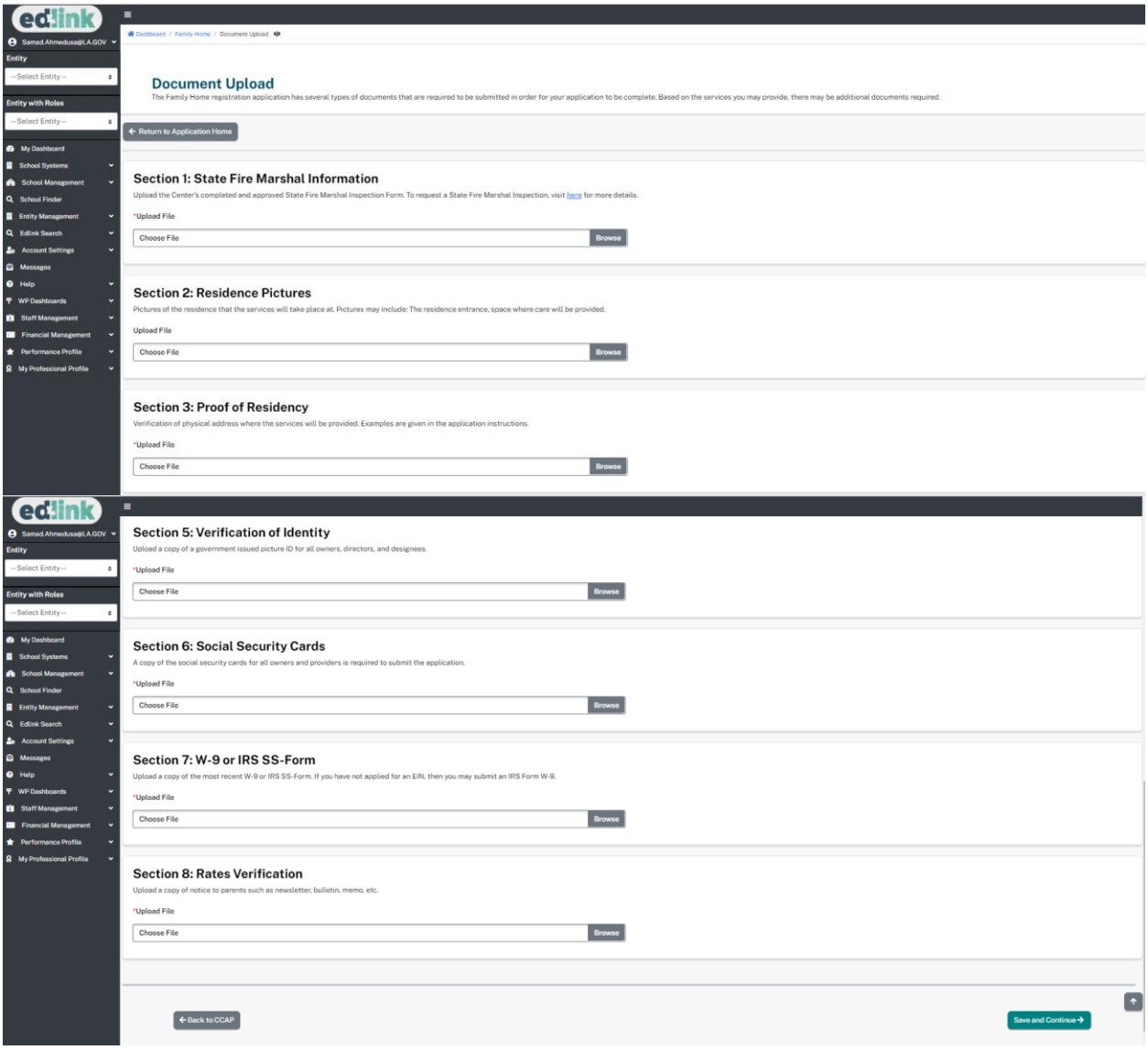
- Do you charge a registration fee?

In “Section 4: Time and Attendance Agreement,” there is 1 option titled, “Download CCAP 14EA Form” and an option where the Provider may upload documentation.
In “Section 5: Agreement Signatures,” there are 2 text boxes and 1 dropdown that require information to be entered or selected, which are:

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

After clicking “Continue,” the Provider will be navigated to the “Document Upload” page.

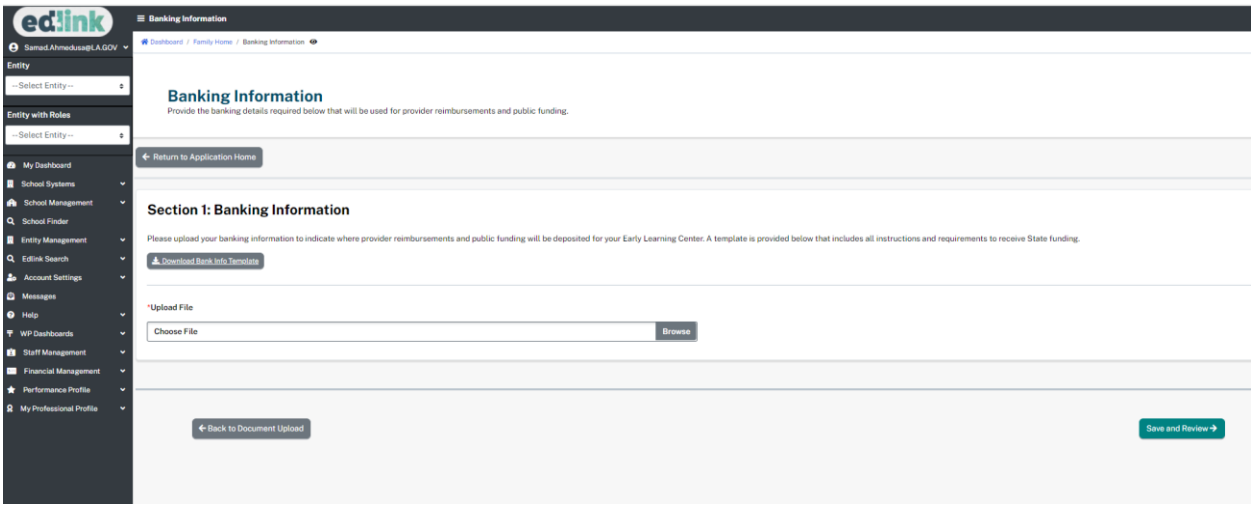
DOCUMENT UPLOAD



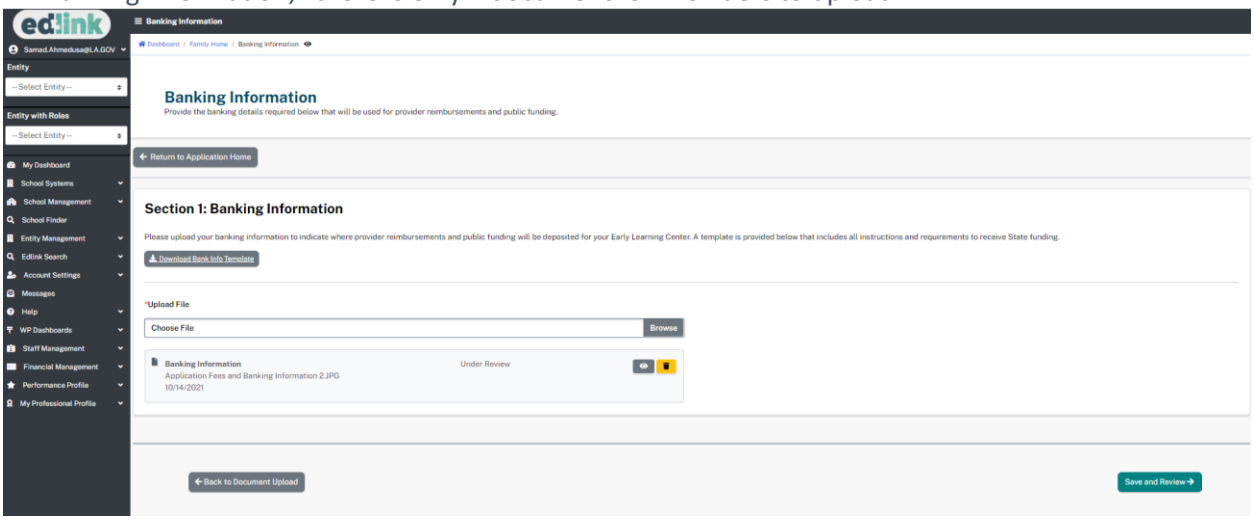
There are 8 sections On “Document Upload”, which are:

- Section 1: State Fire Marshal Information
- Section 2: Residence Pictures
- Section 3: Proof of Residency
- Section 4: Documentation of Ownership
- Section 5: Verification of Identity
- Section 6: Social Security Cards
- Section 7: W-9 or IRS SS-Form
- Section 8: Rates Verification

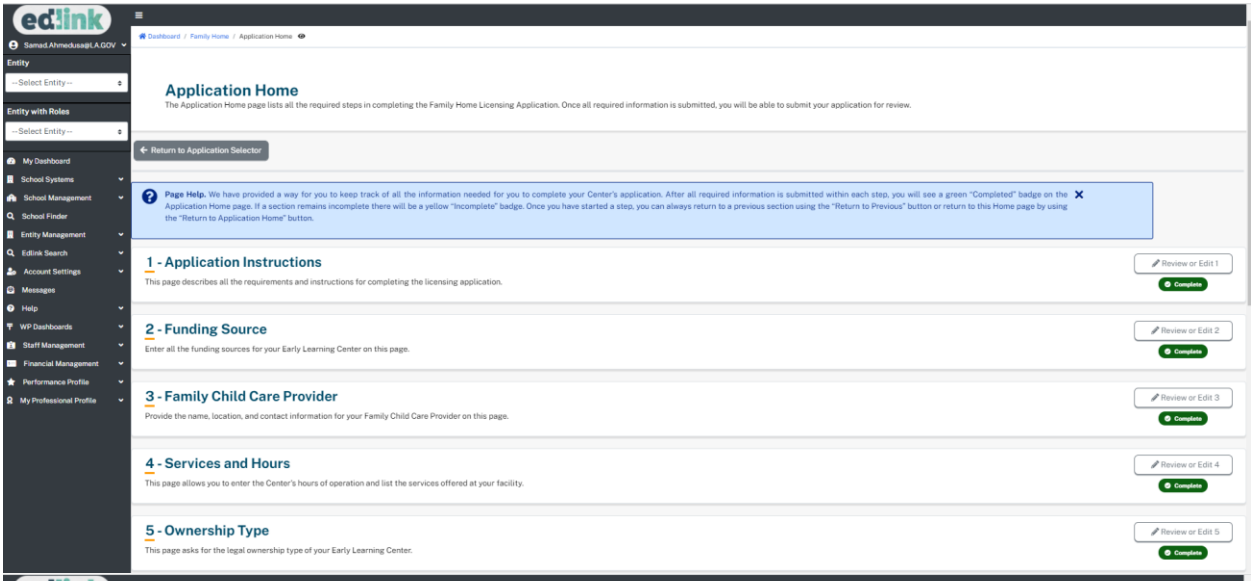
BANKING INFORMATION

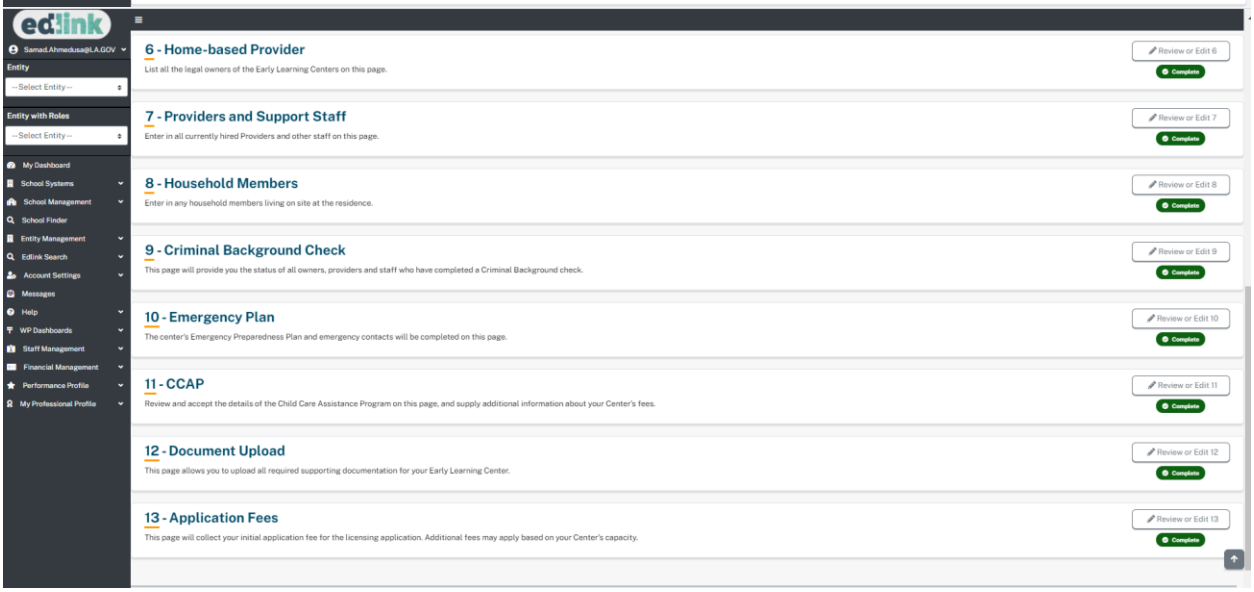


In “Banking Information,” there is only 1 document for Providers to upload.

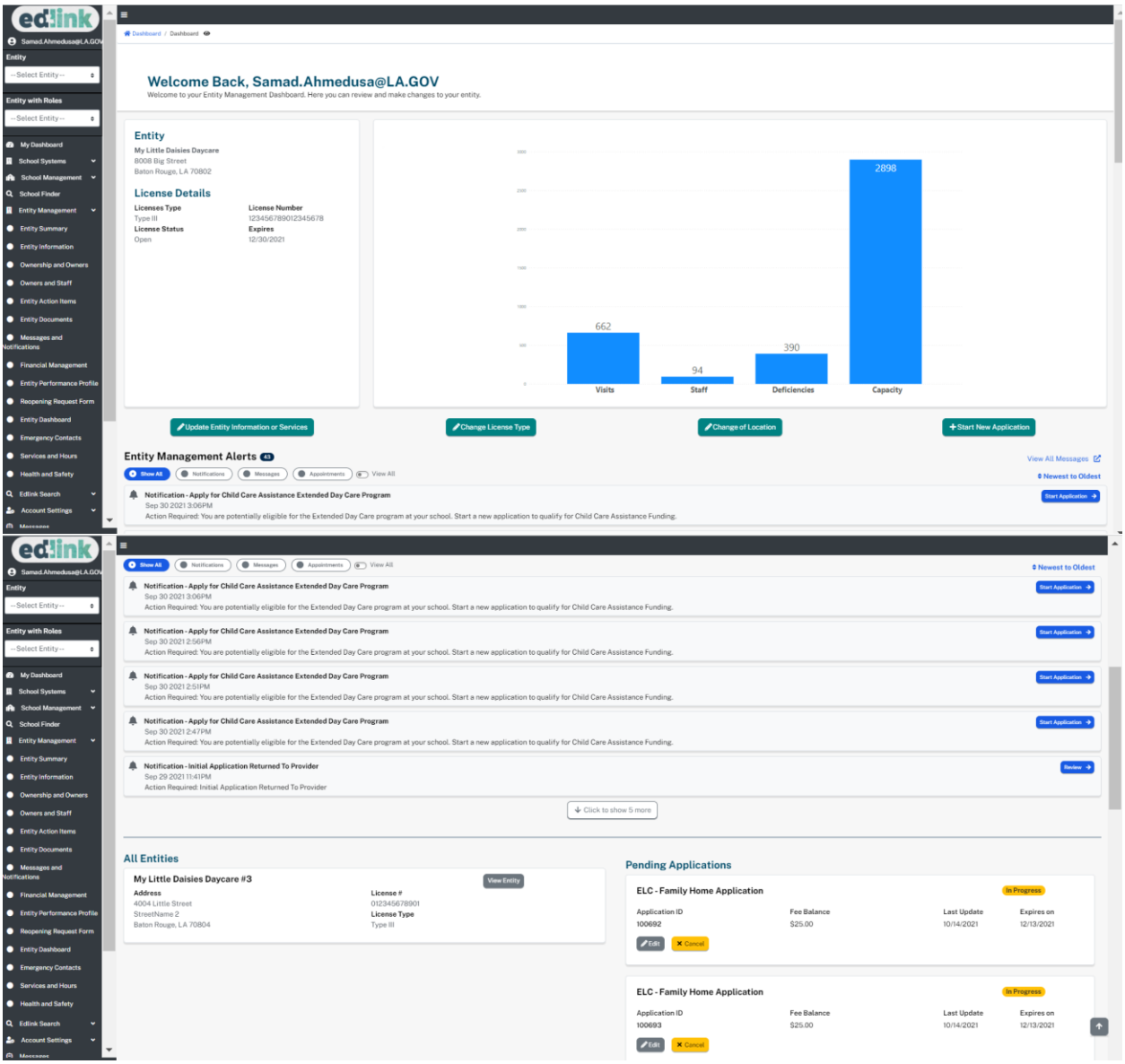


APPLICATION HOME





After selecting "Submit Application" application, the following pages will appear:



To “Sign Out”, select the carrot (<) next to your profile name. The dropdown will display the “Sign Out” option.